COMMUNITY INPUT
FOR CONSIDERATION BY THE FAIRFAX COUNTY HUMAN SERVICES COUNCIL ON THE FY 2017 ADVERTISED BUDGET PLAN

1. SUMMARY OF NEED:

The Alliance for Human Services is pleased that the County Executive has proposed no cuts in human services and list of priority items includes human services, along with the schools, county compensation, public safety and infrastructure. His proposed budget provides additional funding for human service programs where demand is growing.

Mr. Long also reminds us that Fairfax County has endured eight years of significant budget reductions and that "additional significant reductions will change the fabric of the County irrevocably". The core services that make up this fabric include human services, housing, public safety, education, libraries, recreation and historic preservation. They contribute to the quality of life we all enjoy.

As we have noted for several years, economic recovery is still out of reach for many in our community. The FY 2017 Budget and materials from the Human Services Council tell us that:

- Public assistance caseloads have increased 75% between 2008 and 2014;
- Domestic violence cases more than tripled between 2012 and 2014;
- The County's average monthly SNAP caseload increased 83% between 2009 and 2014.
- Poverty increased by 55% between 2008 and 2014.
- Human trafficking in our area is growing – we are now among the top four jurisdictions in the nation for human trafficking victims.

2. RECOMMENDATION:

We therefore urge the Board to approve the County Executive's recommendations for human services programs – the level funding and the much-needed increases – and to adopt the 4 cent Real Estate Tax Rate increase. This will provide much needed revenue to meet current needs and that protect the most vulnerable members of our community.

We especially wish to highlight a few of the recommendations that we think are critical for funding:

- Contract rate increases for providers of human services.
- An increase in funding for the CSB Intellectual Disability graduates.
- An increase to the Consolidated Community Funding Pool. This is a critical source of funds for many nonprofits.
- Increases for the Community Health Care Network for medically fragile students in our public schools.
- Support for the Opportunity Neighborhood projects in regions 1 and 3.
- An allocation of $220,831 for the Human Services Task Force Positions.

We also wish to encourage the Board to develop a 5 Year Resource Plan to finance work of human services that account for the actual needs and that can be scaled to meet those needs; something that is very hard to do one year's budget at a time. We would hope that this 5 Year Plan would be based on strategies that are developed collaboratively with all stakeholders in the community including nonprofit partners, service customers and others.

As part of this plan, we could more effectively implement concepts like Diversion First; and we could begin to add Employment Training at a scale that actually meets the need for our low income, disabled and homeless citizens.

Thank you.

On behalf of the Alliance for Human Services,
Christopher Fay
Chair

Testimony for Human Services Council by the Advisory Social Services Board, 3/10/16

My name is Alan Schuman, Chairman of the Advisory Social Services Board. Thank you for the opportunity to speak to the Human Services Council tonight.

In this time of fiscal constraint, we strongly encourage you to ask the Board of Supervisors to prioritize the County's limited resources – across all County human services agencies - on prevention and early intervention services to achieve the greatest positive impact on the health and welfare of Fairfax County residents.

You are aware that the need for DFS services continues to be high and has significantly increased in some areas while our resources have not increased. Between FY 08 and FY 15, the net cost for DFS to the county decreased by 10% from $96M in FY 08 to $87M in FY16. During that time:

- Public Assistance Caseload increased by nearly 80%
- Domestic Violence Victims & offenders served increased over 95%
- Adult Protective Services Investigations grew by over 20%

In fact, by FY 15 one in every five households in Fairfax County has been directly helped by DFS in some way, through programs, emergency hotlines, community outreach, or other services. To put it in perspective, that is 20 percent of the population, more than the total number of households with children in the Fairfax County Public Schools.

