ATTACHMENT I

Draft 2023 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

DRAFT 2023 Fairfax County Human Services Issue Paper

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Note: Please ensure that all track changes are by a single author (i.e., one name/color), reflecting an agency-level response.

NCS TO REVIEW, INCLUDING UPDATING STATISTICS

The Human Services Issue Paper is a supplement to the 2023 Fairfax County Legislative Program as the Fairfax County Board of Supervisors has long recognized that investments in critical health, housing, and human services programs are essential to maintaining a healthy and vibrant community that provides all residents an equitable opportunity to thrive.

As the nation continues to experience the various stages of the COVID-19 pandemic, substantial and sustained investments in health, housing, and human services remain essential in addressing the challenges facing Fairfax County. While there are signs of economic improvement, significant needs remain, demonstrating that many residents are still struggling – in particular, the pandemic disproportionately impacted communities of color, people with disabilities, low-income residents, and those experiencing vulnerability pre-pandemic will likely face the greatest challenges in recovering. In addition to the financial toll, the disruption, isolation, and stress caused by the pandemic impacted residents of all ages, races, ethnicities, and socioeconomic statuses. Services must be administered equitably to avoid exacerbating disparities in Fairfax County, while ensuring all residents have financial security, stable housing, and the opportunity to thrive. Further, effective and equitable health, housing, and human services, will ensure strong economic growth in the community and a resilient future for all residents.

Although Fairfax County has one of the highest median household incomes in the nation, significant and complex needs are prevalent in this community. Over 68,000 residents live in poverty and over 266,000 residents (23.5 percent) earn less than the living wage needed to afford basic expenses in this high cost-of-living area. In addition, negative impacts on income, employment, and health are pervasive, and disparities specific to certain racial groups and neighborhoods have been identified.

Historically, the state has underfunded health, housing, and human services, which puts enormous pressure on localities to fund critical services and new state mandates with local revenues. The $4.3 billion in federal relief funding the Commonwealth has received provides an unprecedented opportunity to address community needs magnified by the pandemic, including affordable housing, substance use disorder, mental health services, early childhood, health care, economic self-sufficiency, and home and community-based services for older adults and people with disabilities. As those needs existed long before the pandemic, even this substantial federal investment cannot solve decades of inadequate funding. However, such funding can place the state on an important path towards investing in critical core services while committing to utilizing sufficient state funding going forward to build on these important investments.

Strong partnerships between the Commonwealth and local governments are essential in addressing the pandemic's lingering impact and the diverse needs in our communities. This can be accomplished by making policy and budgetary decisions that:

- Invest in initiatives that offer all residents access to opportunities that equip them for lifelong success;
- Support residents experiencing vulnerability so they can live independent lives to their fullest potential;
- Address racial and social inequities that have created systemic and institutional barriers; and,
- Create evidence-based, outcome-driven programs that are innovative, incorporate best practices, and adapt to localities' unique needs.

Priorities

Affordable Housing and Homelessness Prevention TO BE REVIEWED BY CSB, DFS, DSB, HCD, AND COMMISSION FOR WOMEN

Support state funding and actions to increase the availability of affordable housing options and prevent homelessness, including expanded investments in tools and programs to address affordable housing needs, particularly in high cost-of-living areas like Northern Virginia, and to mitigate evictions resulting from the economic impacts of the COVID-19 pandemic.

Affordable housing is critically important for all Virginians, but obtaining it is particularly challenging 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. It is anticipated that 15,000 net new units affordable to households earning 60 percent of area median income and below will be needed by the year 2034. Development and preservation of affordable housing is most critical for small families, individuals with disabilities, and seniors.

