DRAFT as of October 17, 2017
Note: New language is highlighted.

DRAFT 2018 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2018 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, as evidenced by the continued growth in Medicaid and Supplemental Nutrition Assistance Program (SNAP) caseloads. In 2016, 66,681 Fairfax County residents (5.9%, including 18,857 children) were living below the poverty rate, compared to 47,832 people (including 15,467 children) in 2008. Furthermore, the number of people living in deep poverty (income less than about $12,125 for a family of four) was 31,722 in 2016.

The County's economy also suffered from federal sequestration, and accompanying federal funding cuts, which further adversely affected those already struggling. As state revenues continue to improve, 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 requires 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 Fundamentally reorganizing and restructuring programs and outdated service delivery systems can best achieve positive outcomes when such changes are developed in partnership with the local governments providing services.

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 redirect 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. *(Reaffirms previous position.)*

Restructuring Services for Individuals with 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 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.

As time elapses after the closure and imminent property settlement on the sale of NVTC, it is imperative that the proceeds of the sale remain protected for development of new community-based services and housing opportunities for persons with developmental disabilities in Northern Virginia. Although there has been some limited expansion of residential supports, the Commonwealth has so far failed to create sufficient and appropriate housing and employment/day supports in Northern Virginia. While the Commonwealth has completed its redesign of Medicaid waivers, rates remain well below the cost of providing services in Northern Virginia and do not adequately support individuals with intensive needs or allow for the necessary expansion of capacity. Further, the settlement agreement requires the state to reduce its waiver waiting list, which will be a tremendous challenge as the rapidly growing list already consists of more than 12,000 individuals statewide (as of October 2017), including over 2,000 individuals in Fairfax County. The Commonwealth must develop a clear plan with sufficient funding to address these critical issues.

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 close to home. *(Updates and reaffirms previous position. See also the Medicaid Waivers position on pages 5-7.)*

Mental Health, Public Safety, and the Criminal Justice System

Support sustainable funding, allocated based on localities' needs and population size, for public safety and mental health services that connect non-violent offenders experiencing mental health crises to treatment instead of the criminal justice system.

Police officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department received more than 6,000 calls in 2016 that were 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, more than three in ten inmates who remain at the Fairfax County Adult Detention Center (ADC) for more than four days have been identified as needing mental health care, and inmates with mental health and substance abuse issues remain at the ADC on average 20 days longer than inmates without these issues. 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, in 2016 Fairfax County utilized local revenues to launch "Diversion First," 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. The program has already had a significant impact, as about 600 people have been diverted from potential arrest. Successful expansion of this program will depend on adequate state investments in mental health services (and accompanying court and public safety resources) to:

- Increase the availability of secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local psychiatric beds for forensic patients, affordable housing options, behavioral health counselors and therapists, peer support, reintegration services for youth and adults at high-risk of rapid re-hospitalization or re-offending, psychiatry, and forensic discharge planning; (See also page 14);
- Strengthen responses to individuals in mental health crises by funding Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers, Fire and Rescue and jail personnel, and Mental Health First Aid Training for social service organizations staff;
- Improve the screening, assessment and treatment of incarcerated individuals' mental health by gathering uniform system level data (including prevalence rates and demand for services);
- Establish mental health courts and support the development of behavioral/mental health dockets;
- Facilitate the exchange of health information of individuals believed to meet the criteria for temporary detention orders among law enforcement, the Court system, Community Services Boards, health care providers, and families and guardians;
- Expedite the process of placing individuals in psychiatric hospitals;
- Reduce justice system involvement by providing evidence-based, culturally competent, and trauma-informed behavioral health services for all ages, including integrated mental health and addiction care, case management, and housing and employment assistance for individuals with mental illness and substance use disorders;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program; and,
- Remove barriers to reentry by providing adequately funded forensic discharge planning services to connect former inmates with mental health and substance abuse treatment in the community. *(Updates and reaffirms previous position. See also the Public Safety/Courts Funding position in the 2018 Legislative Program.)*

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. *(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 government shares 50 percent of the cost of Virginia's Medicaid program. 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 Medicaid

entire population, to receive 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, and they help ensure community-based options are available, in keeping with best practices.

The number and types of waivers are set by the General Assembly. Long, growing waiting lists demonstrate the barriers that exist in the Commonwealth. Current Virginia waivers include: Commonwealth Coordinated Care Plus, Community Living, Family and Individual Supports, Building Independence, and Alzheimer's Assisted Living. Waivers fund services such as personal assistance to live independently in a home, residential and employment services, environmental modifications, assistive technology, nursing services, and other therapeutic services which support individuals with severe disabilities to live as independently as possible in their community.