Even if a county household has not directly received a service from DFS, someone in their life probably has – a relative, a neighbor, a co-worker, or an employee probably has had some kind of interaction with us, maybe through child care services (SACC or a permitted child care provider) the Area Agency on Aging or the SkillSource Centers. The high level of community involvement with DFS is a reflection of the wide scope of services: from prenatal home visits for expectant mothers to services for older adults, and everything in between. DFS serves the broad socio-economic spectrum of Fairfax County residents

Contrary to the perception that DFS services are solely for the poor - domestic violence, child abuse, elder abuse and other challenges faced by families occur across all income levels. If you move beyond DFS to all of Human Services, it would be hard to find someone who does not know anyone who has benefitted from a human service: either inspected restaurants, communicable disease control, Rec-Pac, or the Community Services Board.

One thing all Human Services programs share is an emphasis on prevention. Assisting people early makes sense; common sense as well as fiscal sense. In addition to saving people the trauma of more intensive services later, prevention and early intervention services save money. Within DFS, it costs almost $3,500 per family to take a class about appropriate discipline and child abuse prevention in the Parenting Education Program, but at least $55,000 to serve one child in foster care. Furthermore, children in foster care who do not return to their families or find permanent adoptive homes are more likely to commit crimes, be involved with the criminal justice system, be unemployed, require treatment for drug addiction, and have unplanned pregnancies – costing the County even more and decreasing their ability to be contributing members of the community.

The Department of Family Services, and all of the human services agencies, positively impact other Fairfax County Government functions, including and especially FCPS. When they receive help early, children are more likely to be successful in school and require fewer school interventions; teens are more likely to be engaged in work or educational pursuits and less likely to be incarcerated; adults are more likely to own homes and businesses, contributing to the County's revenue; and older adults are more likely to remain active and independent. This is the foundation of a strong and vibrant community.

As the Board of Supervisors considers efficiencies through the Lines of Business exercise and face tough decisions during this budget process, the Advisory Social Services Board cannot over-emphasize the urgency we feel about the human service needs facing Fairfax County.

DFS Budget

It is important to remember that about 2/3 of DFS's revenue, or over $67 Million, comes from State and Federal funding. Only 44% of DFS's budget comes from the General Fund, and only 29% consists of non-mandated (or discretionary) services, yet the when the Department is required to submit budget cuts, they are based on the size of its total DFS budget. Last year, that meant that a 3% reduction was effectively a 10% reduction in DFS's discretionary funds.

DFS must not only receive adequate funding, it must continue to be an important part of the conversation regarding the success of this County as a whole; the essential role that human services play in our successful schools, low crime rate, and thriving economic development must be recognized.

ASSB Recommendations for the FY 17 Advertised Budget

1. ASSB supports the County Executive's Budget Proposal, including the recommended 4 cent increase in the Real Estate Tax.

2. ASSB supports the increases in the budget for needed services such as:

   - The Human Services Contract Rate Increase
   - The 5% increase for the Consolidated Community Funding Pool
   - The expansion of the Opportunity Neighborhood Program – a good example of an important preventive service that will save the County money in the long run. Opportunity Neighborhoods estimates an $800,000 cost to society for each drop-out over the course of their lifetime through potential decreases in tax revenue from lower earnings, consumption of social services, and utilization of the justice system, among other costs.

3. The ASSB also supports the DFS funding enhancements which provide for additional caseload positions in Self Sufficiency , additional staffing for the SACC Programs and some expanded funding for the SNAP (Food stamp) program. Most of these increases are offset by state revenue and add little, if anything, to the County budget.

Community Action Advisory Board
FY 16 Budget - Human Services Council Meeting
March 10, 2016

- The CAAB has for many years supported programs that are critical to ensuring that all county residents have the opportunity to achieve economic security. They are:
    - Affordable Child Care
    - Affordable Health Care
    - Affordable Housing
    - Job Training/Education

- These programs correspond to four of the six Human Services Result Areas:
    - Successful Children and Youth
    - Healthy People
    - Sustainable Housing
    - Economic Self Sufficiency

- Additionally, these programs provide services that help:
    - Students remain healthy and prepared to learn in our outstanding school system
    - Workers obtain the skills and supports necessary to be part of the workforce that attracts and retains businesses
    - Young people have opportunities and activities available so that they and our community remain safe

- By addressing issues such as poverty, education, housing & inequality, the county helps prevent many physical, behavioral & social problems that affect the quality of life of all residents. Fairfax County does this by providing services that help:
    - In other words, the Human Services system benefits **everyone** in the county by improving quality of life for all residents of Fairfax County, not just those most at need.

