

## **Draft 2019 Fairfax County Human Services Issue Paper**

This human services issue paper is a supplement to the 2019 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 2017, there were 77,177 Fairfax County residents (6.8%, including 26,156 children) living below 100% of the Federal Poverty Level (FPL), compared to 47,832 people (including 15,467 children) in 2008. Furthermore, the number of people living in deep poverty (income less than about \$12,300 for a family of four) was 38,741 in 2017. However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater than 100% of the FPL – the Massachusetts Institute of Technology's (MIT) living wage calculator shows that an adult needs about \$35,000 (about 300% of the FPL) and a family of four needs about \$78,000 (about 300% of the FPL). In 2017, over 286,000 residents (25%, including approximately 84,000 children), lived in households with incomes less than 300% of the FPL – about the amount considered a living wage.\*

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 thrive;
- 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.

\*See the US Census Bureau One-Year 2017 American Community Survey for more information and the associated margins of error.

## Priorities

### ***Affordable Housing and Homelessness Prevention***

**Support state funding and actions to increase the availability of affordable housing options and prevent homelessness, including investments in tools to address affordable housing needs, particularly in high cost of living areas like Northern Virginia.**

Affordable housing is critically important for all Virginians, but creates particular challenges in Northern Virginia, where housing is increasingly out of reach for low- and moderate-income earners. Fairfax County is already experiencing a deficit of 31,000 affordable rental homes, and the gap between the need and the supply will grow considerably without new approaches for expanding housing availability and affordability. The Commonwealth should:

- Increase funding for the Virginia Housing Trust Fund in order to create and preserve affordable housing and to reduce homelessness in the Commonwealth;
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership;
- Enhance and create more state-funded rental assistance programs, like the State Rental Assistance Program (SRAP) and the Virginia Homeless Solutions Program (VHSP), which serve individuals with developmental disabilities and provide rental assistance for people experiencing homelessness respectively, building on research indicating that rapid rehousing can stabilize vulnerable households, especially if self-sufficiency services are also provided; and,
- Use the proceeds from the sale of the Northern Virginia Training Center (NVTC) solely in Northern Virginia to develop sufficient and appropriate supportive housing opportunities (and related community-based supports) for individuals with developmental disabilities. (*Updates and reaffirms previous position.*)

### ***Substance Use Disorder***

**Support increased capacity to address the Commonwealth's growing epidemic of heroin and opioid use disorder through community-based treatment (including detoxification, medication-assisted, residential, and intensive outpatient programs) and innovative efforts to limit the supply of opioids. Also, support coordinated strategies to meet the growing need for substance use disorder services that target specific high-risk age groups.**

Across Virginia, law enforcement and health care professionals report a dramatically increasing number of deaths due to heroin and opioid overdoses. The current statistics are startling:

- Opioids are now the number one cause of unnatural death in Fairfax County;
- Annual opioid deaths in Fairfax County increased from 64 in 2015 to 114 in 2017 – 44 percent of the 2017 deaths were adults aged 25-34;
- Fentanyl overdose deaths have increased by 1,337 percent in Virginia since 2009;
- Virginia emergency medical services workers reported more than 4,000 uses of naloxone in 2016;
- In Fairfax County, emergency department visits for heroin and non-heroin opioid overdoses more than tripled between 2013 and 2017 (from 60 in 2013 to 241 in 2017);

*Note: Language added after the November 20, 2018, public hearing is highlighted.*

- The highest rates of emergency department visits for heroin overdoses in Fairfax County were among individuals aged 20-24 and 25-34 (both 30 per 100,000 people) in 2017;
- The highest rate of non-heroin opioid overdoses in Fairfax County was among individuals aged 20-24 (36 per 100,000 people);
- Approximately 1,400 Fairfax County students in the 8th, 10th, and 12th grades reported taking painkillers without a doctor's order, and nearly 1,300 reported taking other prescription drugs without a doctor's order, within a month of the survey date in November 2017; and,
- For the fifth year in a row, the statewide rate of drug-caused deaths exceeded the number of deaths due to motor vehicle accidents.