The devastating economic effect of COVID-19 has exacerbated this looming crisis, placing many individuals and families at risk of eviction in Fairfax County, including communities of color who are disproportionately impacted by the pandemic. Prior to the pandemic, 45 percent of Fairfax County renters were already cost-burdened and spent at least 30 percent of their household income on rent. Cost-burdened renters who have lost jobs or had their incomes reduced as a result of the ongoing economic upheaval face greater barriers in paying for housing, making them more vulnerable to evictions. While there has been some short-term rental assistance funding and moratoriums to prevent evictions, the pandemic's financial impact will have long-term and pervasive consequences. Therefore, new substantial and sustained federal and state investments in programs and resources that enable renters to keep their housing is essential in preventing an eviction crisis and a resulting surge in homelessness in the community. Funding to mitigate the impacts of the pandemic on affordable housing must be in addition to the sizable resources already needed to address the existing affordable housing crisis in Northern Virginia.

The Commonwealth should:

- Support substantially increasing funding for the Virginia Housing Trust Fund to $125 million, as well as increasing the funding cap that each development can request. This is essential to create and preserve affordable housing and reduce homelessness in Northern Virginia, where housing affordability poses substantial challenges for the economic competitiveness of the region, creating potentially negative impacts to the Commonwealth overall.
- Expand resources available to ensure legal assistance and aid to tenants facing eviction, including outreach and prevention services for potential beneficiaries.
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership for low- and moderate-income earners.
- Enhance and create more state-funded housing tax credits and rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers.
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities.

- Consider changes to state law to protect residents of mobile home parks, including more assistance with relocations, expanded notification requirements (for both tenants and localities), and increased timelines. *(Updates and reaffirms previous position.)* *(Position on state support for affordable housing shared by the region.)*

Behavioral Health, Public Safety, and the Criminal Justice System TO BE REVIEWED BY CSB AND COMMISSION FOR WOMEN

Support sustainable funding, allocated based on localities' needs and population size, for public safety and mental health services that connect people who come into contact with the criminal justice system for non-violent offenses to treatment.

Law enforcement officers have often been the first responders when an individual is in a mental health crisis; the Fairfax County Police Department responded to nearly 10,000 mental health-related calls in calendar year 2020. Such calls, at times, can lead to incarceration for non-violent offenses precluding individuals from receiving appropriate treatment for behavioral health issues. Fairfax County identifies various points at which individuals may be diverted from potential arrest and incarceration to community-based services. Efforts are also underway to create co-responder teams, comprised of both behavioral health and law enforcement professionals, to enhance the County's response to behavioral health crisis calls.

People with mental illness, substance use disorders, and/or developmental disabilities receive needed treatment services and supports, avoiding the cycle of criminal justice involvement. Additionally, it is significantly less expensive to provide services in community-based settings than it is to deliver behavioral health services in a detention facility.

Fairfax County continues to use local revenues for Diversion First, a Countywide initiative to provide alternatives to incarceration for people with behavioral health issues who come into contact with the criminal justice system. The program has already had a significant impact – since 2016, more than 2,400 people have been diverted from potential arrest. Though the average daily population has decreased since FY 2008, the medical complexities of inmates have increased, with complex substance use and mental health disorders becoming more common. Successful expansion of Diversion First will depend on adequate state investments in behavioral health services (and accompanying court and public safety resources) to:

- Provide full funding for the Commonwealth's System Transformation, Excellence and Performance in Virginia (STEP-VA) Crisis Services and for Marcus Alert implementation (enacted during the 2020 General Assembly (GA) Special Session) *(see also page 11)*;
- Increase the availability of community-based crisis services and local psychiatric beds for people with mental health issues;
- Provide additional case management resources to expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Enhance reintegration and discharge planning services for youth and adults at high risk of rapid re-hospitalization or re-offending *(see also page 12);*
- Increase funding for mental health services and substance abuse treatment for individuals incarcerated for offenses that make diversion programs unavailable to them;
- Remove barriers in order to facilitate the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians;
- Support the expansion of specialty courts and dockets;
- Provide Crisis Intervention Team (CIT) and Mental Health First Aid training to law enforcement personnel, dispatchers, Fire and Rescue, jail personnel, and health and human services staff to

educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness;

