Fairfax County, VA

2015 Human Services Issue Paper

Supplement to the
Fairfax County 2015 Legislative Program

Adopted December 2, 2014

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This human services issue paper is a supplement to the 2015 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 our most vulnerable residents. Many Virginians are still struggling to regain their footing and their ability to help themselves out of their present situations. The poverty rate in Virginia is currently 11.1 percent. At present, there are 64,851 people in Fairfax County living in poverty. Additionally, the number of people living in deep poverty in Fairfax County – with an income less than about $9,545 for a family of three – jumped to 31,378 in 2013. Since the start of the economic downturn, an additional 4,247 children have slipped into poverty, bringing the total number to over 19,000, or 7.3 percent, of Fairfax's children.

The recent 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 as actual revenues have significantly missed projections in FY 2014, leading to state budget reductions. In Virginia, the state and local partnership to fund core services has already been weakened by state budget actions over the past few years, with new cuts to be implemented in FY 2015 and FY 2016. 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. 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.

Priorities

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 by $2 million GF in FY 2015 and $2.3 million GF in FY 2016 to support growth in services to children who do not qualify for Medicaid. Additionally, approximately $2 million GF 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 50 percent – from 909 per month in FY 2010 to 1,380 per month in FY 2014. 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.)*

Funding – 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 for individuals leaving the training center must be a top priority for the Commonwealth, and is essential to the implementation of this agreement.

Community Services Boards (CSBs) are responsible for transitioning all persons at training centers into community-based residential and day support services operated by the CSB, private non-profit, or for-profit providers based on funds available as well as the choices of those being discharged to the community. Unfortunately, residential, employment, and day support in the region is already at capacity and expansion has been impeded by high real estate and service delivery costs paired with insufficient waiver rates. Although there has been some expansion, it is not sufficient to serve all the individuals who wish to remain in Northern Virginia by the scheduled closing of NVTC (as of November 5, 2014, 73 individuals from Fairfax County reside in training centers, primarily at NVTC).

In 2013, the Commonwealth established bridge funds for individuals leaving NVTC, intended to provide temporary financial support for services that will eventually be funded through new Medicaid waivers, which are currently being developed. Additionally, the Commonwealth has received federal approval for exceptional rates for congregate residential services for individuals with complex needs, but additional guidance remains under development. This uncertainty has created difficulty for providers and the CSB in seeking to prepare for the eventual release of NVTC residents.

Recognizing that existing capacity in community-based services is not yet adequate to accommodate the closure of NVTC, the state elected to delay closure of the facility until March 2016. In order to make that delay effective, state efforts to increase community-based services must be accelerated and expanded. It is estimated that approximately $7.7 million in state start-up funding will be 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 Disability (ID) waiver homes.

In addition to creating this expanded capacity, the current Medicaid ID waiver reimbursement rates will need to increase to ensure sufficient, quality services, comparable to the services currently provided by training centers. It is estimated that additional state funding of approximately $10.1 million per year will be needed to operate these services. NVTC is an intermediate care facility (ICF) which has provided cost-based reimbursement for community 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 the Northern Virginia differential from 15 percent to 20 percent, reflecting the higher cost of living and services in this area;

- Increase congregate waiver rates to compensate a sustainable, well-trained workforce and service support model;
- 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;
- Restructure billing units to allow sufficient reimbursement for the provision of appropriate and adequate services; and,
- Include appropriate levels of funding to create a range of community residential arrangements and infrastructure.

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.)*

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 44th in Medicaid enrollment as a proportion of the state's population and 46th in per capita Medicaid spending.

The national recession has placed additional pressures on Medicaid, resulting in more Americans being eligible for this essential program, and 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. During the 2014 session, a compromise proposal was offered to utilize the additional federal funding that would be available under Medicaid expansion to subsidize insurance premiums for low-income Virginians purchasing private insurance. A subsequent proposal, considered during the 2014 special session, would have created a framework for the use of the additional federal dollars to assist low-income Virginians with the employee's share of employer-sponsored insurance, or to subsidize premiums for the plans included in the federally-managed health insurance exchanges. The failure of both proposals 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).

