

Fairfax County Successful Children and Youth Policy Team

October 4, 2023

10 a.m. – 12:30 p.m.

12000 Government Center Parkway

Conference Room 11

Agenda

1. Welcome and Introductions
2. Retreat Summary and Year Ahead
3. Initiative Update
 - a. My Brothers Keeper (MBK)
 - b. Opportunity Youth/Workforce Readiness
 - c. School Readiness
4. Legislative Update
5. Fairfax County Youth Survey
6. Public Comment
7. SCYPT Administrative Items & Updates by SCYPT Members
8. Adjourn

This meeting will be live-streamed via Zoom at <https://us06web.zoom.us/j/7221353661>

***Password: Scrypt2023!** The live stream is for viewing only; members will not be able to participate in the meeting via Zoom.*

Next Meeting
December 6, 2023
10 a.m. - 12:30 p.m.

SCYPT KEY ISSUE UPDATE

SCYPT Meeting Date	October 4, 2023
Key Issue	My Brother's Keeper Fairfax
Notable Announcements and Updates	<ul style="list-style-type: none"> • Completed MBKA Onboarding <i>MBK Fairfax</i> now has access to the MBKA portal, where checklists, webinars, materials, and networking opportunities to connect and learn from other MBK Cities are all available. In early August, we were assigned a regional coach and now meet regularly for guidance through the process of becoming a certified My Brother's Keeper city. • Initiated the MBKA certification process Using the official MBKA workbook as a guide and with the continued support of Youth Invest Partners, who have been involved in the development of several MBK communities across the region, <i>MBK Fairfax</i> is making progress towards certification. • Expanded Steering/Working Committee With the continued partnership of CYEP and Edu-Futuro, we are working to expand partnership with other initiatives and work groups that have similar focus, for example working with FCPS' Minority Student Achievement Oversight Committee and the Opportunity Youth Network.
Notable Progress Since Last Update	<ul style="list-style-type: none"> • Planning for the Local Action Summit is underway, with CYEP taking the lead role, building upon the success of their Unite Conference and Career Expo. There has been work on outreach, location, and date of the event. Between now and the summit, anticipated for Spring 2024, we will include the community's boys and young men of color, and the broadest possible network of aligned stakeholders, including the organizations and agencies represented by the SCYPT.
How This Work Contributes to Equity	<ul style="list-style-type: none"> • <i>MBK Fairfax</i> will work within the Fairfax County Strategic Plan and One Fairfax equity framework to support the other work of others in the County, advancing better outcomes for boys and young men of color.
Contact	MyBrothersKeeper@fairfaxcounty.gov

SCYPT KEY ISSUE UPDATE

SCYPT Meeting Date	October 4, 2023
Key Issue	Opportunity Youth Employment Network
Notable Announcements and Updates	<p>Fairfax County Opportunity Youth Network In July, the Fairfax Futures Board of Directors endorsed Fairfax Futures as the backbone organization to the Fairfax County Opportunity Youth Network as proposed at the SCYPT meeting in January. The Network’s core team which currently is composed of DFS, FCPS, and NCS will be initially expanded to include the Health Department, Housing and Community Development, Community Service Board, Juvenile Domestic Relations District Court, My Brother’s Keeper, and members of the Opportunity Youth community. This core team will develop a charter for the Network to include vision and mission, code of conduct, structure, and membership. It will also review the goals proposed in the SCYPT January Report to ensure that the Network incorporates the full spectrum of services to support youth needs such as mental/physical health, housing, transportation, and juvenile justice in addition to workforce development and career readiness. This network will take a collective impact approach to improve outcomes for Opportunity Youth, a challenge that no one organization can solve alone.</p> <p>Neighborhood and Community Services Congressional Funding Neighborhood and Community Services (NCS) has applied for and has been provisionally awarded through the federal government earmarking process, funding to support several of our Opportunity Youth initiatives. The county will use its Congressional funds to contract with organizations specialized in providing technical assistance and support to backbone organizations for the Fairfax County Opportunity Youth Network. NCS will focus this consulting resource to provide overall strategic direction, facilitate dialogue between network partners, manage data collection and analysis and communications, build equity leadership and accountability, and mobilize funding. NCS will also use this funding to support the organizational capacity building of My Brother’s Keeper (MBK) in its work to lower high school dropout rates and improve on-time graduation rates among boys and young men of color. These two MBK outcomes are in keeping with the goals in the SCYPT January Report. Moreover, NCS is taking steps to solidify a contracting relationship that will also support NCS in its design of a reengagement center model that will not only provide multiple pathways to education and career success for Opportunity Youth but also connect them to programs and supports as well as develop their leadership skills and address their social and emotional needs. This model is expected to be piloted at the Original Mount Vernon High School in South County.</p>
Notable Progress Since Last Update	<ul style="list-style-type: none"> • Endorsement of Fairfax Futures as backbone organization to the Fairfax County Opportunity Youth Network by its Board of Directors in July 2023.
How This Work Contributes to Equity	<ul style="list-style-type: none"> • Backbone support to the Fairfax County Opportunity Youth Network will help ensure that partners keep equity at the center of their strategies and actions to improve outcomes for Opportunity Youth.
Contact	Tony Humphrey, Department of Neighborhood and Community Services, Tony.Humphrey@fairfaxcounty.gov

SCYPT KEY ISSUE UPDATE

SCYPT Meeting Date	October 4, 2023
Key Issue	School Readiness/Early Childhood
Notable Announcements and Updates	<ul style="list-style-type: none"> • 2023 Child Care Provider Grant Program The Board of Supervisors approved \$2.5m to assist Fairfax County child care providers experiencing negative economic impacts from the COVID-19 pandemic. Application closed on July 21, 2023 with over 800 applications received. Based on funding amount, prioritization will be given to providers that participate in child care subsidy. Applications are in the processed of being reviewed with final disbursements to be completed by January, 2024. • The Unified Virginia Quality System Birth to Five (VQB5) VQB5 entered the implementation phase for the new Virginia Unified Early Childhood System. VQB5 promotes quality in all publicly funded programs through the measurement of positive adult-child interactions and implementation of a state approved curriculum. Early Childhood programs in Virginia are required by state law to participate in VQB5 as an approved Child Care Subsidy Program vendor serving children ages birth-to-five. • PreK Expansion in FCPS FCPS has made an investment, aligning with the divisions new strategic plan, with the expansion of ten new PreK classrooms. This expansion aims to provide high quality kindergarten readiness and comprehensive services to an additional 180 students and their families, representing nearly a 10 percent increase in the FCPS PreK enrollment. These classrooms have been added into nine school sites with existing PreK programs, and one new class was added to a school site that previously did not offer a PreK program.
Notable Progress Since Last Update	<ul style="list-style-type: none"> • As part of the Equitable School Readiness Strategic Plan Birth to Eight Goal One (establishing meaningful partnerships with families) a Family Council was established.
How This Work Contributes to Equity	<ul style="list-style-type: none"> • The 2023 Child Care Provider Grant Program prioritizes child care programs that serve as vendors in the child care subsidy program. Many child care programs are small, minority and women-owned businesses.
Contact	Keisha Dotson, Department of Neighborhood and Community Services, Keisha.Dotson@fairfaxcounty.gov Lisa Pilson, FCPS, Lmpilson@fcps.edu



2022-2023 FAIRFAX COUNTY YOUTH SURVEY

Chloe Lee, Department of Management
& Budget, Fairfax County
Mike Axler, Intervention & Prevention
Services, FCPS

WHAT YOU SHOULD KNOW ABOUT THE FAIRFAX COUNTY YOUTH SURVEY



FAIRFAX COUNTY YOUTH SURVEY IS AN ANNUAL SURVEY THAT IS..

- **Comprehensive**
- **Anonymous**
- **Voluntary**



Behaviors



Experiences



**Risk and Protective
Factors**



Questions are based on the *Monitoring the Future Survey* (NIH) and *Youth Risk Behavior Surveillance System Survey* (CDC)

WHY WE ADMINISTER THE FAIRFAX COUNTY YOUTH SURVEY

THE SURVEY PROVIDES DATA TO COUNTY, SCHOOL, AND COMMUNITY-BASED ORGANIZATIONS TO:

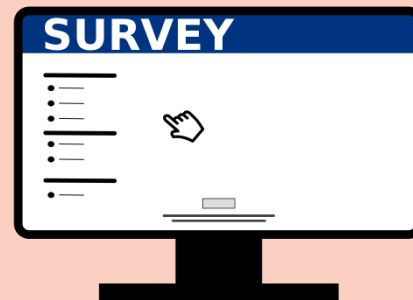
01 Assess Youth Strengths and Needs

02 Develop Programs and Services

03 Monitor Trends

04 Measure Community Indicators

05 Guide Countywide Planning of Prevention Efforts





Fairfax County

- Department of Management and Budget (DMB)
- Neighborhood and Community Services (NCS)
- Community Services Board (CSB)
- Health Department (HD)
- Geographic Information Systems (GIS)
- Office of Public Affairs (OPA)
- Department of Cable and Consumer Services (DCCS)



FCPS

- Student Safety and Wellness
- School Psychology Services
- IT Office of Security



PARTNERSHIP

FAIRFAX COUNTY AND FAIRFAX COUNTY PUBLIC SCHOOLS (FCPS) WORK TOGETHER TO ADMINISTER THE FAIRFAX COUNTY YOUTH SURVEY

- The **FCPS Student Safety and Wellness Office** provides training and guidance to survey coordinators in each school and facilitates the administration of the survey.
- Working closely with FCPS and the vendor, Fairfax County **DMB** staff oversee the entire process of survey administration and data collection. This work includes quality control, data analysis, production and publication of youth survey data products.
- Fairfax County convenes workgroups of internal and external stakeholders to make important decisions for the survey. Staff from **NCS, CSB, HD, the Opioid Task Force**, as well as **FCPS** and the vendor participate in this process.



2022-2023 YOUTH SURVEY PARTICIPATION

FCPS STUDENTS IN GRADES 6, 8, 10, AND 12

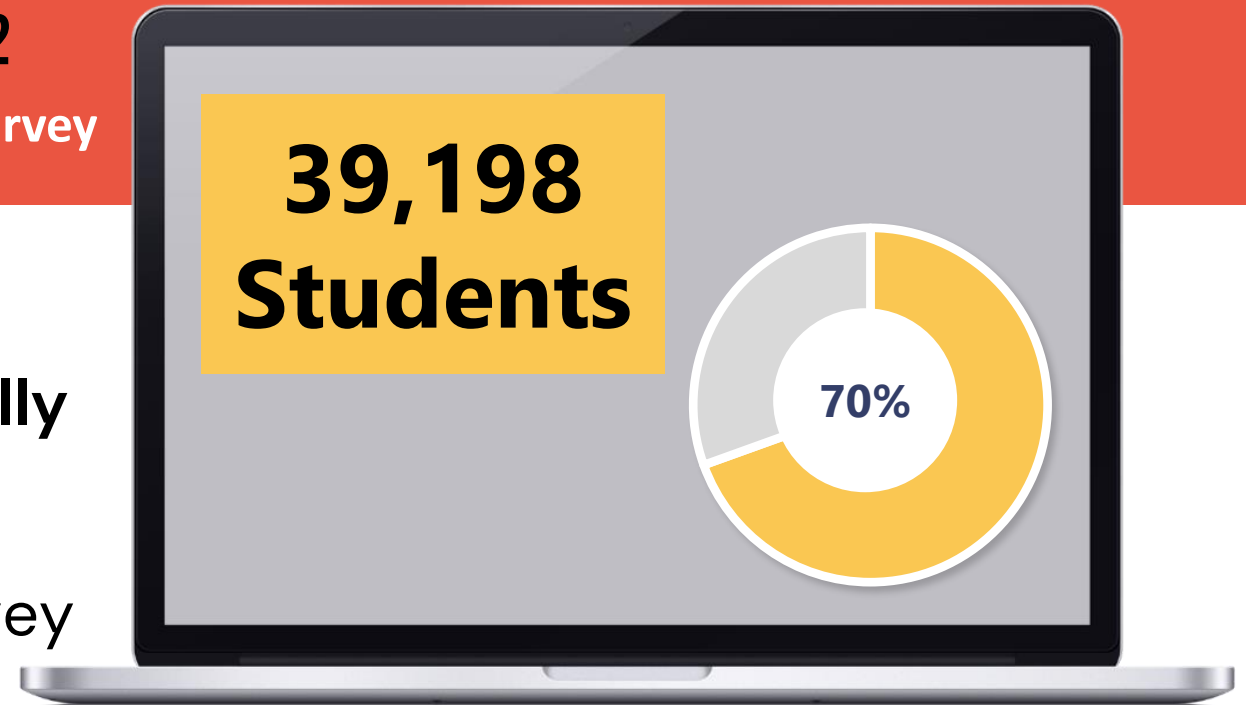
Participate in the Fairfax County Youth Survey



Youth Survey was administered **electronically**

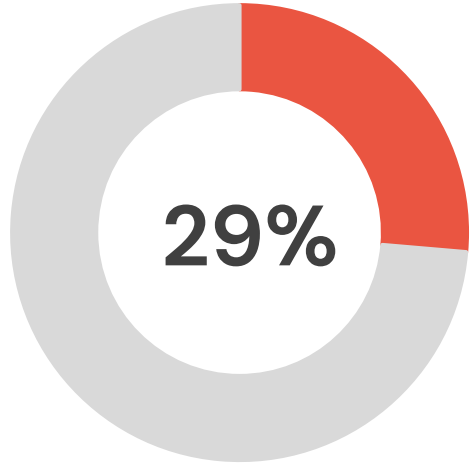


6th grade students take a **shortened, modified** survey



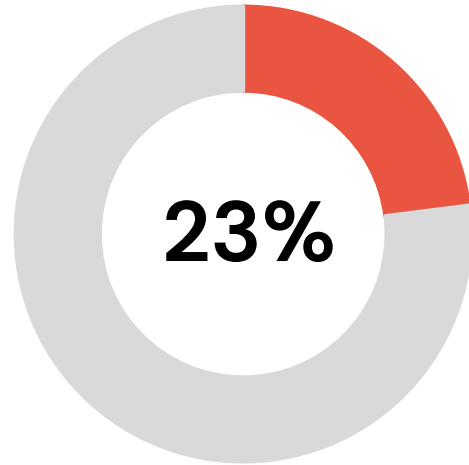
SURVEY HIGHLIGHTS: MENTAL HEALTH

FELT SAD OR HOPELESS



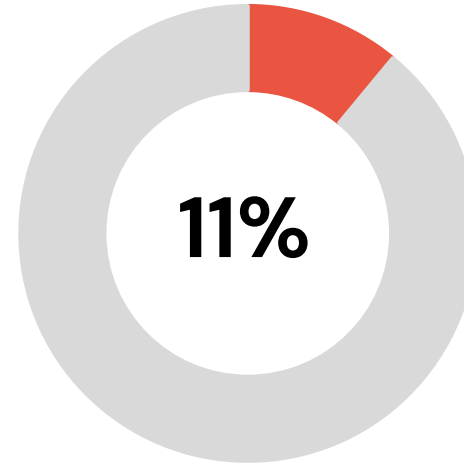
A decrease from 38% in 2021

STRESSED MOST/ALL THE TIME



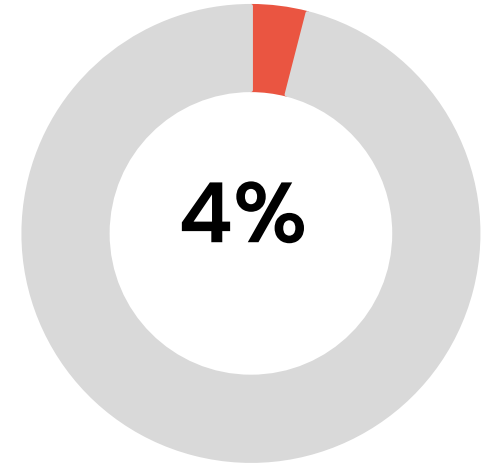
A decrease from 30% in 2021

CONSIDERED ATTEMPTING SUICIDE



A decrease from 16% in 2021

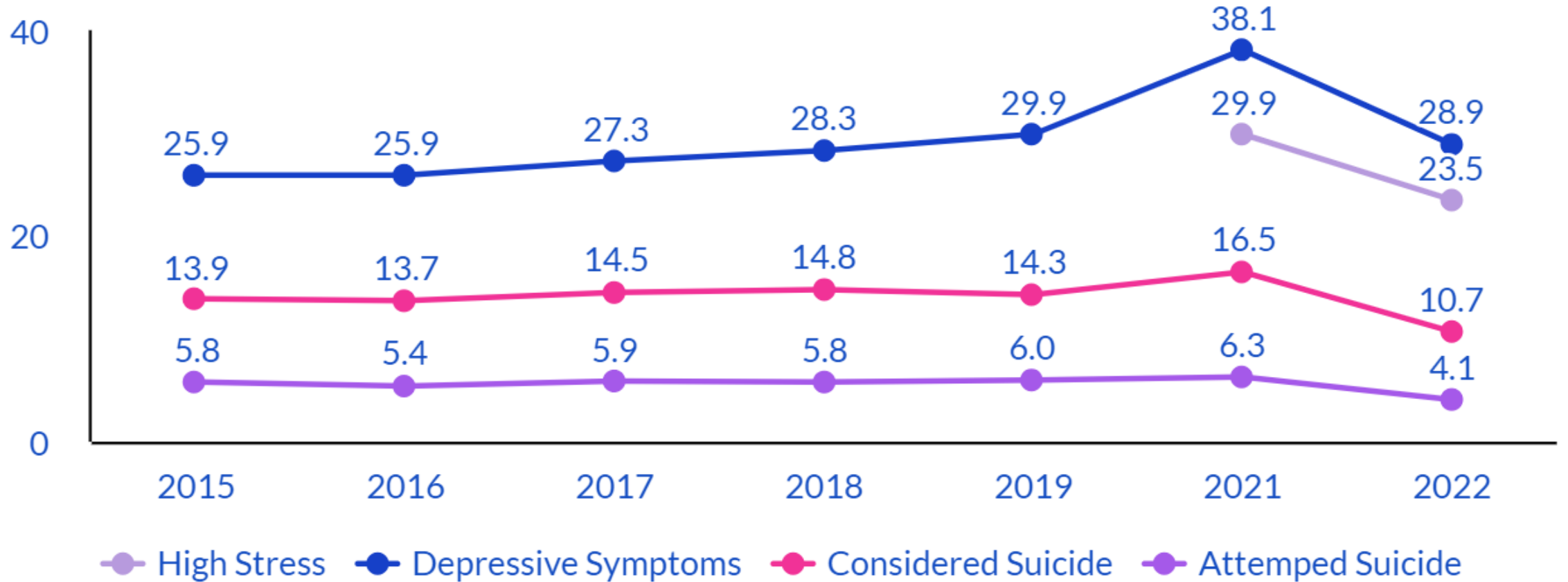
ATTEMPTED SUICIDE



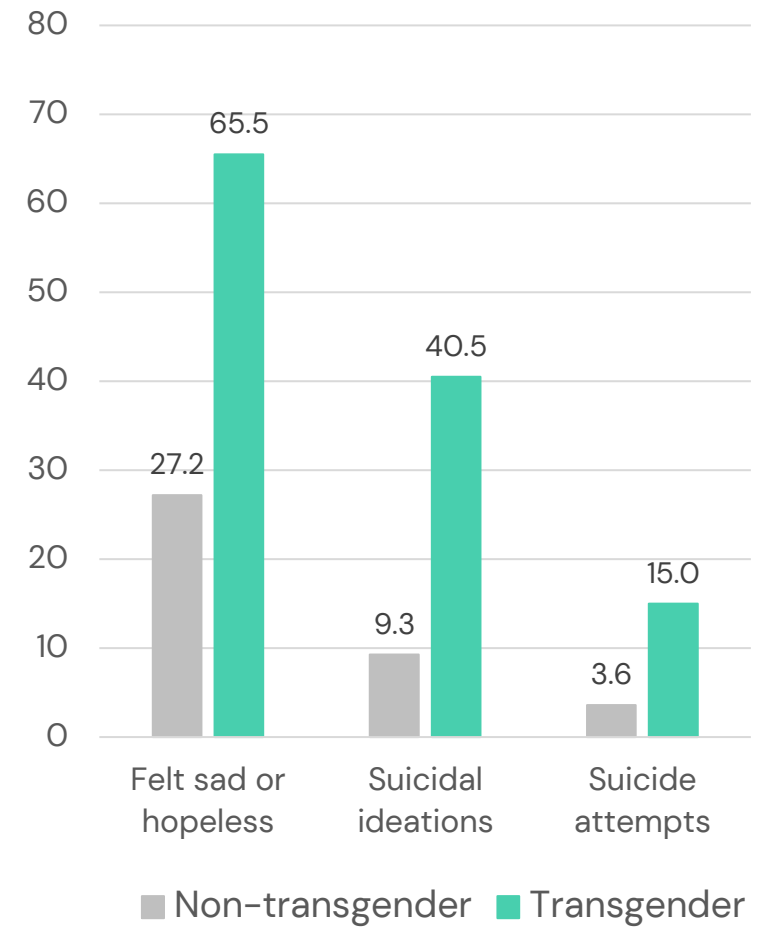
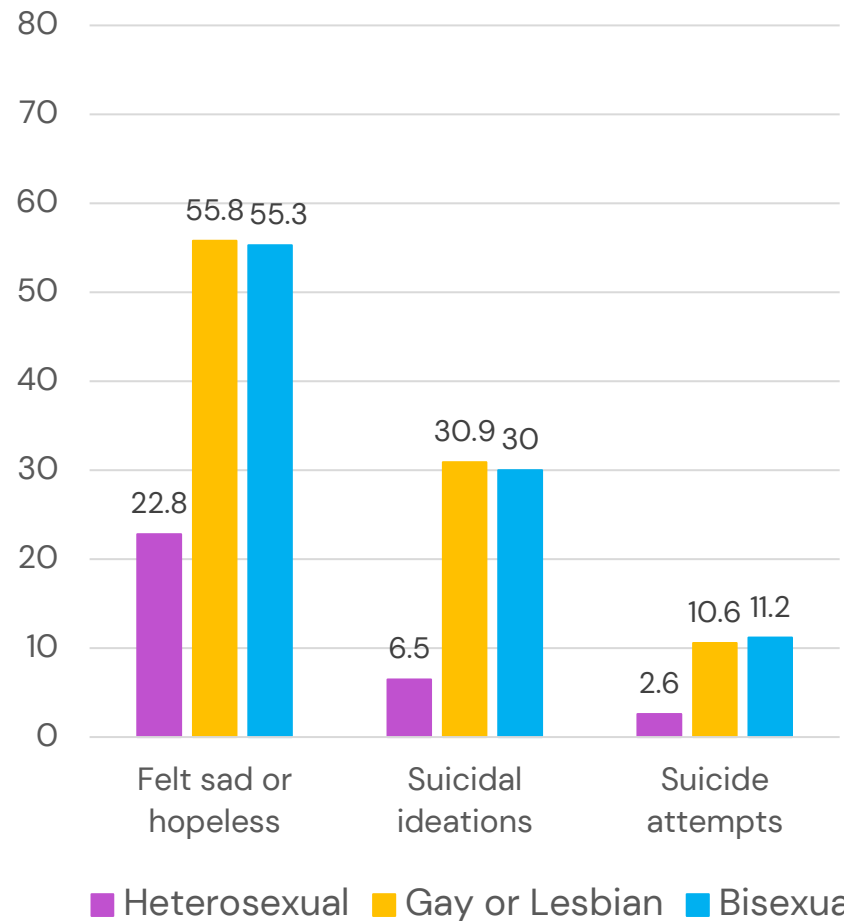
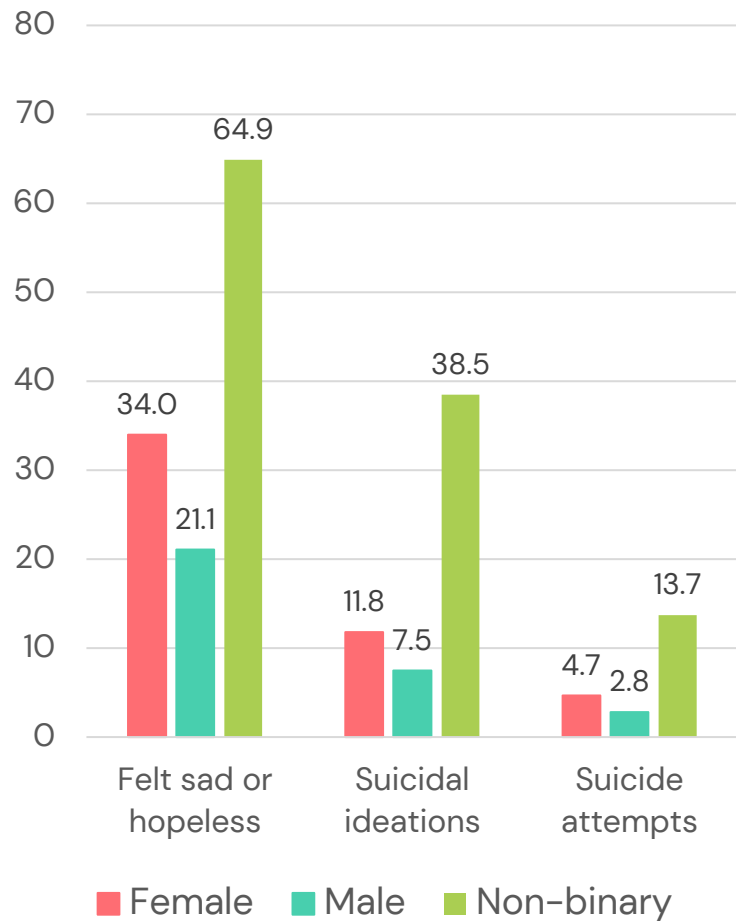
A decrease from 6% in 2021