FY 17 Budget

- The CAAB Commends the County Executive for developing a budget that does not contain any significant reductions of service in Human Services. After nearly a decade of trying to prevent reductions in service, it is encouraging to see a budget that is balanced through a combination of cuts AND revenue enhancements.

Community Action Advisory Board
FY 16 Budget - Human Services Council Meeting
March 10, 2016

- There are a number examples of new funding the FY 17 budget that increase services in human services. The CAAB thanks the County Executive for putting these items in the budget and asks the Board of Supervisors to retain them, especially:

    - 5% increase for Funding Pool – the General Fund support of the funding pool has not been increased for many years. Our commitment to our nonprofit partners needs to remain strong, as they are increasingly an important part of the safety net in Fairfax and provide an excellent return on investment.

    - Expansion of the Opportunity Neighborhoods Program – This is a wise investment of a modest amount of funds in a preventive service that will save the county money in the long run.

- The CAAB's main priority for the FY 17 budget is to emphasize the need to address the significant gap in the availability of Affordable Housing in Fairfax County. The need for affordable housing is evident and growing. It is a challenge to the county's economic success as well as the investments made in the human services and school systems.

- Here are some statistics from the Lines of Business presentation of the Department of Housing and Community Development:

    - The affordable housing gap has been estimated at 30,000 units for low and moderate income families renting in Fairfax County who are paying more than they can afford. This is projected to increase to 50,000 by 2032.

    - To put the size of this gap into perspective, there are currently only 18,000 residents living in housing provided by the Fairfax County Redevelopment and Housing Authority (FCRHA) and Fairfax County.

    - At the current rate of development, it will be impossible to catch up due to projected job growth in the county, the need to maintain current housing stock, and the increasing need for accessible housing for the seniors and people with disabilities.

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- In order to increase access to affordable housing, The CAAB supports the County Executive's 3 cent tax increase plus his additional 1 cent option to bring the total to a 4 cent increase in the real estate tax in this budget.

- However, the CAAB recommends that the additional Penny in real estate tax advertised by the Board of Supervisors be dedicated to the preservation and development of affordable housing. The Penny fund was cut in half a number of years ago and in that time need has skyrocketed.

- As hard as it can be to remember at this time of year, "The people who talk the loudest are not necessarily the ones who need it the most." A member of the Board (Supervisor Hudgens) said this during the DFS LOBs presentation and it is a message we need to remind the Board during our advocacy efforts.

CAPITAL AREA FOOD BANK®

capitalareafoodbank.org

March 10, 2016

Fairfax County Human Services Council
c/o Department of Neighborhood and Community Services
12022 Government Center Parkway
Suite 408
Fairfax, VA 22035

Dear Council,

As you are well aware, hunger is rising in the Commonwealth of Virginia with close to 1 million individuals who are food insecure. In Fairfax County alone, over 67,000 individuals, and 31,000 children are not receiving the food and nutrition that they need. As a member of Feeding America and the Federation of Virginia Food Banks, the mission of the Capital Area Food Bank is to feed children, seniors, and families who suffer from hunger.

The food bank strives to eradicate hunger through a comprehensive assistance model that couples food distribution, with food and nutrition education, and highlights access to nutritious food. Our successes and adaptations are the result of a 36 year reputation as the largest non-profit food provider in Greater Washington. Of the 45 million pounds of food we distributed in our previous fiscal year, 17.5 million were pounds of fresh produce. Through the food that we distribute, we feed nearly 540,000 people, 12% of our region's population, who are food insecure every year.

