Draft 2017 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2017 Fairfax County Legislative Program as the County's Board of Supervisors has long recognized that investments in critical human services programs save public funds by minimizing the need for more costly public services.

Though the Great Recession ended in 2009, its impact continues to take a toll on the County's most vulnerable residents, evidenced by the continued growth in Medicaid and Supplemental Nutrition Assistance Program (SNAP) caseloads. In 2015, 69,657 Fairfax County residents (6.1%) lived below the poverty rate, compared to 47,832 people in 2008 – of that number, 15,467 were children. Furthermore, the number of people living in deep poverty with an income less than about $12,125 for a family of four jumped to 34,006 in 2015.

The County's economy also suffered from federal sequestration, and accompanying federal funding cuts, which further adversely affected those already struggling. Even though the state is again facing revenue challenges, it is critically important that Virginia continue to invest in local programs that ensure short- and long-term uncertainties do not threaten the safety net provided by local governments. Even as local government fiscal health has not been fully restored, maintaining a strong safety net for our most vulnerable populations remains an essential public service, valued by most of the electorate.

State and local governments must partner to:

- Protect the vulnerable;
- Help people and communities realize and strengthen the capacity for self-sufficiency;
- Link people to health services, prevention and early intervention care, adequate and affordable housing, and employment opportunities;
- Ensure that children thrive and youth successfully transition to adulthood; and,
- Build a high-performing and diverse workforce that does not need this help.

Most people want the same opportunities to survive and thrive. Meeting these personal goals sometimes require assistance that results from a strong partnership between the Commonwealth and local government. Unfortunately, the state commonly underfunds core human services or neglects newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues to meet critical needs. Fundamentally reorganizing and restructuring programs and outdated service delivery systems can best achieve positive outcomes when such changes are developed in partnership with the local governments providing services. *(Revises and reaffirms previous position.)*

Priorities

Children's Services Act (CSA)

Support continued state responsibility for funding mandated Children's Services Act (CSA) services on a sum-sufficient basis. Oppose changes to CSA that shift costs to local governments, or disrupt the responsibilities and authorities assigned to the County by the Children's Services Act. Also support the current structure, which requires that service

decisions are made at the local level and are provided based on the needs of each child, ensuring that service expenditures are approved through local processes.

The Children's Services Act (formerly known as the Comprehensive Services Act) is a 1993 Virginia law that provided for the pooling of eight funding streams used to plan and provide services to children who: have serious emotional or behavioral problems; need residential care; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate local match of approximately 46 percent. Children receiving certain special education and foster care services are the only groups considered mandated for service, and "sum sufficient" language ensures state and local governments provide funding necessary for such youth. Fairfax County strongly opposes any efforts to cap state funding or eliminate the sum sufficient requirement, as the Commonwealth must not renege on its funding commitment to CSA. Additionally, changes to CSA law, policy, or implementation guidelines should focus on solutions that acknowledge the critical roles played by both levels of government, and should not favor one side of the partnership over the other.

Several years ago 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. As a result, CSA residential placements decreased, as did overall costs for CSA, illustrating the success the state can achieve by working cooperatively with local governments; however, in recent years CSA costs have begun to rise, likely due to increases in special education services and the number of children served. The 2016 GA made some helpful changes, slightly increasing CSA local government funding, as well as providing CSA funding for extended foster care services and support for youth 18-21 who entered foster care prior to their 18th birthday.

Fairfax County also supports:

- Increased state funding for local government CSA administrative functions;
- Recommendations of the State and Local Advisory Team (SLAT) that the match rate for wrap-around services be lowered to the rate used for other community-based services;
- Elimination of the local Medicaid match requirements for students placed in residential treatment facilities for non-educational reasons, and revisions in policy ensuring that state and localities share the costs of educational services equitably;
- Maintaining expenditures for private day services at the current state level, as any effort to re-direct those funds would essentially eliminate the sum-sufficiency requirement that ensures the state pays its appropriate share of these critical service costs; and,
- Close monitoring of the State Executive Council's practices when policies are created or amended to ensure broad collaboration with local governments, especially recognizing potential impacts on local financial and implementation responsibilities. *(Revises and reaffirms previous position.)*

Restructuring Services for Intellectual and Developmental Disabilities

Support additional state funding to increase Medicaid waiver rates and slots, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement. Also support budget language that requires the proceeds of the sale of the Northern Virginia Training Center (NVTC) property to be

used solely to develop new community-based services and housing opportunities for persons with Intellectual and Developmental Disabilities in Northern Virginia.