- Improve the screening, assessment, and treatment of incarcerated individuals' mental health and substance use disorders by gathering uniform system level data; and,
- Provide adequate funding for forensic discharge planning and post-incarceration services to remove the barriers to community reentry. *(Updates and reaffirms previous position. See also the Courts position in the 2022 Legislative Program.)*

Substance Use Disorder TO BE REVIEWED BY CSB, HEALTH, AND LTCCC

Support increased capacity to address the Commonwealth's ongoing substance use disorder epidemic 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. In particular, innovative approaches to prevention (such as expanding county cigarette taxing authority to include e-cigarettes) and nicotine addiction treatment are necessary to address the vaping crisis that is affecting teens and young adults at an alarming rate.

Across Virginia, the statewide number of opioid overdose-related deaths continues to exceed the number of deaths due to motor vehicle accidents. Alarmingly, hospitals in the Fairfax Health District reported a 35 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in 2020 relative to 2019. The number of such visits in the first half of 2021 is trending higher than the same period in 2020, raising concerns that the upward trend seen in 2020 may continue in 2021. This indicates that the opioid epidemic will continue to profoundly impact Fairfax County, and adequate resources and innovative strategies will be needed now more than ever. The 2021 GA took a helpful step by enacting legislation to establish the Opioid Abatement Authority, which will administer a significant amount of the moneys received from opioid litigation settlements for the purposes of treating, preventing, and reducing opioid use.

Another concerning trend is the widespread use of e-cigarettes, which have been the most used tobacco product among youth since 2014. Though e-cigarettes became popular because they have been considered less harmful than regular cigarettes, the discovery of severe respiratory illness in otherwise healthy young people as a deadly complication of vaping has raised alarm throughout the US.

While the Commonwealth of Virginia has taken action to combat these issues, including efforts to control the supply of opioids and increase the age to purchase all tobacco products to 21, significant challenges still exist. Complementary strategies, including well-funded, sustained intervention and education efforts, should be designed to support teens and young adults, many of whom may require specialized care to combat addiction. An e-cigarette tax could be a particularly helpful prevention tool, as research shows taxing tobacco is one of the most effective ways to reduce use, especially among the youth population. *(Updates and reaffirms previous position.)*

Position Statements

Medicaid Waivers TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC

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 people with disabilities. It is funded by the federal and state governments and administered by the states. Federal funding is provided based on a state's per capita income – generally, 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). Medicaid waivers 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.

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. As a result, the Commonwealth has mandated a significant number of new requirements to the CSBs. 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 (CCC) 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 to meet, at a minimum, the Priority One waiting list, which averages over 3,000 annually in Virginia.
- Automatic rate increases, including an increase in the Northern Virginia rate differential.
- Improvements to the process for negotiating the approval and re-approval of customized rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.
- Expansion of home and community-based services by incorporating the Community First Choice (CFC) option into Virginia's 2022 Medicaid state plan.
- Maintenance of Olmstead rights for people with disabilities and older adults to remain in the community following hospitalization for medical crises, including COVID-19 and related conditions.
- Ensuring a living wage for personal care attendants, consumer-directed personal assistants, respite care workers, and other caregiving roles that are funded through Medicaid waivers.

- Enhancement and preservation of the CCC Plus Waiver, and elimination of the weekly 56-hour cap on personal care services.
- Restoration of respite hours that were reduced from 720 to 480 in 2011. Respite care allows caregivers to better manage crises, such as the COVID-19 pandemic (if unused, there is no cost to the state).
- Fully funded reimbursements for nursing and behavioral consultation, training, monitoring, and supports.
- Increased state funding to support a sustainable, well-trained workforce in residential, employment and day support settings, including higher reimbursement rates to hire and retain professional nurses.
- Expansion of Regional Education Assessment Crisis Services and Habilitation (REACH) in-home crisis supports, access to appropriate intensive residential support options, and community-based crisis services for individuals with disabilities. *(Updates and reaffirms previous position.)*

Children and Families

Children's Services Act (CSA) TO BE REVIEWED BY DFS

Support continued state responsibility for funding mandated 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.

