

2010 Fairfax County Draft Human Services Issue Paper

The United States is in the midst of a national economic crisis of historic proportions. This has affected Americans in all aspects of their day to day lives, and has created dire circumstances for many, including joblessness and homelessness. At all levels of government, uncertainties about the nation's financial outlook threaten the safety net that protects our most vulnerable populations – a safety net that is more essential now than at any time in recent memory.

Protecting the Social Safety Net and Building Self-Sufficiency at the Local Level

It is the responsibility of the Commonwealth to help Virginians who are unable to fully meet their own needs, and as a result of current economic hardships, those needs are greater now than ever. Healthy and productive individuals, families, and communities are the foundation of the Commonwealth's present and future security and prosperity. Ensuring a solid foundation requires a strong partnership among all levels of government – federal, state and local – each possessing unique strengths. As the form of government closest to the people, local human services departments have been stressed to the limit of their capacity by recent dramatic increases in demand resulting from the economic crisis.

This issue paper is a supplement to the 2010 Fairfax County Legislative Program. It is the goal of the Fairfax County Board of Supervisors to work with the County's General Assembly delegation to achieve the following objectives:

- Protect the vulnerable;
- Help people and communities realize and strengthen their capacity for self-sufficiency;
- 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;
- Build a high-performing and diverse workforce to achieve these objectives.

Fairfax County has long recognized that investments in critical human services programs can and do save public funds by minimizing the need for more costly services. This is not the time to abandon those essential investments.

Priorities

While all core services are important, Fairfax County’s three human services priorities for the 2010 General Assembly are employment support for working families, child day care services and mental health reform. It is essential to help families get through these tough economic times, through employment assistance, housing support and other targeted supports. Additionally, the employment and economic independence of parents is jeopardized when affordable child care is outside of reach, making child care subsidies all the more important in the current circumstances. Finally, the mental health reform process begun in Virginia in 2008, following the tragedy at Virginia Tech, is simply too important to abandon, even in tough times.

1. Employment Support for Working Families

Support budget and statutory changes allowing localities to provide the matching funds necessary to draw down emergency federal funds for low-income families needing assistance to navigate the national recession. (New Position.)

The American Recovery and Reinvestment Act (ARRA) made available up to \$79 million for Virginia to provide increased spending on cash assistance, non-recurrent short-term benefits and employment assistance for families receiving Temporary Assistance for Needy Families (TANF). TANF is designed to help needy families achieve self-sufficiency, and the current economic crisis is threatening that self-sufficiency, through the loss of jobs and permanent housing. However, the use of these one-time federal funds requires a 20 percent match, which the state is unlikely to provide, due to Virginia’s budget crisis. Rather than forfeiting this important federal funding opportunity, localities should be permitted to provide the matching funds if they are able, in order to assist those most vulnerable through current economic hardships.

2. Child Day Care Services

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, known as “Fee System Child Care” and support an increase in child care service rates in the 2010-2012 biennium budget. (Revises and reaffirms previous position.)

Particularly during periods of economic downturn, a secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability.

Research clearly indicates that the employment and financial independence of parents is jeopardized when affordable child care is outside of their reach. Parents may be forced to abandon stable employment to care for their children or they may begin or return to dependence on welfare programs. In order to maintain their employment, some parents may choose to place their children in unregulated and therefore potentially unsafe child care settings. Without subsidies to meet market prices, low-income working families may not access the quality child care and early childhood education that helps young children enter kindergarten prepared to succeed. In the Fairfax community, where the median annual income of families receiving fee-system child care subsidies is \$24,756, the average cost of full-time preschool child care ranges from \$8,000 to \$12,000 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.

3. 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. *(Revises and reaffirms previous position.)*

It is essential that the state 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.

Positions

State Resource Investments for Keeping People in Their Communities

Human services programs serve a wide range of people, including low income individuals and families; children at risk for poor physical and mental health, and educational outcomes; older adults, persons with physical and intellectual disabilities; and those experiencing mental health and substance use issues. These individuals want the same opportunities every Virginian wants – not just to survive, but to thrive, by receiving the services they need while remaining in their homes and communities, allowing continued connections to family, friends, and their community resources. In recent years, changes in philosophy have led public policy to embrace this direction, as a more cost-effective, beneficial approach – allowing those with special needs to lead productive lives in their own communities, through care and support that is much less expensive than institutional care.

Meeting these needs requires a strong partnership between the Commonwealth and local government. This is particularly true in the area of funding, which is necessary to create and maintain these home and community based services, and must be seen as an investment in the long-term success of the Commonwealth. Unfortunately, it has increasingly become the practice of the Commonwealth to significantly underfund core human services or neglect newer best practice approaches leaving localities to fill gaps in the necessary services through local revenues in order to meet these critical needs. Fairfax County understands the fiscal challenges facing the Commonwealth; the County is facing those same challenges.

Nevertheless, 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. While there may not be new funds available this year, it is critical that these needs remain on the priority list.