It is clear at this time that the cost to the Commonwealth will be minimal in the first few years, while the savings in indigent and uncompensated care could be significant. 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. As a result, Fairfax County supports increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned in the federal health care reform law, ensuring critical health coverage for some of the most vulnerable 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 the 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.)*

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. 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, 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 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 $263,530 per year ($314,772 at the Northern Virginia Training Center). By contrast, the cost of providing services for a person in the community through the use of a waiver is approximately $140,611 on average.[1] Virginia can serve two 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 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).

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases and an increase in the Northern Virginia differential.** While nursing homes receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. Virginia ranks 47th 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 percent of cost. Additionally, increase the Northern Virginia differential from 15 percent to 20 percent, reflecting the higher cost of living and services in this area.
- **Create new consolidated waiver.** Merge the Intellectual Disability (MR/ID) Waiver with the Individual and Family Developmental Disabilities (DD) Waivers, as proposed in the 2013 Department of Behavioral Health and Disability Services (DBHDS) request for proposals. Expand covered services to include a range of residential options, while implementing a system of individual budgeting to allow greater flexibility in access to services, including behavioral and medical supports. Assign new consolidated waiver slots based upon urgency of need, while making some accommodations for individuals already on the DD waiver waiting list. Revise and expand the eligibility criteria for the

[1] Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

new waiver to include individuals whose needs are related to communication/social skills, brain injuries, and individuals who are blind and/or deaf. As DBHDS and the Department of Medical Assistance Services (DMAS) work with a stakeholder group to ensure development of a person-centered waiver system with sufficient funding for services, it is critical that consolidation enhance – not reduce – the breadth of services provided under the new waiver. Thorough and detailed analysis is needed prior to consideration of such changes, so that any potential impacts to those affected are clearly understood and mitigated. Any consolidation must include funding that allows an appropriate level of services to continue for individuals who are presently receiving those services in the community. Additionally, utilization of a new waiver model must ensure that the management structure and reimbursement rates account for service model and regional cost differences unique to the Northern Virginia area. *(Revises and reaffirms previous position.)*

- **Support increased waiver funding.** Funding is needed to serve the more than 8,500[2] people statewide who are eligible but waiting for ID or DD waiver services. In Fairfax County (as of July 2014), over 1,000 people with intellectual disabilities are on the wait list for services; of those, more than 700 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 community rather than in a nursing facility or institution, would assist in the requirements and spirit of the DOJ settlement with the Commonwealth, and would bring Virginia into compliance with the Olmstead Decision. *(Updates and reaffirms previous position.)*
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under Virginia's existing Medicaid waivers, for individuals whose needs extend beyond the standard benefits available. 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 incorporate Community First Choice into its 2014 Medicaid state plan and seek other opportunities to serve older adults and people with disabilities in their homes and communities.
- **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:

[2] Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

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. Additionally, the EDCD waiver has a maximum of 56 personal care hours per week, which is insufficient to provide the support and services needed to allow recipients to remain in the community, and should be eliminated. *(New position.)*

- **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.

Children and Families

Comprehensive Services Act (CSA)

Support continued state responsibility for funding mandated CSA foster care and special education services on a sum-sufficient basis, and support continuation of the current CSA local match rate structure, which incentivizes serving children in the least restrictive community- and family-based settings. Also, support 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, including CSA funding for youth 18-21 who entered foster care prior to their 18th birthday.

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.

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. *(Reaffirms previous position.)*

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. Also, support continuation of Fairfax County's waiver to use a local sliding fee scale for child care payments, rather than a statewide fee scale.

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 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.

Additionally, for over 15 years, Fairfax County has had a waiver from the Virginia Department of Social Services (VDSS) to use a local sliding fee scale, rather than the state fee scale, to determine parent co-payments for child care. This local fee scale has been incorporated into the state's Child Care and Development Fund plan (CCDF), which is submitted to the federal government every two years. The Fairfax County fee scale has worked well for local families, as it takes into consideration economic challenges specific to living in this high cost area. A recent state decision to disallow the use of local fee scales in favor of a statewide fee scale will result in Fairfax County families paying from 5 percent to 10 percent of their gross income for care, rather than the 2.5 percent to 10 percent they are currently paying – a significant increase, particularly for those at the lowest income levels. VDSS has indicated that the reason for denial of this waiver is a preference for a uniform, statewide fee scale. However, while a strong state and local partnership is essential to the delivery of many services, local governments must be provided the flexibility to serve the needs of residents, which can vary greatly from one part of the Commonwealth to another. The current waiver system has been very successful for many years in Fairfax County, and "uniformity" is not a compelling reason for reducing the County's local authority to respond to the needs of working families. *(Reaffirms previous position.)*

Early Childhood Education

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. *(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; moved from Legislative Program.)*

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 Adults with Disabilities

Support for Older Adults and Adults with Disabilities to Stay in Their Own Homes
Support funding for nutrition, transportation, in-home, chore and companion services that help people live in their homes.