CSA provides care coordination and funding for services to children who: have serious emotional or behavioral problems; need residential care services; need special education; or, receive foster care services. It is a state-local partnership requiring an aggregate match of approximately 46 percent in Fairfax County. 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. As a redesign for the provision of behavioral health care services occurs at the state level to include changes to the state's Medicaid plan, the County should support policy alignment with CSA and continued local decision-making. *(Updates and reaffirms previous position.)*

Child Care TO BE REVIEWED BY NCS

Support state child care funding for economically disadvantaged families not participating in Temporary Assistance for Needy Families (TANF)/Virginia Initiative for Education and Work (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.

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 nearly $30,000, while the cost of full-time care for a preschooler at a child care center ranges from over $15,000 to over $21,000 per year). Many of these families are "the working poor" who require assistance with child care costs to achieve self-sufficiency. Additionally, a state waiver from VDOE allowing Fairfax County to permanently increase program income eligibility above the current 250 percent of the federal poverty level (FPL) would help address the challenges families experience due to the high cost of living in Northern Virginia. *(Updates and reaffirms previous position.)*

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Early Intervention Services for Infants and Toddlers with Disabilities/Part C **TO BE REVIEWED BY NCS**

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 Neighborhood and Community Services to provide early intervention service coordination and therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, social interactions, and movement (as part of the Commonwealth's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). The benefits of early intervention continue to be supported by research, and the demand for services to eligible children continues to grow at a rapid pace (as more children are diagnosed with autism or born substance exposed), but rates have not increased in a decade. *(Reaffirms previous position.)*

School Readiness **TO BE REVIEWED BY NCS**

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 less than half ($7,327) of the cost of providing VPI services to a child in a Fairfax County community-based early childhood program (approximately $18,200), which is insufficient to expand the program under current requirements.

Increasing funding while providing flexibility, including to serve children in non-public school classroom settings, is essential (if Fairfax County were to use all available slots to serve four-year-old children in only public school classrooms, approximately 51 additional classrooms would be needed, creating a substantial capacity challenge). Providing VPI services in community early childhood programs, including centers and family child care homes, is key to addressing capacity challenges in public school settings. The GA's recent changes to the VPI program, such as the appropriation of Community Add-On funding for each child served in a community-based early childhood setting, and the authorization of family child care homes as service providers, have been instrumental in increasing the number of children served in community settings. Additionally, the GA's expansion of VPI eligibility to three-year-olds provides more sustained school readiness supports for children and better meets community need. Although the GA has made considerable progress, providing flexibility for teacher credentials and licensure in community early childhood programs would allow grant funding to be used equitably across all programs participating in VPI. Continuing to have an additional membership verification window to confirm VPI eligibility for families enrolling after the initial fall membership verification date allows improved access to this important program.

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, a coalition of retired military leaders, have cited potentially positive impacts on national economic security, linking early childhood education to the creation of a qualified workforce. *(Updates and reaffirms previous position.)*

Older Adults and People with Disabilities

Independence and Self-Sufficiency for Older Adults and People with Disabilities **TO BE REVIEWED BY DFS, DSB, LTCCC AND NCS**

Support funding for programs that promote the independence, self-sufficiency, and community engagement of older adults and people with disabilities. Also, support additional funding for home care workers and resources for family caregivers.

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, adult day/respite supports, and resources for family caregivers) provided by the twenty-five Area Agencies on Aging (AAAs), community-based organizations, and state agencies, save Virginia taxpayers money while helping older Virginians function independently, decreasing the risk of inappropriate institutionalization, addressing social isolation, and improving overall life satisfaction and mental health. 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). *(Updates and reaffirms previous position.)*

Adult Protective Services (APS) **TO BE REVIEWED BY DFS AND LTCCC**

Support state funding for additional 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. During FY 2021, Fairfax County APS received over 3,100 reports of adult abuse, neglect, and exploitation. 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. *(Updates and reaffirms previous position.)*

Long-Term Care (LTC) Workforce Needs **TO BE REVIEWD BY DFS, HEALTH, LTCCC, AND NCS**

Support legislation to improve the quality of LTC in Virginia's skilled nursing facilities, in order to ensure better health outcomes and quality of care for medically frail individuals, including older adults and individuals with disabilities.