SURVEY HIGHLIGHTS: MENTAL HEALTH



SURVEY HIGHLIGHTS: MENTAL HEALTH BY GENDER, SEXUAL ORIENTATION, AND GENDER IDENTITY





SURVEY HIGHLIGHTS: SUBSTANCE USE

92%

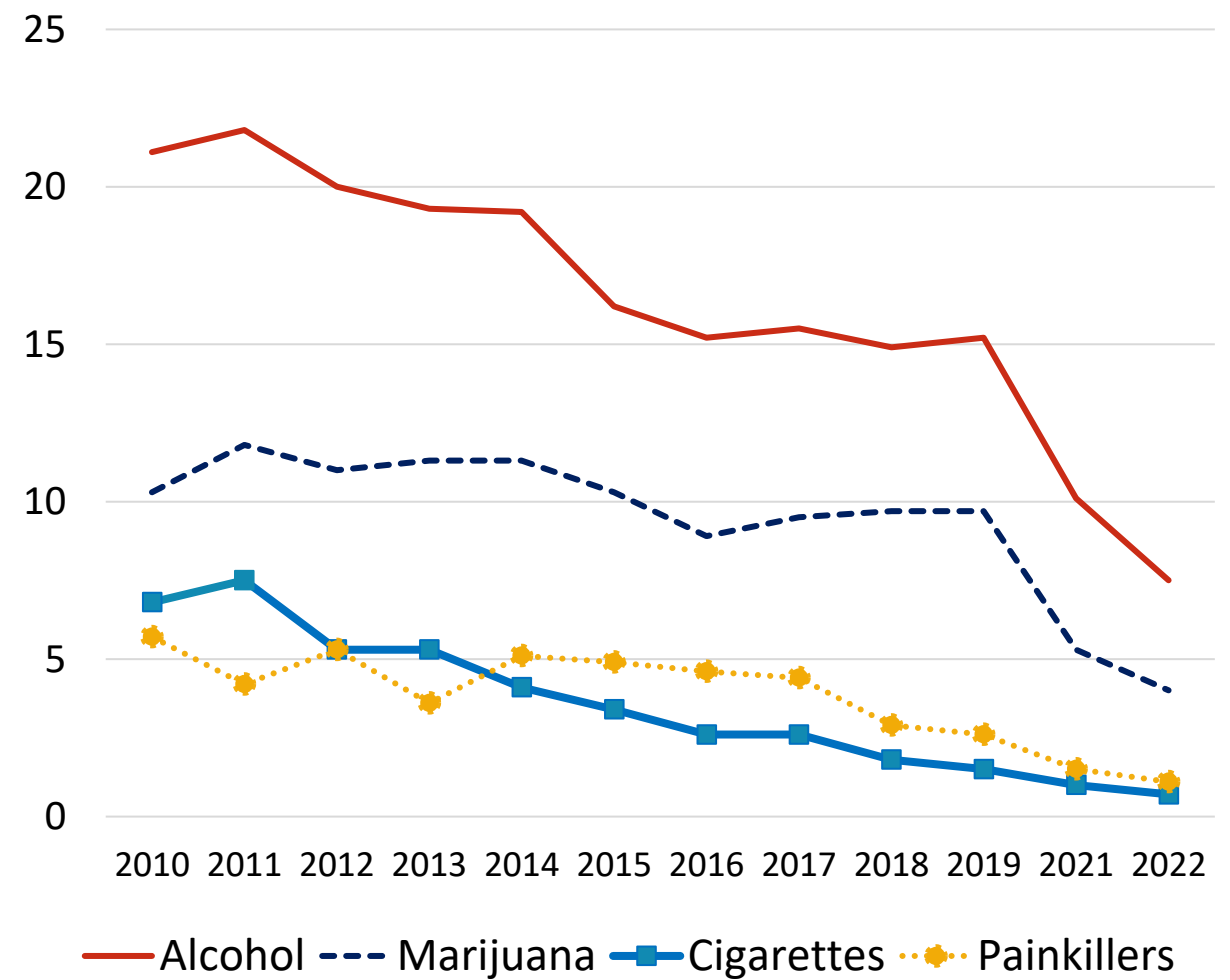
OF FAIRFAX COUNTY YOUTH REPORTED NO ALCOHOL USE IN THE PAST MONTH

90%

OF FAIRFAX COUNTY YOUTH REPORTED NO OTHER SUBSTANCE USE IN THE PAST MONTH

RATES OF SUBSTANCE USE TRENDING DOWN

The percentage of students reporting the use of substances have generally declined over the past ten years.

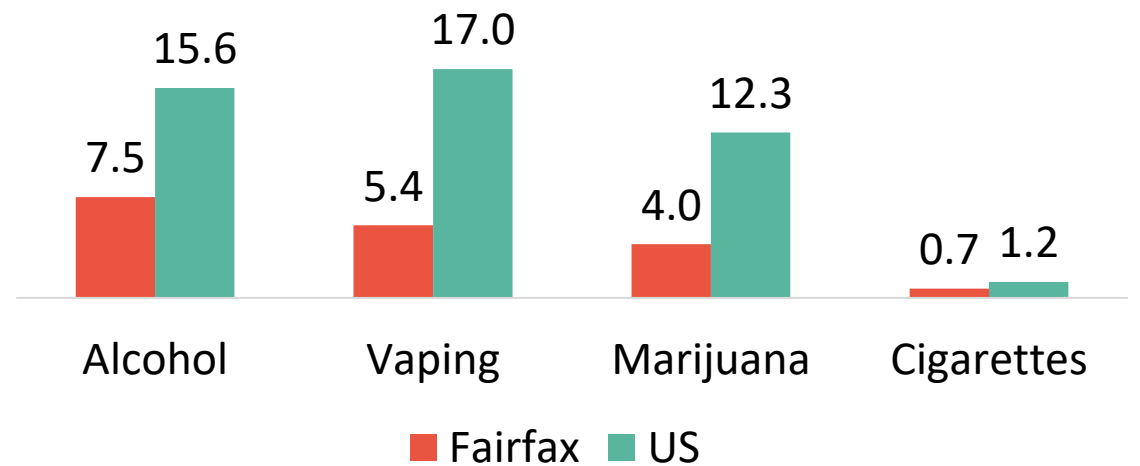


SURVEY HIGHLIGHTS: SUBSTANCE USE

LOWER THAN NATIONAL AVERAGE

Fairfax County youth reported lower rates of use than those reported nationally for most substances assessed on the survey.

Percentage of 8th, 10th, and 12th grade students reporting use of selected substances in the past month: Fairfax vs. US

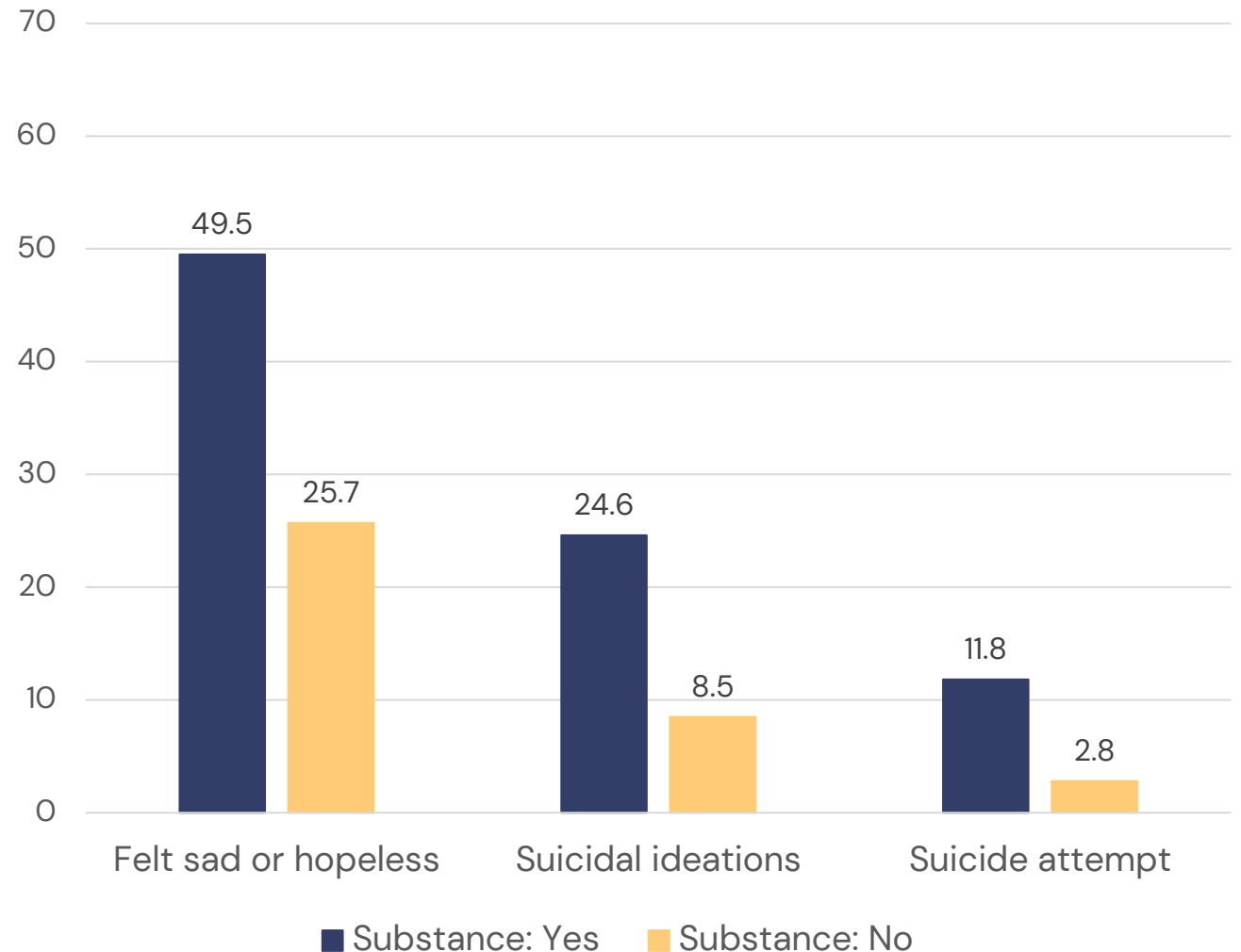




SURVEY HIGHLIGHTS: SUBSTANCE USE AND MENTAL HEALTH



of Fairfax county youth who reported substance use (24.6%) also reported that they had **seriously considered suicide** in the past year (vs. 9% of those who did not report the experience)



SURVEY HIGHLIGHTS: BULLYING AND AGGRESSIVE BEHAVIOR

38%

Reported having had something bad said about their race or culture in the past year



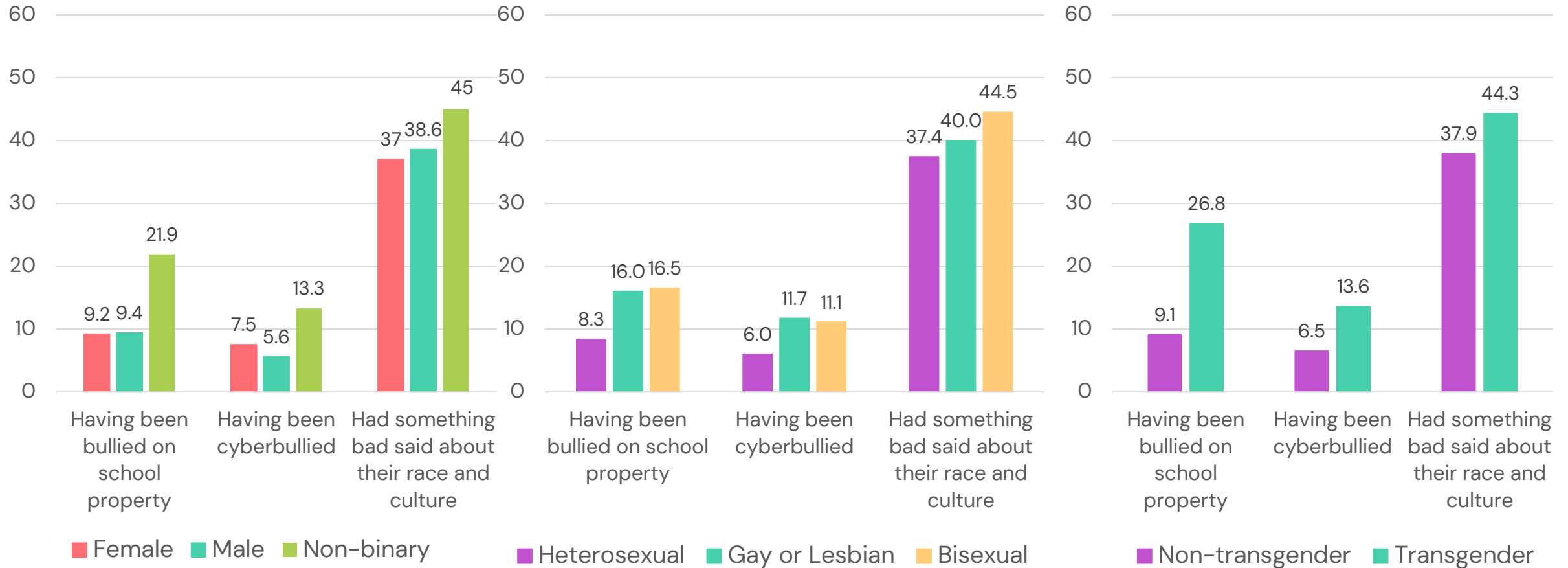
10%

Reported having been bullied by someone on school property in the past year

7%

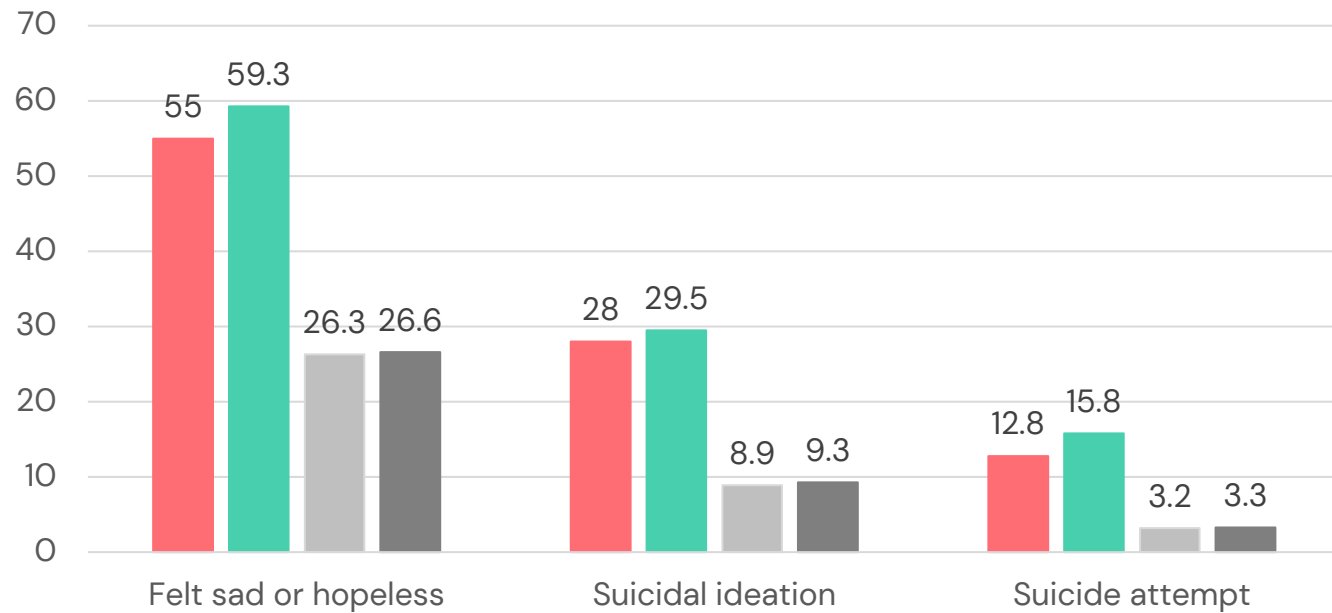
Reported having been cyberbullied by a student attending their school in the past year

SURVEY HIGHLIGHTS: BULLYING AND AGGRESSIVE BEHAVIOR BY GENDER, SEXUAL ORIENTATION, AND GENDER IDENTITY



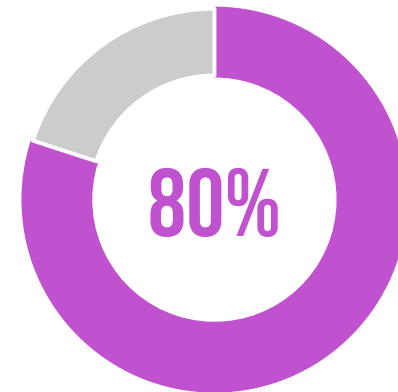
SURVEY HIGHLIGHTS: BEING BULLIED AND MENTAL HEALTH

Fairfax County youth who reported being bullied, cyberbullied, a victim of racial/cultural aggressions reported noticeably higher rates of mental health symptoms than those who did not report the experience.

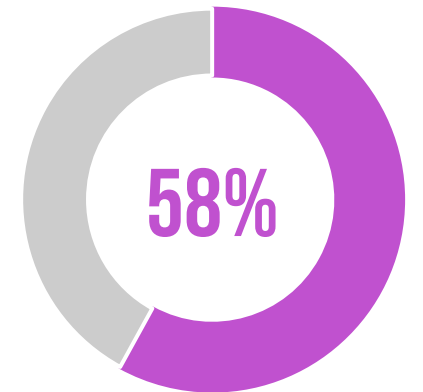


- Having been bullied on school property
- Having been cyberbullied
- Not having been bullied
- Not having been cyberbullied

TRANSGENDER STUDENTS WHO WERE BULLIED IN SCHOOL



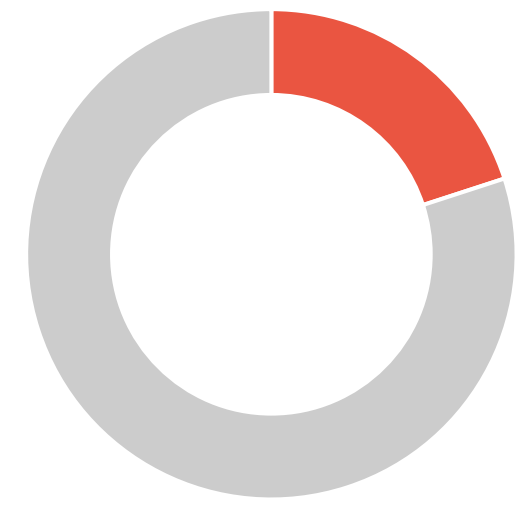
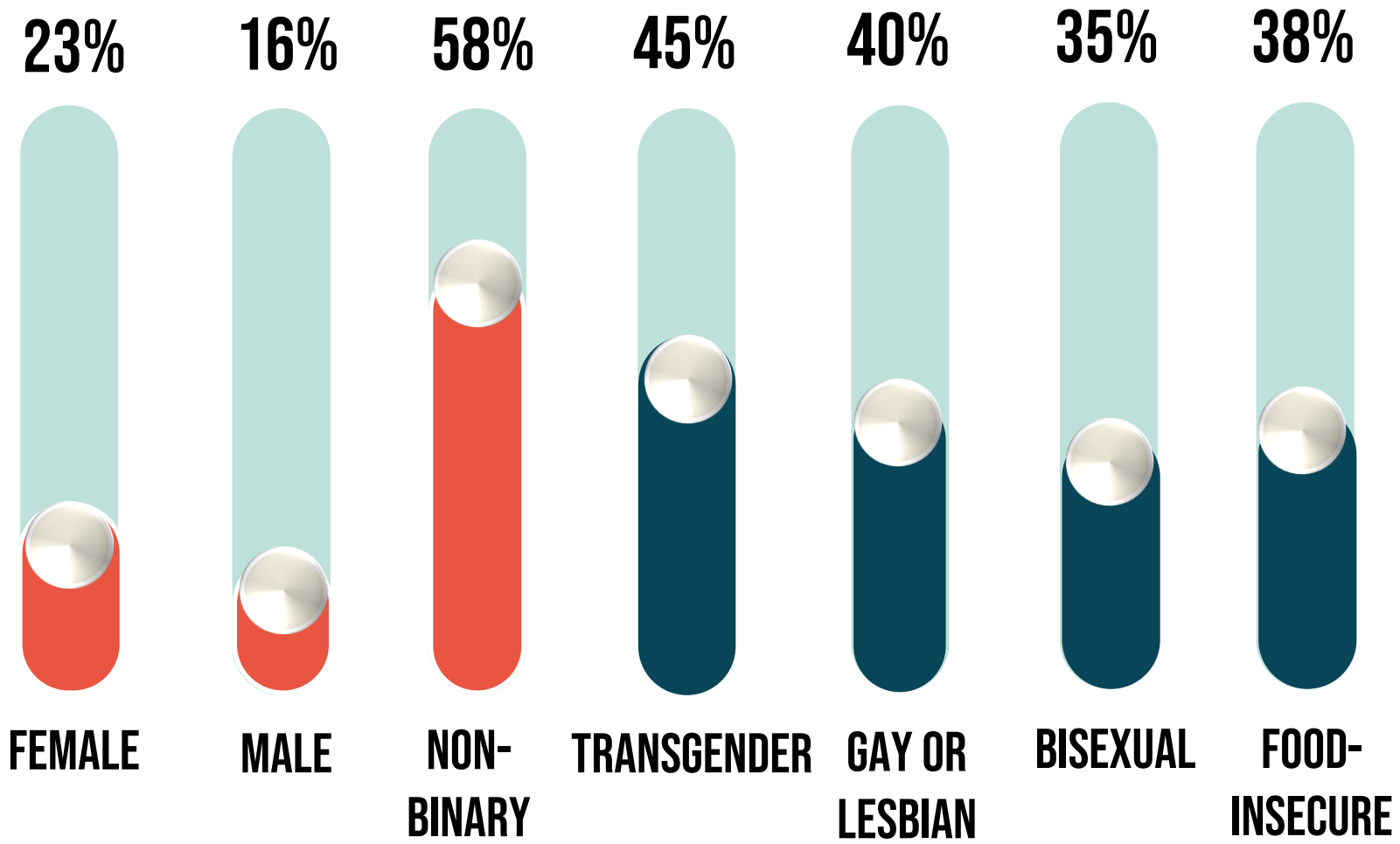
Felt sad or hopeless in the past year



Seriously considered suicide in the past year.