As a result of a state decision following a settlement agreement negotiated with the U.S. Department of Justice (DOJ), the Commonwealth adopted a plan to close four of the state's five training centers (which provide residential treatment for individuals with intellectual and developmental disabilities) by 2020. This shift, from an institution-based system with bifurcated Intellectual Disability (ID) and Developmental Disability (DD) services to a community-based system with one integrated service for both ID and DD, is a challenging process that must be carefully implemented to ensure that affected individuals receive the services they need.

Unfortunately, the Commonwealth has so far failed to create sufficient and appropriate housing and employment/day supports in Northern Virginia, but nevertheless moved forward with the plan to close the NVTC in January 2016. That closure resulted in significant numbers of NVTC residents relocating outside the area; rather than addressing this issue directly, the Commonwealth instead expanded the geographical definition of Northern Virginia to allow expenditures of the settlement agreement trust fund in a larger area. Additionally, the Commonwealth has made only limited progress in redesigning and funding related Medicaid waivers that adequately support individuals with intensive needs; the Commonwealth's plan includes rates that are well below the cost of providing services in Northern Virginia, and which do not support the expansion of capacity needed.

Successfully implementing the DOJ settlement is the Commonwealth's responsibility and obligation. An essential component of this effort is sufficient and timely state funding for individuals receiving or waiting to receive local, community-based services. *(Revises and reaffirms previous position.)* *(See also the Medicaid Waivers section on page 5.)*

Mental Health, Public Safety, and the Criminal Justice System

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

Police officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department responds to more than 5,000 calls each year that are mental health related. Sometimes these calls lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from appropriate treatment in the community for underlying mental health issues. In fact, nearly four in ten inmates at the Fairfax County Adult Detention Center have been identified as needing mental health care, and more than one in four have a serious mental health illness and co-occurring substance use disorder. It is significantly more expensive to deliver mental health services in a detention facility than when providing the same service in community-based residential or community-based care.

To address these critical issues, Fairfax County has launched "Diversion First," to offer alternatives to incarceration for people with mental illness or developmental disabilities who come into contact with the criminal justice system for low level offenses. Local revenues have been

utilized to implement the first phase of this initiative, but expanding this program will require state investments to:

- Increase the availability of mental health services by expanding secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local forensic beds, affordable housing options, reintegration services for youth and adults at high-risk of rapid re-hospitalization or re-offending, and the use of telepsychiatry (also see page 13-14);
- Strengthen responses to individuals in mental health crises by funding Crisis Intervention Team (CIT) training for law enforcement officers, Fire and Rescue and jail personnel, and Mental Health First Aid Training for social service organizations staff;
- Develop a statewide screening and assessment tool to assess incarcerated individuals' mental health, improve treatment, and gather system level data, including prevalence rates and demand for services;
- Facilitate the exchange of health information of individuals believed to meet the criteria for temporary detention orders among law enforcement, Community Services Boards, health care providers, and families and guardians; and,
- Increase funding of mental health services for individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program.

(See also the final reports of the Governor's Taskforce on Improving Mental Health Services and Crisis Response and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century.) (Revises and reaffirms previous position.)

Position Statements

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

Virginia's Medicaid program provides access to health care services for people in particular categories (low-income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and states are permitted to set their own income and asset eligibility criteria within federal guidelines. Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population and 10th in per capita personal income, Virginia ranked 48th in Medicaid enrollment as a proportion of the state's population and 47th in per capita Medicaid spending.

The Commonwealth faces a critical decision, as it considers again whether or not to pursue the Medicaid expansion included in the federal health care reform law, along with the sizable federal funding provided for those newly eligible enrollees. The failure of previous efforts 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).