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, this 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 local supply of community-based services in Northern Virginia. *(Updates and reaffirms previous position.)*

- **Support Expansion of Home and Community-Based Services.** The Commonwealth should implement innovative new initiatives to serve older adults and people with disabilities in their own homes and communities by incorporating the Community First Choice (CFC) option into its 2018 Medicaid state plan. Virginia's existing service delivery infrastructure does not have sufficient funding for community-based services for people who acquire physical or sensory disabilities, like brain or spinal cord injuries, or those who become blind or deaf as adults. Participation in CFC will provide Virginia with increased federal reimbursements for eligible services that serve older adults and people with disabilities in the community, rather than in a nursing facility or institution. *(Updates and reaffirms previous position.)*

- **Enhance and Preserve the Commonwealth Coordinated Care (CCC) Plus Waiver, and Eliminate the weekly 56 Hour Cap on Personal Attendant Care Hours.** The new CCC Plus waiver combines the Elderly or Disabled with Consumer Direction waiver and the Assisted Technology waiver, and implements a new managed care model that unfortunately eliminates the option for consumer direction, but 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 disabilities or brain injuries, including approximately 3,400 children under the age of 18). The Commonwealth should

also retain the Long Term Care Medicaid eligibility threshold at 300% of SSI; preserve consumer direction; restore reductions to home and community-based Medicaid providers; restore respite care service hours to a maximum of 720 hours a year; and, increase the maximum of 56 personal attendant hours per week. *(Updates 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, such as the previously provided Housing Choice Vouchers and State Rental Assistance Program funds set aside for the DOJ settlement population that have been successful in creating affordable housing opportunities for people with developmental 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 mental health supports and other clinically therapeutic services, 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) in-home crisis supports, as well as access to appropriate intensive residential support options. *(Updates and reaffirms previous position.)*

(Note: The Fairfax Area Disability Services Board recommended that the Board of Supervisors retain this position in the 2018 Human Services Issue Paper.)

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 8);
- Community-Based Services for Children and Youth (see also Mental Health position on page 14);
- Early Intervention Services for Infants and Toddlers with Disabilities/Part C (see also pages 8-9); 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. *(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 have an annual median income of $29,000, while the cost of full-time care for a preschooler at a child care center ranges from $13,000 to over $18,000 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. *(Updates 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. Locally, the average monthly number of children seeking and/or receiving services has grown by more than 20% in the last three years – from 1,380 per month in FY 2014 to 1,612 per month in FY 2017. The General Assembly provided a one-time appropriation of $900,000 for FY

2016, 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.

In addition, reimbursement rates must be increased to providers who serve Medicaid-eligible children. Rates have remained at $132 per month since 2008, which is far below providers' actual cost to deliver services, and should be increased to $242. Furthermore, the inclusion of early intervention services in Medicaid managed care beginning in FY 2018 will have important financial implications – although contractually rates will be maintained, additional authorization and inconsistent requirements across the six managed care organizations will increase the administrative burden for local systems to effectively bill Medicaid for services provided. (*Updates 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. *(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. *(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, gang participation, 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). Another disturbing trend seen locally and statewide is that fewer youth are getting the recommended amount of physical activity they need, which can impact both physical and mental health. 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. *(Updates 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.)* *(Note: The Fairfax Area Disability Services Board recommended that the Board of Supervisors retain this position in the 2018 Human Services Issue Paper.)*

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 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 initiatives) 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. *(Updates 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.

Over 75,000 working-age Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. 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 27 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. *(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. *(Reaffirms previous position.)* *(Note: The Fairfax Area Disability Services Board recommended that the Board of Supervisors retain this position in the 2018 Human Services Issue Paper.)*

Brain Injury

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

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 and employment coaches, positive behavior supports, specialized mental health therapy, and access to assistive technology). *(Updates and reaffirms previous position.)* *(Note: The Fairfax Area Disability Services Board recommended that the Board of Supervisors retain this position in the 2018 Human Services Issue Paper.)*

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. *(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 the 2015, 2016, and 2017 GA sessions (resulting in a $30 per month cumulative 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 $5,000 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. *(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, 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.

(Reaffirms previous position.)

Substance Use Disorder

Support increased capacity to address the Commonwealth's growing epidemic of heroin and opioid addiction through community-based treatment (including detoxification and medication-assisted treatment), enhanced prevention programs, and innovative efforts to limit the supply of opioids. 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 report a dramatically increasing number of deaths due to heroin and opioid overdoses. The statistics from 2016 are startling:

- More than 1,100 Virginians (including over 100 Fairfax County residents) died from an opioid overdose;
- Virginia emergency departments reported more than 10,000 visits for opioid and heroin overdose treatment;
- Opioid overdose continues to be the leading cause of death for individuals under the age of 50; and,

- The statewide rate of drug-caused deaths exceeded the number of deaths due to motor vehicle accidents.