SURVEY HIGHLIGHTS: EMOTIONAL ABUSE AT HOME

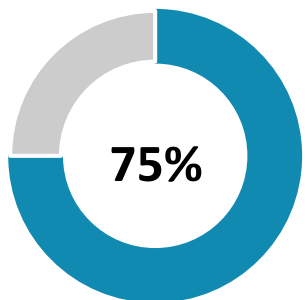
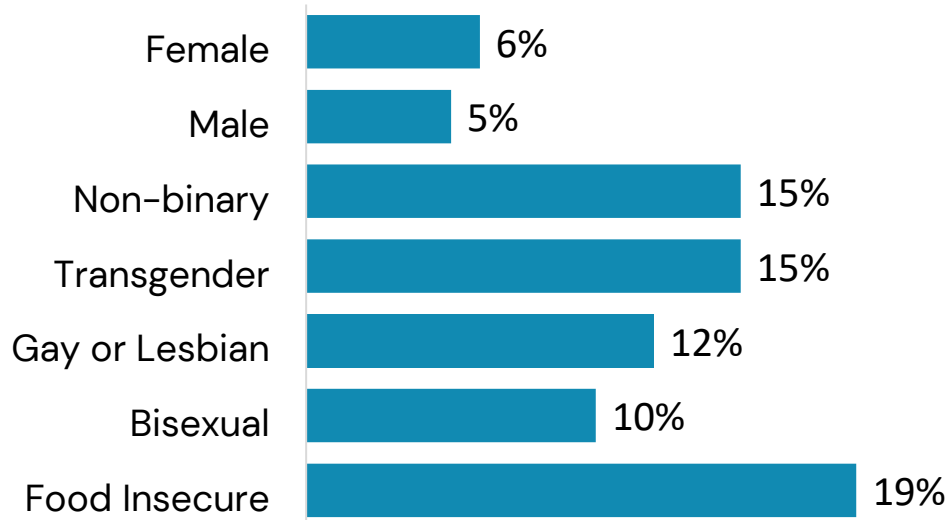


20% OF 8TH, 10TH, 12TH GRADE STUDENTS

Reported having been bullied, taunted, ridiculed, or teased by a parent or other adult in their household in the past year (decrease by 5% from 2021).

SURVEY HIGHLIGHTS: PHYSICAL ABUSE AT HOME

PERCENT PHYSICAL ABUSE BY A PARENT OR ADULT PAST YEAR



Nearly 75% of the students who reported physical abuse also responded that they were emotionally abused by a parent or adult in the past year.

6% OF 8TH, 10TH, AND 12TH GRADE STUDENTS

Reported having been hit, kicked or physically hurt by a parent or adult in the past year.

11% OF 6TH GRADE STUDENTS

Reported having been hit, kicked or physically hurt by a parent or adult in the past year.



SURVEY HIGHLIGHTS: ABUSE AT HOME AS RISK FACTORS

MENTAL HEALTH

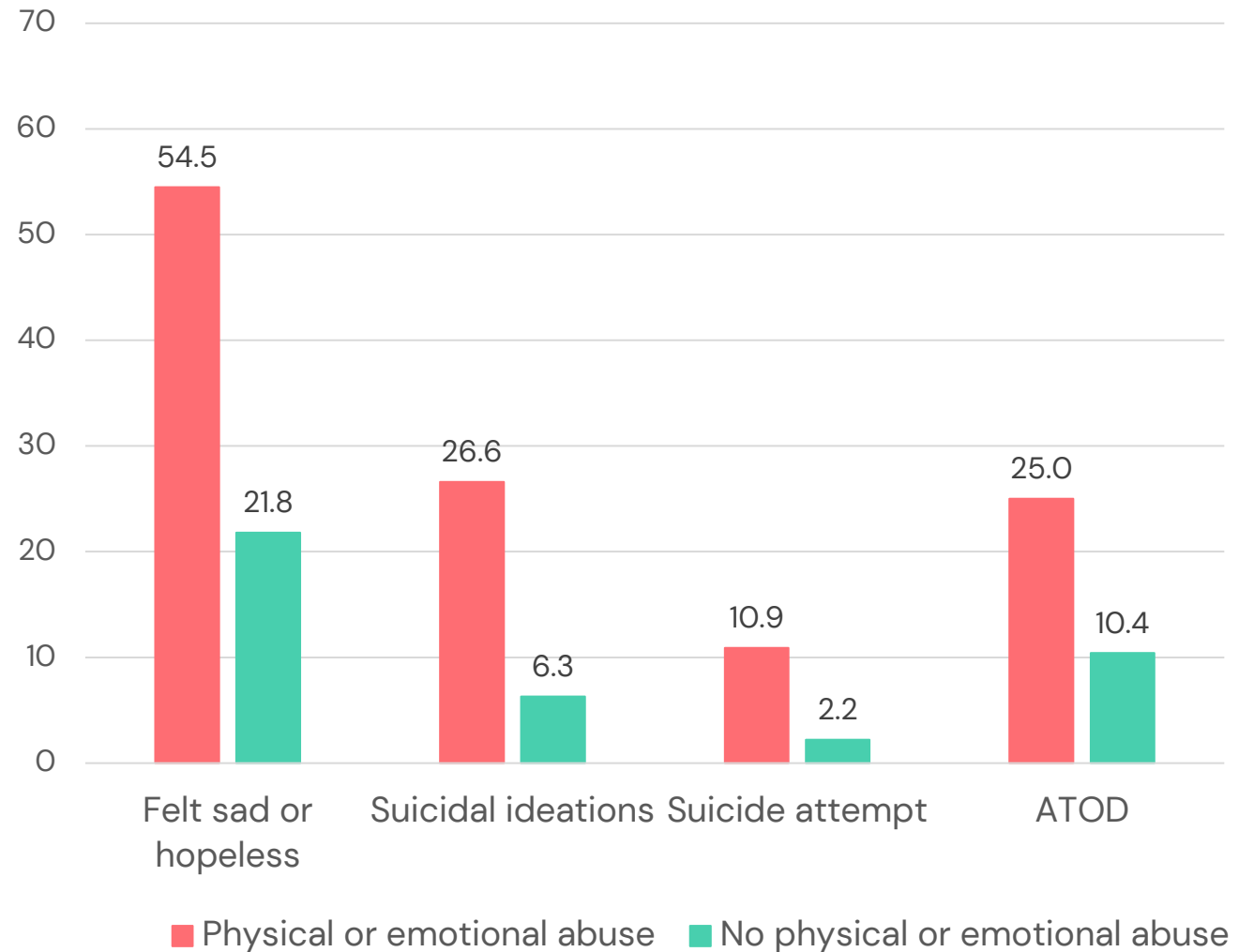
27%

of Fairfax county youth who reported emotional or physical abuse at home reported that they had seriously considered suicide in the past year (vs. 6% of those who did not report the experience)

ALCOHOL & SUBSTANCE USE (ATOD)

25%

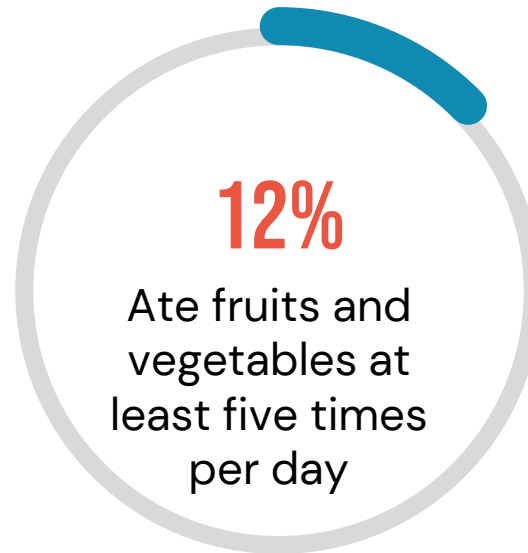
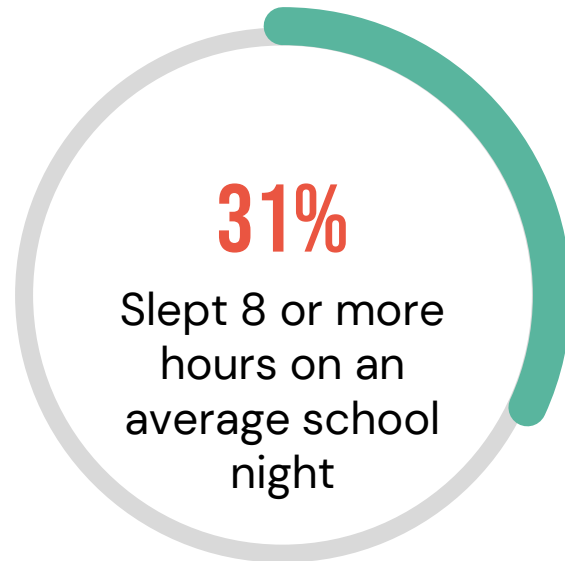
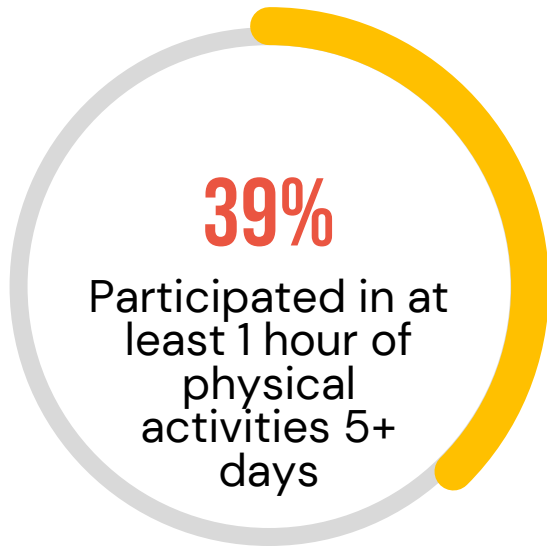
of Fairfax county youth who reported emotional or physical abuse at home reported that they had used alcohol, tobacco, and substances in the past month (vs. 10% of those who did not report the experience)



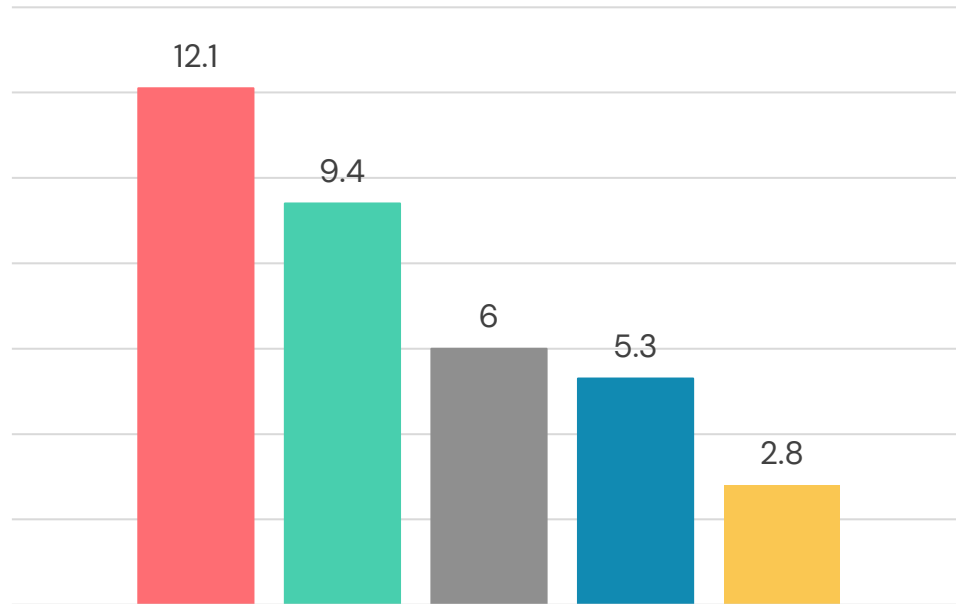


SURVEY HIGHLIGHTS: PHYSICAL ACTIVITY, SLEEP & NUTRITION

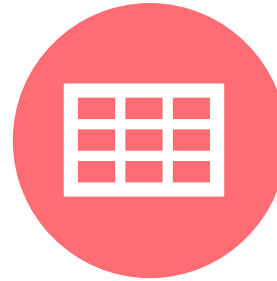
Percent of 8th, 10th, and 12th grade students who reported



SURVEY HIGHLIGHTS: FOOD INSECURITY BY RACE/ETHNICITY



■ Hispanic ■ Black ■ Other/Multiple ■ Asian ■ White

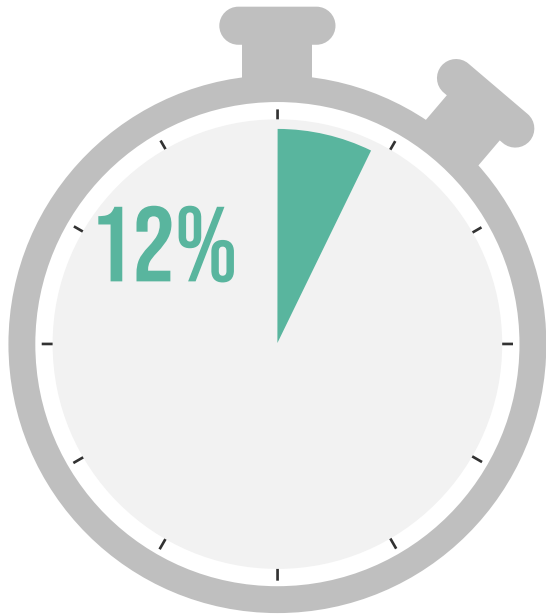


The percentage of students who reported this experience varied little since 2010.

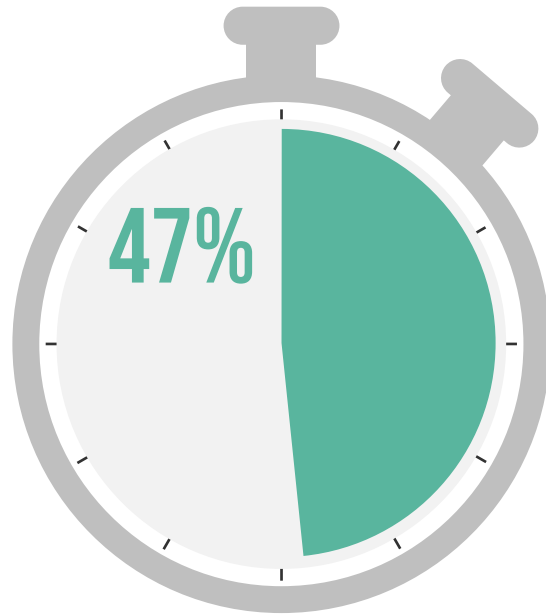


Differences among racial and ethnic groups persist. In 2022, 12% Hispanic students and 10% of Black students reported going hungry in the past month, as compared to 3% of White students.

SURVEY HIGHLIGHTS: SCREEN TIME



3+ HOURS TV ON AN AVERAGE SCHOOL DAY

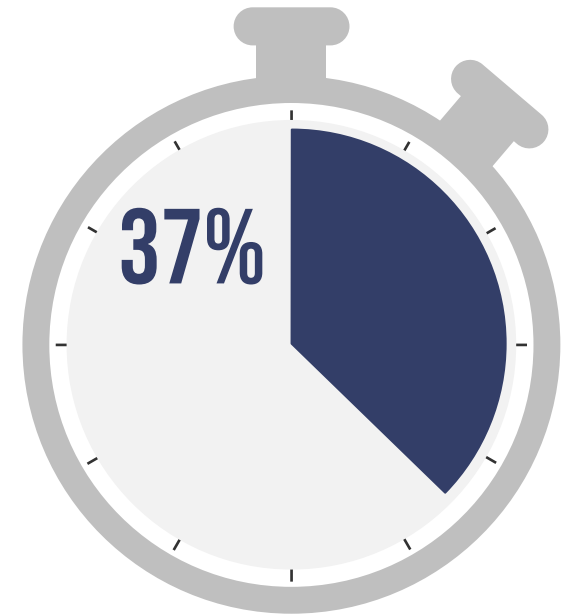


3+ HOURS VIDEO GAMES OR COMPUTER USE FOR NON-SCHOOL ACTIVITIES ON AN AVERAGE SCHOOL DAY

8TH, 10TH, 12TH GRADE STUDENTS



3+ HOURS TV ON AN AVERAGE SCHOOL DAY

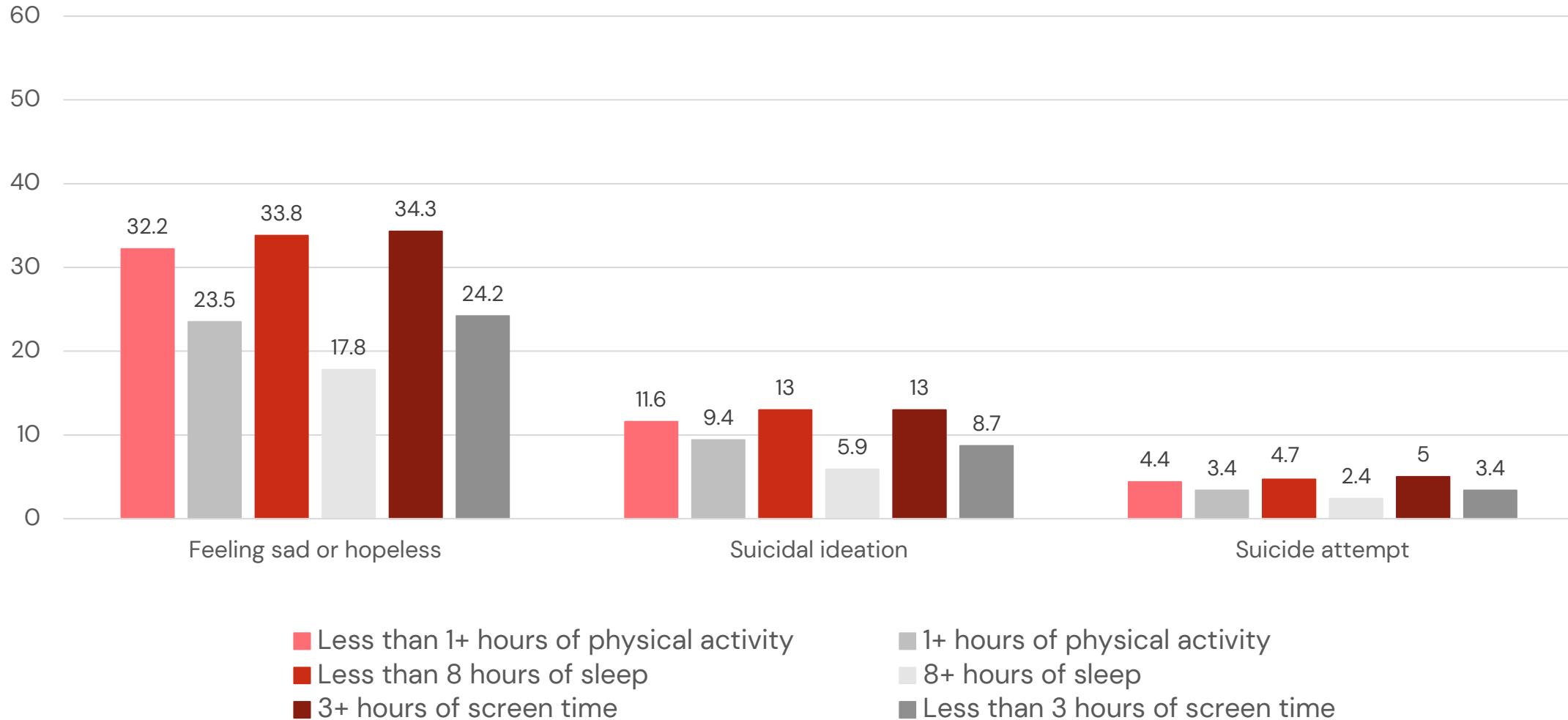


3+ HOURS VIDEO GAMES OR COMPUTER USE FOR NON-SCHOOL ACTIVITIES ON AN AVERAGE SCHOOL DAY

6TH GRADE STUDENTS



SURVEY HIGHLIGHTS: TIME USE AND MENTAL HEALTH



SURVEY HIGHLIGHTS: ASSETS

01

SCHOOL

- Teachers notice good job
- Opportunity to talk to teacher one-on-one
- Feel safe at school
- School communicates with parents when student does well

02

COMMUNITY

- Availability of extracurricular activities
- Adults disapprove of marijuana use
- Adults in community to talk to
- Neighbors notice good job

03

FAMILY

- Availability of extracurricular activities
- Adults disapprove of marijuana use
- Adults in community to talk to
- Neighbors notice good job