LTC facilities, including nursing homes and skilled nursing facilities, provide medical and personal care to people who are unable to live independently. The quality of care in Virginia's nursing homes has long been an issue, with complaints ranging from insufficient staffing (Virginia is one of 16 states with no required staffing standards for either staff-to-resident ratios or a minimum number of direct care hours) to low Medicaid reimbursement rates for skilled nursing care (making recruiting and retaining highly qualified, well-trained staff difficult due to low wages and limited benefits) to stressful working conditions. On average, nursing homes in Virginia also have higher average acuity residents than nursing homes in most other states, meaning that they require a higher level of care and therefore more skilled staff hours. The COVID-19 pandemic has exacerbated many of these issues and magnified systemic problems.

After the GA considered legislation seeking to address these issues through staffing standards over the past two decades, the Joint Commission on Health Care completed a study and made recommendations on the overall nursing facility workforce and quality. According to the Commission's report, inadequate staffing also presents equity concerns, as statewide, facilities with fewer staff are also those with higher concentrations of Medicaid recipients and Black residents. For these reasons, it is essential that the Commonwealth take appropriate steps to improve the quality of LTC in Virginia's skilled nursing facilities, including increasing state funding, in order to ensure better health outcomes and quality of care in such facilities. *(Updates and reaffirms previous position.)*

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Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF) TO BE REVIEWED BY DFS

Support a continued increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF rates, increases were provided in several recent GA sessions. Most recently, rates increased ten percent for all TANF households. However, current Virginia TANF benefit levels remain at or below 32 percent of the FPL for all family household sizes (up from 30 percent of the FPL). To further support this vulnerable population, the GA should continue to increase TANF payments. *(Updates and reaffirms previous position.)*

Domestic and Sexual Violence TO BE REVIEWED BY CSB, DFS, HCD, AND COMMISSION FOR WOMEN

Support additional state funding and efforts to increase the capacity for localities to implement culturally specific prevention and intervention services to eliminate domestic and sexual violence, including continued support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence and provide victims more choice in addressing safety concerns and housing needs. 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). Investing in primary violence prevention is an essential strategy to decrease domestic and sexual violence and build safe, stable, and nurturing communities. *(Updates and reaffirms previous position.)*

Behavioral Health

STEP-VA and Marcus Alert TO BE REVIEWED BY CSB

Support funding, commensurate with the size of the population served, 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 behavioral health system for Virginians of all ages, including programs that work in concert with STEP-VA core services, such as Marcus Alert, the Children's Regional Crisis Stabilization Program, and the Virginia Mental Health Access Program. Oppose the use of a local ability to pay factor in the distribution of CSB funds, which would penalize localities that make funding with local dollars a priority.

Building on behavioral 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 initiated the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019, deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services. Funding has been allocated for peer support services, veterans' services, outpatient services, and the

Regional Crisis Call Center (which will be designated Virginia's 988 mental health and suicide crisis hotlines, a federal effort required to be in effect by July 16, 2022). Significantly, at no point during the four years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly mandated services. The implementation of these mandates is further complicated by the nationwide shortage in the behavioral health workforce, compounded by salary compression for CSB staff and attrition rates, and impacted by the administrative burden of evolving regulatory requirements for service delivery. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow.