The Commonwealth of Virginia has taken significant action to combat this epidemic, with the General Assembly (GA) enacting numerous laws in recent years to reduce the available supply of opioids, strengthen prescription monitoring, limit prescriptions to what is medically necessary, and improve data collection and facilitate data sharing among government agencies. However, more is required to confront this public health emergency. Based on emergency room overdose data, intervention and education efforts may be of benefit to young adults, many of whom may require specialized care. Peer support, case management, and employment have proven to be effective interventions for individuals with opioid use disorder. It is also essential that the Commonwealth provide additional funding for detoxification, residential treatment, medication-assisted treatment, sober housing peer services, and other substance use disorder services that are cost-efficient, accessible, and outcome driven. *(Updates and reaffirms previous position.)*

### ***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 nearly 4,000 calls from January – June 2018 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 to provide 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, substance use disorders, or developmental disabilities who come into contact with the criminal justice system for low-level offenses. The program has had a significant impact; more than 1,000 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:

*Note: Language added after the November 20, 2018, public hearing is highlighted.*

- 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 15*);
- 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);
- Support the development of specialty courts and 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 2019 Legislative Program.*)

## Position Statements

### *Medicaid Waivers*

**Support state funding and expansion for Virginia's Medicaid waivers that provide critical home and community-based services for qualified individuals. Also, support increased funding for developmental disability (DD) Medicaid waivers and slots, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.**

Medicaid funds both physical and mental health services for 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 (the exception is that under the recent Medicaid expansion the federal share is higher for newly eligible populations, but that does not affect waiver rates). Because each dollar Virginia

puts into the Medicaid program draws down a matching federal dollar, what Medicaid will fund is a significant factor in Virginia’s human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

Each state also has the discretion to design its own Medicaid service program. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though a small number of 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 Medicaid 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. In addition, Medicaid waivers are an integral component of the Commonwealth’s settlement agreement with the US Department of Justice (DOJ) – the state redesigned waivers for individuals with DD as part of its shift from an institution-based system to a community-based system.

The number and types of waivers are set by the GA. Long, growing waiting lists demonstrate the barriers that exist in the Commonwealth. Current Virginia waivers include: Commonwealth Coordinated Care Plus, Community Living (CL), Family and Individual Supports (FIS), and Building Independence (BI). 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:

- **An increased number of DD Medicaid waiver slots.** The settlement agreement requires the state to reduce its DD waiver waiting list (comprised of CL, FIS, and BI waivers) – this continues to be a tremendous challenge as the rapidly growing list already consists of nearly 13,000 individuals statewide (as of October 2018), including over 2,350 individuals in Fairfax County. Though the 2018 GA provided funding for a total of 540 new DD waivers statewide (127 CL and 413 FIS slots) in FY 2019, Fairfax County only received approximately 80 of these new slots. It is the Commonwealth’s responsibility and obligation to successfully implement the settlement agreement, which must include sufficient and timely state funding for individuals receiving or waiting to receive local, community-based services close to home. Further, new waiver slots need to be accompanied by additional funding for support coordination services. *(Updates and reaffirms previous position.)*
- **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, ensure the availability and quality of Medicaid providers, and better serve individuals requiring intensive, specialized support (this is especially critical as demand

for community-based services for individuals with intensive needs has increased due to the closure of the NVTC). In Northern Virginia, waiver rates should be increased to reflect the higher cost of living and services; the rate formulas for the redesigned waivers utilize worker salaries at the 50th percentile of Bureau of Labor Statistics (BLS) average wages for the region, which is unrealistically low for hiring and retaining qualified staff, 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.)*

- **Improvements to the process for negotiating per-person waiver rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.** As part of the state’s redesign of DD waivers, the Department of Behavioral Health and Developmental Services (DBHDS) developed a rate structure with different tiers corresponding to specific service levels, and a customized rate process through which rates above the top tier can be negotiated for individuals requiring intensive, specialized support. Though this provides helpful flexibility, it has been implemented in a way that is extremely challenging for individuals and providers. *(New position.)*
- **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 2019 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.)*
- **Enhancement and Preservation of the Commonwealth Coordinated Care (CCC) Plus Waiver, and Elimination of 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). The Commonwealth should also retain the Long Term Care Medicaid eligibility threshold at 300 percent 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.)*

- **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 and retention 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.)*

## ***Children and Families***

### *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 CSA. 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 provides funding 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. The rising expenditures for special education services have been the focus of state-level efforts in recent years, and the 2018-2020 biennium budget requires a review of rate setting methodologies; however, additional factors must be examined, including: an analysis of the cost of serving increased numbers of youth with developmental disabilities; the role of Medicaid and Medicaid waivers for youth with these disabilities; and, the role of public schools in developing intensive programming so that youth can be served in less restrictive public school settings.