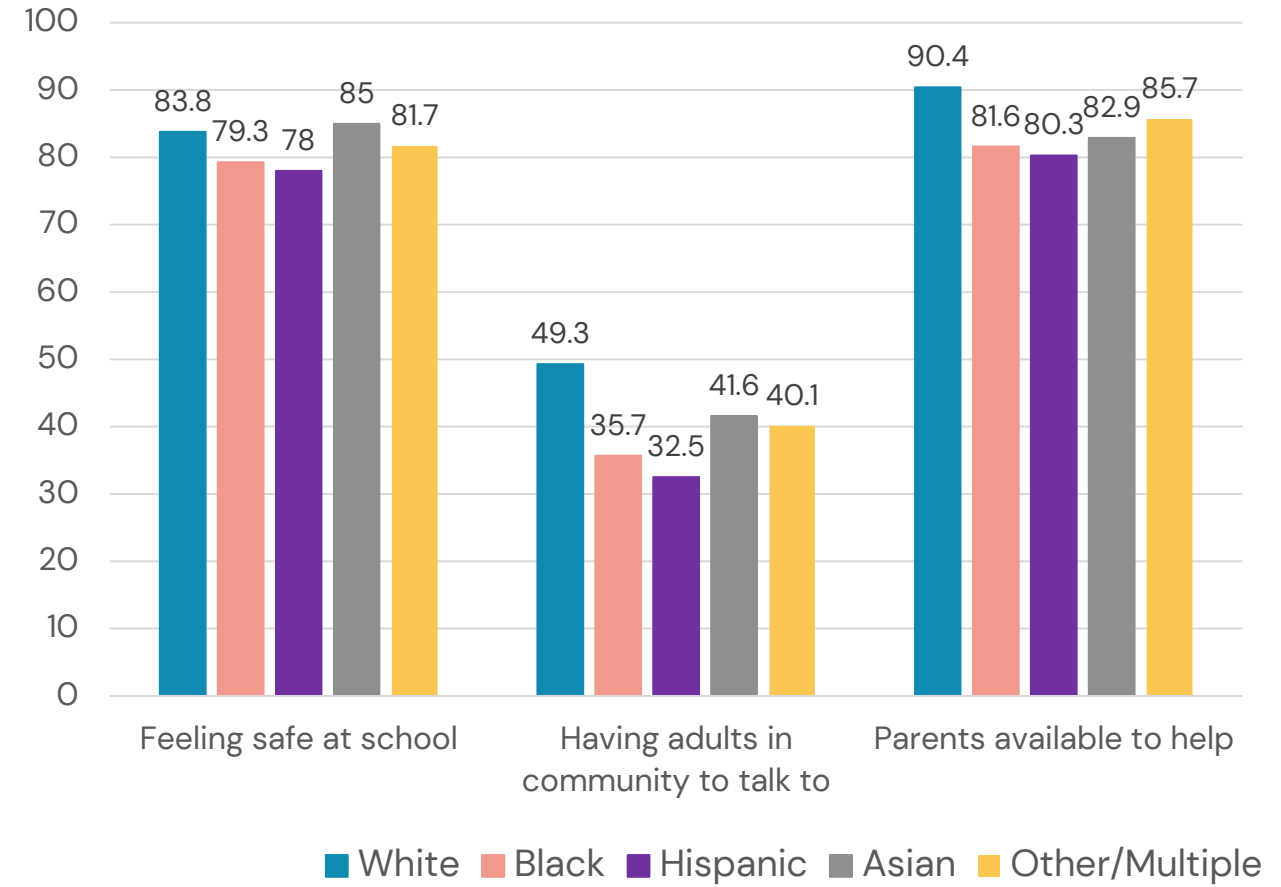
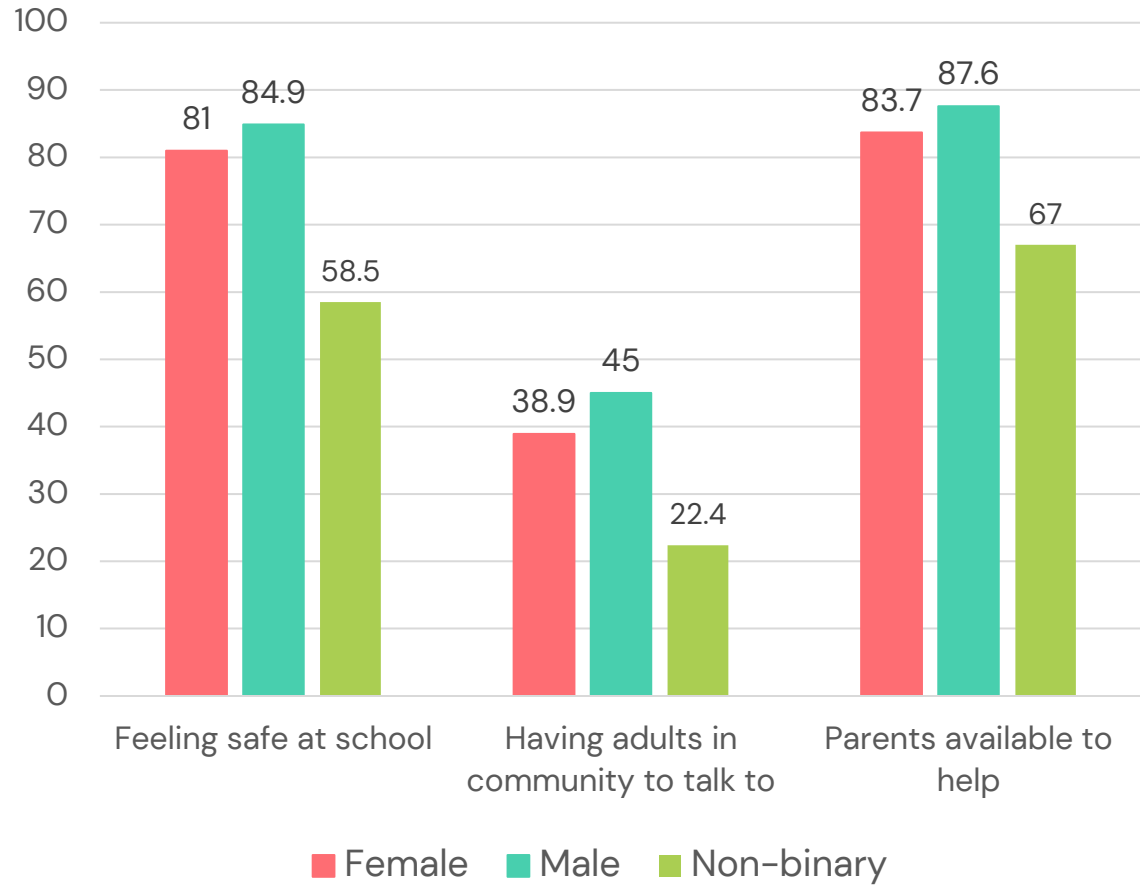
04

INDIVIDUAL

- Regular participation in extracurricular activities
- Volunteer regularly
- Follow rules
- Think through possible results before making a decision
- Accept responsibility for actions and mistakes
- Do their best, even for jobs they dislike

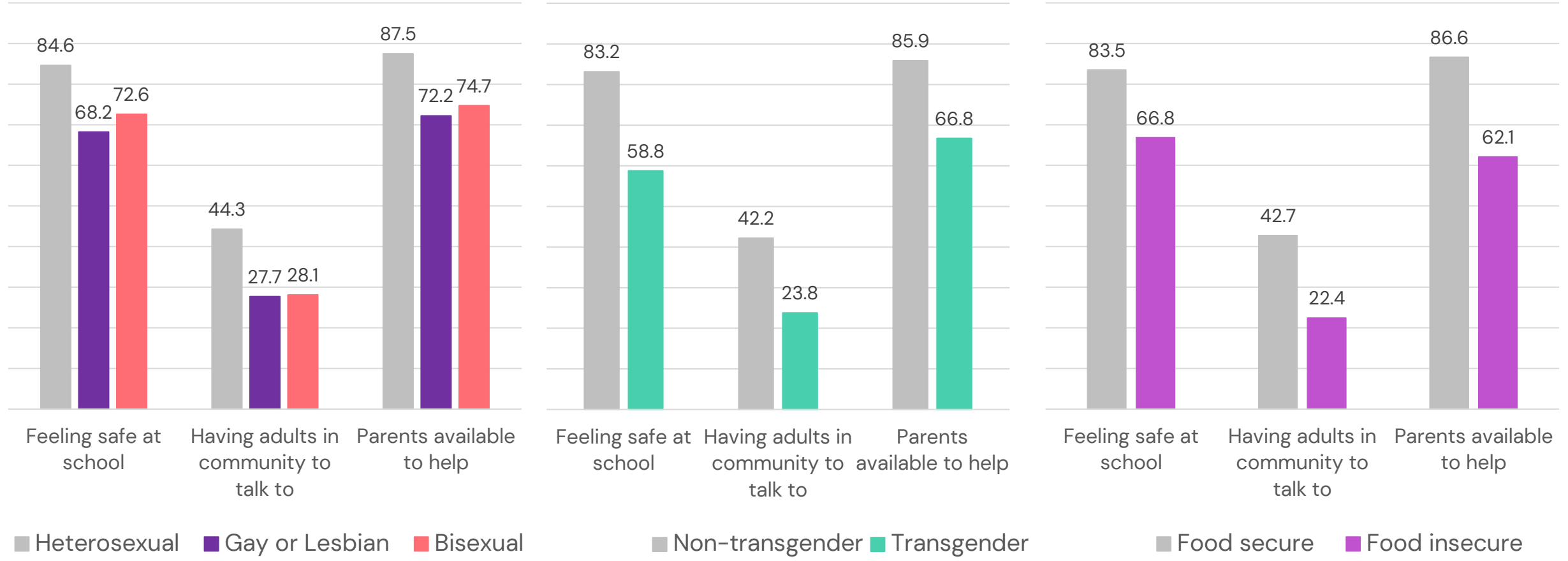


SURVEY HIGHLIGHTS: ASSETS BY DEMOGRAPHICS





SURVEY HIGHLIGHTS: ASSETS BY DEMOGRAPHICS





BUILDING RESILIENCY IN YOUTH THROUGH ASSETS

THE RESILIENCY WHEEL



THE THREE TO SUCCEED



The Fairfax County Youth Survey shows that children and teens with **three or more** protective factors are more likely to:

Manage stress

Make better choices

Develop healthy habits

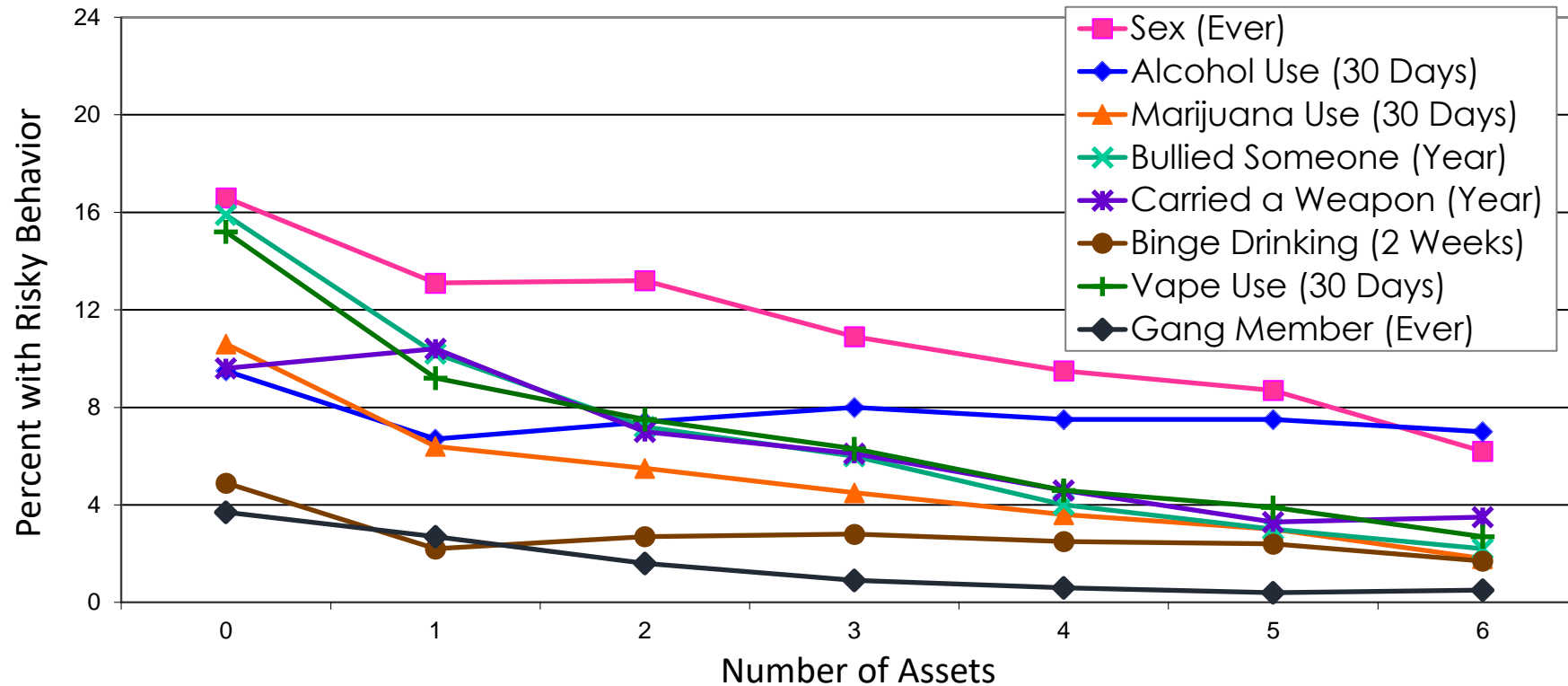
The many factors that help children and teens succeed include:

-  **Having parents or guardians who are available to help**
-  **Participating in after-school activities**
-  **Having adults in the community to talk to**
-  **Accepting responsibility for their actions**
-  **Having teachers who recognize and praise good effort**

Learn *all* of the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).



THREE TO SUCCEED: EXAMPLE ASSET GRAPH (GRADE 8, 10, 12)



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help

Three to succeed: Youth who have three assets are less likely to engage in risky behavior than youth who have none



Parents and Caregivers



Do you know the factors that matter?

These simple actions can help your children **develop healthy habits, make better choices,** and **manage stress:**

Be available to help.

Know their whereabouts.

Involve them in family decision-making.

Show all family members respect.

Communicate clear disapproval of drug and alcohol use.

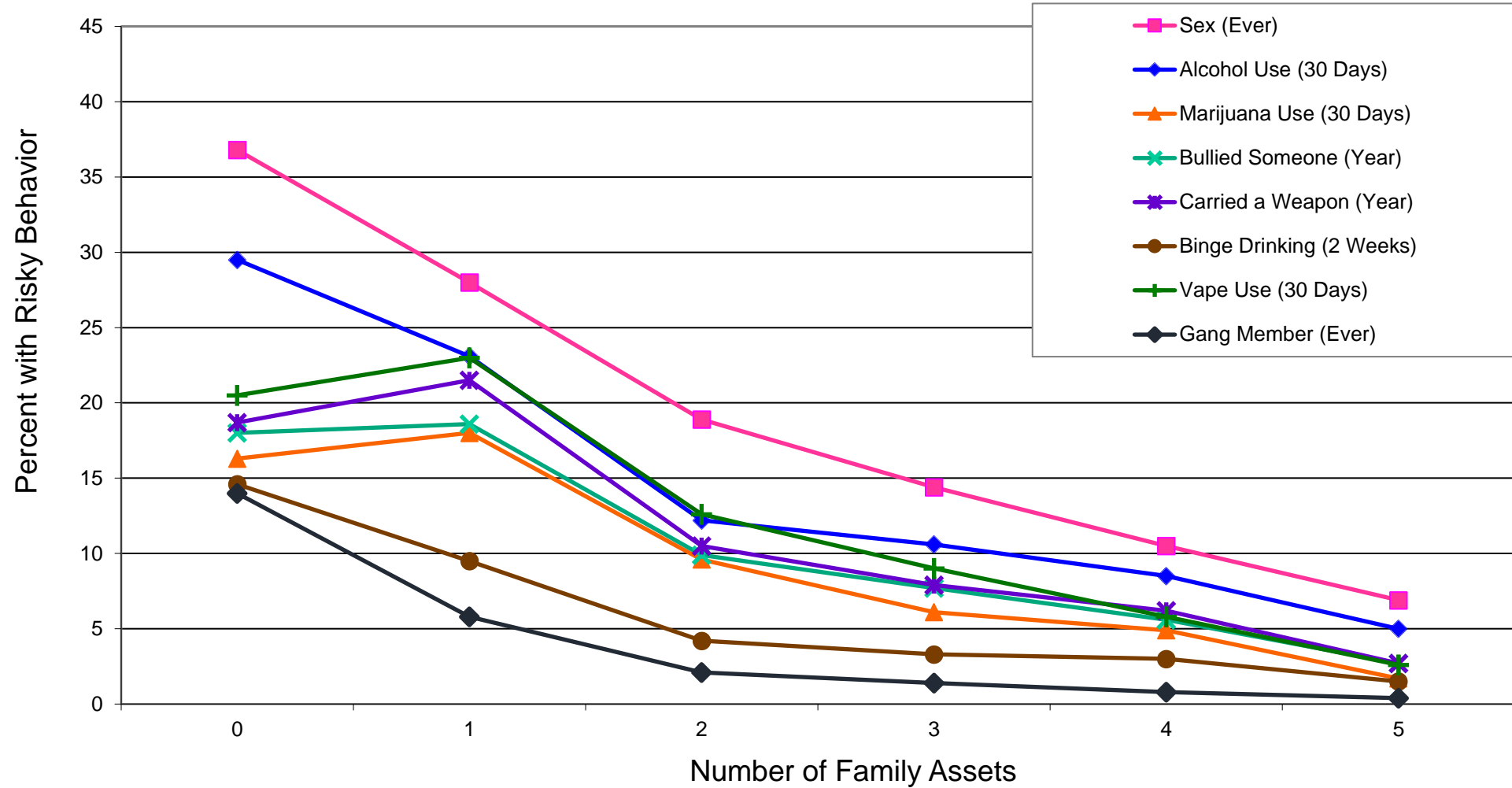
It takes three to succeed.

Learn all of the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).





THREE TO SUCCEED: FAMILY-BASED (GRADE 8, 10, 12)





School Employees

Do you know the factors that matter?



These simple actions can help your students **develop healthy habits, make better choices,** and **manage stress:**

Recognize and
praise good
effort.

Present
opportunities to
talk one-on-one.

Discourage
bullying and
cultivate a feeling
of safety.

Foster open
communication with
parents, even when
students are doing well.

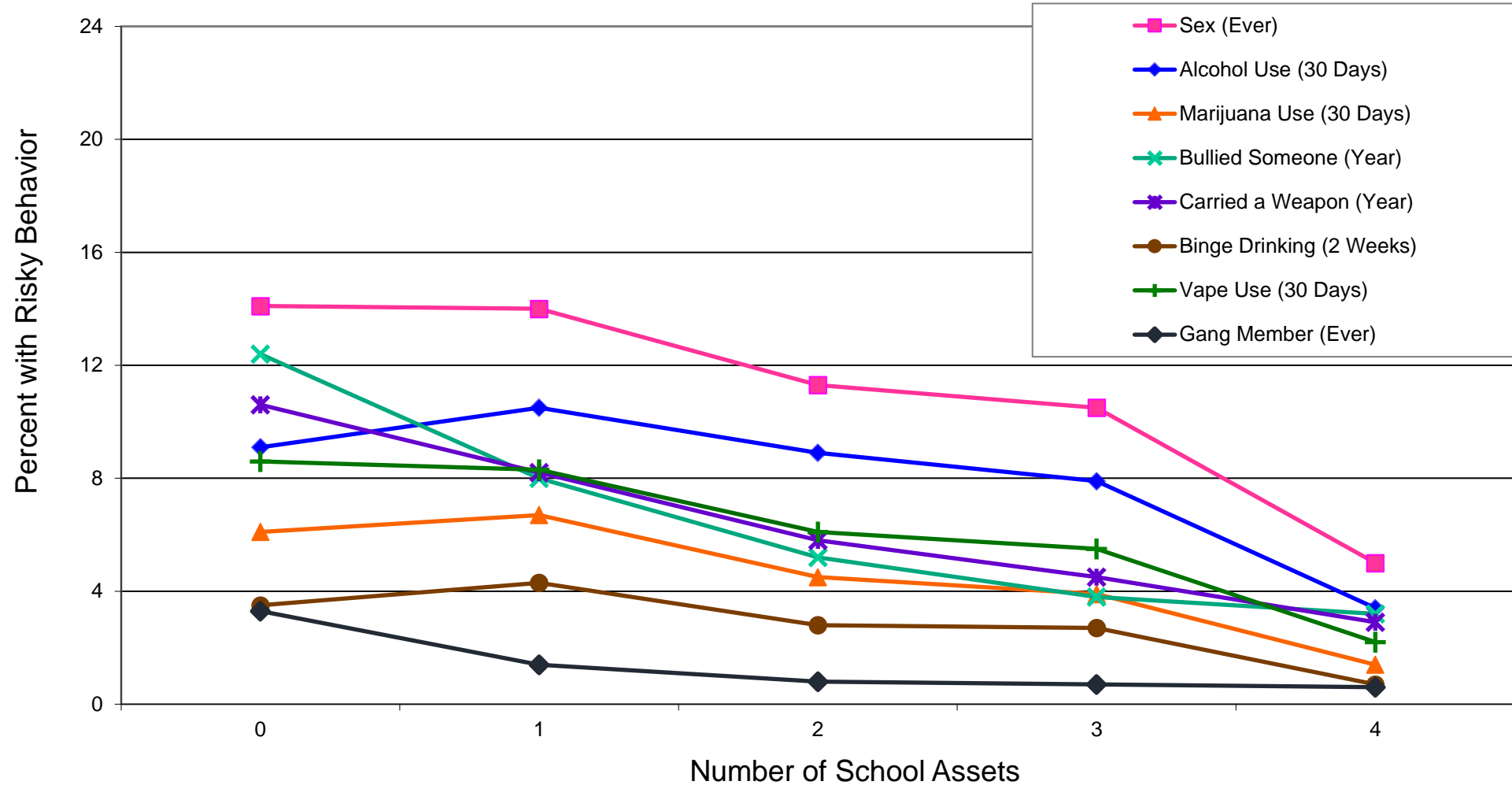
A little extra attention can go a long way.

Learn more about the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).





THREE TO SUCCEED: SCHOOL-BASED (GRADE 8, 10, 12)





Neighbors

Do you know the factors that matter?



These simple actions can help children and teens in your community **develop healthy habits, make better choices**, and **manage stress**:

Be a caring community member who's available to talk.

Communicate clear disapproval of drug and alcohol use.

Encourage participation in after-school activities.

Give positive feedback and recognize good effort.

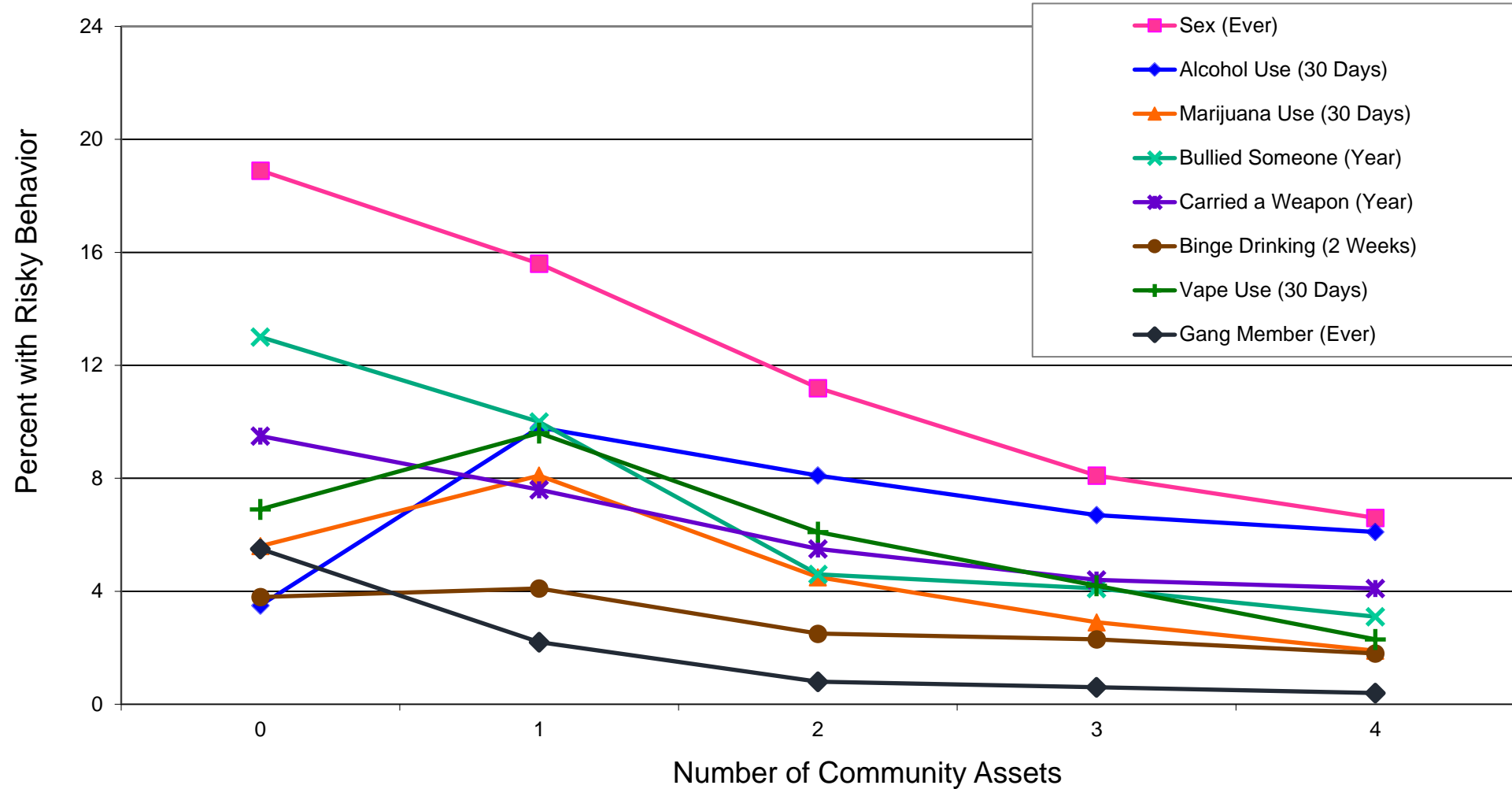
It takes three to succeed.