The food bank partners with 444 community organizations in our service area to solve hunger. Throughout Northern Virginia, we work closely with 121 of those Food Assistance Partners to distribute food and provide direct food assistance to residents. Our partners include Food for Others, who received 1.4 million pounds of food from us last year, and United Community Ministries, who obtained nearly 400,000 pounds of food through our partnership. Our direct food distribution programs consist of models such as our Mobile Markets and Community Marketplaces. One of our newest programs is the Family Market, which are located in schools such as Weyanoke, Glen Forest, and Bren Mar Park Elementary Schools. These Markets aim to feed the entire family with a variety of shelf stable food items and fresh produce.

According to the Fairfax Food Council's 2015 Community Food Assessment, Fairfax County is home to:
- 86,000 residents who live in households with income levels between 100% to 185% of the federal poverty level;
- Over 44,000 residents who receive SNAP benefits; andH
- A population of students where 25% of school aged children receive federal free or reduced meals during the school year.

We ask that you continue to support our efforts to solve hunger, and to improve the health of our neighbors. Through our collaborative efforts, we can meet the needs of those in our community, and raise awareness to this important issue.

Most Sincerely,

Cecelia Vergaretti

Cecelia Vergaretti
Director, Northern Virginia Region

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Fairfax-Falls Church Community Services Board
before the
Human Services Council

March 10, 2016

Good evening. I'm Gary Ambrose, Chairman of the Fairfax-Falls Church Community Services Board.

We appreciate the county's ongoing support for the services we provide to some of our community's most vulnerable residents. In 2015, the CSB provided almost 230,000 face-to-face services to nearly 22,000 people. We simply could not produce that level of effort without the county's support. And we're making progress.

Here are some examples:

- We have partnered with Public Safety and many others on Diversion First, and preliminary results are promising. During the two months of full operation of the Merrifield Crisis Response Center (the MCRC), our Emergency Services personnel served 709 people, 216 of whom were transported to the MCRC by law enforcement. Seventy six of those 216 individuals, most of whom could have been charged with a crime, were diverted to treatment in lieu of arrest. We continue to develop diversion opportunities with the court system and to build supports as people re-enter life in the community across all five intercepts in the evidence-based Sequential Intercept Model.
- In January of this year, the CSB re-implemented services with the mobile detoxification diversion team. This new team has been cross trained to divert individuals that have substance abuse, as well as mental health issues. During its first month of operation, 35 individuals received detox diversion services.
- We've begun our talent search to stand up a second Mobile Crisis Unit—a much needed enhancement to our crisis response services. The CSB anticipates being able to begin partial operations with the second mobile crisis unit in early April.
- The CSB was able to locate community placements for 79 individuals who were residing at the Northern Virginia Training Center (NVTC) since the Settlement Agreement commenced in 2012.
- And, we are continuing integration of primary and behavioral health care with primary care partners and a new $1.6 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This will expand our partnerships and collaboration with the health department and our community health care providers.

While we're making progress, there are challenges as well. Some examples:

- The cost of living in Fairfax County and the highly specialized skillset needed to serve vulnerable individuals and adults pose hiring and retention challenges, which we're experiencing across several strategic areas for the agency. This includes our emergency and mobile crisis staff, ID support coordinators, and youth behavioral healthcare. These challenges are complicated by projections that 26% of CSB's workforce will be retirement-eligible by the year 2020.
- The cost of living situation will also impact the quantity and types of services we'll be able to offer. For example, the people who have left the NVTC as a result of the Department of Justice (DOJ) Settlement must receive the same level of services in the community that they received at the NVTC. However, the waivers that pay for those services only fund about two-thirds of their cost. This will have a direct impact upon the CSB, as well as our community partners that provide services to the IDD population.
- Finally, our Infant and Toddler Connection program which provides critical early intervention services continues to grow and tax the resources available to meet demand.

