DRAFT 2017 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2017 Fairfax County Legislative Program. Fairfax County has long recognized that investments in critical human services programs can and do save public funds by minimizing the need for more costly services. This is not the time to abandon those essential investments.

Though 2009 is credited as being the end of the Great Recession, its impact has continued to take a toll on the County's most vulnerable residents, as evidenced by the continued growth in Medicaid and Supplemental Nutrition Assistance Program (SNAP) caseloads. In 2015, the poverty rate in Fairfax County was 6.1 percent, which equates to 69,657 people in Fairfax County living in poverty, compared to 64,851 people in 2013. Additionally, the number of people living in deep poverty in Fairfax County – with an income less than about $12,125 for a family of four – jumped to 34,006 in 2015. Since the start of the economic downturn, an additional 3,631 children have slipped into poverty, bringing the total number to over 19,178, or 7.1 percent, of Fairfax's children.

The implementation of federal sequestration, and accompanying federal funding cuts, has adversely affected an already struggling population, further threatening to unravel the social safety net through significant reductions in domestic discretionary spending. These federal actions have had an impact on Virginia's own revenue sources, leading to state budget reductions.

Though the state is again facing revenue challenges, it is critically important that Virginia continue to invest the resources necessary to ensure that all of these short- and long-term uncertainties do not continue to threaten the safety net provided by local governments at a time when their own fiscal health has not been fully restored. Now is the time for the state to begin restoring the substantial reductions to local programs and services implemented in recent years. A strong safety net for our most vulnerable populations remains an essential public service.

In order to achieve the stated public policy goals, state and local governments must partner to achieve the following outcomes:

- Protect the vulnerable;
- Help people and communities realize and strengthen their capacity for self-sufficiency;
- Whenever needed, help link people to health services, adequate and affordable housing, and employment opportunities;
- Ensure that children thrive and youth successfully transition to adulthood;
- Ensure that people and communities are healthy through prevention and early intervention;
- Increase capacity in the community to address human service needs; and,
- Build a high-performing and diverse workforce to achieve these objectives.

It is the goal of the Fairfax County Board of Supervisors to work with the County's General Assembly delegation to achieve these objectives. *(Revises and updates previous position.)*

Priorities

Early Childhood Services

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

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

- Child Care Services (see also page 11);
- Community-Based Services for Children and Youth (see also page 21);
- Early Intervention Services for Infants and Toddlers with Disabilities/Part C (see also page 12); and,
- School Readiness (see also page 12).

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

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

Unfortunately, in the four years since the agreement was reached, the Commonwealth has failed to create sufficient and appropriate housing and employment/day supports in Northern Virginia. In

spite of these obstacles, the Commonwealth moved forward with the plan to close the Northern Virginia Training Center (NVTC) in January 2016, resulting in significant numbers of NVTC residents relocating outside the Fairfax County area. Rather than addressing this issue directly, the Commonwealth instead recently expanded the geographical definition of Northern Virginia to allow expenditures of the settlement agreement trust fund in a larger area. As the state completes the sale of the NVTC site, it is vital that such proceeds be directed to providing necessary services and developing residential options for residents of Fairfax County and Northern Virginia, allowing them to remain in their home community, rather than shifting such funds to other areas of the state.

Additionally, the Commonwealth has made only limited progress in redesigning related Medicaid waivers that adequately support individuals with intensive needs, appropriately reflecting the high cost of housing and service delivery in Northern Virginia. Though the redesign and funding of these waivers are essential to the Commonwealth's implementation of the community-based, integrated system required by the federal agreement, the Commonwealth's plan (recently approved by the federal Centers for Medicaid and Medicare Services) includes rates that are well below the cost of providing services in Northern Virginia, and which do not support the expansion of community capacity to meet the increased service demand from current and anticipated waiver recipients. The redesign also places greater demands on Community Services Boards (CSB), by requiring them to provide eligibility and support coordination services to individuals with DD (in addition to their existing responsibilities for individuals with ID). Because Fairfax County provides substantial funding for the Fairfax-Falls Church CSB, this increased responsibility also shifts costs to the County.