This funding gap is further exacerbated as the state continues to approve new behavioral health reform mandates that operate in tandem with STEP-VA, such as the recently established Marcus Alert (enacted during the 2020 GA special session). The law requires CSBs to create local protocols and establish either mobile crisis or community care teams. Fairfax County is already making significant local investments in community behavioral health services, including a one-time allocation of approximately $2.3 million, and $4 million in anticipated funding for the next fiscal year, to begin the local implementation of co-responder teams. Such teams, comprised of behavioral health and law enforcement professionals, align with the state's goals for Marcus Alert. However, it is important to note that the state has only allocated $600,000 to CSBs in the first phase of Marcus Alert implementation, and has allocated no funding for CSBs in the second phase of implementation (including the Fairfax-Falls Church CSB). When compared to the County's anticipated initial cost of approximately $6.3 million, it is clear that Marcus Alert will be underfunded from its inception, as was STEP-VA. Additionally, as has been the case with STEP-VA, each year that funding gap will likely widen as the funding burden on localities grows. Finally, as the development of the County's co-responder model was in process well before the passage of the Marcus Alert legislation, ongoing local flexibility should be part of any state implementation plan.

Sustaining such a high level of local funding while receiving inadequate support from the state, at a time that state mandates continue to grow, is becoming increasingly untenable. Localities that make funding these vital services with local dollars a priority should not be penalized for their efforts, and the County would strongly oppose the use of a local ability to pay factor in the distribution of CSB funds or for any state support of related behavioral health programs, such as Marcus Alert. *(Updates and reaffirms previous position.)* *(Regional position.)*

Emergency Responsiveness **TO BE REVIEWED BY CSB**

Support sufficient state funding for intensive community resources (such as Assertive Community Treatment and Discharge Assistance Planning) and intensive residential services, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care. Oppose any state funding actions which disproportionately rely on local funding for service implementation.

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 (NVMHI), one of the smaller state hospitals despite the large population it serves, continues to experience periods of 100 percent capacity. Although other state hospitals face similar capacity challenges, it is important to note that a major factor exacerbating capacity issues at NVMHI is the substantial increase in the diversion of individuals from other parts of the state (272 individuals in FY 2021, which represented a doubling of diversions to NVMHI from FY 2020). Fairfax County's ongoing local investments help ensure a robust continuum of community services, and allow for the Fairfax-Falls Church CSB to have one of the lowest per capita adult hospitalization rates in the Commonwealth (six residents per 100,000 compared to the statewide average of 15 residents per 100,000). However, the lack of sufficient

24-hour community-based services for individuals requiring intensive supervision and medical services continues to exacerbate the state hospital bed crisis.

DBHDS continues its efforts to improve and increase community-based mental health services to reduce the demand for emergency placements by shifting state funding from large mental health institutions to community-based facilities, where serving an individual is a fraction of the cost of hospitalization. Ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. State funding is insufficient both for regional mobile response services to prevent the unnecessary hospitalization of children and youth, and for the intensive community resources that allow individuals to transition back to community care. Such local investments could help the state alleviate the hospital bed crisis by opening up more beds while also providing resources for CSBs to improve outcomes for individuals and the community. *(Updates and reaffirms previous position*.)

Fairfax County 2022 Human Services Fact Sheet

Introduction

FACT SHEET STATS TO BE REVIEWED BY CSB, DFS, HCD, HEALTH, NCS, AND COMMISSION FOR WOMEN

In 2019, there were **over 68,000** Fairfax County residents that earned less than 100% of the FPL – 78% of Virginia's 133 localities had **fewer TOTAL residents** than Fairfax County had **residents living in poverty.**

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 2019, there were over 68,000 Fairfax County residents (6% of the population) that earned less than 100% of the FPL (about $12,500 for an individual or $25,750 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 a single adult needs over $41,000, and a family of four needs over $110,000.

Employment

- The unemployment rate in September 2021 was 2.7%, representing over 16,600 unemployed residents looking for work.

In 2019, there were **over 266,000** residents (24%) including approximately 80,000 children, living in households with incomes less than 300% of the FPL.