Learn all of the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).



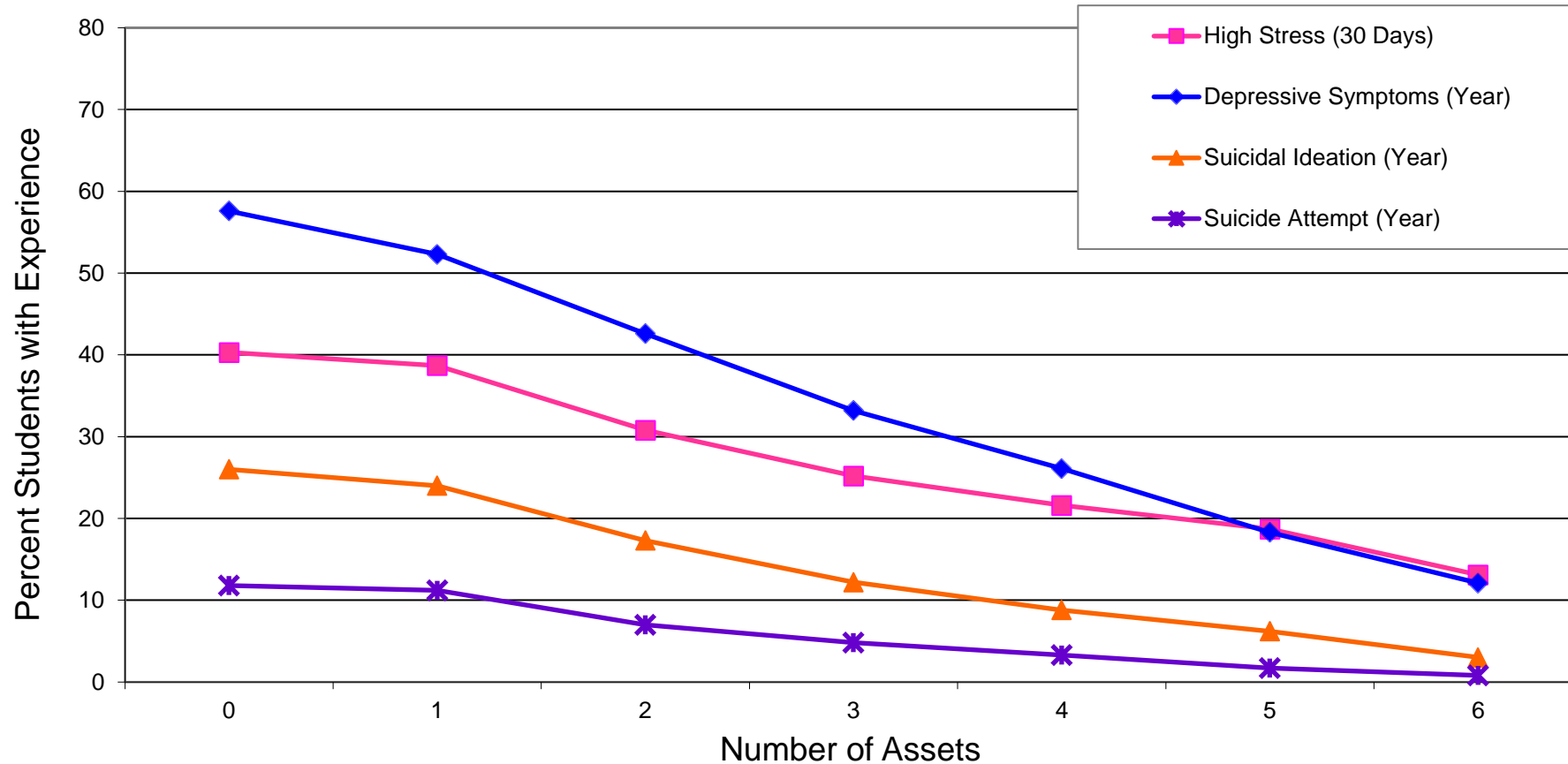


THREE TO SUCCEED: CARING ADULTS (GRADE 8, 10, 12)





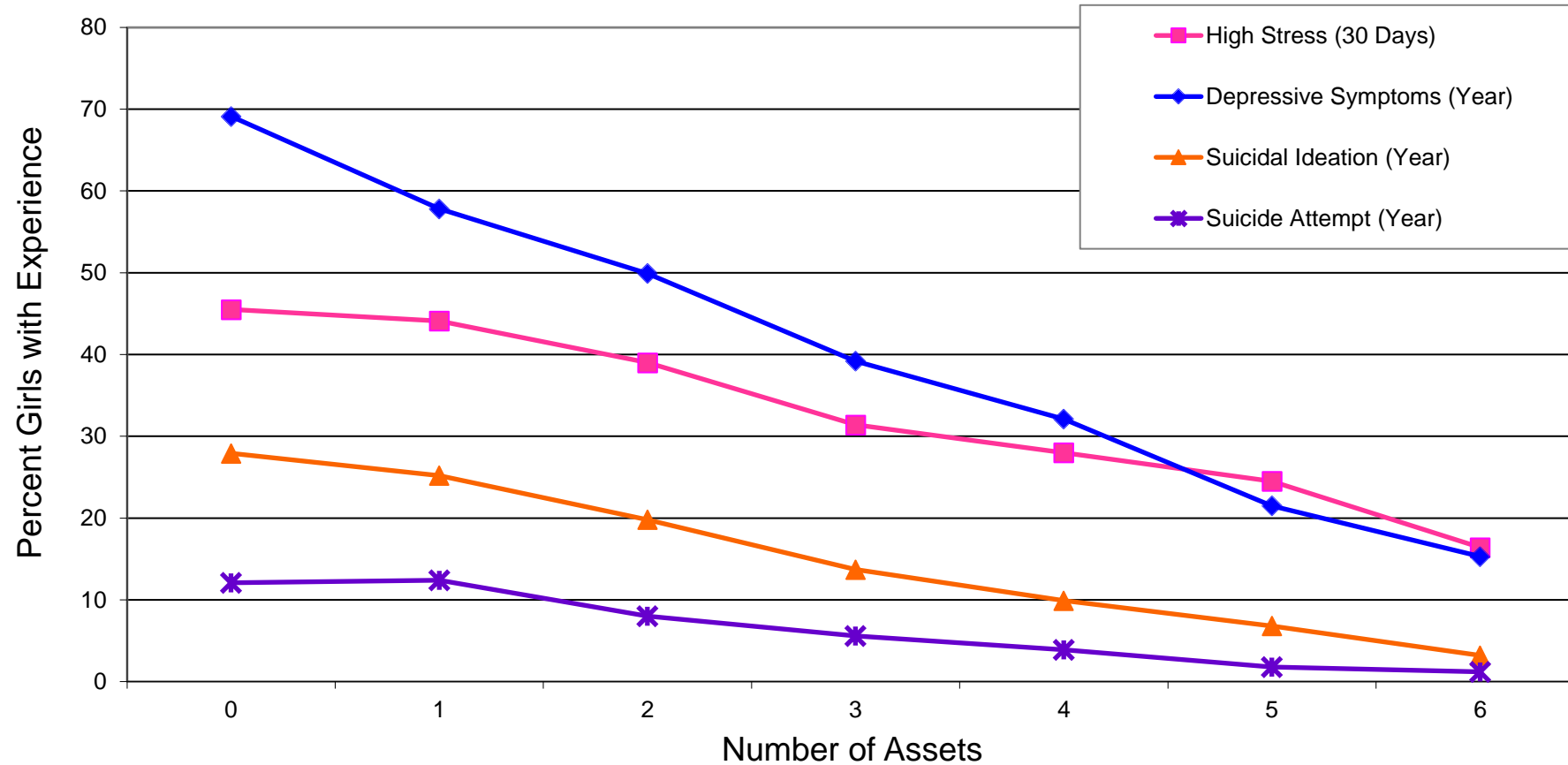
ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: ALL



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help



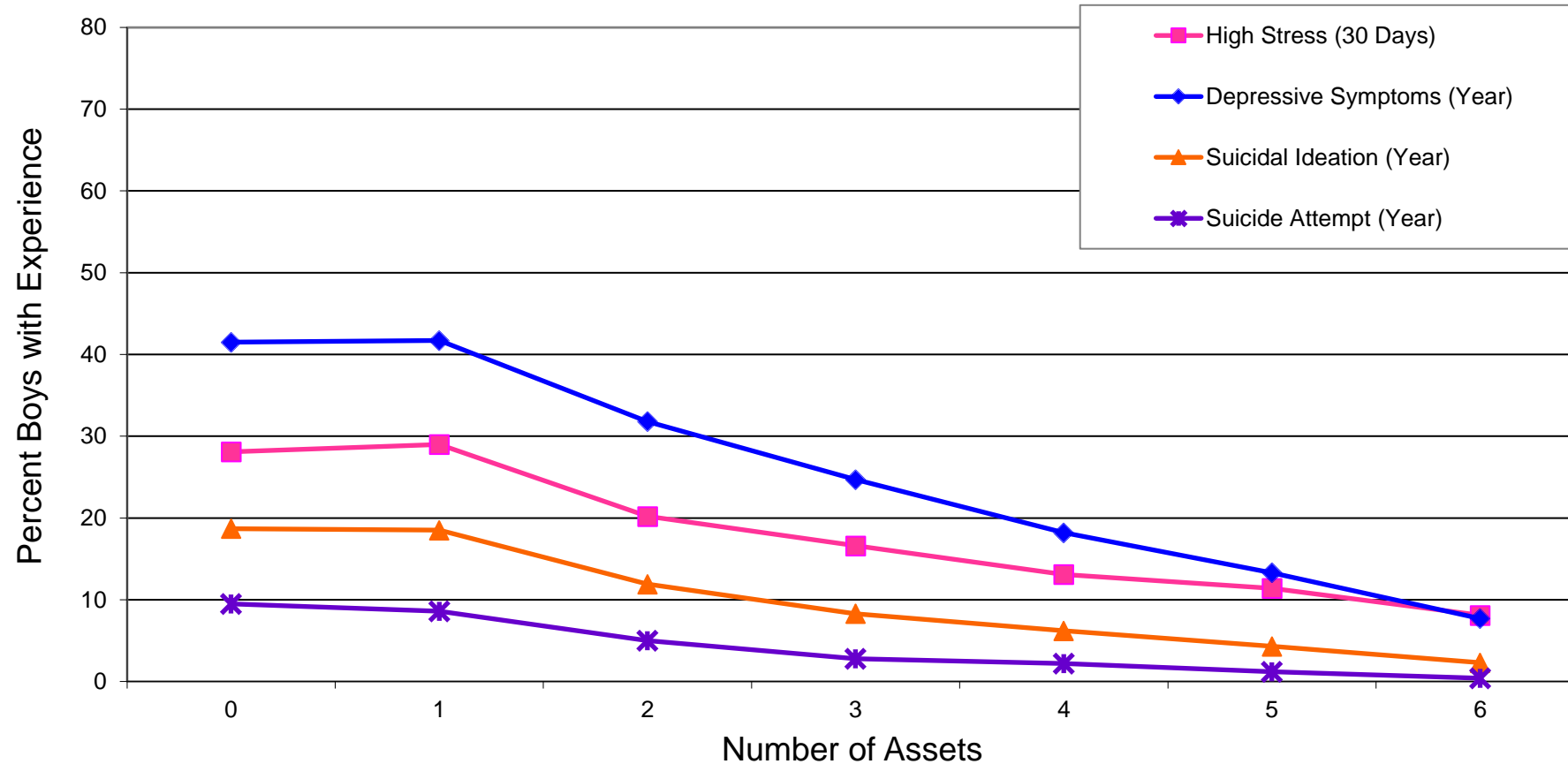
ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: GIRLS



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help



ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: BOYS



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help



BUILDING RESILIENCY IN YOUTH THROUGH ASSETS

THE RESILIENCY WHEEL



THE THREE TO SUCCEED



The Fairfax County Youth Survey shows that children and teens with **three or more** protective factors are more likely to:

Manage stress

Make better choices

Develop healthy habits

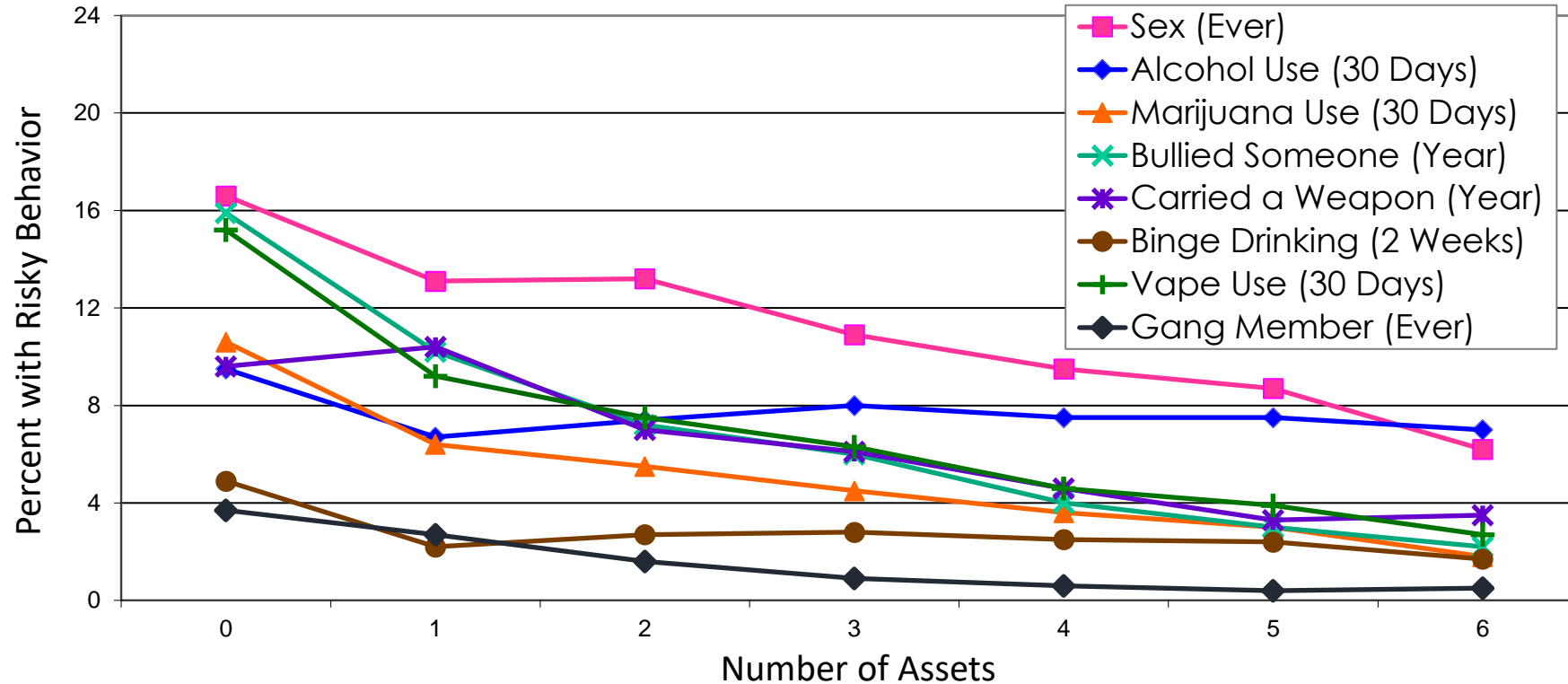
The many factors that help children and teens succeed include:

-  **Having parents or guardians who are available to help**
-  **Participating in after-school activities**
-  **Having adults in the community to talk to**
-  **Accepting responsibility for their actions**
-  **Having teachers who recognize and praise good effort**

Learn *all* of the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).



THREE TO SUCCEED: EXAMPLE ASSET GRAPH (GRADE 8, 10, 12)



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help

Three to succeed: Youth who have three assets are less likely to engage in risky behavior than youth who have none



Parents and Caregivers



Do you know the factors that matter?

These simple actions can help your children **develop healthy habits, make better choices,** and **manage stress:**

Be available to help.

Know their whereabouts.

Involve them in family decision-making.

Show all family members respect.

Communicate clear disapproval of drug and alcohol use.

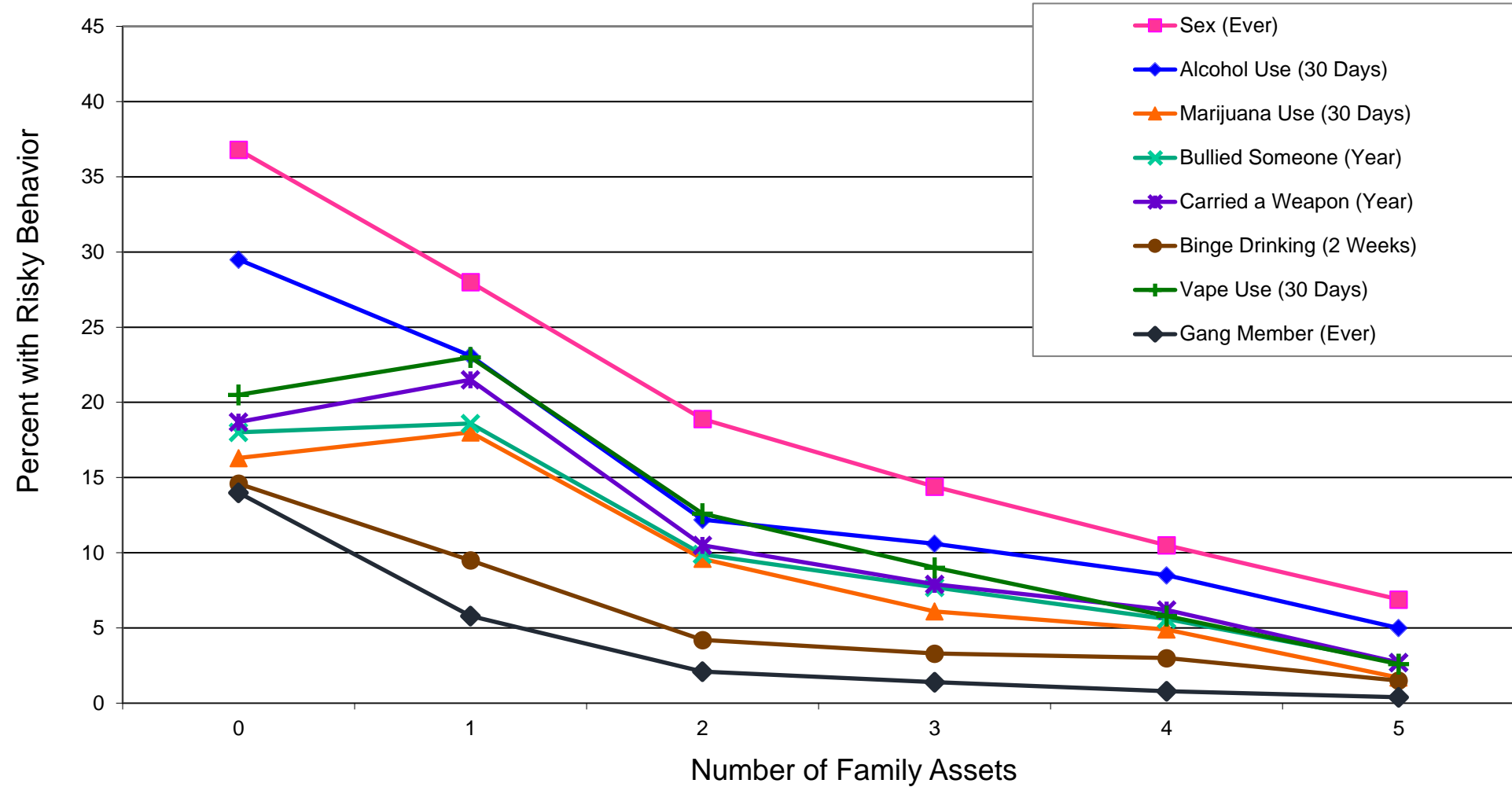
It takes three to succeed.

Learn all of the factors that matter at fairfaxcounty.gov/youthsurvey.





THREE TO SUCCEED: FAMILY-BASED (GRADE 8, 10, 12)





School Employees

Do you know the factors that matter?



These simple actions can help your students **develop healthy habits, make better choices, and manage stress:**

Recognize and
praise good
effort.

Present
opportunities to
talk one-on-one.

Discourage
bullying and
cultivate a feeling
of safety.

Foster open
communication with
parents, even when
students are doing well.