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation. Sufficient and timely state funding for individuals receiving or waiting to receive services locally within the community-based service system is an essential component of that effort. *(Updates and reaffirms previous position.)* *(See also the Medicaid Waivers section on page 7.)*

Mental Health, Public Safety, and the Criminal Justice System

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

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

made. Innovative approaches in the courts to quickly identify individuals with mental illness who are charged with criminal offenses could ensure appropriate treatment and enhance diversion efforts, leading to better outcomes for individuals and the community.

Additionally, it is significantly more expensive to deliver mental health services in a detention facility than in the community due to the high cost of incarceration, which is approximately $66,000 per year in Fairfax County, not including additional costs for mental health care. By contrast, providing supportive community residential services for individuals with serious mental health illnesses through the Community Services Board (CSB) only costs $22,000 per year; it costs even less—approximately $7,500 per year—to provide intensive case management services in the community, also through the CSB.

To address these critical issues, Fairfax County has embarked upon a Diversion First initiative, which offers alternatives to incarceration for people with mental illness or developmental disabilities who come into contact with the criminal justice system for low level offenses. In the first six months of 2016, about 25 percent of individuals brought to the Merrifield Crisis Response Center by law enforcement officers were diverted from potential arrest to mental health services. Local revenues have been utilized to implement the first phase of this vital initiative, but expanding this cost-saving program will require additional state investments, including:

- Increasing the availability of mental health services in the community by expanding secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local forensic beds, affordable housing options, reintegration services for youth and adults at high-risk of rapid re-hospitalization and/or re-offending due to mental health issues, and the use of telepsychiatry (also see page 20);
- Strengthening the community's response to individuals in mental health crises by funding Crisis Intervention Team (CIT) training for law enforcement officers, Fire and Rescue first responders, and jail personnel, and Mental Health First Aid Training for social service organizations, among others;
- Developing 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);
- Facilitating the exchange of health information of individuals believed to meet the criteria for temporary detention orders between law enforcement, Community Services Boards, health care entities and providers, and families and guardians;
- Supporting the efforts of the Center for Behavioral Health and Justice, which was created in 2015 upon recommendation of the Governor's Taskforce; and,
- Increasing funding to augment the provision of appropriate mental health services to individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program.

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

Position Statements

State Resource Investments for Keeping People in Their Communities

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

Meeting these needs requires a strong partnership between the Commonwealth and local government. This is particularly true in the area of funding, which is necessary to create and maintain these home and community-based services, and must be seen as an investment in the long-term success of the Commonwealth. Unfortunately, it has increasingly become the practice of the Commonwealth to significantly underfund core human services or neglect newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues in order to meet these critical needs. As the state revenue picture appears to be improving, now is the time for the Commonwealth to strengthen the state/local partnership by adequately funding core human services.

The process of fundamentally reorganizing and restructuring programs and outdated service delivery systems for vulnerable populations in order to more successfully achieve positive outcomes requires an adequate state investment, which will ultimately pay dividends for years to come.

Medicaid Eligibility and Access to Care

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

Virginia's Medicaid program provides access to health care services for people in particular categories (low-income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and states are permitted to set their own income and asset eligibility criteria within federal guidelines. Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population and 10th in per capita personal income, Virginia ranked 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 proposals, most recently during the 2014 regular and special sessions, leaves the question of Medicaid expansion in doubt in Virginia; however, it is important to note that expansion would provide coverage to as many as 248,000 Virginians, including 27,000 individuals in Fairfax County. Newly eligible individuals would include low-income adults (individuals earning less than $16,104 per year or families earning less than $32,913 per year), low-income children who lose Medicaid when they turn 19, and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The state took a modest step towards increasing some coverage in late 2014, by requesting and receiving federal permission to provide certain services to qualifying individuals with Serious Mental Illness; however, this demonstration project expires in January 2017.

It is clear at this time that the cost of expansion to the Commonwealth will be manageable, while the savings in indigent and uncompensated care could be significant. Though the Commonwealth's delay in expanding Medicaid has led to the forfeiture of several years of 100 percent federal funding for newly-eligible individuals, the federal share for those individuals will decline gradually to 90 percent by 2020, which is still substantially higher that the 50 percent Medicaid match for those who were eligible prior to passage of the Patient Protection and Affordable Care Act. State dollars freed up by this infusion of federal funds could then be redirected to other critical budget priorities. Additionally, increasing less expensive preventative care and reducing more expensive emergency care could improve the overall health of residents of the Commonwealth, while slowing the growth in insurance premiums and reducing the "hidden tax" currently borne by all Virginians.