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. *(Updates and reaffirms previous position.)*

Child Care Services

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

A secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, working families with low incomes may not access the quality child care and early childhood education that helps prepare young children 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 \$13,500 to over \$18,500 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. As of July 1, 2016, the Virginia Department of Social Services regulates family child care providers who care for five or more non-resident children, and Fairfax County 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 local regulation of family child care providers also reflects vital community standards and has worked well for Fairfax County families; the County’s authority to regulate smaller providers should be maintained. Additionally, new federal requirements (such as national background checks for child care staff and family child care providers) improve quality and safety; however, as Virginia continues to implement 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 contracts with the Fairfax County Department of Family Services 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 and supported by research, 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 15 percent in the last three years – from 1,450 per month in FY 2015 to 1,679 per month in FY 2018. Though the GA has provided one-time appropriations in recent years, an increased level of recurring funding will be necessary to keep pace with the demand for this critical program.



*Note: Language added after the November 20, 2018, public hearing is highlighted.*

In addition, reimbursement rates must be increased to providers who serve Medicaid-eligible children. Targeted case management rates have remained at \$132 per month since 2011, which is far below providers' actual cost to deliver services, and should be increased to \$242. Physical, occupational, and speech therapy rates also need to be increased to maintain a workforce of qualified, licensed physical, occupational, and speech therapists. Furthermore, the inclusion of early intervention services in Medicaid managed care (Medallion 4.0) beginning in FY 2019 in Northern Virginia 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 cost for local systems to effectively collect from Medicaid and private providers for services provided. *(Updates and reaffirms previous position.)*

### School Readiness

**Support increased state resources and operational flexibility for early childhood education programs, including the Virginia Preschool Initiative (VPI), in order to eliminate barriers and allow localities to expand these critical programs. In Fairfax County, state VPI funding provides about one-fifth (\$3,163) of the actual cost (approximately \$15,000) of serving a child, which is insufficient to expand the program under current requirements. Increasing funding while providing flexibility, including serving children in non-classroom based settings, is essential (for example, if Fairfax County were to use all available slots to serve children in only public school classrooms more than 40 additional classrooms would be needed, creating a substantial capacity challenge).**

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. Business and military groups, including the US Chamber of Commerce and Mission: Readiness, have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a qualified 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 VPI, should include flexibility to account for regional variations in cost of living and innovative service delivery, including non-classroom based settings **such as community early childhood programs in centers and family child care homes,** in order to encourage the participation of public and private programs and increase participation rates in this vital program. *(Updates and reaffirms previous position.)*

### Foster Care/Kinship Care

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

In 2008, Virginia embarked on a Children's Services Transformation effort to identify and develop ways to find and strengthen permanent families for older children in foster care, and for those at risk of entering foster care. Through kinship care, children live with a suitable relative, allowing them to remain connected to family and loved ones and providing improved outcomes (children can also be placed in kinship care voluntarily by their parents without going through the foster care system). 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 kinship care arrangements. Although the 2018 GA made progress by establishing the Kinship Guardianship Assistance Program, which allows for the payment of Title IV-E foster care maintenance payments to kinship providers under certain circumstances, further legislation is needed to grant legal authority, such as guardianship, to kinship caregivers. *(Updates and reaffirms previous position.)*