Services provided to keep older adults and adults with disabilities in their own homes, such as personal assistance, 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 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 (bath and housekeeping).

During difficult economic times, it is especially important that the Commonwealth spend its long-term care dollars wisely by investing in its home and community-based services for older adults and adults with disabilities. *(Updates and reaffirms previous position.)*

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

Virginia's highly restrictive Medicaid eligibility requirements preclude many low-income Virginians with disabilities from receiving much-needed services. Funds would be used to provide independent living and other services and supports that preserve existing, community living situations and keep families together; prevent unnecessary and more costly institutional placement; promote pursuit of training and employment options; and, improve an individual's quality of life and ability to contribute to society.

In addition, support additional state funding to eliminate or reduce waiting lists for personal assistance services provided through the Department of Aging and Rehabilitative Services. This program provides assistance for people with physical disabilities who are employed and do not qualify for many home-based services provided through Medicaid. These individuals may need an attendant in the morning and evening, but not during the day at work. Investments in this program help allow individuals with disabilities to continue working, an important part of maintaining their independence. *(Reaffirms previous position.)*

Disability Services Board (DSB)

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

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.)*

Accessibility

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

According to the U.S. Census Bureau's 2013 American Community Survey, approximately 74,000 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), continued advancement is needed. Fairfax County supports access for people with disabilities and older adults in public and private facilities; in particular, the County supports increasing accessibility through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, advocacy groups, and the Commonwealth.

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); expanding the Rental Choice Virginia demonstration grant to cover more people; raising the maximum annual allotment of the Livable Homes Tax Credit; and, establishing a comparable grant to help pay for much-needed home modifications. 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. *(Updates and reaffirms previous position.)*

Health, Well Being, and Safety

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 percent increase). In the future, if rates were indexed for inflation, it would prevent further erosion of recipients' ability to meet the basic needs of children in their own care or in kinship care (relative care). *(Reaffirms previous position.)*

Community Action Agencies

Support continued state funding for Community Action Agencies.

Community Action Agencies in Virginia develop a wide range of educational, employment, housing, crisis intervention, community, and economic development opportunities for people with very low incomes (under 125 percent of poverty). Since 1988, Virginia has supplemented federal Community Services Block Grant (CSBG) dollars provided to localities with state funding (through a combination of state General Funds and TANF funds). This critical funding has led to economic stability for hundreds of thousands of Virginia's poorest citizens and improved their communities. However, from FY 2010 through FY 2014, the state 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 2014, it received approximately $475,038, a 38 percent decrease. While the state added TANF funds in FY 2015, there is still much uncertainty about the federal CSBG dollars as funds are vulnerable to be cut in FY 2015. The state needs to ensure that these vital services to low-income residents are maintained by keeping this additional funding in the budget. *(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 Virginia State Crime Commission has convened a workgroup to examine issues related to funding for domestic violence programs, and is expected to discuss recommendations in November 2014.) (New position.)*

Mental Health

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system. Also, support state funding to create Crisis Response Treatment Programs for assessment of individuals 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 with serious mental illness and disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration. 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.

Additionally, regional pilot programs to create Crisis Response Treatment Programs would provide intervention and treatment services to assess and stabilize individuals 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. *(Two work groups have been convened to examine additional strategies for reforming mental health services – the Governor's Task Force on Improving Mental Health Services and Crisis Response provided its final report in October 2014, and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century is expected to report in December 2017). (Revises and reaffirms previous position.)*

Substance Use Disorder

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

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, use of prescription opioids (such as morphine and oxycodone) and heroin result in death, with 268 fatal heroin and/or prescription opioid overdoses in Fairfax County from 2007 to mid-September

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

2014.[2] Tragically, lack of substance use disorder treatment services exacerbates the issue; more than 200,000 Virginians each year need substance use disorder treatment services but are not receiving them. Such individuals place a high demand on the state's already overburdened public safety and social services system, particularly local emergency rooms, psychiatric hospitals, jails, and crisis care departments. Without appropriate and timely intervention and treatment, the alarming number of young adult substance users will continue to require expensive public interventions throughout their lives.