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

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

Medicaid Waivers

Support 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 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.

For the most part, each state also has the discretion and flexibility to design its own Medicaid service program and can choose from a menu of optional services and waiver services in the state plan. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid recipients in Virginia may also receive coverage through home and community-based "waiver" programs. 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 General Assembly. Extensive, growing waiting lists for some waivers demonstrate the significant barriers that exist in the Commonwealth. (Current Virginia waivers include Elderly or Disabled with Consumer Direction, and Technology Assisted, as well as the newly redesigned Community Living, Family Supports, and Building Independence waivers, which replace the Intellectual Disability, Developmental Disability and Day Support waivers). Waivers fund a variety of services, such as attendants to help with bathing and dressing, on-the-job assistance to allow people to work successfully, and assistive technology devices that provide communication assistance. While the proposed new waivers could provide substantial benefits, the impacts of the new structure, funding, and implementation remain unclear – adequate funding for the new waiver is essential, and must include a Northern Virginia differential that accurately reflects the cost of services in the region.

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.** While nursing facilities receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. A fundamental rebalancing of reimbursements within Virginia's Medicaid program is necessary to reduce reliance on institutional care, increase less costly community-based services, and ensure the availability and quality of Medicaid providers for personal care and other Medicaid community-based services. In Northern Virginia, Medicaid 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, as evidenced by the fact that even the Commonwealth cannot hire comparable staff at such wage rates. Medicaid waiver reimbursement rates for Northern Virginia should instead be calculated using BLS average wages at the 90th percentile to reflect actual staffing costs. More competitive Medicaid reimbursements will significantly increase the number of participating providers in Northern Virginia, thereby expanding the local supply of community-based services for older adults and people with disabilities. *(Updates 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, as well as for the provision of specific service models designed to meet those needs. 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 Department of Justice agreement, finding new opportunities to serve older adults and people with disabilities in their homes and communities. Incorporating Community First Choice into its 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. (*Updates 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 thousands of Virginians to be able to stay in their own homes and avoid unnecessary placement in a nursing facility. People eligible for the EDCD waiver include those who are 65 years or older, or who have developmental disabilities (other than intellectual disability), brain injuries, or other notable disability needs, including approximately 3,400 children under the age of 18. After significant state funding reductions in recent years, several areas of the EDCD waiver must be preserved and restored in order to fully benefit Fairfax County's most vulnerable older adults, and adults and children with disabilities, including: keeping the Long Term Care Medicaid eligibility threshold at 300 percent of SSI; preserving consumer direction in the impending implementation of EDCD managed care; restoring recent reductions to home and community-based Medicaid providers; allowing for flexibility in Medicaid's administrative requirements to maximize options for consumer-directed supports; and, restoring respite care service hours to a maximum of 720 hours a year. The EDCD waiver's maximum of 56 personal attendant hours per week is insufficient to provide the support and services needed to allow recipients to remain in the community (even with the limited options that exist to exceed this cap). Additionally, expansion of 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) are vital to community integration but are unavailable to people served by the EDCD waiver. *(Updates and revises previous position.)*

- **Support other changes to waivers and services that would:**
  - Identify and provide affordable, accessible and integrated housing resources to adults with intellectual, developmental, physical and sensory disabilities, allowing providers to focus resources on increasing services and enhancing quality of life;
  - 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 can effectively integrate nursing care, behavioral supports, mental health supports, and eldercare across residential and day settings;
  - Provide an appropriate system of support for crisis services for individuals with intellectual, developmental, physical and sensory 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. *(Updates and revises previous position.)*

Children and Families

Children's Services Act (CSA)

Support continued state responsibility for funding mandated CSA foster care and special education services on a sum-sufficient basis. Oppose changes to CSA that would 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 the child, ensuring that local expenditures are approved through local processes;**
- **Increased CSA local government administrative funding;**
- **Recommendations of the State and Local Advisory Team (SLAT) that the match rate for certain wrap-around services (which can include diagnostic and treatment services, personal support services and other supports necessary for a child with complex behavior problems to remain in, or return to, a home and community-based setting) be lowered to the same rate used for other community-based services, and that budget language separating payment for these services from other mandated services be removed.**
- **Revisions in the local Medicaid match requirements for students placed in residential treatment for non-educational reasons, so that the state and localities share the costs of educational services equitably;**
- **Maintaining expenditures for private day services within CSA at the state level, as any effort to re-direct those funds would essentially eliminate the sum-sufficiency**

requirement that helps ensure 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.**