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

Medicaid Waivers

Support state 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 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 state human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

Each state also has the discretion to design its own Medicaid service program. 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. Such programs allow states to "waive" the requirement that an individual must live in an institution, or that a service must be offered to the entire population, to receive Medicaid funding. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive.

The number and types of waivers are set by the GA. Long, growing waiting lists for some waivers demonstrate the barriers that exist in the Commonwealth (current Virginia waivers include Elderly or Disabled with Consumer Direction, and Technology Assisted, as well as the Community Living, Family and Individual Supports, and Building Independence waivers, which replace the Intellectual Disability, Developmental Disability and Day Support waivers). Waivers fund

services such as attendants to help with bathing and dressing, on-the-job assistance to allow people to work successfully, and technology devices that provide communication assistance.

Fairfax County supports the following adjustments in Medicaid waivers:

- **Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.** While nursing facilities receive annual cost of living adjustments, that is not true for providers of Medicaid waiver services. A rebalancing of reimbursements is necessary to reduce reliance on institutional care, increase less costly community-based services, and ensure the availability and quality of Medicaid providers. In Northern Virginia, waiver rates should be increased to reflect the higher cost of living and services; the rate formulas for the newly redesigned waivers utilize worker salaries at the 50th percentile of Bureau of Labor Statistics (BLS) average wages for the region, which is unrealistically low, and should instead utilize BLS rates at the 90th percentile. More competitive Medicaid reimbursements will increase the number of participating providers in Northern Virginia, thereby expanding the local supply of community-based services. *(Revises and reaffirms previous position.)*

- **Support negotiation of per-person waiver rates above the proposed top tier for individuals with intensive behavioral and health needs, and for program models that meet critical needs, when Medicaid waiver rates and services prove insufficient.** Medicaid waiver rates in Northern Virginia are particularly inadequate for meeting the needs of individuals requiring intensive, specialized support. Without the flexibility of negotiated rates above the proposed top tier (as proposed by the Department of Behavioral and Health Developmental Services), safe and adequate community services that align with best practices will not be possible for such individuals. *(New position.)*

- **Support Expansion of Home and Community-Based Services.** The Commonwealth should evaluate this option as it works to implement the DOJ agreement, finding new opportunities to serve older adults and people with disabilities in their homes and communities. Incorporating Community First Choice into the 2017 Medicaid state plan would provide Virginia with more revenue to serve people with adult onset disabilities who are denied access to services they need under the existing Medicaid waivers. *(Revises and reaffirms previous position.)*

- **Enhance 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 many Virginians to stay in their own homes and avoid unnecessary placement in a nursing facility (serving those who are 65 years or older, or who have developmental disabilities other than intellectual disability or brain injuries, including approximately 3,400 children under the age of 18). It is essential that the Commonwealth retain the Long Term Care Medicaid eligibility threshold at 300% of SSI; preserve consumer direction; restore reductions to home and community-based Medicaid providers; allow for flexibility in Medicaid's administrative requirements to maximize options for consumer-directed supports; restore respite care service hours to a maximum of 720 hours a year; increase the maximum of 56 personal attendant hours per week; and, expand the supports provided for waiver recipients, such as assistive technology (i.e. specialized wheelchairs) and

environmental modifications that make homes accessible (i.e. wheelchair ramps). *(Revises and reaffirms previous position.)*

- **Support other changes to waivers and services that would:**
  - Identify and provide affordable, accessible, and integrated housing resources to adults with disabilities;
  - Fully fund reimbursements for nursing and behavioral consultation, training, monitoring, and supports;
  - Increase reimbursement rates to enable the hiring of professional nurses;
  - Provide sufficient state funding to support a sustainable, well-trained workforce and a service support model that integrates nursing care, behavioral and mental health supports, and eldercare across residential and day settings;
  - Provide an appropriate system of support for crisis services for individuals with disabilities that includes adequate community level resources; and;
  - Expand capacity of REACH (Regional Education Assessment Crisis Services and Habilitation) and access to appropriate intensive residential support options. *(Revises and reaffirms previous position.)*

Children and Families

Early Childhood Services

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

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

- Child Care Services (see also page 7-8);
- Community-Based Services for Children and Youth (see also Mental Health position on page 13);
- Early Intervention Services for Infants and Toddlers with Disabilities/Part C (see also page 8); and,
- School Readiness (see also page 9).