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 care services for people in particular categories (low income children and parents, pregnant women, older adults, persons with disabilities). It is financed by the federal and state governments and administered by the states. Federal funding is provided based on a state’s per capita income – the current 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 although it is the 12th largest state in terms of population, it is 48th in per capita Medicaid spending.

Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid beneficiaries in Virginia may also receive coverage through home and community-based “waiver” programs, which allow states to “waive” the requirement that an individual

must live in an institution to receive Medicaid funding. Waivers result in less expensive, more beneficial care. In addition, the reduced financial eligibility requirements make waiver slots especially important for lower income families with older adults, people with disabilities or significantly ill family members in Virginia, where Medicaid eligibility is highly restrictive.

The number and type of waivers is set by the General Assembly, and the extensive waiting lists for some demonstrate the significant unmet needs that exist in the Commonwealth (current Virginia waivers include AIDS, Alzheimer's, Day Support for Persons with Intellectual Disabilities, Elderly or Disabled with Consumer-Direction, Intellectual Disabilities, Technology Assisted and Individual and Family Developmental Disabilities Support). Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases.** Medicaid waivers for the Elderly or Disabled with Consumer Direction and the Individual and Family Developmental Disabilities Support should keep pace with rising costs, while maintaining existing funding and services available through these waivers. *(Revises and reaffirms previous position.)*
- **Support creation of dedicated waivers.** New waivers are needed for people with brain injuries, autism, or people who are blind, deaf/blind, or suddenly become blind. *(Revises and reaffirms previous position.)*
- **Support increased waiver funding.** Funding is needed for an additional 1200 individuals with intellectual disabilities to receive services in each of the next two years. *(Revises and reaffirms previous position.)*
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under the Intellectual Disabilities Waiver, for individuals whose needs extend beyond the standard benefits available. *(New Position).*

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. *(New Position.)* **Also, support legislation that would clarify when CSA policy changes are subject to the Administrative Process Act to ensure full review of the impacts and implications of the changes proposed.** *(Revises and reaffirms previous position.)*

The Comprehensive Services Act is a 1993 Virginia law that provided for the pooling of eight specific funding streams used to purchase services for high-risk youth, and requires a local funding match. The purpose of CSA is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. Children receiving certain special education and foster care services are the only groups considered mandated for service. Because there is "sum sufficient" language attached to these two categories of service, this means that for these youth, whatever the cost funding must be provided by state and local government.

Many policy and procedural changes have been made to CSA since its inception, but unfortunately many of these changes were made in the form of guidelines rather than regulations. This approach eliminates the 60 day public comment period required under the Administrative Process Act (one recent proposed change allowed only eight working days for local governments to respond). Without a full vetting,

detrimental changes could result; APA vetting requirements support careful review so that all impacts can be understood by both the State and affected communities.

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, keeping children with their families. *(Revises and reaffirms previous position.)* **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.** *(New Position.)*

In 2008, Virginia embarked on a Children's Services Transformation effort, to identify and develop ways to find and strengthen permanent families for older children in foster care, and for those who might be at risk of entering foster care. The Transformation, founded on the belief that everyone deserves and needs permanent family connections to be successful, is leading to significant revisions in Virginia's services for children. Through kinship care (when a child lives with a relative), children remain connected to family and loved ones, providing better outcomes. However, without a formal statewide Kinship Care program, many relatives in Virginia are unable to care for children in their family due to financial hardship, resulting in foster care placements.

Additionally, once a youth turns 18, they can continue to receive services through foster care, but they are no longer eligible for an adoption subsidy. This lack of financial support may impact families' ability to adopt older youth. By extending adoption subsidy to age 21, more Virginia youth may have the opportunity to find permanent homes.

Community Based Services and Early Intervention

Support increased capacity for intensive community services for children, and for the Infant Service/Early Intervention Program. *(Revises and reaffirms previous position.)*

Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, helping to maintain children safely in their own homes and reducing the need for foster care or residential treatment as the first alternative. Additional capacity is also needed in the Infant Service/Early Intervention Program, in order to meet the 8 percent annual growth factor at minimum.

Aging and Disability

Home and Community Based Services for Older Adults and People with Disabilities

Support maintaining funding for home and community-based services, nutrition, transportation, in-home, chore and companion services, that help people live in their own homes and seek to increase these services in the 2010-2012 biennial budget. *(Revises and reaffirms previous position.)*

Home and Community-Based Services – such as personal care, home-delivered meals, transportation, care coordination, and adult day/respite care – provided by the Commonwealth's twenty-five Area Agencies on Aging (AAAs) save Virginia tax-payers money while helping older Virginians function independently, keep them in the least restrictive setting of their choice, build on family support, decrease the risk of inappropriate institutionalization, and improve life satisfaction. In addition, chore and companion services are funded locally and by the Virginia Department for Social Services and assist

eligible older adults and adults with disabilities with activities of daily living (bathing and housekeeping).