Housing

- In 2020, the average monthly rent for an apartment was $1,787**,** meaning a renter would need an income of $71,500 to afford it.
- In 2019, over 57,000 households (45%) of Fairfax County renters were cost-burdened (spent more than 30% of their income on housing). Over 8,500 cost-burdened renters were over the age of 65.
- There is an existing gap of 31,000 housing units affordable for current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI).
- It is anticipated that 15,000 new affordable units for households earning 60 percent of the AMI and below will be needed for households moving into the County by the year 2034.
- There were 1,222 people who were homeless in the Fairfax-Falls Church community on January 27, 2021, the night of the 2021 Point-in-Time Count. Over the course of federal FY 2020, nearly 3,000 people relied upon the County's shelter system.

Health

- Medicaid recipients increased by more than 40,000 (37%) between FY 2018 and FY 2021, from 119,606 to 163,942 individuals.
- Almost 12,000 Fairfax County older adults (4% of the over 55 population) were uninsured in 2019.
- Over 87,000 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities.
- The Community Health Centers provided health care services to over 30,800 Fairfax County residents in 2020. The overwhelming majority of those served belong to vulnerable populations, such as the uninsured, racial or ethnic minority groups, non-native English speakers, and low-income residents.

In 2019, **over 307,000** County residents (nearly 27%) were age 55 and older.

In 2019, there were over 95,500 County residents (8.5%) without health insurance.

FACT SHEET STATS TO BE REVIEWED BY CSB, DFS, HCD, HEALTH, NCS, AND COMMISSION FOR WOMEN

Mental and Behavioral Health

- The Northern Virginia Mental Health Institute (NVMHI), one of the smaller state hospitals despite the large population it serves, continues to experience periods of 100% capacity.
- Since 2016 more than 2,400 people in Fairfax County have been diverted from potential arrest due to the County's Diversion First program.
- In Fairfax County, there has been a 28% decrease in the behavioral health population with misdemeanor charges from 2015 to 2020.
- From 2015 to 2020, the number of inmates referred to Fairfax-Falls Church Community Services Board (CSB) jail-based services increased by 21%.

In FY 2020, **61%** of people receiving County services for mental illness, substance use disorder, or Developmental Disabilities had **incomes below $12,000.**

- The Fairfax County Police Department responded to nearly 10,000 mental health-related calls in calendar year 2020.
- In FY 2021, CSB conducted over 1,600 mental health evaluations related to emergency custody orders – a 312% increase from FY 2015.
- According to the most recent Fairfax County Youth Survey, 36% of students reported high levels of stress, 30% reported depressive symptoms, 14% reported thoughts of suicide, and 6% reported suicide attempts.[+]
- In FY 2021, over 20,000 individuals received Fairfax-Falls Church CSB mental health, substance use disorder, or DD services. Over 6,300 residents received CSB emergency services.
- Though Fairfax County was allocated 146 Developmental Disability (DD) Medicaid Waiver slots in FY 2022, 829 individuals remain on the County's Priority One waiting list, which is more than 25% of the total statewide waiting list.
- Nearly 2,700 of the over 14,000 individuals with DD on the statewide Medicaid waiver waiting list (as of September 2021) are served by the Fairfax-Falls Church CSB.
- From FY 2016 to FY 2021, the average monthly number of children seeking or receiving early intervention services for developmental delays grew by 3.3%, from 1,554 to over 1,605.

Substance Use Disorder

- The number of fatal overdoses set a new record high, with about 2,300 fatalities in calendar year 2020 – an increase of over 40 percent from 2019.
- In the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church), opioids are the number one cause of unnatural death, with 94 opioid deaths in 2020; all but seven of these fatalities were due to fentanyl.
- Hospitals in the Fairfax Health District reported a 35% increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in 2020 compared to 2019.
- The Youth Survey found that, within a month of the survey date, and without a doctor's order, approximately 800 students reported taking painkillers, and more than 1,000 reported taking other prescription drugs.[+]
- E-cigarettes have been the most used tobacco product among youth across the US since 2014.
- In 2020, more than 3.6 million American middle and high school students reported using e-cigarettes in the previous 30 days.