The Children's Services Act (formerly known as the Comprehensive Services Act) is a 1993 Virginia law that provided for the pooling of eight funding streams used to plan and provide services to children who have serious emotional or behavioral problems; who may need residential care or services beyond the scope of standard agency services; who need special education through a private school program; or who receive foster care services. It is a state-local partnership which requires an aggregate local match of approximately 46 percent. The purpose of CSA is to provide high-quality, child-centered, family focused, cost effective, community-based services to high-risk youth and their families; this program has proven to be successful in supporting such children's special service needs, leading to improved outcomes. Children receiving certain special education and foster care services are the only groups considered mandated for service. Because there is "sum sufficient" language attached to these two categories of service, this means that for these youth, whatever the cost, funding must be provided by state and local government. Fairfax County strongly opposes any efforts to cap state funding or eliminate the sum sufficient requirement, as the Commonwealth must not renege on its funding commitment to CSA.

A 2014 change has been particularly detrimental to CSA; though language included in the 2014-2016 biennium budget was meant to help expand resources dedicated to wrap-around services, the Office of Children's Services interpreted it as capping CSA funds for such services at $2.2 million per year. Additionally, the process established to govern the use of these funds included a higher local match rate and a requirement that localities "claim" a share of these funds at the beginning of each year in order access them (followed by a reallocation of unused funds around the state at mid-year). By reducing the wrap-around match rate, such services will be more accessible statewide.

Additionally, many other policy and procedural changes have been made to CSA since its inception, but unfortunately many of these changes were made in the form of guidelines rather than regulations. This approach does not guarantee the 60 day public comment period required under the Administrative Process Act, or an independent review of potential impacts on state and local governments, families, and service providers. Without a full vetting, detrimental changes or unintended consequences could result; APA vetting requirements support careful review so that all impacts can be understood by both the state and affected communities. Though the State Executive Council has adopted policies similar to APA for public comment, such policies are not required and can be altered at any time.

On a positive note, in recent years the state changed the local match rate structure, in order to incentivize the provision of community-based services, which are less expensive and more beneficial to the children and families participating in CSA. Since that time, overall costs for CSA have declined, illustrating the success that the state can achieve by working cooperatively with local governments. The 2016 GA made further helpful changes, by slightly increasing CSA local government funding (though additional increases are needed), 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.

It is essential that this state and local partnership be maintained – changes to CSA law, policy, or implementation guidelines should focus on solutions that acknowledge the critical roles played by both levels of government, and should not favor one side of the partnership over the other. *(Updates and reaffirms previous position.)*

Child Care Services

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, known as "Fee System Child Care," and support an increase in child care service rates. Ensure that the state's implementation of new Child Care and Development Block Grant requirements support the participation of families and programs in the subsidy program. Also, support maintaining Fairfax County's local permitting process for family child care providers serving four or fewer non-resident children.

Particularly during periods of economic downturn, a secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research clearly indicates that the employment and financial independence of parents is jeopardized when affordable child care is outside of their reach. Parents may be forced to abandon stable employment to care for their children or they may begin or return to dependence on welfare programs. In order to maintain their employment, some parents may choose to place their children in unregulated, and therefore potentially unsafe, child care settings. Without subsidies to meet market prices, low-income working families may not access the quality child care and early childhood education that helps young children enter kindergarten prepared to succeed. In the Fairfax County community, where the median annual income of families receiving fee-system child care subsidies is $27,888, the cost of full-time child care for a preschooler at a child care center ranges from approximately $13,000 to over $17,000 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.

Funding for child care subsidies is provided to Virginia through the federal Child Care Development Block Grant (CCDBG). New requirements resulting from passage of the federal CCDBG Act of 2014 (such as national background checks for vendors) improve quality and safety in the child care subsidy program; however, as Virginia implements these requirements, consideration should also be given to associated costs and impacts on both child care programs and families who use child care subsidies to ensure successful implementation.