Auxiliary Grants

Support an increase in the current monthly rate of \$1,112 for auxiliary grants, with a 15% differential for the higher costs of facilities in Planning District 8, and support the elimination of the local 20 percent match. *(Revises and reaffirms previous position.)*

The auxiliary grants program supplements the income of eligible older adults and adults with disabilities, to pay for care in licensed, safe, assisted living facilities (ALFs) avoiding more expensive and restrictive institutional care or worse, avoiding homelessness or unsafe, unhealthy housing. In the County, the average cost of an ALF is \$2000 per month; the cost is higher for private ALFs in the region. Any reductions in auxiliary grant rates would impact the housing of people living in ALFs.

Intellectual Disabilities

Support additional direct state General Fund support for Department of Rehabilitation Services programs for 1000 individuals statewide on an annual basis (these individuals are not eligible for Medicaid funded services). *(Revises and reaffirms previous position.)*

Virginia's highly restrictive Medicaid eligibility requirements preclude many low-income Virginians with intellectual disabilities from receiving much needed services. In Fairfax County, this is particularly true for young adults just graduating from high school. State resources are needed to assist this vulnerable population.

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. *(New Position.)*

Key provisions include the ability to assess local service needs and advise state and local agencies of their findings; to serve as a catalyst for the development of public and private funding sources; and to exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. Without such a network of local representatives with expertise in these issues, the opportunity for valuable statewide collaboration will be lost

Health, Well Being, and Safety

Adult Protective Services and Public Assistance Eligibility Workers

Support state funding for additional Adult Protective Services social workers and Eligibility Workers. *(New Position.)*

Adult Protective Services

The number of Adult Protective Services investigations is growing in the state and in Fairfax County as the aged population grows. In Fairfax County, investigations have increased from 818 in FY 2007 to 924 in FY 2009. Access to community-based services can reduce personal and family stresses that sometimes lead to APS calls. (APS Services may include case management, home-based care, transportation, adult day services, and screenings for residential long-term care. Local Adult Protective Services (APS)

programs investigate reports of suspected adult abuse, neglect or exploitation and can arrange for health, housing, counseling, and legal services to stop the mistreatment and prevent further abuse.

Public Assistance Eligibility Workers

Additionally, economic downturns increase demands on Eligibility Workers (employees who determine the eligibility of applicants and recipients for public assistance programs) to respond to assistance requests in a timely manner. When a family is sufficiently stressed to reach out for assistance, rapid response can mitigate further escalation in the family's downward spiral. From FY 2007 to FY 2009, Fairfax County experienced an 18 percent increase in public assistance cases (from an average monthly caseload of 49,681 to 58,561). In FY 2010, that number has already increased to over 66,000 cases. During the same time period, the County has also experienced a 73 percent increase in applications for assistance that must be processed. These increased demands, without appropriate state funding, may create delays in providing this critical assistance.

Human Trafficking

Support funding and legislative efforts to curb human trafficking. State efforts should include funding for state and local law enforcement and Commonwealth's attorneys' offices for enforcement of state laws under which trafficking violations now may be prosecuted (for example, the statutes governing abduction and extortion); training on recognizing trafficking cases; and funding for victim services, as well as enhanced penalties for trafficking offenses. *(Revises and reaffirms previous position.)*

Human trafficking is both an international issue and a domestic one, encompassing forced agricultural and domestic servitude as well as sexual exploitation. The federal Trafficking Victims Protection Act (TVPA), passed in 2000 and reauthorized most recently in 2005, created trafficking as a federal crime and imposed federal responsibilities for prosecution of traffickers and the protection of victims. However, Virginia Code neither names human trafficking a crime nor provides for victim protection.

Substance Abuse:

Support increased capacity to address substance abuse and use issues through robust community based prevention programs. *(New Position.)*

Studies show that substance abuse is among the most costly health problems in the United States. Effective community based prevention programs can reduce rates of substance use and can delay the age of first use. Additionally, prevention programs can contribute to cost savings by reducing the need for treatment – a win-win for all involved.

Mental Health

Emergency Responsiveness

Support sufficient state funding for those county residents who need acute care service within local hospitals or within our local crisis stabilization programs. *(Revises and reaffirms previous position.)*

While the Commonwealth provides some funding for emergency responsiveness, this funding does not reflect increased costs over time. As a result, the costs of treating this critical population are increasingly shifted to localities.

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Support increased state funding for the Regional Older Adult Facilities Mental Health Support Team (RAFT) Program. *(Revises and reaffirms previous position.)*

The Regional Older Adult Facilities Mental Health Support Team (RAFT) provides intensive geriatric mental health support to partnering Nursing Homes and Assisted Living Facilities to serve older adults with serious mental illnesses in Northern Virginia. Today, this program provides a stable environment for mentally fragile older adults, and is not yet available statewide. Positive results are now being documented, at lower costs than alternatives without these services. Currently, four Fairfax County residents are benefiting from the RAFT program.