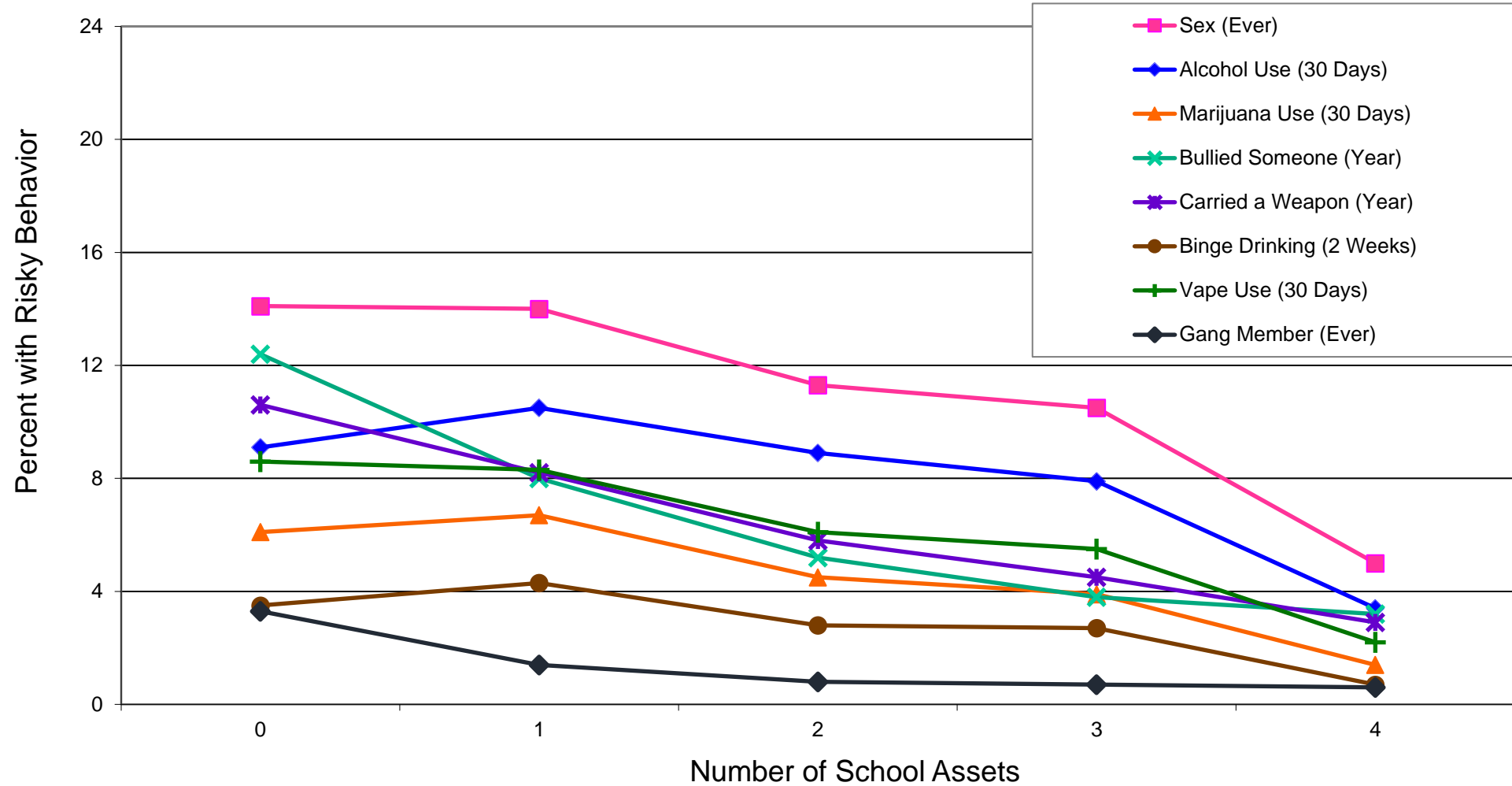
A little extra attention can go a long way.

Learn more about the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).





THREE TO SUCCEED: SCHOOL-BASED (GRADE 8, 10, 12)





Neighbors

Do you know the factors that matter?



These simple actions can help children and teens in your community **develop healthy habits, make better choices,** and **manage stress:**

Be a caring community member who's available to talk.

Communicate clear disapproval of drug and alcohol use.

Encourage participation in after-school activities.

Give positive feedback and recognize good effort.

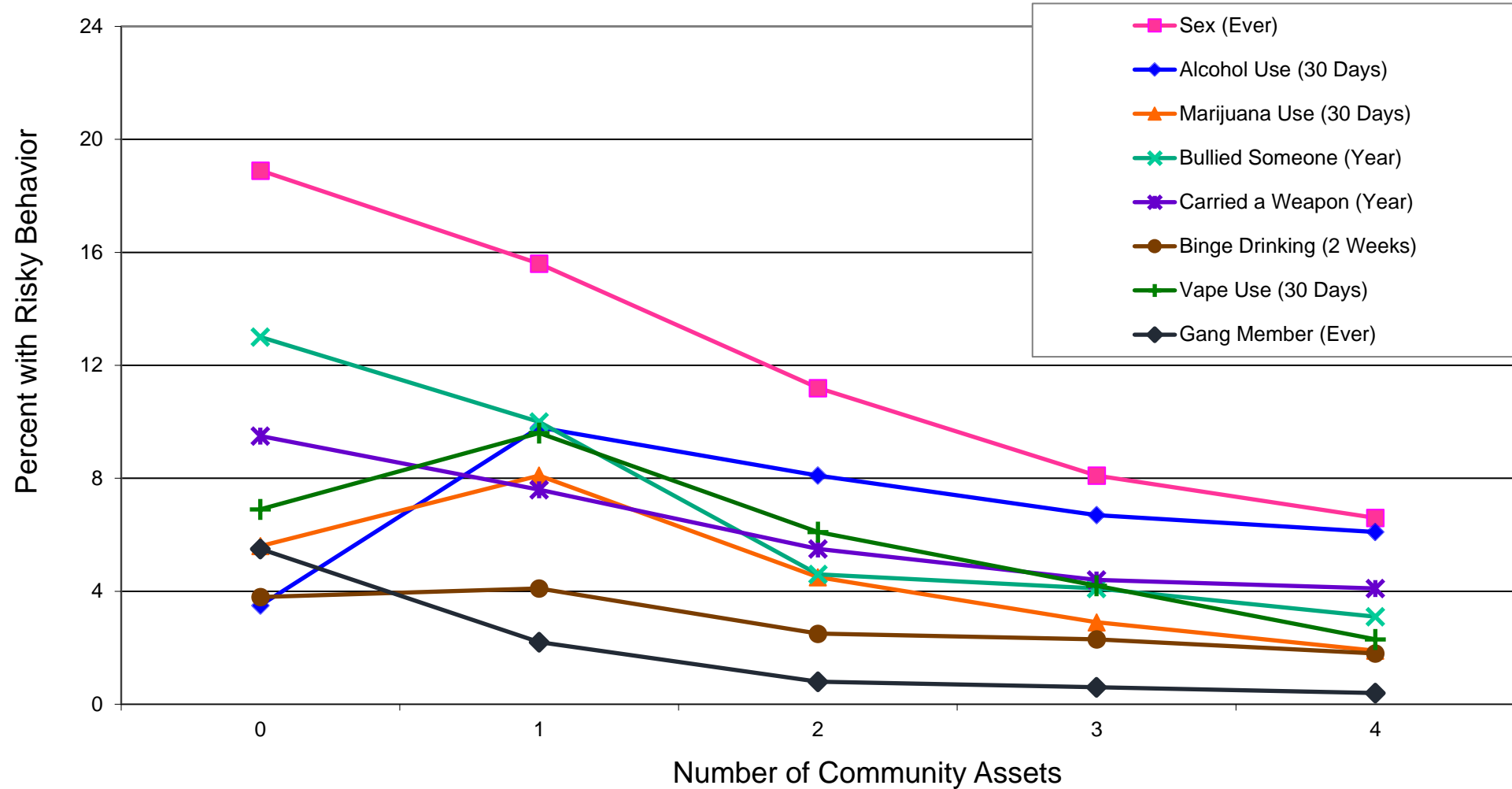
It takes three to succeed.

Learn all of the factors that matter at [fairfaxcounty.gov/youthsurvey](https://www.fairfaxcounty.gov/youthsurvey).



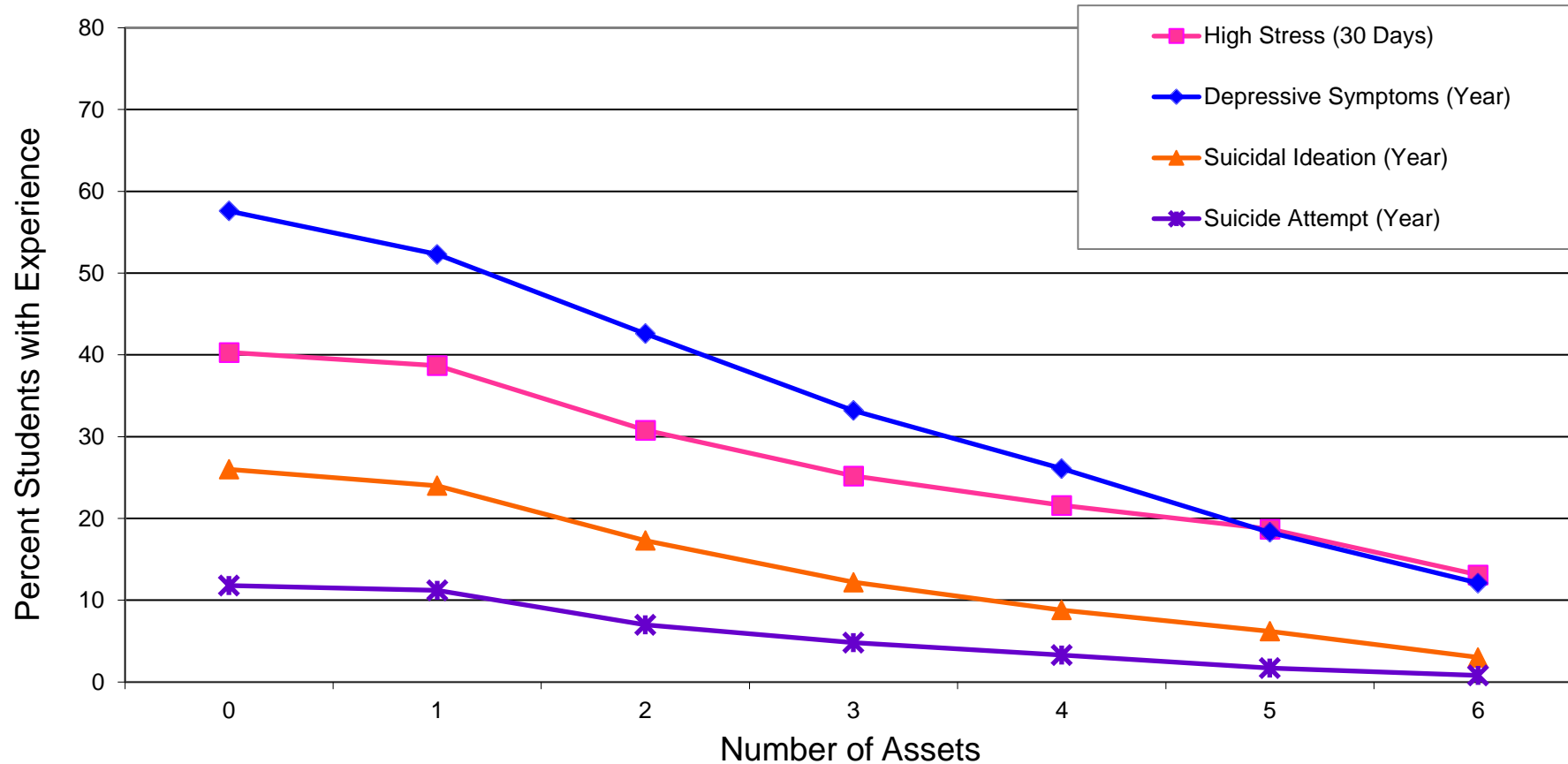


THREE TO SUCCEED: CARING ADULTS (GRADE 8, 10, 12)





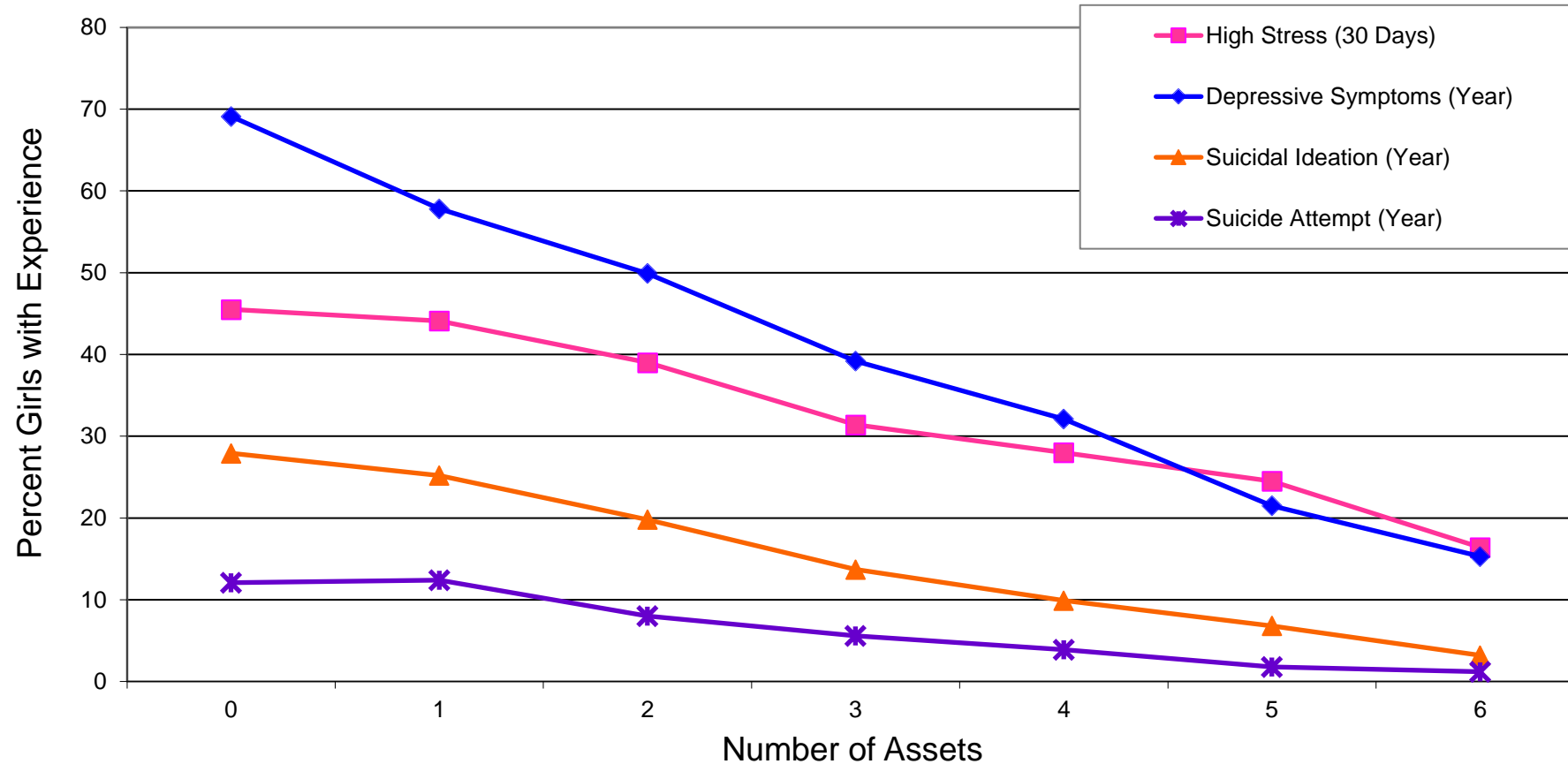
ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: ALL



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help



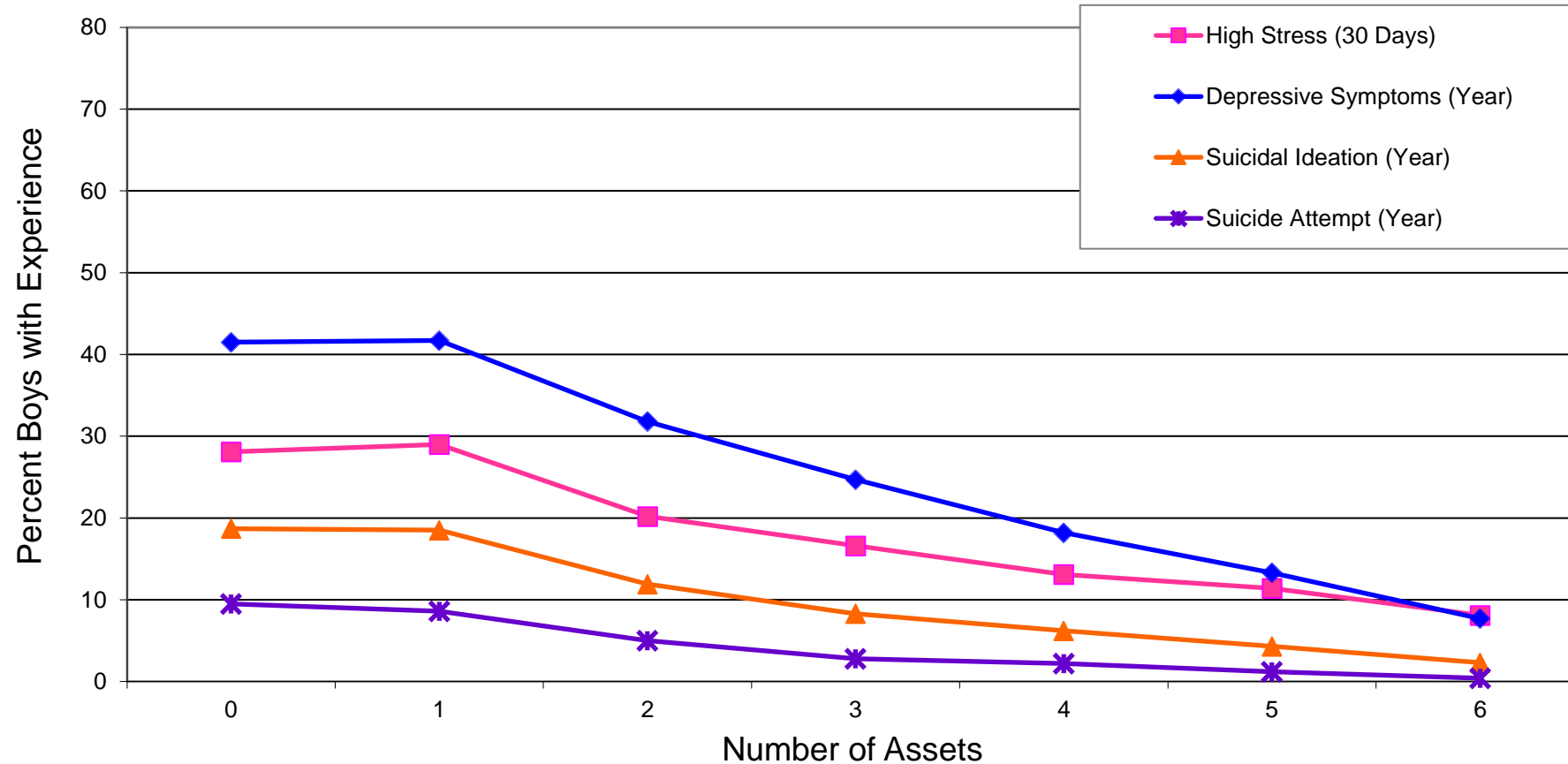
ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: GIRLS



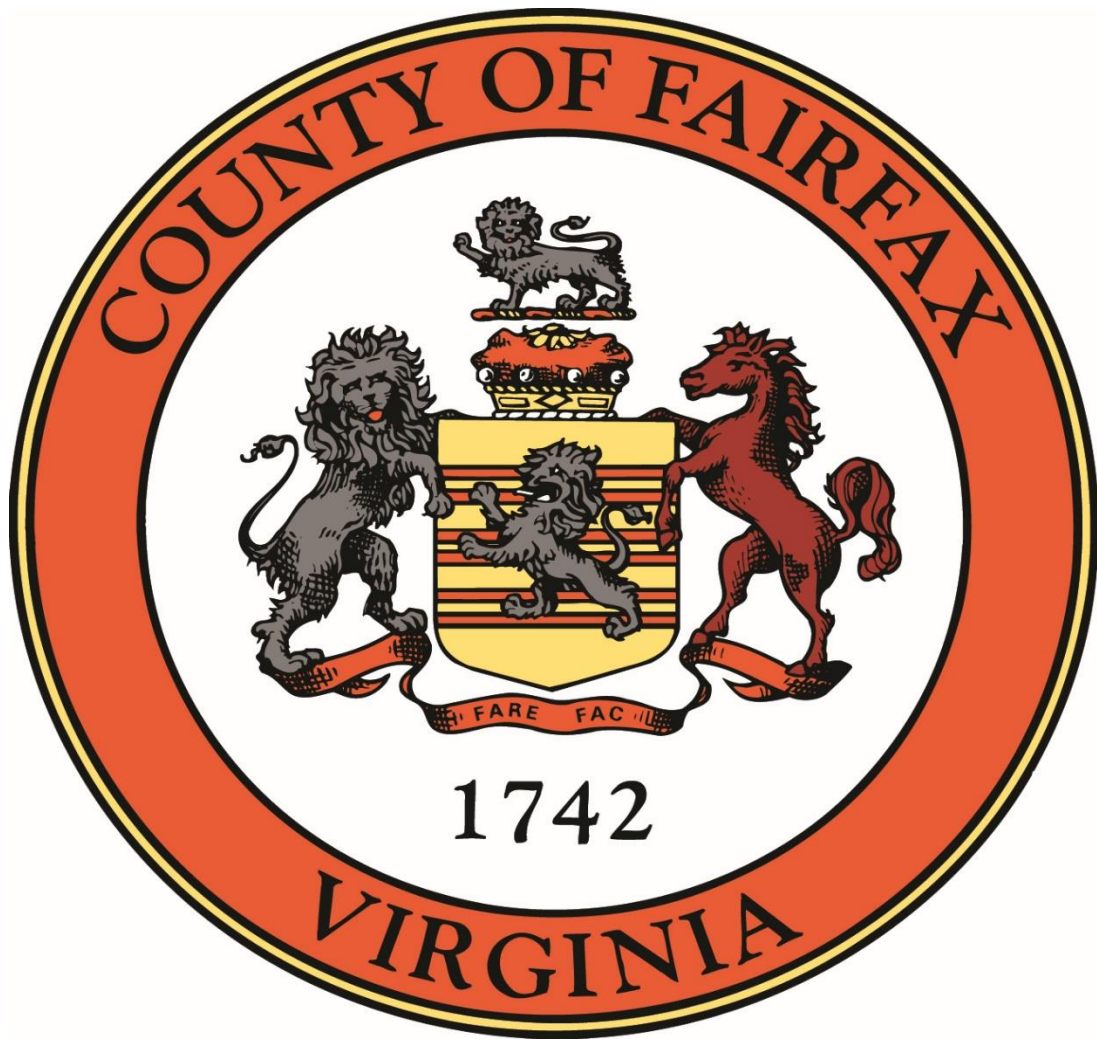
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- Participating in Extracurricular Activities
- Having Parents Available for Help



ASSETS AND EXPERIENCES RELATED TO MENTAL HEALTH: BOYS



- Accepting Responsibility for One's Actions
- Performing Community Service
- Having Teachers Recognize Good Work
- Having Community Adults to Talk to
- Participating in Extracurricular Activities
- Having Parents Available for Help



FAIRFAX COUNTY, VA
2024 DRAFT LEGISLATIVE PROGRAM
October 3, 2023

2024 Draft Fairfax County Legislative Program

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Introduction

“Protecting and enriching our quality of life for people, neighborhoods, and diverse communities.”

Fairfax County’s Strategic Plan was adopted by the Board of Supervisors on October 5, 2021, and includes Ten Community Outcome Areas, which ensure a focus on the priorities of our community, including:

- Cultural and Recreational Opportunities
- Economic Opportunity
- Effective and Efficient Government
- Empowerment and Support for Residents Facing Vulnerability
- Environment
- Health
- Housing and Neighborhood Livability
- Lifelong Education and Learning
- Mobility and Transportation
- Safety and Security

To address the racial and social inequities that remain in our community, Fairfax County has embraced a vision of One Fairfax: a declaration that all residents deserve an equitable opportunity to succeed, regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income, or where they live. As the Countywide Strategic Plan is implemented, we will focus on transforming islands of disadvantage – areas where residents face economic, educational, health, housing, and other challenges – into communities of opportunity.

Because Virginia is a Dillon Rule state, local governments are restricted in their authority and may only engage in those activities that are explicitly sanctioned by the General Assembly (GA). Fairfax County’s Legislative Program is key to ensuring that the County has the authority and funding needed to implement the vision outlined in our Strategic Plan.