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 family child care providers should be maintained. *(Revises previous position.)*

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

Support sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia's infants and toddlers with developmental delays. In order to address immediate concerns, support increasing funding in FY 2017 to support growth in services to children who do not qualify for Medicaid. Additionally, sufficient funding is needed to increase rates and align them with actual costs (from $132 per month to $175 per month) for the Medicaid Early Intervention Targeted Case Management Program, which provides early intervention services for children eligible for Medicaid.

The Commonwealth of Virginia has long contracted with the Fairfax-Falls Church Community Services Board (CSB) to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, and movement. The CSB, which is the contracted Local Lead Agency for Fairfax County as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant and Toddler Connection (ITC) program. ITC is funded through a combination of federal, state, local, and insurance sources (both Medicaid and private).

As the benefits of early intervention have become more widely known throughout the nation, the demand for services has continued to grow at a rapid pace, with a projected increase of 817 additional children served statewide in 2016, bringing the Early Intervention/Part C caseload to nearly 18,000 children. Locally, the average monthly number of children seeking and/or receiving Fairfax-Falls Church ITC services has grown by more than 70 percent – from 909 per month in FY 2010 to 1,553 per month in FY 2016. It is anticipated that demand for ITC will continue to grow at an average rate of six to eight percent annually, and a significant funding shortfall has resulted from the increased demand and costs of services. Though the program was level funded (at the FY 2014 level) for FY 2015, the 2016 General Assembly 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 continue to be necessary to keep pace with the demand for this critical program. *(Revises and reaffirms previous position.)*

School Readiness

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

Research has increasingly shown the importance of high quality early childhood education programs to children's cognitive and social emotional development and their school success. Such programs have become economic development strategies, as business organizations like the U.S. Chamber of Commerce have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a highly skilled workforce. While failure to adequately meet the needs of the youngest Virginians can create repercussions for individual families, the larger community and the Commonwealth, it is clear that investments in early

childhood education can provide a foundation for learning and achievement, often reducing or eliminating the need for more costly remediation later. Eligibility criteria and requirements for such programs, particularly the Virginia Preschool Initiative (VPI), should include the flexibility to account for regional variations in cost of living and encourage the participation of private programs in a mixed-delivery system (which includes public school and private community programs). *(Revises and reaffirms previous position.)*

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, keeping children with their families, including the development of a legal framework, such as guardianship, to allow kinship caregivers to make decisions for children in their care. Also support legislation that would allow youth in foster care to be adopted between the ages of 18-20 and extend the availability of subsidy for this population.

In 2008, Virginia embarked on a Children's Services Transformation effort, to identify and develop ways to find and strengthen permanent families for older children in foster care, and for those who might be at risk of entering foster care. The Transformation, founded on the belief that everyone deserves and needs permanent family connections to be successful, is leading to significant revisions in Virginia's services for children. Through kinship care (when a child lives with a relative), children remain connected to family and loved ones, providing better outcomes.

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

Support legislation that would allow youth in foster care to be adopted between the ages of 18-20 and extend the availability of subsidy for this population.

Once a youth turns 18, he or she can continue to receive services through foster care, but he or she is no longer eligible for an adoption subsidy. This lack of financial support may impact families' ability to adopt older youth. By extending the adoption subsidy to age 21, more Virginia youth may have the opportunity to find permanent homes. *(Reaffirms previous position.)*

Youth Safety

Support additional state funding for programming to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems and other poor outcomes, while increasing protective factors, including mental wellness, 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. These factors include: experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; availability of alcohol and other drugs; and, even a lack of problem-solving skills. Conversely, research has also identified protective factors, such as developed social skills, strong parenting and positive involvement from caring adults, and involvement in community activities that can influence and mitigate risk factors. Funding is needed to implement evidence-based, effective strategies to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems, and other poor outcomes, and to strengthen protective factors and resilience.

The urgency of this funding need is reflected in results from the Virginia 2013 Youth Survey, which provides some troubling information. In a statistically reliable sample of high school students across the Commonwealth, 21.9 percent reported being bullied on school property; 6.1 percent have been threatened or injured with a weapon on school property; 5.4 percent have missed one or more of the past 30 days of school because they felt unsafe at school or traveling to or from school; 25.7 percent reported feeling sad or hopeless daily for two or more weeks to the extent that they could not engage in their typical daily activities; and, 14.7 percent reported seriously considering suicide. In Fairfax County, approximately one out of six 8th, 10th and 12th graders reported being attacked by someone in the past year, and over half reported being a victim of bullying. Targeting funding towards programs that improve the health, well-being and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians.