Investing additional resources for appropriate services, and working with children and their families to create safe and secure environments where children can thrive, will ultimately yield benefits for the entire Commonwealth. *(Revises and reaffirms previous position.)*

Child Care Services

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, and support an increase in child care service rates. Also, support maintaining Fairfax County's local permitting process for family child care providers serving four or fewer non-resident children.

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 shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, low-income working families may not access the quality child care and early childhood education that helps young children prepare for kindergarten (families in Fairfax County receiving subsidies average an annual income of $27,888, while the cost of full-time care for a preschooler at a child care center ranges from $13,000 to over $17,000 per year). Many of these families are "the working poor" who require assistance with child care costs to achieve self-sufficiency.

Child care provided in residential settings is also critical to ensuring sufficient high quality and affordable care in Fairfax County. The Virginia Department of Social Services, as of July 1, 2016, now regulates family child care providers who care for five or more non-resident children (prior to that legislative change, Fairfax County regulated family child care providers serving five children or fewer, but now only regulates providers who care for four or fewer non-resident children). The County's permit requirements are comparable to those used by the state, but also reflect vital community standards which should be preserved. Local regulation of family child care providers has worked well for Fairfax County families, and the County's authority to regulate smaller providers should be maintained. Additionally, new federal requirements (such as national background checks for vendors) improve quality and safety; however, as Virginia implements these requirements, consideration should be given to associated costs and impacts on both child care programs and families who use child care subsidies to ensure successful implementation. *(Revises and reaffirms previous position.)*

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

Support increased and 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 with developmental delays.

The Commonwealth has long contracted with the Fairfax-Falls Church CSB to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, and movement (as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). As the benefits of early intervention have become more widely known, the demand for services continues to grow at a rapid pace, with a projected increase of 817 more children served in 2016, bringing the caseload to nearly 18,000 children statewide. Locally, the average monthly number of children seeking and/or receiving services has grown by more than 70% – from 909 in FY 2010 to 1,553 per month in FY 2016. Increasing funding for services to children who do not qualify for Medicaid, in addition to increasing provider rates for those who serve Medicaid-eligible children (from $132 to $175 per month) is essential. Though the program was funded at the FY 2014 level for FY 2015, the 2016 GA provided a one-time appropriation of $900,000 for FY 2016, and an additional $1.7 million in FY 2017 and $2.5 million in FY 2018. Increased funding will be necessary to keep pace with the demand for this critical program. *(Revises and reaffirms previous position.)*

School Readiness

Support increased state resources for early childhood education programs.

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. Even the U.S. Chamber of Commerce has cited potentially positive impacts on national economic security, linking early childhood education and the creation of a highly skilled workforce. Failure to adequately meet the needs of the youngest Virginians can create repercussions for families, communities, and the Commonwealth, but investments in early childhood education can provide a critical foundation for learning and achievement. Eligibility criteria and requirements for such programs, particularly the Virginia Preschool Initiative (VPI), should include flexibility to account for regional variations in cost of living and encourage the participation of public and private programs in a mixed-delivery system. *(Revises and reaffirms previous position.)*

Foster Care/Kinship Care

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

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 at risk of entering foster care. Through kinship care (that is, when a child lives with a suitable relative), children remain connected to family and loved ones, providing improved 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 due to cost or an interest in avoiding a potentially adversarial legal process). Guardianship is a formal legal process allowing courts to grant legal authority to kinship caregivers to act on behalf of a child, and 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. *(Revises and reaffirms previous position.)*

Youth Safety

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

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, which include experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; and, availability of alcohol and drugs. Conversely, research has identified strong parenting and positive involvement from caring adults, developed social skills, and involvement in community activities as protective factors; funding is needed to implement evidence-based, effective strategies to strengthen such protective factors and resilience, and to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, and mental health problems.