In this context, our key resource needs include:

- The ability to grow CSB services that will support people who are diverted from jail. With $7.5 million in the proposed budget for the Ad Hoc Police Commission recommendations including Diversion First, we need to make sure we include community-based treatment supports to meet the anticipated growing demand. To continue our efforts, we estimate the CSB will need at least $1.7 million of next year's budget to begin to expand diversion-focused treatment and supports.
- We need 26 support coordinators for people with intellectual and developmental disability (the advertised budget includes 4). This estimate will meet the CSB's need to implement community care coordination requirements.
- The CSB is absorbing a salary increase of $1.9 million dollars that will help us retain and recruit psychiatrists and emergency services workers. The County Executive included some of this cost in his FY2018 budget, but without full funding possible reductions in this or other areas may need to occur in FY2018.
- Finally, the CSB must continue to offer life-saving intervention and treatment for the heroin and opioid epidemic we are experiencing. Additional resources are needed to expand Medication Assisted Treatment and other community based treatment interventions for youth and adults.

Again, we appreciate your support which has made possible our many important programs. Thank you for this opportunity to share our perspective as we move through the budget process and into the future.

Statement by CONCERNED FAIRFAX before the Human Services Council

March 8, 2016

Good evening. My name is Joanna Walker, and I represent CONCERNED FAIRFAX, a group of citizens who seek to improve mental health services for residents of Fairfax County. We are an advocacy committee of the National Alliance on Mental Illness in Northern Virginia. Thank you for this opportunity to express our views and concerns on this important topic.

My purpose in these remarks is to give a brief summary of our views on four major issues as they relate to mental health services—Housing; Law Enforcement and Criminal Justice; Community Services and Outreach; and Youth and Families. We are also providing more detailed written submissions on each.

I would like to begin by acknowledging the significant progress that Fairfax County has made since we spoke before you a year ago. Two notable examples are the treatment of the mentally ill in the law enforcement and criminal justice system, and the elimination of wait times for initial screening and assessment at the Community Services Board. However, much remains to be done to improve mental health services.

A 90-year old woman testified before the State legislature "I'm afraid to die since I don't know what will happen to my 60-year old son who suffers from serious mental illness". One of the most frequent topics of discussion within Concerned Fairfax is the need for supportive housing for individuals with serious mental illness. Many of our members, as well as numerous participants in NAMI family support groups, are rapidly aging parents of adult children who need such housing now and in the future. Despite the efforts of the County and such organizations as Pathway Homes and the Brain Foundation, the supply of such housing is nowhere near the demand. We urge the County to increase its efforts to provide housing for this population.

In the area of Law Enforcement and Criminal Justice, we appreciate your active support of the Stepping Up and Diversion First initiatives to reduce the numbers of mentally ill in the jail and place them in treatment instead. Some of our members are active participants in the Diversion First stakeholders group and the initiative's workgroups. For those who must be incarcerated, we urge you to ag-

gressively pursue implementation of the Ad Hoc Police Policy Review Commission's recommendations, especially those related to mental health services for inmates in the Adult Detention Center. We also think adding another Mobile Crisis unit is good, but even more are needed.

In the area of Community Services and Outreach, we commend the CSB for eliminating wait times for screening and assessment, but note that delays continue in other parts of the CSB system, such as detoxification, intensive case management, and residential treatment. [See slide 49 of the CSB LOB presentation] There is also a shortage of psychiatric care hospital beds as well as other treatment options for acute care, causing some to be released into the community prematurely and increasing the likelihood that they will "recycle" back into acute care. We also believe that increased use of Adult Outpatient Workers including trained "peer support specialists" could engage individuals with serious mental illness who are unreachable by conventional means, including those secluded in their parent's basement, and help them access treatment.

Finally, there are no more important issues than those that concern Youth and Families. The spike in youth suicides is a grave concern for our community, and a stark reminder that we need to be vigilant for signs of mental illness and substance abuse in our children at an early age. We applaud the development of the Children's Behavioral Health Systems of Care plan, and urge aggressive implementation of its recommendations. It's a great start, but there must be follow-through.

To summarize, we believe that the County has made real progress in the past year in improving mental health services, but that much more remains to be done. We urge the County to continue to be aggressive in developing and funding further improvements. Thank you for your attention.