In particular, more resources are needed to prevent suicide, which is the third leading cause of death among 10-24 year olds in Virginia. In Fairfax County, an annual youth survey found that youth in 10th and 12th grades are at significantly higher risk for depression and suicide ideation than their peers statewide. A statewide youth suicide prevention and intervention training program for teachers, coaches, and others working with youth could increase recognition of signs of psychological distress, and teach skills and strategies to connect youth with the appropriate support. In addition, more funding is needed to support local suicide prevention coalitions, and the efforts of collaborative groups (such as Fairfax County's Youth Suicide Review Team, which is comprised of representatives from schools, social services, public safety, and legal organizations, among others) which review youth suicides in order to develop strategies to lower youth suicide rates. *(Revises and reaffirms previous position.)*

Older Adults and People with Disabilities

Disability Services Board (DSB)

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

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

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

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

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the Commonwealth's twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers money while helping older Virginians function independently, keeping them in the least restrictive setting of their choice, building on family support, decreasing the risk of inappropriate institutionalization, and dramatically improving overall life satisfaction. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, and housekeeping and laundry services). Funded through state and local dollars, these vital, locally-administered services must be enhanced to meet the growing demand among those who are ineligible for comparable services elsewhere. These programs should be supplemented with mental health services as needed, to help manage the distress that can result from limitations in daily activities, physical impairments, grief following the loss of loved ones, caregiving or challenging living situations, and untreated mental illness, including depression.

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

Additionally, in recent years, the Commonwealth has received federal grant funding for the Money Follows the Person (MFP) demonstration program. MFP transitions older adults and people with disabilities from nursing facilities into the community. The transition services offered by this

program (combined with designated Medicaid waivers) are often the only funding and support available for low-income residents moving from nursing facilities into the community. The MFP grant, which is scheduled to expire at the end of FY 2017, should be reauthorized to continue to provide the critical services that make community-based living possible for this population. *(This is a historical position of the Board; the 2008 Human Services Issue Paper supported implementation of Money Follows the Person.) (Updates and reaffirms previous position.)*

Accessibility ***[THIS POSITION WILL BE DISCUSSED AS AN ITEM FOR CONSIDERATION]***

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

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

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

Adult Protective Services

Support state funding for additional Adult Protective Services social workers.

Adult Protective Services (APS) conducts investigations and protects older adults and incapacitated adults from abuse, neglect or exploitation through the provision of casework services, home-based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. As the older adult population has increased in Virginia, along with a corresponding demand for APS services, state funding for APS positions has remained stagnant over the past five years, as noted in a December 2014 report from the Virginia Department for Aging and Rehabilitative Services. In Fairfax County, there has been a steady increase in APS

cases since FY 2010. Continued state investment in these critical services is essential to ensuring the safety of this vulnerable population. *(Updates and reinstates previous position.)*

Brain Injury

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

Acquiring a brain injury can be a life-altering event, but with appropriate treatment and services individuals can improve their independence and quality of life. Approximately 1,000 people with brain injury resided in Virginia nursing facilities in FY 2013, an increase of nearly 400 percent since FY 2011. Unfortunately, despite services available in the Commonwealth, there is a significant, unmet need for specialized assessment/treatment programs, often requiring Virginians with brain injury to go out of state for costly, extended stays to receive treatment for neurobehavioral complications. While there are a small percentage of severe, complicated situations, most people with brain injury can be more effectively treated through community-integrated programs and services. It is important that the Commonwealth expand the continuum of services for people with neurobehavioral problems, to meet the needs of individuals with brain injury and enhance community re-integration and community-based supports (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 for efforts 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 an expensive market such as Northern Virginia (where the average one-bedroom apartment rented for $1,511 per month in 2016). The Virginia Housing Trust Fund, which provides both loans to reduce the cost of homeownership and rental housing and grants for homelessness prevention projects, is one source of assistance. 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 percent were provided in both the 2015 and 2016 GA sessions (which equates to a $20 per month increase for a family of three). In addition, the 2016 GA also authorized $4.8 million in FY 2018 to provide TANF participants with two or more children a monthly supplemental payment equal to any child support payments (collected from absent parents) received 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. In the future, if rates were indexed for inflation, it would prevent further erosion of recipients' ability to meet the basic needs of children in their own care or in kinship care (relative care). *(Updates and reaffirms previous position.)*