The urgency of this funding need is reflected in results from the Virginia 2015 Youth Survey (which show results similar to those in Fairfax County's Youth Survey), which indicate that 19.5% of high school students in the Commonwealth reported being bullied on school property; 6.4% were threatened or injured with a weapon on school property; 6.1% missed one or more of the past 30 days of school because they felt unsafe; 26.9% felt sad or hopeless daily for two or more weeks to a degree that impaired their daily activities; and, 14.0% seriously considered suicide (alarmingly, suicide is the third leading cause of death among 10-24 year olds in Virginia). Funding programs that improve the health and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians. *(Revises and reaffirms previous position.)*

Older Adults and People with Disabilities

Disability Services Board (DSB)

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

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

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

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

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers money while helping older Virginians function independently, decreasing the risk of inappropriate institutionalization and improving overall life satisfaction. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, housekeeping, and laundry). Such services must be enhanced to meet the growing demand among those ineligible for comparable services elsewhere, and supplemented by accessible transportation options and facilities, to ensure that individuals can be active and self-sufficient participants in the community. Further, programs that assist older adults and people with disabilities transition from nursing facilities into the community (including Money Follows the Person) should be maintained. These programs should be accompanied by mental health services when needed, to help manage the distress that can result from limitations in daily activities, grief following the loss of loved ones, caregiving or challenging living situations, and untreated mental illness, including depression. *(Revises and reaffirms previous position.)*

Accessibility

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

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

The lack of affordable, accessible, integrated housing is a major barrier facing older adults and people with disabilities. Innovative options include increasing the accessible housing stock in newly constructed multi-family housing (encompassing apartment buildings, condos, and assisted living housing among others); encouraging builders to offer "visitable" or Universally Designed options for new single family homes as an alternative to conventional design; raising the maximum annual allotment of the Livable Homes Tax Credit; and, establishing a comparable grant to help pay for much-needed home modifications. Incentives and initiatives for accessible housing and home modifications should benefit both homeowners and renters. Improved accessibility in public buildings, housing, transportation (including transportation network companies), medical facilities and employment benefits all Virginians, by allowing people with disabilities to remain active, contributing members of their communities, while retaining their independence and proximity to family and friends. *(Revises and reaffirms previous position.)*

Adult Protective Services

Support state funding for additional Adult Protective Services social workers.

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

Brain Injury

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

Acquiring a brain injury can be a life-altering event, but with appropriate treatment and services individuals can improve their independence and quality of life. Approximately 1,000 people with brain injury resided in Virginia nursing facilities in FY 2013, an increase of nearly 400% since FY 2011. Unfortunately, there is a significant, unmet need for specialized assessment/treatment programs, often requiring Virginians with brain injury to go out of state to receive

treatment. While there are a small percentage of severe, complicated situations, most people can be more effectively treated through community-integrated programs and services. It is important that the Commonwealth expand the continuum of services to enhance community re-integration and community-based supports (including life skills and supported living coaches, positive behavior supports, specialized mental health therapy, and access to assistive technology). *(Revises and reaffirms position.)*

Health, Well Being, and Safety

Affordable Housing and Homelessness Prevention

Support state funding to increase the availability of affordable housing options and prevent homelessness, including additional appropriations to the Virginia Housing Trust Fund.

Affordable housing is a particular need for low- and moderate-income earners, persons with disabilities, and victims of domestic violence, and is especially critical in the expensive housing market of Northern Virginia, where the average one-bedroom apartment rented for $1,511 per month in 2016. The Virginia Housing Trust Fund provides both loans to reduce the cost of homeownership and rental housing, and grants for homelessness prevention projects. Since FY 2014, appropriations of $27 million have been made to the Trust Fund; however, despite this infusion of funding, demand for both the loan and grant programs has outstripped available funding. *(Revises and reaffirms previous position.)*

Temporary Assistance for Needy Families (TANF)