FACT SHEET STATS TO BE REVIEWED BY CSB, DFS, HCD, HEALTH, NCS, AND COMMISSION FOR WOMEN

- The Youth Survey found that more students reported vaping than using any other substances, and lifetime prevalence rates were 13.2% of 8th graders, 26.2% of 10th graders, and 37.3% of 12th graders.[+]

Gang Involvement

- The Youth Survey found that approximately 590 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 12.2 years old.[+]

English Proficiency

- 15% of County residents over age 5 do not speak English proficiently.
- 7% of households are "linguistically isolated," meaning the household includes no one over age 14 who speaks English proficiently.
- 40% of County residents over age 5 speak a language other than English at home.

Child Care

- Families in Fairfax County receiving child care subsidies have an annual median income of nearly $30,000, while the cost of full-time child care for a preschooler at a child care center can range from over $15,000 to over $21,000 per year (nearly $19,000 to over $24,500 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is $13,860.
- In Fairfax County, state Virginia Preschool Initiative (VPI) funding provides less than half ($7,327) of the cost of VPI services to a child in a Fairfax County community-based early childhood program (approximately $18,200), which is insufficient to expand the program under current requirements.

Child Welfare

- In FY 2021, almost 1,200 families were served by County child abuse and neglect prevention programming.
- In FY 2021, Child Protective Services (CPS) conducted over 1,900 family assessments and investigations in response to valid referrals of child abuse and neglect, and almost 300 families were served in CPS ongoing services to keep children with their families.
- An average of 197 children were in foster care each month during FY 2021.

Nutrition

- The SNAP (food stamps) average monthly caseload increased nearly 13% between FY 2020 and FY 2021 (from approximately 20,400 families to 23,150 families) – average monthly caseloads have doubled from FY 2008 to FY 2021, from over 11,500 to 23,143.
- Meals provided to older adults and adults with disabilities through County programs continue to increase at a rapid pace – Home Delivered and Congregate meals increased by 13.8% from FY 2018 (512,881) to FY 2021 (583,743), but 8% of that increase occurred between FY 2020 (539,776) and FY 2021.

FACT SHEET STATS TO BE REVIEWED BY CSB, DFS, HCD, HEALTH, AND NCS

Domestic and Sexual Violence

- In FY 2021, the Fairfax County Domestic Violence Action Center (DVAC) served over 900 victims. There were 983 children (80% of whom were 12 years old or younger) living with victims served by the DVAC.
- Each month in Fairfax County, domestic violence (DV) hotlines receive over 126 calls on average, victims request 71 family abuse protective orders, and 12 families escape to an emergency DV shelter (FY 2021).
- In FY 2021, the Fairfax County Police Department responded to 3,010 DV calls, including 353 Lethality Assessment Program (LAP) calls. There were 127 arrests made due to strangulation (which is a significant predictor of future lethal violence).
- 171 families needing emergency shelter due to DV were placed in hotels in FY 2021 for reasons such as family size, geographical location, or bed shortage. 117 households were not housed because at the time of the call, they did not meet the criteria for imminent danger (no person in imminent danger is turned away).
- On the night of the 2021 Point in Time Count, there were 61 families in Fairfax County who were homeless due to DV.
- In FY 2021, there were 93 households (including 212 children) served in the four homeless shelters for families that reported a history of DV. In FY 2021, 44% of emergency DV shelter residents were children 12 years and younger.

+The 2019-2020 Fairfax County Youth Survey includes responses from 8th, 10th, and 12th grade students. (Note: The Youth Survey was not conducted during the 2020-2021 school year.)

Data is drawn from the US Census Bureau, US Bureau of Labor Statistics, MIT's Living Wage Calculator, VA Department of Health, VA Department of Behavioral Health and Developmental Services, UVA's Weldon Cooper Center for Public Service Demographics Research Group, and Fairfax County sources.