Our son, Ben, is 20 years old with a diagnosis of paranoid schizophrenia. For years, Ben had been in a cycle of spiraling down until he would end up in a short term hospital stay, just long enough to "stabilize" for a few days and then he would be released. He would take medication while hospitalized and for a few weeks after he was out, but would soon refuse meds and the downward cycle would start again. My husband and I were beside ourselves not knowing how to help him. As an adult, Ben was legally allowed to refuse his medications and therapy for his disorder.

Last Winter, Ben was clearly in a free falling state. His paranoia was increasing to the point where he was dangerously agitated most of the time. He would stay up all night, go out with gun carrying drug dealers, get in cars that were stolen by people he barely knew and drive around, walk in the middle of busy streets because "the sidewalks were against him", spray paint his room black to cover up "all the cameras we had hidden in the walls".....and many more examples of paranoid behavior.

We were advised that our only recourse was to get the court involved in mandating treatment for Ben. **They said Ben could die if we didn't take legal action**. Ben's parole officer signed an order to have him picked up and held in the adult detention center until a judge would listen to all of us plead the case for a longer hospital stay and mandated medications. The PO said BEN WOULD BE SAFE IN JAIL. We were nervous about this, but thought we had no other choice. Ben was hitting a new low point and he was terrifying his 2 younger siblings with his paranoia and impulsive behavior.

The police finally came in one morning and took Ben to the ADC where we quickly learned that he would be **held for 5 weeks** until his court date. **And this is where the story really gets ugly**. Ben was so paranoid that he refused to take the routine TB test because he was convinced the jail staff were going to inject poison into him. Because of his refusal, we were not permitted to visit him. Each day he got worse. He also refused any food because his paranoia led him to believe that the guards were trying to poison him. We received several phone calls from him very early in his stay. He was saying things like, "the jail has a giant shark tank where they feed prisoners to them", and, "they plan to harvest my organs and sell them...get me out!!!!". We called the psyche staff where we were repeatedly assured that he was being watched. And then, we stopped hearing from him. Soon after, I received a call from a jail psychologist who said she couldn't tell me anything because of HIPPA, but she needed to ask me questions. She proceeded to ask me if Ben had ever tried to kill himself, starve or harm himself...she also asked if he had ever been catatonic before. I was FRANTIC trying to get information from her. **How cruel could this system be that it required us to lock up our extremely sick child in order to get him help, and then not be able to see him, speak to him or even know what was happening to him?**

We insisted Ben's attorney go in to see what was happening to Ben right away. He told us Ben was laying naked on a cot, staring at a wall and completely unresponsive. A judge signed an order for Ben to be transferred to Western State hospital. We were relieved for about 5 minutes until we were told that **he couldn't be moved until there was a hospital bed available for him**. Ben continued to decompensate for the next 2 weeks while waiting for a bed to open at the hospital. We would call or go in every day to state our concerns that Ben might go into kidney failure from severe dehydration or become irreversibly psychologically damaged from laying there in a catatonic state instead of being in a treatment facility. We couldn't get him out, and we couldn't get in to see him.

After a month in jail, Ben was finally transferred to Western State. The doctor said that Ben was in really bad shape and that she was appalled that the jail had let him sink to such a dangerous level. He had lost 50 pounds in a month, was covered in a rash from dehydration, and he was in a catatonic

coma. He was gradually brought out of his catatonia with proper medication. They were also concerned about Ben having a potentially fatal condition called “refeeding syndrome” from having gone without food. His exhaustion seemed unbearable. Even more alarming, the level of paranoia and delusional thinking had risen to a record breaking high. If I had the rest of the evening, I could not tell you all of the delusional and paranoid things he would say.

Ben spent 3 months at Western State and needed every minute of it. We strongly believe that his need for 3 months of hospitalization was because he was allowed to sink so low from being untreated in jail. We have often wondered what terrible things could have been avoided if he had been able to go to Western State right away. Jail is **NOT** the place for people struggling with severe mental illness. **Jail is NOT a treatment facility.....it is JAIL**. The only humane solution to this problem is to be able to transfer people like Ben out of the jails and into a hospital immediately for treatment!