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. 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 two 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.)*

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. *(Updates and 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,

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

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. *(Updates and 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. *(New position.)*

Psychiatric and Substance Use Disorder Services for Older Adults

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

The need for psychiatric and substance use disorder 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 and substance use disorder service needs to allow them to continue to live safely in the community. *(Updates and reaffirms previous position.)*

FAIRFAX COUNTY
2015 Human Services Fact Sheet

Poverty for a family of four in Fairfax County in 2014 is defined by the federal government as a family annual income of less than $23,850. The poverty rate in Fairfax County is 5.8% of the population, or 64,851 people.

In Fairfax County in 2013 *(latest data available – reported September 2014):*

- 19,704 (or 7.3%) of all children (under age 18) live in poverty;
- 6,531 (or 5.3%) of all persons over the age of 65 live in poverty;
- 10,435 (or 9.7%) of African Americans live in poverty;
- 18,878 (or 10.48%) of Hispanics live in poverty;
- 22,138 (or 3.8%) of Non-Hispanic Whites live in poverty;
- 15.8% of families headed by single-women with children under 18 live in poverty;
- 4% of married couple families with children under 18 live in poverty;
- 172,053 (or 15.4%) 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 June 2014 was 4.4% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents approximately 27,500 unemployed residents looking for work.

Housing

- In 2013, the average monthly rent of a one-bedroom apartment was $1,408, an increase of 21% since 2007.
- 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 129,716 or 11.6% of County residents were without health insurance in 2010.

Ability to Speak English

- 13.5% of County residents over age 5 do not speak English proficiently. 36.4% 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 2013-2014 school year, Fairfax County Public Schools reported that 50,629 students (or 27.8 percent of enrollment) were eligible for free or reduced lunch.

Domestic Violence

- Each month in Fairfax County, domestic violence hotlines receive almost 260 calls, victims request 65 family abuse protective orders, over 160 domestic violence arrests are made, and 14 families escape to an emergency domestic violence shelter.
- The demand for emergency shelter for victims of domestic violence remains high. Due to the shortage of emergency shelter beds, 283 eligible households were turned away in FY 2013.
- Domestic violence is the leading cause of homicide in our county (domestic violence routinely accounts for about 50% of all homicides each year).
- In the Fairfax County Domestic Violence Fatality Review Team's analysis of 2009 and 2010 domestic violence-related homicides, children witnessed 20% of the homicides.
- Fairfax County Child Protective Services report 17% (400) of all CPS intakes involved domestic violence. Additionally, 35% (24) of children entering foster care reported witnessing domestic violence.

Caseloads Have Increased Significantly in Fairfax County:

- The overall Public Assistance caseload is up 75% from FY 2008 (51,939) to FY 2014 (90,910).
- The County's Medicaid caseload increased from 37,130 in FY 2008 to 56,213 in FY 2014 – a 51% increase.
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 26,080 in FY 2014 (a 125% increase).
- In FY 2014, the Community Health Care Network (CHCN) provided 50,174 visits to 14,678 unduplicated patients. During the year, 20,434 patients were enrolled. Of those patients seeking care, the average number of visits, per patient, ranged between 3.2 – 3.6, which is within the 'scope of standard care' for this population.
- With the Federal Health Insurance Marketplace reopening for open enrollment on November 15, 2014, staff is once again developing the capacity to work with eligible CHCN patients and help them enroll in health insurance available on the Marketplace as part of the Affordable Care Act. It is estimated that nearly 1,000 patients currently receiving care through the CHCN will be eligible for health insurance through the Marketplace. Once these patients acquire health insurance, they can be transitioned to other community providers, freeing capacity to serve additional patients in the CHCN.
- Between FY 2010 and FY 2014, 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 50 percent, from 909 per month to 1,380 per month.