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. The 2017 General Assembly approved legislation to help reduce the available supply of opioids by increasing awareness among doctors and patients, strengthening prescription monitoring, and limiting prescriptions to what is medically necessary. However, more is required to confront this public health emergency. It is essential that the Commonwealth provide additional funding for detoxification, medication-assisted treatment, and other substance use disorder services that are cost-efficient, accessible, and outcome driven. *(Updates and reaffirms previous position.)*

Mental Health

Mental Health ***[TO BE UPDATED IN FUTURE DRAFT]***

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. *(Updates and reaffirms previous position. 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).*

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. (In 2016, nearly 25% of Northern Virginia's local state hospital beds were continually occupied by individuals unable to make that transition due to lack of services.) The cost of serving an individual in the community is a fraction 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. *(Updates 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. *(Reaffirms previous position.)*

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In 2016, the poverty rate in Fairfax County was 5.9% of the population, or 66,681 people. Poverty in Fairfax County in 2016 was defined by the federal government as an individual earning less than $12,060 per year or a family of four with an annual income of less than $24,600.

In Fairfax County in 2016 *(latest data available – reported September 2017):*

- 18,857 (or 7.1%) of all children (under age 18) live in poverty;
- 9,156 (or 6.6%) of all persons over the age of 65 live in poverty;
- 13,664 (or 12.6%) of African Americans live in poverty;
- 16,916 (or 9.4%) of Hispanics (of any race) live in poverty;
- 30,426 (or 4.4%) of Non-Hispanic Whites live in poverty;
- 4,146 (or 22.0%) of families headed by single women with children under 18 live in poverty;
- 172,291 (or 15.2%) of County residents have incomes under 200% of poverty ($48,500 per year for a family of four); and,
- 53.3% of people receiving County services for mental illness, substance use disorder, or developmental disabilities in FY 2017 had incomes below $10,000.

Employment

- The unemployment rate in July 2017 was 3.1% (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 2017, the average monthly rent of a one-bedroom apartment was $1,561, an increase of 31% since 2008. A resident would need to earn an annual salary of $62,442 to afford this rent.

Health (including Behavioral Health)

- An estimated 99,043 or 8.8% of County residents were without health insurance in 2015.
- In FY 2017, over 5,800 residents experiencing an acute crisis related to mental health and/or substance use received CSB emergency services, and over 23,000 residents received CSB mental health, substance use disorder, and/or developmental disability services.
- More than 2,000 of the over 12,000 individuals with developmental disabilities on the statewide Medicaid waiver waiting list (as of October 2017) are served by the Fairfax-Falls Church CSB.

Ability to Speak English

- 15.4% of County residents over age 5 do not speak English proficiently.
- 7.4% of households are "linguistically isolated" (they include no one over 14 who speaks English proficiently).
- 39.2% of County residents over age 5 speak a language other than English at home.

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Child Care

- The cost of full-time child care for a preschooler at a child care center can range from $13,000 to over $18,000 per year ($17,000 to over $21,000 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia costs $12,300.

Food

- In the 2016-2017 school year, Fairfax County Public Schools reported that 50,688 students (or 27.3% of enrollment) were eligible for free or reduced lunch.

Domestic and Sexual Violence

- Each month in Fairfax County, domestic violence (DV) hotlines receive 200 calls, victims request 75 family abuse protective orders, and 17 families escape to an emergency DV shelter (FY 2016).
- In CY 2016, the Fairfax County Police Department responded to 3,240 domestic violence calls, leading to 1,552 arrests annually (4 arrests per day).
- 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).
- Fairfax County's Domestic Violence Action Center served 1,138 victims (1,479 children were affected, the majority under 8 years old) in FY 2016.
- 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).
- From 2009 to 2013, nearly 40 percent (25 of 66) of homicides in Fairfax County were related to intimate partner violence.

Caseloads in Fairfax County

- Medicaid increased from 37,130 in FY 2008 to 74,097 in September 2017 (an increase of nearly 100%).
- SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 23,177 in FY 2017 (100%).
- In FY 2017, the Community Health Care Network (CHCN) provided 30,925 visits to 11,662 unduplicated patients.
- In just three years, between FY 2014 and FY 2017, the average monthly number of children seeking and/or receiving early intervention services for developmental delays grew by more than 20 percent, from 1,380 per month to 1,615 per month.
- In the first half of 2017, CSB conducted 656 mental health evaluations related to emergency custody orders (ECOs). This was a 39% increase from the number (472) of evaluations conducted during the first half of 2016, and an increase of 228% compared with the number (200) conducted during the first half of 2015.