Support an increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF reimbursement rates, increases of 2.5% were provided in both the 2015 and 2016 GA sessions ($20 per month increase for a family of three). In addition, the 2016 GA authorized $4.8 million in FY 2018 to provide TANF recipients with two or more children a monthly supplemental payment equal to any child support payments (collected from absent parents) on their behalf, up to $200. While these actions are a welcome step in the right direction, TANF payments remain very low. Currently, a family of three in Northern Virginia receives about $4,900 per year, less than a quarter of the federal poverty level. Indexing rates to inflation would prevent further erosion of recipients' ability to meet basic family needs. *(Revises and reaffirms previous position.)*

Domestic and Sexual Violence

Support additional state funding to increase the capacity for communities to implement prevention and intervention services to eliminate domestic and sexual violence.

Research shows that domestic and sexual violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs. Witnessing domestic violence can be extremely problematic for children, leading to depression, anxiety, nightmares, and academic disruptions; both female and male adults with lifetime victimization experience are significantly more likely to report chronic issues (including headaches, pain, and sleep problems) as well as long-term health problems (including asthma, diabetes, anxiety, depression, and alcohol/drug abuse). The cost of intimate partner violence exceeds $8.3 billion per year, including $5.8 billion spent on medical services and $2.5 billion

attributed to lost productivity. In FY 2016, Fairfax County's Domestic Violence Action Center served 1,138 victims (1,479 children were affected, the majority under 8 years old). Unfortunately, the demand for services exceeds available resources, and nearly 170 households in need of emergency shelter as a result of domestic violence were turned away in FY 2016.

Intervention services help families rebuild their lives, and prevention services help break the intergenerational cycle of violence in families. Although the state has increased funding for such services in recent years, additional funding is necessary to meet the need for services including:

- Therapeutic and psycho-educational interventions for children, and parenting classes for both victim and offender parents;
- Community-based advocacy and counseling services for victims of sexual and domestic violence; and,
- Sexual violence prevention programs, especially those targeted to K-12 students to educate youth on consent and healthy relationships.

(Revises and combines the previously separate Domestic Violence and Sexual Violence positions.)

Substance Use Disorder

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

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 2016 is expected to be 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; such use often leads to the use of heroin, as prescription drugs become more difficult to obtain. Local data mirrors statewide trends: the 2013-2014 Fairfax County Youth Survey of 8th, 10th, and 12th graders reveals that more than 3,000 have used painkillers without a doctor's prescription, and approximately 300 have used heroin. Substance use disorder affects people at all ages and stages of life, including older adults, and the need for substance use disorder services is growing. The work of the 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. However, additional strategies are needed, and services must be adequately funded, cost-efficient, accessible, and outcome driven. *(Revises and reaffirms previous position.)*

Mental Health

Mental Health

Support the continuation of mental health reform at the state level, including additional state funding, to improve the responsiveness of the mental health system. Also support increased capacity for crisis response and intensive community services for children and youth, and state funding to adequately staff and create more Crisis Assessment and Stabilization Centers for individuals experiencing behavioral health crises.

Significant strides in mental health reform were made by the 2014 GA, after a Virginia tragedy just prior to the session cast a bright light on weaknesses in the state's mental health system. It is

critical that the state continue to make progress and provide sufficient resources for Fairfax County to implement reforms. Specifically, adequate resources are needed to ensure that County residents with serious mental illness or disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration, including housing assistance and treatment services. Additional capacity in the Child and Family service system is also needed for children requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment. Furthermore, regional pilot programs to create more Crisis Assessment and Stabilization Centers would provide intervention and treatment services to assess and stabilize individuals of all ages experiencing an emotional or psychiatric emergency, including individuals who also need medical detoxification. *(The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century is expected to deliver its final report by December 2017). (Revises 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.

State funding remains insufficient to provide the intensive community resources that allow individuals hospitalized for mental health emergencies to transition back to community care (at present, 25-33% of Northern Virginia's local state hospital beds are continually occupied by individuals unable to make that transition due to lack of services). This is in spite of the fact that the cost to serve an individual in the community is a fraction (15-25%) 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 individual benefits of returning to the community more quickly. *(Revises and reaffirms previous position.)*

Services for Transitional Youth

Support enhanced residential and mental/behavioral health services for transitional youth who currently "age out" of such services.