The Legislative Program is organized into four sections: Overarching Priorities, Initiatives/Budget Priorities, Position Statements, and Fact Sheets.

Overarching Priorities outline the key perennial challenges in the relationship between the Commonwealth and the County: persistent underfunding of core services and lack of local authority. These perennial challenges affect every aspect of governance in Fairfax County.

Initiatives/Budget Priorities include specific and targeted legislative and budget priorities that the County intends to focus on in the upcoming session. On these items, County legislative staff will work closely and proactively with the GA delegation in advance of the session.

Position Statements include the County’s current positions on key issues that are likely to be before the GA in the upcoming session. They reflect input from County agencies; Boards, Authorities, and Commissions; and members of the community.

Fact Sheets are produced as needed to provide the GA with up-to-date information on key issues.

In addition to the Legislative Program, the Board of Supervisors meets weekly during the GA session to review specific legislation and consider positions on legislation with an impact on the County.

Overarching Priorities

Funding Core Services

1) K-12 Funding – Joint Position with the Fairfax County School Board

Public education funding in the Commonwealth is enshrined in the Virginia Constitution as a joint responsibility of both state and local governments, so it is essential that the state fully and appropriately meet its Constitutional responsibility to adequately fund K-12 education. Unfortunately, the Commonwealth continues to allow the gap between state funding and the actual costs of providing a high-quality education, particularly in high cost-of-living jurisdictions like Fairfax County, to expand.

A watershed report by the Joint Legislative Audit and Review Commission (JLARC) in 2023 outlined both the inadequacy of state funding and the substantial flaws in current state funding formulas. The findings of the report are dramatic:

- Virginia school divisions receive less K-12 funding per student than the 50-state average and the regional average, which equates to approximately \$1,900 per student in state underfunding of Virginia’s students.
- The state Standards of Quality (SOQ) formula yields substantially less funding than actual division spending and benchmarks. The current SOQs dramatically underestimate the actual costs of public education, as evidenced by the fact that the SOQ formula provided \$6.6 billion less than what was spent by local school divisions in FY 2021.
- The SOQ formula systematically underestimates school division costs, and still uses Great Recession-era cost reduction measures (including the support positions ratio cap, which has artificially lowered the state’s funding contributions for critical educational support positions by hundreds of millions of dollars annually since its adoption in 2009).
- The formula does not adequately account for higher needs students, and the methodology for at-risk students undercounts students in poverty.
- The formula does not adequately account for local labor costs. As a result, the formula includes additional factors, like the Cost of Competing Adjustment (COCA), as an acknowledgement of the formula’s failure to account for cost of living, but such factors are too small to appropriately counteract the inadequacy of the funding formula in recognizing the competitive salaries required in high cost-of-living regions to attract and retain high-quality personnel.

The Boards support addressing the deficiencies and underfunding cited by the report including:

- SOQs that reflect the true local costs of providing a high-quality public education, including the elimination of Great Recession-era changes in the SOQ funding formula.
- Recognizing cost-of-living variations throughout the Commonwealth in state funding formulas, particularly in high-cost-of-living areas like Northern Virginia.
- Increasing state funding support for school divisions with high numbers or concentrations of English learners (approximately 30 percent higher costs than general education), students living in economically disadvantaged households (approximately 10 percent higher costs than general education), and students receiving special education and mental health services (approximately 100 percent higher costs than general education).
- Increasing state resources for early childhood education programs, which help young children enter kindergarten prepared to succeed.

The Boards oppose changes that disproportionately target or affect Northern Virginia, and policies which divert K-12 funding away from local public schools and toward non-public options. *(Updates and reaffirms previous position.) (Note: The Commission for Women recommended that the Board of Supervisors retain this position in the 2024 Legislative Program.)*

2) Washington Metropolitan Area Transit Authority (WMATA) and Regional Transportation Funding

The Commonwealth must fully restore the \$102 million of regional funding to the Northern Virginia Transportation Authority (NVRTA) that was previously diverted to WMATA in 2018, to ensure that transportation projects continue to advance in Northern Virginia after decades of state underfunding (approximately \$63.5 million has been restored thus far). The Commonwealth must also provide dedicated and sustainable funding for WMATA that addresses the looming budget shortfall, putting the agency on sound financial footing without diverting resources from other transportation needs in Northern Virginia and the Commonwealth.

- Maintain regional and local transportation funding created by HB 2313 (2013), HB 1414/SB 890 (2020), and other legislation as originally intended. Major transportation improvements that provide benefits beyond Northern Virginia – such as WMATA state of good repair, projects related to possible relocations of federal facilities, and projects that create additional capacity across the Potomac River – should primarily be funded by the Commonwealth and the federal government.
- Metrorail is vital to the transportation networks and economic growth of Northern Virginia and the Commonwealth – a shortfall of up to \$650 million is currently projected in FY 2025, with increases in future years. Unlike Maryland, in Virginia, local jurisdictions are responsible for providing substantial funding for WMATA, though the benefits are shared by the entire Commonwealth – a recent analysis by the Northern Virginia Transportation Commission (NVRTC) indicates that Northern Virginia’s transit network generates \$1.5 billion in annual personal income and sales tax revenue for Virginia (approximately \$1 billion attributed to the Metrorail system), which translates to nearly five percent of Virginia’s General Fund and support for over 311,000 jobs (including nearly 41,000 outside of Northern Virginia). *(Updates and reaffirms previous position.)*

3) Transportation Funding

The Commonwealth should build upon the successful enactment of significant transportation revenues by the 2013 and 2020 GAs to ensure sufficient funding for transportation needs, which include new projects, state road maintenance (encompassing improved repaving, snow removal, mowing in the right-of-way, and stormwater management), and continued state assistance for local and regional transit systems (including the Fairfax Connector, the Virginia Railway Express, and WMATA).

- Ensure that Northern Virginia continues to receive its fair share of statewide revenues, as required by HB 2313, particularly in light of the various programs and allocation processes created in recent years.
- Provide sufficient resources for secondary road maintenance.
- Fully replace the dedicated revenue to transportation lost due to the elimination of the state sales tax on food.
- Simplify the application and scoring processes for funding administered by the Commonwealth by making them more efficient and transparent, while addressing cost estimates that change dramatically during the state review process.
- Provide sufficient funding for programs that address multimodal mobility needs including: Revenue Sharing, which leverages state transportation funds by encouraging local governments to spend their own money on transportation projects; funding for the construction and maintenance of bicycle and pedestrian facilities; and a reasonable vegetation maintenance schedule that does not rely on local funding to maintain safety, including clear zone and sight distance requirements.
- Provide funding assistance for the transportation needs of major activity centers to lay the groundwork for continued economic recovery – Fairfax County contains a number of major activity centers (such as Tysons, Springfield, Seven Corners, Centreville, Reston, and the Richmond Highway Corridor) that generate public benefit for the County and the Commonwealth, and must be sustainable, transit-oriented, and walkable communities to remain successful and accommodate predicted growth.
- Address the capacity needs at the Potomac River, including the American Legion Bridge and Rosslyn Tunnel, to alleviate the existing congestion and ensure the movement of people and goods throughout the region. The continued efforts in Virginia and Maryland to address American Legion Bridge capacity are a significant step forward.

- Ensure the Commonwealth works with the County and other localities in determining which programs and projects will benefit from federal funding created through the substantial infrastructure package passed in 2021. *(Updates and reaffirms previous position.)*

Governance

A strong state and local partnership is essential to Virginia's success and to the ability of both levels of government to respond to the needs of their residents. As the form of government closest to the people, local government must have the flexibility to serve the needs of residents, which vary across the Commonwealth.

4) Local Authority

Existing local government authority must be preserved and expanded, particularly in such key areas as taxation, land use, and the protection of public health, safety, and welfare. Further, local authority should be enhanced to provide localities additional flexibility in the administration of local government. Finally, local government representatives should be included on all commissions or bodies established by the state for the purpose of changing or reviewing local revenue authority or governance.

Each level of government has unique strengths. However, because Virginia is a Dillon Rule state, local governments are significantly restricted in their authority, which impedes their ability to react quickly and efficiently to emerging problems. In many instances, an overemphasis on statewide uniformity does not adequately consider the particular issues experienced in growing and urbanizing localities in Northern Virginia, limiting the ability of local governments to respond to community standards and priorities.

Taxation

- The local tax structure, which has become outdated and over-reliant on property taxes, must be modernized so that revenues can be diversified.
- State and local taxes should be updated to reflect changes in the economy or technology.
- New state mandates, diminution of current local taxing authority, and restrictions on local revenues should be avoided, while current requirements should be fully funded.

Land Use

- Local land use authority must be preserved, and the GA must avoid one size fits all mandates that eliminate or reduce local flexibility.
- Communities should be empowered to act through their locally elected governments to ensure orderly and balanced growth and development, allowing direct public participation in this critical process.
- Further restrictions on, and additional procedural hurdles for, local use of eminent domain are unnecessary and increase the cost to local taxpayers. Fairfax County continues to be extremely judicious in its selective use of eminent domain.

Local Flexibility

- The state should provide localities with increased flexibility to explore initiatives that promote clean air, energy efficiency, conservation, new investment in green construction, tree preservation, reduced waste, recycling management, and other critical measures that could spur the development of innovative approaches that address the impact of global climate change on health and the environment, and increase sustainability throughout the Commonwealth.
- The state should modernize state building codes by adopting the International Green Construction Code (IgCC), the full provisions of the International Energy Conservation Code (IECC), and the energy provisions of the International Residential Code (IRC) without weakening amendments. Additionally, the state should provide localities more flexibility to increase energy efficiency and improve resilience to climate change impacts, by adopting stronger local standards and implementing energy efficiency and utilization disclosure/benchmarking.
- Localities should be granted additional authority to increase their own minimum tree canopy, tree coverage percentages, and overall tree preservation during the zoning and development process, to assist in reducing

urban heat island impacts on residents, achieving environmental goals, increasing flood resiliency, and meeting water quality permit requirements.

- Localities should be granted additional authority to manage solid waste collection and onerous requirements should be removed from state law in order to address community needs comprehensively and in a timely manner, ensure good public sanitation, protect the environment, and enhance quality of life. Additionally, consumer protection laws should be strengthened to provide additional remedies to residents when ongoing issues are not resolved in this critical area.
- Localities should be granted additional authority to allow for increased opportunities for members of public bodies to participate in and attend public meetings remotely – while ensuring that public service is available to individuals with a wide array of backgrounds and maintaining the transparency required for the conduct of public business.
- The state should empower localities to solve their own problems – providing increased authority for services that have no compelling priority or impact for the Commonwealth, and eliminating the need to seek permission for ministerial matters each year.
- Requiring that all bills with a local fiscal impact be filed by the first day of the GA session would allow localities the maximum time possible to highlight potential impacts as new legislation is considered. *(Updates and reaffirms previous position.)*

Initiatives/Budget Priorities

Budget Priorities [TO BE UPDATED IN FUTURE DRAFT]

The Commonwealth should rebalance its resources and responsibilities so that the funding partnership with localities is restored, ensuring the delivery of critically needed services in communities throughout Virginia. State established standards for locally delivered services must be accompanied by adequate state funding to successfully provide those services, and reciprocal accountability for successes and failures, ensuring both the state and localities accept responsibility commensurate with their respective roles.

Recently, state revenues have been described as being in “surplus.” However, until the state has fully met its funding commitment to core services, including shared state and local services, there cannot really be a state surplus, because all of the Commonwealth’s bills have not yet been paid. In addition to increasing funding for the County priorities of K-12 and transportation, the 2023 GA should:

- Fully eliminate the funding cap on K-12 support positions – the 2022 GA made some progress on this issue by removing approximately one-third of the state cap on funding for support positions implemented in FY 2010 (prior to FY 2023, the cap cost FCPS approximately \$36 million annually, and approximately \$10.2 million of those revenues will be restored). Though this is an important step, the state must fully eliminate the support position cap *(see also page 2)*.
- Fully restore COCA funding for K-12 support positions in the 2022-2024 biennium budget *(see also page 2)*.
- Fully restore regional transportation revenues that were diverted to fund WMATA’s state of good repair and critical capital needs *(see also page 3)*.
- Fully restore HB 599 law enforcement funding – this funding, which is provided to localities with police departments, is crucial in meeting public safety needs. The distribution formula in the Code of Virginia has been superseded by the GA in recent years, and if state funding had consistently increased with state revenues, as is required, Fairfax County would have received approximately \$95.3 million in additional funding over the past 13 years.
- Provide sufficient funding for the salaries of court personnel, including clerks, Commonwealth’s Attorneys, public defenders, district court employees, and probation office employees – Fairfax County provides over \$98 million for additional personnel and salary supplements for state positions. State funding formulas often fail to account for the needs of large localities in particular. *(see also page 8)*.
- Support state funding and actions (including enhancing and creating more state-funded housing tax credits and rental assistance programs) to increase the availability of affordable, accessible and integrated housing

options, particularly in high cost-of-living areas like Northern Virginia, and to mitigate evictions resulting from the economic impacts of the COVID-19 pandemic. *(see also page 13).*

- Support full, uninterrupted funding for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan *(see also pages 11-12).*
- Support increased state resources for early childhood education programs, including the Virginia Preschool Initiative (VPI), to allow localities to expand these critical programs. Research has increasingly shown the importance of high-quality early childhood education programs to children’s cognitive and social-emotional development and their school success *(see also pages 6-7).*
- Provide additional state funding to increase Medicaid waiver rates and slots for individuals with developmental disabilities, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement *(see also page 10).*
- Increase state funding for car tax relief – the Personal Property Tax Relief Act (PPTRA) of 1998 only provides a state subsidy for the taxes owed on the first \$20,000 of a personal vehicle’s assessed value, and the state has capped the amount of funding it provides at \$950 million statewide. When combined with Fairfax County’s increased car assessment base over the years, the funding County taxpayers receive in relief has declined from 70 percent in FY 2007 to 57.5 percent in FY 2021 to 49.5 percent in FY 2022.
- Provide state income tax incentives and rebates for businesses and residents to transition to more efficient or alternative fuel vehicles, like EVs (including new and used options), as well as flexibility to determine rebate eligibility in high cost-of-living areas like Northern Virginia *(see also page 7).* *(Updates and reaffirms previous position.)*

Position Statements

Early Childhood

Child Care

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.

- Ensure updates to the state’s maximum reimbursement rates for child care subsidy vendors are made on a regular basis to reflect the cost of care in Fairfax County and continue to assess the family copayment scale to support child care access and affordability. *(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. Also support continued consistent rate increases for early intervention services to reflect current costs. *(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.

- Continue to allow flexibility to provide VPI services in community early childhood programs, including centers and family child care homes, to address capacity challenges in public school settings (if Fairfax County were to use all available slots to serve four-year-old children in only public school classrooms, approximately 68 additional classrooms would be needed, creating a substantial capacity challenge).

- Continue to have an additional verification window to confirm VPI eligibility for families enrolling after the initial fall verification date, which allows improved access to this important program. *(Updates and reaffirms previous position.)*

Environment

Global Climate Change/Environmental Sustainability Initiatives

Support efforts to reduce the County's greenhouse gas emissions and operational demand for energy through efficiency, conservation, renewable energy, education, and other measures.

- Advance legislation that expands opportunities for net metering programs, which allow eligible customers to offset their power consumption by selling self-generated renewable power back to the energy grid.
- Eliminate caps on Power Purchase Agreements (PPAs), which can facilitate the adoption of renewable energy by reducing or eliminating the up-front costs of such projects, thus assisting in reducing greenhouse gas emissions and other forms of pollution.
- Expand the availability of shared solar programs by increasing or eliminating program caps and establishing customer safeguards to ensure community members can take advantage of such programs, which provide residents and businesses the opportunity to participate in the renewable energy market by purchasing solar-generated electricity and receiving renewable energy credits associated with their subscription to a shared solar facility.
- Support legislation requiring electric utilities to first reduce demand for electricity through energy efficiency, thereby decreasing the need for new fossil-fueled generation resources.
- Incentivize and reduce barriers to the installation of electric vehicle (EV) charging infrastructure to expand EV infrastructure where practicable.
- Support state income tax incentives, funding, and rebates for businesses or residents to defray the cost of new construction, building improvements, and the transition to more efficient or alternative fuel vehicles, (including the purchase of new and used EVs,) as well as flexibility in determining rebate eligibility in high cost-of-living areas like Northern Virginia. Also support programs like the mileage choice program (a voluntary program for drivers of fuel-efficient and electric vehicles that allows drivers to pay the highway use fee on a per-mile basis based on actual usage,) that incentivize the use of EVs while also ensuring all drivers make fair contributions to support the Commonwealth Transportation Fund.
- Support adequate state resources for localities to invest in EVs and related infrastructure.
- Fund renewable energy grant programs and incentives to assist the development and growth of energy businesses and technologies, such as renewable distributed energy generation. *(Updates and reaffirms previous position.)*

Land Conservation

Support the conservation of open space and environmentally sensitive areas, which protects vital ecological resources and the environment; enhances natural resilience; provides health and recreational opportunities; and improves quality of life.

- Support state incentives that promote donations to park authorities or associated foundations and the preservation of land for public use through the Virginia Land Preservation Tax Credit.
- Support actions to discourage the sale of invasive species.
- Increase funding for the development and rehabilitation of park infrastructure.
- Increase education about environmentally sensitive land, including Resource Protection Areas, to property owners or purchasers, which can help protect water quality, mitigate climate change, support greenhouse gas reduction, prevent erosion, reduce the urban heat island effect, and perform other important biological and ecological functions. *(Reaffirms previous position.)*

Funding

Children's Services Act (CSA)

Support continued state responsibility for funding mandated CSA services on a sum sufficient basis. Oppose changes to CSA that shift costs to local governments, disrupt the responsibilities and authorities assigned to the County by CSA, or alter current funding formulas and increase costs to Fairfax County (where the aggregate local match is currently approximately 46 percent). Also support the current structure, which requires that service decisions be made at the local level and are based on the needs of each child, ensuring that service expenditures are approved through local processes. (Updates and reaffirms previous position.)

Courts

The Commonwealth should adequately fund Virginia's courts to ensure a well-functioning judicial branch, as the overall underfunding of Virginia's court system continues to place additional burdens on localities and the judicial system.

- The state should provide sufficient funding for the salaries of court personnel, but for years the Commonwealth has ignored this obligation and failed to adequately fund court personnel in Fairfax County, instead relying on the County to ensure the efficient and appropriate administration of justice.
- Continue to make progress on reducing the deficits in the Supreme Court's District Court Staffing Model – the County's General District Court (GDC) no longer has a position deficit, and the Juvenile and Domestic Relations District Court's (JDRDC) deficit has been reduced to two positions, but additional County funding will be required to supplement the salaries for those additional positions in a high cost-of-living area like Northern Virginia.
- When reevaluating the need for judgeships and state funding for each court, the GA should consider the quantity of filed cases and qualitative factors, including interpreters, complexity of litigation type, increases in population and commercial development, and cost of living.
- Adopt a new state funding formula for Commonwealth's Attorneys' offices, replacing the current outdated approach focused on felony indictments and sentencing events in Circuit Court, which is antithetical to the goal of increasing diversion programs and utilizing specialty dockets (such as the ones used in Fairfax courts for mental health and veterans) that are aimed at keeping people out of the criminal justice system or keeping them from felony sentencing consequences.
- Begin to allocate additional resources to Commonwealth's Attorneys' offices prosecuting misdemeanor cases. Funding for these Constitutional officers is primarily a state responsibility, and localities should not be expected to supplement critical state functions (creating situations where police officers are essentially carrying their own misdemeanor cases in court).
- Ensuring cooperation with localities before any new state mandates are considered is essential – for example, the passage of legislation in 2021 to streamline the process for expungements and record sealings of some criminal records, including those for certain low-level marijuana-related offenses, is a policy goal that the County supports. However, the logistics and costs of doing such work in a timely manner will impose significant costs and workload issues on localities, including IT investments and manual redaction of paper files, that could be alleviated through appropriate consultation throughout the legislative process. (Updates and reaffirms previous position.) (See also the Behavioral Health position on pages 11-12.)

Economic Development and Diversification

Fairfax County is a global technology hub with a thriving and diverse business community. A strong partnership with the Commonwealth is paramount as the County continues to adapt to changing economic conditions, stimulate high-growth sectors, and support small businesses and entrepreneurship.

- Fully fund the Commonwealth's Development Opportunity Fund (which provides state funding to secure a company location or expansion in Virginia), resources for Virginia Jobs Investment Program (VJIP) initiatives (which provides state funding to companies creating new jobs, retraining employees, and expanding or newly locating Virginia companies), and advance the GO Virginia program to ensure

successful alignment between application and approval processes, evaluation criteria, program goals, and **administrative support** in Region 7.

- Provide business infrastructure and funding for smart community technology; particularly mobility technology, sustainability, data analytics, and street access and design to support smart cities/communities.
- **Encourage initiatives to stimulate the start-up and early-stage capital ecosystem**, provide support for business founders not traditionally receiving venture capital (including women, veterans, and people of color), support programs **to encourage employers to** utilize innovative talent attraction and retention strategies (**connecting them with** non-traditional work candidates, **including individuals with disabilities**), **and support efforts to allow** disadvantaged businesses to more fully participate in procurement and business development opportunities (**including state** leadership in disparity study analysis for local jurisdictions).
- Support retention, **expansion, and relocation of** federal facilities, including leveraging opportunities to augment facilities at Fort Belvoir and at the General Services Administration (GSA) Springfield facility.
- Explore opportunities for innovative technologies that enable business growth across all sectors (blockchain, **quantum computing**, electronic payment methods, and artificial intelligence), **while targeting** state investments in broadband infrastructure (to ensure access to reliable, affordable, high-speed service).
- **Support investments that contribute to** vibrant commercial districts – **attracting** workers, residents, and visitors through place-led economic development efforts. (*Updates and reaffirms previous position.*)

Jails

The Commonwealth should adequately compensate localities at a level commensurate with the state’s responsibility for local jail operations.

- Replace the current state model for funding jails with a model that reflects actual costs. The current formula uses a per diem rate of dollars per day – \$5 per day for local-responsible inmates and \$15 per day for state-responsible inmates – far less than the actual daily cost of approximately \$419 to house an inmate. A percentage model that adjusts for inflation would accurately reflect the state’s funding responsibilities.
- The state should also provide additional funding to support behavioral health care for inmates – in FY 2024, Fairfax County provided approximately \$1.9 million to support behavioral healthcare at the Adult Detention Center, while the state provided only approximately \$144,500. (*Updates and reaffirms previous position.*)

Libraries

Support continued increases in state aid to public libraries, as it provides communities with critical services such as student homework support, research assistance, and public internet access – the GA has made a multiyear commitment to fully funding the current formula, which is an important step towards achieving adequate state funding for this vital resource. Also support reducing barriers to libraries acquiring eMaterials under reasonable terms and costs, as public libraries often pay prices substantially higher than what a consumer would pay for the same digital item (some publishing companies refuse outright to sell digital materials to libraries). (*Updates and reaffirms previous position.*)

Medicaid Waivers

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

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 is **approximately 1,150 in Fairfax County, and** over 3,500 in Virginia, **as of September 2023**), **particularly in localities like those served by the Fairfax-Falls Church Community Services Board (CSB) where growth in the waiting list far exceeds the additional slots being provided by the state.**
- 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 2024 Medicaid state plan.
- Enforcement 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 **Commonwealth Coordinated Care** (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 per year 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.)*

Water Quality Funding

Support budget action providing adequate state appropriations to the Water Quality Improvement Fund (WQIF) in order to ensure full and timely payments under point source upgrade contracts with local governments. Also continue to support increased funding to the Stormwater Local Assistance Fund (SLAF).