My 34 year old son was diagnosed bi-polar approximately 10 years ago. Until about 8 weeks ago, he had been homeless and walking the streets for over three years. He was sleeping in the woods or building stairways or at the all night McDonalds. Due to his mental illness, he had no insight into his situation. Often I would see him walking down the street and could not convince him to seek help.

Early on, he was told the housing list was several years long so did not want to put his name on a list. 10 years later, through the help of the Community Services Board, Pathway Homes, the Police, the Courts, NAMI, family and friends, he is now in a single unit apartment and on injectable meds. I am beginning to see the young man I knew before the onset of his illness. Pathway Homes and his contact through the jail diversion progam at the the CSB have provided him a stable environment where he has finally begun the recovery process .

Much perseverance and diligence on the part of the entire team was necessary to achieve this progress. Both the CSB and Pathway Homes reach out to him on a weekly basis and are working toward making his recovery a success. Housing and medication have been the key. One without the other would not have worked. Surviving as a homeless individual took all of his capabilities to get through each day. I do not know what the future will hold for him but am hopeful for the first time in a very long time. I'm eternally grateful for all those involved on what seemed an impossible journey.

LTCCC Testimony to the Human Services Council March 10, 2016

Good evening Chairman Bell and members of the Human Services Council. My name is Steve Morrison, and I am the Chair of the Fairfax Area Long Term Care Coordinating Council's (LTCCC) Government Affairs Committee. The 55-member LTCCC, chartered by the Board of Supervisors, represents community-based service providers, advocacy groups, educational organizations, medical community, faith-based leaders and consumers. I am here this evening representing the LTCCC and the budget positions it adopted last evening. The LTCCC asks you to:

- SUPPORT the proposed funding for services for older adults and adults with disabilities. These services comprise a very small portion of the total budget; provide critical support for these populations; and fall within one of the County's seven human service focus areas: *Positive Living for Older Adults and People with Disabilities.*

County of Fairfax, Virginia

Health Care Advisory Board

MEMORANDUM

DATE: March 10, 2016

TO: Human Services Council

FROM: Marlene W. Blum, Chairman
Health Care Advisory Board (HCAB)

SUBJECT: Health Care Advisory Board Written Comments on FY 2017 Advertised Budget

A summary of the HCAB's adopted budget recommendations follows below, organized by the seven Human Services Strategic Focus Areas, with a focus on the Health Department's Epidemiology Program and Community Health Care Network (CHCN).

Healthy People

Employee Compensation
Personnel Adjustments for County's Epidemiology Program

The HCAB supports the County Executive's proposed increase of $1,369,321 in Personnel Services, which includes $503,988 for a 1.33 percent market rate adjustment (MRA) for all employees, $680,333 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2016, and $185,000 for personnel adjustments related to the County's epidemiology program.

As the HSC will recall, the HCAB expressed concern during last year's budget discussions about the Health Department's capacity for surveillance and investigation of illness and disease. Epidemiology is the scientific method of investigation problem-solving used by disease detectives to get to the root of health problems and outbreaks in a community. A review of neighboring jurisdictions' (e.g., City of Alexandria, Arlington County, Loudoun County, Prince William County, and Montgomery County, MD) epidemiology personnel revealed that Fairfax's was the least robust.

The Health Department's epidemiology capacity is limited to communicable diseases. With its existing resources, the Health Department is not able to address diabetes, asthma, heart disease and stroke or other population-based health issues – suspected cancer clusters, youth suicides, and the health impact of crumb rubber. Despite the shifting drivers of morbidity and mortality toward chronic diseases, the Health Department does not have dedicated expertise needed to assess the distribution and determinants of health and preventable disease in our community. The $185,000 personnel adjustment would be allocated to a Medical Epidemiologist who is trained in analyzing the incidence and prevalence of chronic disease at the population level.