### Youth Safety

**Support additional state funding to prevent and reduce risk factors that lead to youth violence, gang participation, 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. These factors include traumatic experiences 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 2017 Youth Survey which shows results similar to those in Fairfax County's Youth Survey. The results indicate that 15.7 percent of high school students in the Commonwealth reported being bullied on school property; 6.4 percent were threatened or injured with a weapon on school property; 7.1 percent missed one or more of the past 30 days of school because they felt unsafe; 29.5 percent felt sad or hopeless daily for two or more weeks to a degree that impaired their daily activities; and, 15.7 percent seriously considered suicide. Alarming, 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. Preserving local flexibility to address these issues through school wellness policies, and 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.)*

*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 to 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. *(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 (including transportation network companies).**

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 28 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. Additionally, transportation network companies have the potential to reduce transportation barriers for individuals with disabilities and older adults, and innovative approaches should be considered for the provision of wheelchair-accessible services. 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 (APS)

##### **Support state funding for additional Adult Protective Services (APS) social workers.**

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. In Fairfax County, there has been a steady increase in APS cases since FY 2014, as well as an increase in the complexity of the cases. Continued state investment in these critical services is essential to ensuring the safety of this vulnerable population. *(Updates and reaffirms previous position.)*

#### Brain Injury

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

Nearly 400,000 Virginians are estimated to be disabled as a result of brain injury, which can be a life-altering event. However, with appropriate treatment and services individuals can improve their independence and quality of life. 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.)*

### ***Health, Well Being, and Safety***

#### Temporary Assistance for Needy Families (TANF)

##### **Support an increase in the Temporary Assistance for Needy Families (TANF) reimbursement rates in Virginia.**

Following more than a decade of flat TANF reimbursement rates, increases of 2.5 percent 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

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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. *(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. Also support legislation to strengthen protective orders (POs), such as: requiring family abuse PO respondents to immediately surrender firearms directly to law enforcement; expanding the prohibition on knowingly possessing a firearm to include non-family abuse PO respondents; and, providing judges with greater discretion to extend and/or increase the time period of POs.**

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 is considered an adverse childhood experience and 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 2018, Fairfax County's Domestic Violence Action Center served 998 victims, but the impacts were even more profound, as they also brought with them their 1,365 children, mostly under the age of 12. Unfortunately, the demand for services exceeds available resources, and 142 households in need of emergency shelter as a result of domestic violence were turned away in FY 2018. Furthermore, in Fairfax County there were 71 families (including 142 children) who were homeless due to domestic violence on the night of the 2018 Point in Time Count, and more than 281 families (including 357 children) were homeless and had experienced domestic violence in FY 2018.

**POs** for domestic and sexual violence victims can be an important tool in preventing perpetrators from further abusing or threatening victims and their family members. In 2016, the GA enacted legislation to strengthen the effectiveness of family abuse **POs** by prohibiting abusers from knowingly possessing a firearm for the duration of the order; however, additional legislative changes would be helpful to improve implementation and enforcement, such as requiring respondents to immediately surrender firearms directly to law enforcement. **Further, it would also be beneficial to expand the 2016 law to include non-family abuse POs (issued by General District Court) to include victims of sexual assault, assault and battery, and stalking, and provide judges with more discretion to extend and/or increase the time period of POs.**

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

## ***Behavioral Health***

### ***STEP-VA***

**Support funding for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages.**

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, which mandates that CSBs provide new core services. As a result, all CSBs must provide same-day mental health screening services and outpatient primary care screening, monitoring, and follow-up beginning July 1, 2019. Nine other core services (including outpatient mental health and substance abuse services, detoxification, and psychiatric rehabilitation, among others) are mandated to begin on July 1, 2021. The GA must appropriate sufficient funds to enable all CSBs to implement these mandates. Though the GA has allocated funding for all CSBs to provide same-day access to assessment for mental health services, the Fairfax-Falls Church CSB is receiving only \$270,000 each year. This is barely more than one-tenth of the \$2.1 million estimated cost, and the same amount as CSBs in smaller jurisdictions – equally concerning, DBHDS is requiring the Fairfax-Falls Church CSB to achieve 10-day access to treatment by July 1, 2019, without sufficient funding to meet that mandate. Such funding must be commensurate with the size of the population served. STEP-VA has the potential to enhance community-based services, improve access, increase service quality, build consistency and strengthen accountability throughout the behavioral health system to better meet the diverse needs of children, youth, and adults. However, successful implementation cannot be achieved by shifting an additional funding burden to localities (Fairfax County already provides more than 80 percent of the CSB’s funding through local dollars). Additionally, adequate state funding is needed for the numerous mental health programs that will work in concert with the STEP-VA core services; one example is the Children’s Regional Crisis Stabilization program, which is severely underfunded in Northern Virginia with only 12 counselors to serve about 600,000 children and youth. *(Updates and reaffirms previous position.) (Position in support of adequate funding to implement STEP-VA shared by region.)\**