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 18, youth may no longer receive all of the assistance that was previously provided. 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. 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. *(Revises and reaffirms previous position.)*

FAIRFAX COUNTY

2017 Human Services Fact Sheet

Poverty in Fairfax County in 2015 is defined by the federal government as an individual earning less than $11,770 per year or a family of four with an annual income of less than $24,250. In 2015, the poverty rate in Fairfax County was 6.1% of the population, or 69,657 people.

In Fairfax County in 2015 *(latest data available – reported September 2016):*

- 19,178 (or 7.1%) of all children (under age 18) live in poverty;
- 7,534 (or 5.6%) of all persons over the age of 65 live in poverty;
- 8,839 (or 8.2%) of African Americans live in poverty;
- 16,637 (or 8.9%) of Hispanics (of any race) live in poverty;
- 25,859 (or 4.4%) of Non-Hispanic Whites live in poverty;
- 4,506 (or 23.9%) of families headed by single women with children under 18 live in poverty;
- 174,231 (or 15.4%) of County residents have incomes under 200% of poverty ($48,500 year for a family of four);
- 53.5% of people receiving County services for mental illness, substance use disorder, or intellectual disabilities in FY 2016 had incomes below $10,000.

Employment

- The unemployment rate in July 2016 was 3.2% (up from 3.0% in July 2008, but down from a high of 5.6% in January 2010). This represents approximately 20,000 unemployed residents looking for work.

Housing

- In 2016, the average monthly rent of a one-bedroom apartment was $1,511, an increase of 27% since 2008.

Health (including Behavioral Health)

- An estimated 91,496 or 8.1% of County residents were without health insurance in 2015.
- In FY 2015, over 5,000 residents experiencing an acute crisis related to mental health and/or substance use received CSB emergency services, and over 21,000 residents received CSB mental health, substance use disorder, and/or intellectual disability services.

Ability to Speak English

- 15.0% of County residents over age 5 do not speak English proficiently. 39.5% 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 at a child care center can range from $13,000 to over $17,000 per year ($17,000 to over $20,000 per year for an infant). In comparison, an average college in Virginia costs $11,800.

Food

- In the 2015-2016 school year, Fairfax County Public Schools reported that 50,679 students (or 27.5% of enrollment) were eligible for free or reduced lunch.

FAIRFAX COUNTY

2017 Human Services Fact Sheet

Domestic and Sexual Violence

- Each month in Fairfax County, domestic violence (DV) hotlines receive 200 calls, victims request 64 family abuse protective orders, 160 DV arrests are made, and 17 families escape to an emergency DV shelter (FY 2016).
- Due to the shortage of emergency shelter beds, 169 eligible households were turned away in FY 2016.
- 46% of emergency shelter residents are children 12 years and younger (FY 2016).
- In FY 2016, Fairfax County's Domestic Violence Action Center served 1,138 victims (1,479 children were affected, the majority under 8 years old).
- About 46 individuals per month are identified by the Fairfax County Police Department as at high risk for being killed by their intimate partners (more than 550 calls in FY 2016).

Caseloads in Fairfax County:

- Medicaid increased from 37,130 in FY 2008 to 70,040 in FY 2016 (89%).
- SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 24,226 in FY 2016 (109%).
- In FY 2016, the Community Health Care Network (CHCN) provided 37,365 visits to 12,208 unduplicated patients (an additional 5,871 patients were enrolled but did not seek medical care during the year; nevertheless the CHCN must ensure capacity to serve those patients if needed).
- Between FY 2010 and FY 2016, the average monthly number of children seeking and/or receiving early intervention services for developmental delays grew by more than 70 percent, from 909 per month to 1,553 per month.
- In the first half of 2016, CSB conducted 472 mental health evaluations related to emergency custody orders (an increase of 136% from the first half of 2015).