Fairfax County Health Department
10777 Main Street, Suite 203
Fairfax, VA 22030
Phone: 703-246-2411 TTY: 711
FAX: 703-273-0825
http://www.fairfaxcounty.gov/hd/hcab/

With respect to infectious disease and the department's struggle to meet the surge capacity demands required to simultaneously control ongoing outbreaks, detect and respond to new outbreaks, and monitor for potential threats, two epidemiologist positions were approved during the FY16 process and were assigned to communicable diseases to help address infrastructure gaps in Tuberculosis, HIV/AIDs, sexually transmitted diseases and routine communicable diseases. In total, the Health Department has four epidemiologist positions, one (1) that is currently vacant, one (1) that is grant-funded, and two (2) that are County merit employees. If the advertised personnel adjustment is approved, the Health Department's epidemiology program would increase to five (5).

But serious gaps remain and additional positions will be needed to provide varying levels of epidemiologic expertise required for the study, surveillance and investigations of chronic disease and population-based illness. The projected need for successive budget years is five positions (of varying class and salary grades). Developing this expertise will require mutiyear planning that, in conclusion, would bring the epidemiology program to ten (10) staff persons.

The paucity of epidemiology capacity in the Health Department for both infectious and chronic diseases is a serious gap that needs to be addressed to enable the department to better monitor the health status of the community and evaluate the effectiveness, accessibility, and quality of personal and population-based health services, while researching new insights and innovative solutions to health problems within the community.

Healthy People/Infrastructure Support
Community Health Care Network
Transitional Costs

The HCAB supports the County Executive's proposed increase of $750,000 to fund unanticipated expenses associated with the transition to a new primary care and safety net system. The new model integrates primary, specialty, behavioral, and oral health services into one model of care.

While the County negotiates a new contract for safety net services, the Community Health Care Network has identified some immediate infrastructure support needs: computer replacement, cabling and interface work, electronic health record maintenance. As the area's safety net system transitions to an integrated model, unanticipated expenses may emerge. Once a new contract is issued, a gap analysis will be conducted. The Health Department will report to the Health Care Advisory Board quarterly on these programmatic and infrastructure support needs.

Healthy People/Infrastructure Support
Contract Rate Increases
The HCAB supports the County Executive's proposed increase of $1,104,901 in Operating Expenses for a contract rate increase for the providers of contracted health services and for providers of repair and maintenance services for laboratory and medical equipment.

Healthy People
Compensation Associated with Public Health Doctors
The HCAB supports the County Executive's proposed increase of $493,208 in Personnel Services supports funding for additional compensation requirements as a result of Public Health

Doctors moving from the S and E pay scales to the X pay FY 2017 Fairfax County Advertised Budget Plan (Vol. 1) – 332 Health Department scale, which resulted in pay adjustments and an increased pay range for both merit and benefits eligible positions. This change was approved in order to be in line with market rates and health with recruitment and retention issues for positions that have historically been hard to fill.

Healthy People

Nursing Services for Medically Fragile Students

The HCAB supports the County Executive's proposed increase of $350,000 to address the increase in one-on-one nursing services for medically fragile students enrolled in Fairfax County Public Schools. The Medically Fragile program serves both full time and pre-school students, and if a student is found eligible, services are mandated under federal law. Cases are reviewed by a multidisciplinary team of experts who recommend services based on the medical need of a student. The Health Department coordinates, manages, and financially supports these nursing services. Over the last several years there has been an increase in demand for one-on-one nursing services and the demand is expected to continue to grow in the coming years as more medically fragile students are entering the school system at the age of pre-school and remaining in the system until the completion of their school years.

Healthy People

Laboratory Equipment and Supplies

The HCAB supports the County Executive's proposed increase of $107,326 in Operating Expenses is included for equipment and supplies to support enhanced laboratory testing for communicable diseases and environmental hazards. This expenditure increase is completely offset by a revenue increase from expanded lab service fees for no net impact to the General Fund.

Infrastructure Support

Inova Translational Medicine Institute (ITMI)

Consistent with last year's recommendation, the HCAB continues to oppose the County Executive's proposed $500,000 in Contributory Funding for the Inova Translational Medicine Institute (ITMI). At a time when cuts are being made in critical human services programs, the HCAB believes that spending County taxpayer dollars in support of ITMI is not the best use of public funds.

If the Council has questions about our recommendations, please contact the HCAB.