*\*The region generally consists of the localities comprising Planning District 8 – the Counties of Arlington, Fairfax, Loudoun, and Prince William, and the Cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.*

Emergency Responsiveness

**Support sufficient state funding for intensive community resources, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care.**

In 2014, the GA passed legislation requiring state facilities to accept individuals subject to a temporary detention order if a bed in a private psychiatric facility cannot be located within the eight-hour timeframe of an emergency custody order. While this is designed to ensure that individuals in crisis receive emergency mental health treatment, it has also led to a shortage of state hospital beds. The Northern Virginia Mental Health Institute, one of the smaller state hospitals in spite of the large population it serves, has recently experienced periods of 100 percent capacity (other state hospitals face similar challenges). In response, DBHDS has developed a five-year plan that relies heavily on improving and increasing community-based mental health services to reduce the demand for emergency placements, shifting state funding from large mental health institutions to community-based facilities and requiring localities to share the cost of psychiatric hospitalizations. The cost of serving an individual in the community is a fraction of the cost of providing such services in a hospital setting, but ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. Alarmingly, though the first year of this plan provided funding for 196 beds statewide, only eight beds were funded in Northern Virginia, raising serious concerns that implementation of DBHDS' proposal will effectively penalize localities like Fairfax County, which already put substantial local funding into providing mental health services.

Additionally, state funding is insufficient to provide the intensive community resources that allow individuals hospitalized for mental health emergencies to transition back to community care, exacerbating the state hospital bed crisis – in FY 2018, nearly 22 percent of Northern Virginia's local state hospital beds were continually occupied by individuals unable to make the transition due to lack of services. The Program for Assertive Community Treatment (PACT), an evidence-based model used to reduce readmissions for hospital psychiatric treatment, provides community-based care coordination and intensive case management for individuals who are chronic users of the hospital system – it is essential that the state provide funding for PACT teams in proportion to population size. 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 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;

*Note: Language added after the November 20, 2018, public hearing is highlighted.*

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.)*



*Note: Language added after the November 20, 2018, public hearing is highlighted.*

## FAIRFAX COUNTY

### Draft 2019 Human Services Fact Sheet

In 2017, there were **77,177** Fairfax County residents that earned less than 100% of the FPL – **80%** of localities in Virginia had fewer total residents than Fairfax County had residents living in poverty (106 of 133 localities).\*

Eligibility for public assistance programs that provide support for low-income residents is tied to a percentage (typically 100%) of the Federal Poverty Level (FPL). In 2017, there were 77,177 Fairfax County residents (or 6.8% of the population) that earned less than 100% of the FPL (\$12,060 for an individual or \$24,600 for a family of four).\*

However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater – MIT’s living wage calculator shows that an adult needs about \$35,000 (about 300% of the FPL) and a family of four needs about

In 2017, over **286,000 residents (25.2%)**, including approximately 84,000 children, lived in households with incomes less than 300% of the FPL – about the amount considered a living wage.\*

\$78,000 (about 300% of the FPL).

#### Employment

- The unemployment rate in August 2018 was 2.5%, representing approximately 16,000 unemployed residents looking for work.

#### Housing

- In 2017, the average monthly rent of a one-bedroom apartment was \$1,599, an increase of 33% since 2008.

In **2017**, there were **92,904** County residents (8.2%) without health insurance.\*

#### Health

- Medicaid caseloads increased nearly 103% from 37,130 in FY 2008 to 75,294 in FY 2018.
- In FY 2018, the Community Health Care Network (CHCN) provided 35,388 visits to 16,837 unduplicated patients.