Domestic 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, sleep, and limited activity levels) as well as long-term health problems (including asthma, diabetes, anxiety, depression, alcohol, and 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, reporting an additional 1,479 children impacted (the majority of these children were 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 are crucial to helping families rebuild their lives, and prevention services are key to breaking the intergenerational cycle of violence in these families and in our communities. 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 victim 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.

Enhanced state funding for these services is essential, and distribution of funds, whether from state or federal resources, should take into consideration regional variations in the costs of providing services. *(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 robust community-based treatment and prevention programs. Also, support coordinated strategies to meet the growing need for substance use disorder services for older adults, promoting recovery and community inclusion.

Across Virginia, law enforcement and health care professionals identify the need to combat drug abuse as a high priority, as the statewide rate of drug-caused deaths in 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 Behavior Survey of 8th, 10th, and 12th graders reveals that almost 3,000 have used painkillers without a doctor's prescription, and approximately 300 have used heroin, indicating a need for effective community-based prevention programs to reduce rates of substance use disorder and delay the age of first use.

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 Fairfax-Falls Church Community Services Board (CSB) reported a 9 percent increase in the number of individuals served with a history of heroin use from FY 2014 to FY 2015 and through the first half of 2016, the Fairfax County Fire and Rescue Department assisted 40 patients with suspected heroin or opiate overdoses. Too often such use leads to death, including 18 heroin overdoses in the County in 2015, illustrating the urgency for increased use of and funding for substance use disorder treatment services such as medication-assisted treatment (Vivitrol and Suboxone).

Tragically, the capacity to meet this need is limited, and more than 200,000 Virginians each year need substance use disorder treatment services but are not receiving them, resulting in an increased demand on the state's already overburdened public safety and social services system (particularly local emergency rooms, psychiatric hospitals, jails, and crisis care departments). This crisis has placed an increased and growing burden on localities, and while local efforts are underway in Fairfax County (including training people to administer naloxone, a life-saving opioid-reversal medication, and providing peer recovery support, delivered by people who themselves have substance use disorders and are in recovery), additional state assistance is needed – within the last year, the CSB has had up to a three-week waiting list for individuals seeking medical detoxification services, and up to a four- to six-month wait time for people seeking long-term residential treatment services for substance use and co-occurring disorders.

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 to coordinate and combine the best of traditional approaches with emerging best practices to promote community-based prevention and recovery in Northern Virginia, and services must be adequately funded, cost-efficient, accessible, and outcome driven. *(Updates and reaffirms previous position.)*

Mental Health

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system. Also, support state funding to adequately staff and create more Crisis Assessment and Stabilization Centers for assessment of and intervention with individuals of all ages experiencing behavioral health crises.

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

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

Emergency Responsiveness

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

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

health community services could have long-term financial benefits, in addition to the benefits of returning individuals to the community more quickly. *(Reaffirms previous position.)*

Community-Based Services for Children and Youth

Support increased capacity for crisis response and intensive community services for children and youth.

In recent years, Virginia has increased funding for more community-based crisis response for youth and their families. As a result, the Fairfax-Falls Church Community Services Board expanded a community-based youth resource team, and implemented a new program offering short-term behavioral health services for youth at reduced costs, helping individuals who cannot afford the cost of insurance deductibles or copayments receive services. However, to respond effectively to the need, this service model must be fully funded. Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment as the first alternative. One of the programs of concern is the Healthy Families program, which is a nationally recognized home visiting program that has produced tangible positive outcomes in the Commonwealth. Significant funding reductions in recent years have resulted in the elimination of programs in some jurisdictions and threaten the viability of remaining Healthy Families sites. The program provides home-based education and support to first-time parents who have social histories that put them at risk starting during pregnancy until the child reaches age three. *(Updates and reaffirms previous position.)*

Services for Transitional Youth

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

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