#### Mental and Behavioral Health

- In FY 2018, nearly 24,000 residents received Fairfax-Falls Church CSB mental health, substance use disorder, and/or developmental disability services, and over 6,100 residents received CSB emergency services.
- In FY 2018, CSB conducted 1,882 mental health evaluations related to emergency custody orders (ECOs) – a 369% increase from FY 2015, and an increase of 28% from FY 2017.
- More than **2,350** of the nearly **13,000** individuals with developmental disabilities on the statewide Medicaid waiver waiting list (as of **October** 2018) are served by the Fairfax-Falls Church CSB.
- From FY 2015 to FY 2018, the average monthly number of children seeking and/or receiving early intervention services for developmental delays grew by more than 15%, from 1,450 to 1,679.
- Annual opioid deaths in Fairfax County increased from 64 in 2015 to 114 in 2017 – 44% of the 2017 deaths were adults aged 25-34.

In FY 2018, **55.7%** of people receiving County services for mental illness, substance use disorder, or developmental disabilities had **incomes below \$10,000**.

\*See the US Census Bureau One-Year 2017 American Community Survey for more information and the associated margins of error.

## **FAIRFAX COUNTY**

### ***Draft 2019 Human Services Fact Sheet***

- In Fairfax County, emergency department visits for heroin and non-heroin opioid overdoses more than tripled between 2013 and 2017 (from 60 in 2013 to 241 in 2017).
- The highest rates of emergency department visits for heroin overdoses in Fairfax County were among individuals aged 20-24 and 25-34 (both 30 per 100,000 people) in 2017.
- The highest rate of non-heroin opioid overdoses in Fairfax County was among individuals aged 20-24 (36 per 100,000 people).
- The 2017-2018 Fairfax County Youth Survey of 8th, 10th and 12th grade students found that, within a month of the survey date and without a doctor's order, approximately 1,400 students reported taking painkillers; nearly 1,300 reported taking other prescription drugs; and, a higher number of 8th grade students (approximately 500) reported using painkillers than any other substance investigated in the survey.

#### **Gangs**

- Approximately 700 Fairfax County Public School (FCPS) students in the 8th, 10th, and 12th grades report being a gang member at some point in their life.
- The average age of initial gang participation is 12.5 years old.

#### **Ability to Speak English**

- 15.1% 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).
- 39.9% of County residents over age 5 speak a language other than English at home.

#### **Child Care**

- The cost of full-time child care for a preschooler at a child care center can range from \$13,500 to over \$18,500 per year (\$17,000 to over \$22,000 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is \$12,800.

#### **Child Welfare**

- Healthy Families Fairfax, a key child abuse and neglect prevention program, served 674 families in FY 2018.
- In FY 2018, Child Protective Services conducted 1,971 family assessments or investigations in response to valid referrals of child abuse and neglect.
- There were an average of 202 children in foster care each month during FY 2018.

#### **Nutrition**

- The SNAP (Food Stamp) average monthly caseload increased 92%, from 11,610 in FY 2008 to 22,323 in FY 2018.

#### **Domestic and Sexual Violence**

- In FY 2018, Fairfax County's Domestic Violence Action Center served 998 victims, but the impacts were even more profound, as they also brought with them their 1,365 children, mostly under the age of 12.

## **FAIRFAX COUNTY**

### ***Draft 2019 Human Services Fact Sheet***

- Each month in Fairfax County, domestic violence (DV) hotlines receive 178 calls, victims request 87 family abuse protective orders, and 15 families escape to an emergency DV shelter (FY 2018).
- In FY 2018, the Fairfax County Police Department responded to 3,078 domestic violence calls.
- Due to the shortage of emergency shelter beds, 142 eligible households were turned away in FY 2018.
- In Fairfax County, on the night of the 2018 Point in Time Count, there were 71 families (including 142 children) who were homeless due to domestic violence.
- In FY 2018, more than 281 families (including 357 children) were homeless and had experienced domestic violence.
- 47% of emergency shelter residents are children 12 years and younger (FY 2018).
- At least one person per day was identified by the Fairfax County Police Department as at high risk for being killed by their intimate partner in FY 2018.

*Data is drawn from the US Census Bureau, MIT's Living Wage Calculator, and Fairfax County resources.*