- Provide additional state assistance for urban stormwater needs to meet federal Chesapeake Bay requirements. In 2017, the Senate Finance Committee estimated these costs to be \$19.7 billion by 2025, particularly in light of the ambitious goals set forth in the Chesapeake Bay Total Maximum Daily Load (TMDL) Phase III Watershed Implementation Plan. Local governments throughout Virginia face mounting costs for water quality improvements for sewage treatment plants, urban stormwater, combined sewer overflows, and sanitary sewer overflows.
- As the state continues to assign increased local stream TMDLs and the County is required to complete additional water quality projects, the state must partner with localities to meet federal mandates to ensure the success of this effort. *(Updates and reaffirms previous position.)*

General Laws

Elections

Support legislation to promote equitable and efficient participation in elections, such as continuing to facilitate voting by mail, providing for extended polling hours statewide, extending curbside voting to those with non-physical disabilities, and expanding the use of drop boxes. Adequate state funding for election administration, voting equipment, and systems modernization and security is essential to this effort. Also support efforts to provide expanded flexibility during emergencies, allowing local election officials to prevent any potential disruptions to election administration.

- Legislation intended to enhance security of elections must be carefully analyzed to ensure that it strikes a balance between maintaining the integrity of elections while not discouraging the exercise of the franchise.
- Support increased state investments in voting equipment, systems modernization/security, and election administration, including training for local electoral board members, registrars, and elections officials.
- Local input in the design and implementation of the new state election system is critical to ensuring its success. *(Updates and reaffirms previous position.)*

Paid Family and Medical Leave

Support paid family and medical leave for eligible employees in the Commonwealth, which improves the health of parents/caregivers, infants, children, and adults managing health conditions for themselves and family members while improving business productivity by boosting morale and increasing retention of skilled workers. *(Updates and reaffirms previous position.)*

Health and Wellness

Behavioral Health

Support substantially increased and ongoing 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. Also 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 actions which disproportionately rely on local funding for service implementation.

- Provide full funding, commensurate with the size of the population served, and flexibility for mandated core CSB services like the Commonwealth's System Transformation, Excellence and Performance in Virginia (STEP-VA) Crisis Services and for Marcus Alert implementation, particularly as the state builds on STEP-VA as it transitions to the national Certified Community Behavioral Health Clinics (CCBHCs) model, designed to ensure access to coordinated comprehensive mental health and substance use services. Unfortunately, the Commonwealth has not provided adequate funding to implement the newly mandated services.
- Ensure that any future mandates are fully funded by the state, include flexibility for implementation, and are coordinated with CSBs.
- Oppose the use of a local ability-to-pay factor in the distribution of CSB funds and funding for related behavioral health programs like Marcus Alert, which would penalize localities that make funding behavioral health programs with local dollars a priority.
- Increase the availability of community-based crisis services, community residential capacity for early intervention to prevent hospitalization, and local psychiatric beds for people with behavioral health issues.
- Explore all clinical and administrative opportunities to improve the psychiatric hospitalization process and/or minimize the use of hospital beds.
- Remove the barriers that exist in alternative transportation and alternative custody options for individuals in need of psychiatric hospitalization.
- Support additional state funding to ensure affordable and equitable access to the full range of behavioral health services for youth – from prevention through intensive community and residential treatment – including programs that reduce risk factors leading to youth violence, gang participation, alcohol/drug use, and mental health issues.
- Enhance reintegration and discharge planning services for youth and adults at high risk of rapid re-hospitalization or re-offending.
- Increase funding for mental health services and substance use treatment for individuals incarcerated for offenses that make diversion programs unavailable to them.
- Remove barriers to the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians.
- 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.
- Provide adequate funding for forensic discharge planning and post-incarceration services to remove the barriers to community reentry.
- Provide additional service navigation assistance, including requiring health insurance companies to update their provider registries regularly, to connect young people and families to appropriate services.

- Address workforce shortages through a multi-pronged approach, including payment restructuring, streamlining licensure requirements for providers, and improving workforce development by formalizing relationships and creating a pipeline from high school and community college to undergraduate and graduate school. *(Updates and reaffirms previous position.) (See also the Courts position on page 8.)*

Long-Term Care (LTC) Workforce Needs

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. Also support legislation that helps nursing homes and skilled nursing facilities to recruit and retain highly qualified, well-trained staff (which is currently difficult due to low wages, limited benefits, and stressful working conditions). *(Reaffirms previous position.)*

Substance Use Disorder

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, particularly fentanyl which is involved in nearly all fatal overdoses in Fairfax County and the Commonwealth. Also support coordinated strategies to meet the growing need for substance use disorder services, incentivizing providers that target specific high-risk age groups, including youth. 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. *(Updates and reaffirms previous position.)*

Housing

Affordable Housing

Support state funding and actions to increase the availability of affordable, accessible, integrated housing 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 strengthen tenant protections against evictions resulting from the lingering economic impacts of the COVID-19 pandemic combined with market conditions that have led to surging rental prices. Also support retaining existing local land use authority, allowing localities to craft solutions that are appropriate for their communities, including innovative ideas and solutions that require the flexibility and agility to respond to changing conditions.

Affordable housing is the foundation of all human services programs – improving physical and mental health, reducing stress, and improving nutrition, educational outcomes, and family stability. It also provides vital benefits to communities from helping to attract and retain employees to reducing congestion, improving the environment, and stimulating economic growth.

- Support substantially increasing funding for the Virginia Housing Trust Fund over the biennium, 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.
- Expand resources to ensure legal assistance and aid in plain language 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 additional 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, and Virginia Homeless Solutions Program.
- Increase funding for permanent supportive housing units, **operating expenses, and wraparound services** 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 longer timelines. *(Updates and reaffirms previous position.) (Note: The Affordable Housing Advisory Council recommended that the Board of Supervisors retain this position in the 2024 Legislative Program.)*
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Human Services

Adult Protective Services (APS)

Support state funding for additional APS social workers. As the older adult population has increased in Virginia, so has the demand for APS services, but state funding has remained stagnant (in FY 2023, Fairfax County APS received over 3,500 reports of adult abuse, neglect, and exploitation). *(Updates and reaffirms previous position.)*

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

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

Temporary Assistance for Needy Families (TANF)

Support a continued increase in TANF reimbursement rates, as current Virginia TANF benefit levels remain at or below 32 percent of the Federal Poverty Level for all family household sizes. Also support continued TANF funding of programs which meet the needs of low-income families. *(Updates and reaffirms previous position.)*

Land Use

Proffers

Local authority to accept cash and in-kind proffers from developers must be preserved. Such proffers assist with providing necessary capital facilities and infrastructure to serve new development and maintain local community standards, in order to maintain and improve quality of life and spur economic development.

- Land use decisions must remain at the local level, allowing localities, developers, and communities to work together collaboratively to address issues related to new development.
- The GA must avoid further restrictions on local land use authority, and proposals for replacing proffer commitments with development impact fees must be at the option of each locality. *(Reaffirms previous position.)*

Wireless Telecommunications Facilities

The siting of telecommunications facilities is an important component of local land use authority. Support restoration of local land use authority to determine the appropriate location of wireless telecommunications facilities and balance the need for wireless service with the community's needs. Support restoration of independent local authority to set reasonable fees for wireless facility permits and to set fair compensation for access to public rights-of-way and government-owned structures, to the extent that those fees and compensation are permitted by federal law. *(Updates and reaffirms previous position.)*

Public Safety

Accessibility

Support the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places and activities, employment opportunities, housing, and transportation services (including transportation network companies), strengthening the protections offered by the Americans with Disabilities Act.

- Ensure continued access to affordable, accessible transit for people with disabilities and older adults.
- Increase the stock of fully accessible units available to renters and buyers at all socio-economic levels in order to advance housing equity for people with disabilities and older adults.
- Provide additional affordable, accessible, integrated housing and transportation options, as well as support for Universal Design initiatives, to facilitate opportunities for people with disabilities to remain active, contributing members of their communities while retaining their independence and proximity to family and friends, and preventing unnecessary institutionalization based on disability. *(Updates and reaffirms previous position.)*

Dangerous Weapons

Support legislation to address gun violence in Virginia through common sense gun safety measures that will help ensure a safe and resilient community, building on the landmark changes enacted in 2020.

- Ban assault weapons, high-capacity magazines, and armor piercing ammunition.
- Provide authority for localities to ban the possession of pneumatic guns on school grounds, with an exemption for school-sponsored activities. Pneumatic guns use pump action or carbon dioxide gas cartridges to fire a projectile by means of pneumatic pressure, often resemble firearms, and can cause serious injury or death.
- Provide support for community violence intervention programs.
- Increase the age limit for buying certain weapons.
- Regulate ghost gun parts, ensuring that they cannot be sold without serial numbers and a background check.
- Strengthen local authority to allow counties, cities, and towns to enact their own gun safety policies. *(Updates and reaffirms previous position.)*

Domestic and Sexual Violence

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 those who cause harm 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. *(Reaffirms previous position.)*

Safety-Sensitive Positions

Support acceleration of Virginia’s implementation of the Federal Bureau of Investigation’s Record of Arrest and Prosecution Back (Rap Back) service, which provides ongoing, real-time updates on arrests, convictions, or other relevant information about employees in safety-sensitive positions to help safeguard vulnerable populations and the community. Rap Back is currently expected to go live in July 2025 and should be accompanied by sufficient state funding to ensure localities and school divisions have full access to this essential service. *(Updates and reaffirms previous position.)*

Taxation

Local Property Tax Exemptions

Support legislation providing localities with local-option, flexible authority for enacting and implementing property tax exemptions. Also support ensuring that any expansion of property tax exemptions is a local option, as property taxes are one of Virginia localities’ few significant sources of revenue, and property tax exemptions can create significant impacts on local resources, which are used to fund core services like K-12 education, public safety, human services, the environment, and infrastructure. *(Reaffirms previous position.)*

Transportation

Transportation Safety and Coordination

Support legislation to improve pedestrian and bicyclist safety, and maintenance of active transportation facilities. Also support increased coordination between localities and the Commonwealth in the process for considering speed limits and street standards, including legislation clarifying that counties are authorized to reduce **certain speed limits. Finally, support adequate maintenance of sidewalks and trails in the County.**

- In 2021, the GA passed legislation authorizing local governments to reduce speed limits to less than 25 miles per hour, but not less than 15 miles per hour, in business or residential districts. The Virginia Department of Transportation (VDOT) **has** stated that the legislation does not apply to streets in the state highway system, which essentially includes all roads within Fairfax County **and** other counties that do not maintain their own roads. The urgency surrounding this issue in Fairfax County has been highlighted in recent years, as a number of tragic accidents have heightened the community's concerns about the need to implement measures to protect drivers, bicyclists, and pedestrians throughout the area. Fairfax County supports clarifying this authority for application to streets in the state highway system, as well as greater coordination between the County and VDOT regarding the placement of stop signs, crosswalks, high visibility crosswalks, rapid flashing beacons, and restriping/signage for streets where such changes are made. Additional flexibility within VDOT project approval processes and design standards to be responsive to the County's specific needs is vital.
- Support state action to better regulate the sale and use of modified, loud exhaust systems in the Commonwealth, including through the vehicle inspection process, as such systems continue to pose a safety and quality of life issue in Northern Virginia. *(Updates and reaffirms previous position.)*

Secondary Road Devolution

Oppose any legislation that would require the transfer of secondary road construction and maintenance responsibilities to counties, especially if these efforts are not accompanied with corresponding revenue enhancements. Also oppose any legislative or regulatory moratorium on the transfer of newly constructed secondary roads to VDOT for the purposes of ongoing maintenance. *(Reaffirms previous position.)*

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 BIENNIUM BUDGET (HB 6001)

K-12 FUNDING

- Provides an increase of approximately \$152.3 million statewide to increase the cap on support positions from 21 to 24 per 1,000 students, resulting in \$14.4 million for Fairfax County Public Schools (FCPS) in FY 2024. Fully eliminating the support cap has been a long-standing Fairfax County priority and this funding, along with the increase in FY 2023, is another step towards that goal.
- Dedicates \$6.7 million from remaining federal Elementary and Secondary School Emergency Relief (ESSER) funds for implementation of the Virginia Literacy Act, which is the state plan to improve early literacy rates in K-3 through increased supports at school and at home.
- Provides \$418.3 million in flexible funding statewide, which can be used to implement the Virginia Literacy Act, combat learning loss from COVID-19, and provide additional operating and infrastructure support. This item provides a per pupil allocation based on average daily membership, with additional per pupil allocations based on the number of students in each school division participating in the free lunch program. FCPS could receive approximately \$28 million in additional funding – of particular importance, this funding does not require a local match (a position the County has strongly advocated for in recent years) and it may be carried into future fiscal years as long as the school division provides their local share for the At-Risk Add-on (which is a program that targets state support to schools with the highest concentrations of students eligible for free lunch to provide dropout prevention, after school programs, and specialized instruction).
- Includes approximately \$54.6 million in General Funds (GF) and approximately \$759,000 from the Lottery Proceeds Fund to provide the state share of an additional two percent salary increase for SOQ-recognized positions, beginning January 1, 2024 (this is in addition to the five percent increase already included in the current budget for FY 2024 and the five percent that was included in FY 2023). In order to receive this funding, school divisions must have provided at least an average 2.5 percent salary increase in each year of the biennium and must certify that an equivalent increase of two percent will be provided to instructional and support personnel by January 1, 2024. FCPS could receive approximately \$5.3 million in state funding for this salary increase, but the local match required would be approximately \$23.1 million.
- Allocates \$12 million GF and \$8 million Non-General Funds (NGF) from federal American Rescue Plan Act (APRA) State and Local Fiscal Recovery Funds for school safety and security grants.
- Establishes a Joint Subcommittee on Elementary and Secondary Education Funding, which is directed to review the Joint Legislative Audit and Review Commission's (JLARC) July 2023 report on Virginia's K-12 funding formula and develop a long-range plan for implementation of its recommendations, due November 1, 2024. This powerful report showed that the state is currently underfunding K-12 education by approximately \$1,900 per pupil.

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 Biennium Budget (HB 6001)

HUMAN SERVICES

Early Childhood

- Exempts community-based providers that are recipients of Virginia Preschool Initiative (VPI) grants from teacher licensure requirements. This change will allow the County's community programs to use VPI funds to pay for teachers. Support for this change was included in the County's Legislative Program.
- Authorizes the Superintendent of Public Instruction to provide flexibility in staff-to-child ratios and group sizes for licensed child day centers, including those that participate in the Child Care Subsidy Program and those that do not. This change allows the number of children per staff to increase by one child for groups of children from birth to the age of public school eligibility, and by two for groups of children from the age of public school eligibility to age 12.
- Provides a 12.5 percent rate increase for Early Intervention services, excluding case management, for all children under age three enrolled through Medicaid, effective January 1, 2024. This is the first rate increase for Early Intervention in over a decade, and while it is an important sign of progress, it will not fully cover current costs. It is important that the GA provide more consistent rate increases in the future, to ensure that funding keeps pace with costs.

Aid to Local Public Libraries

- Includes \$3.6 million GF for additional state aid to local public libraries. For each additional \$1 million in state aid, Fairfax County Public Library (FCPL) receives about \$10,000, so this budget should provide approximately \$36,000 in additional funding for FCPL in FY 2024.

Aging/Adults with Disabilities

- Provides \$700,000 GF to hold Area Agencies on Aging (AAA) harmless from changes to the distribution formula for federal Older Americans Act funding resulting from the 2020 census. Although the Fairfax AAA is not one of the eleven AAAs in Virginia that will be affected by the financial losses from changes to the distribution formula, other AAAs may change or lessen services offered to older adults, adults with disabilities, and caregivers as a result. This may cause the migration of older adults to regions like Fairfax County that have not been impacted, in an effort to retain needed services. The supplemental funding included in the budget will mitigate the negative impacts on the AAA system as a whole, and strengthening the overall AAA system is important, as the percentage of older adults in Virginia is projected to reach 25 percent by 2030.
- Increases the Auxiliary Grant rate from \$1,609 per month to \$2,055 per month, with an additional 15 percent Northern Virginia differential, effective January 1, 2024. There is a severe shortage of auxiliary grant units available for low- and moderate-income adults because the auxiliary grant rate is substantially lower than the cost of care. While this rate increase will not cover the entire cost of assisted living services, it will help minimize the loss of units and encourage more assisted living facilities to accept auxiliary grant recipients, providing more opportunities for low- and moderate-income adults in Fairfax County to find auxiliary grant units in the Fairfax County area. There will be some financial impact to the County, as localities cover 20 percent of the cost of auxiliary grants, while the state covers 80 percent.
- Provides \$250,000 GF to Specially Adapted Resources Clubs (SPARC) to support essential day programs for adults with profound disabilities.

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 Biennium Budget (HB 6001)

Children's Services Act (CSA)

- Eliminates language that directed the implementation of rate-setting for private special education day placements funded through CSA. The implementation of that rate-setting, which the Office for Children's Services (OCS) announced over the summer, would have led to the state circumventing CSA's sum sufficiency requirement, which the County strongly opposes.

Social Services

- Provides \$2.3 million GF in foster care and adoption cost of living adjustments. This is a much-needed increase in payments for foster families and adoptive families, which will help them provide for the children in their care, as well as help retain foster families. The increase also applies to youth in the Fostering Futures program (ages 18-20), to be used for housing and living expenses.

Behavioral Health

- Provides \$58 million GF to expand and modernize the comprehensive crisis services system, including investments in additional crisis receiving centers and crisis stabilization units, as well as enhancements to existing sites. Also includes \$10 million GF for the one-time costs of establishing additional mobile crisis services in underserved areas. Further analysis and information on where funding will be allocated is needed to determine the full impact to the County. Funding for crisis services is positive, but it is essential that the allocation is based on population size.
- Provides \$10 million GF for comprehensive psychiatric emergency programs or similar models of psychiatric care in emergency departments. All selected programs must collaborate with the region's Community Services Board (CSB).
- Allocates \$5.1 million GF in one-time funding for the Department of Criminal Justice Services (DCJS) to contract with local law enforcement agencies to provide transportation services or assume custody of individuals under emergency custody orders or temporary detention orders who are awaiting admission to a facility or for whom a bed has not been identified. Off-duty officers or officers working overtime may perform these tasks. DCJS is directed to coordinate with the Department of Behavioral Health and Developmental Services (DBHDS) on criteria for such contracts.
- Provides \$4.2 million GF for child psychiatry and children's crisis response services for children with mental health and behavioral disorders. As is the case with investments in the crisis services system, further analysis and information on where funding will be allocated is needed to determine the full impacts to the County. Funding going toward crisis services is positive, but it is essential that the allocation to localities is based on population size.
- Allocates \$7.5 million GF for DBHDS and partners to provide technical assistance to school divisions seeking guidance on integrating mental health services and grants to contract with public or private providers for community-based mental health services. This is a positive use of funding to address significant youth behavioral health challenges, though it is unclear how and where funding will be allocated. Support for additional state funding for youth behavioral health services is included in the County's Legislative Program.
- Allocates \$4 million GF for DBHDS to contract with the Virginia Mental Health Access Program to develop integrated mental health services for children.
- Provides \$30 million GF for permanent supportive housing for individuals with serious mental illness.

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 Biennium Budget (HB 6001)

- Provides \$4 million GF for supervised residential care for 100 individuals, with priority given to projects serving individuals who face extraordinary barriers to discharge from state hospitals. Impact will need to be determined once DBHDS provides additional details on how funding will be allocated.
- Provides \$4.4 million GF to increase funding for the first three steps of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth's behavioral health transformation plan – same-day access, primary care screening, and outpatient services. The state underfunding of the mandates in STEP-VA has been a significant problem for localities from the inception of this state initiative, and this adjustment does not address the overall shortfall in funding for these services.
- Allocates \$1.4 million in opioid settlement funding for the purchase and distribution of naloxone.
- Provides a 12.5 percent rate increase, effective January 1, 2024, to Early Periodic Screening Diagnosis and Treatment (EPSDT) Therapeutic Group Homes for adult day health care; consumer-directed facilitation services; crisis supervision, crisis stabilization and crisis support services; transition coordinator services; mental health and early intervention case management services; and, community behavioral health and habilitation services.

Medicaid

- Funds 500 additional Developmental Disabilities (DD) waiver slots, effective January 1, 2024. With the addition of 500 slots projected statewide in FY 2024, the Fairfax-Falls Church CSB's allocation is projected to increase by 70 slots, to 220 additional slots overall (typically the CSB receives 12-14 percent of total state allocations). The County supports increasing Medicaid DD waiver slots to address the Priority One waiting list, which is now over 3,500 in Virginia, particularly where the waiver assignments to localities are not keeping up with the Priority One waiting list. The slot increases afford greater capacity for much needed services, but would also require additional support coordinators and supervisors. Given the persistent workforce issues across the state, the CSB will likely be challenged to balance competing demands.
- Increases rates by 10 percent for the following Medicaid-funded community based services: intensive in-home, mental health skill building, psychosocial rehabilitation, therapeutic day treatment, outpatient psychotherapy, peer recovery support services – mental health, comprehensive crisis services (including 23-hour crisis stabilization, community stabilization, crisis intervention, mobile crisis response, and residential crisis stabilization), assertive community treatment, mental health – intensive outpatient, mental health – partial hospitalization, and family functional therapy and multisystemic therapy, effective January 1, 2024.
- Authorizes the Department of Medical Assistance Services (DMAS) to increase the rate for agency and consumer-directed personal care, respite, and companion services by five percent, effective January 1, 2024.
- Authorizes the re-procurement of the state's managed care service delivery system, with implementation no earlier than July 1, 2024; directs DMAS to exclude dental services, DD waiver services, and other services currently excluded from managed care from the development of a managed care contract.

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 Biennium Budget (HB 6001)

Health

- Allocates approximately \$944,000 GF and approximately \$698,000 NGF for rent costs for local health departments.
- Provides \$3.4 million in FY 2024 in state matching funds for federal Drinking Water State Revolving Fund awards from the Infrastructure Investment and Jobs Act.

COMPENSATION/WORKFORCE

- Provides an additional two percent salary increase for Constitutional officers and state-supported local employees, effective December 1, 2023 (this is in addition to the five percent increase that took effect July 1, 2023). This is estimated to result in an additional FY 2024 reimbursement from the Compensation Board of \$400,000 for six months.
- Allocates \$7.6 million GF for compression adjustments for deputy sheriffs and regional jail officers, effective December 1, 2023. The effect of this is to be determined, pending clarification from the Compensation Board. The state reimburses a portion of 485 positions.
- Provides \$4 million GF to increase salaries for attorneys in Commonwealth's Attorneys' offices, effective December 1, 2023. This will result in additional reimbursement from the Compensation Board, but the amount is to be determined, pending additional information from the Compensation Board. The state reimburses a portion of 51 positions.
- Provides \$3.7 million GF to the Indigent Defense Commission for attorney compensation and employee salary compression adjustments, effective December 10, 2023. There are currently 40 positions in the Office of the Public Defender that receive salary supplements from the County. If the salary is increased, it will result in an increase to the supplements the County provides. Supplements are calculated at 15 percent of state salary. The amount is to be determined.
- Provides \$593,507 GF to increase salaries for positions in circuit court clerks' offices, effective December 1, 2023. This will likely result in additional reimbursement from the Compensation Board for the Circuit Court, but the amount is to be determined, pending additional information from the Compensation Board.
- Provides \$1 million GF for salary increases for general district court clerks and juvenile and domestic relations court clerks, effective December 10, 2023. There are currently 160 positions in the General District Court and 42 positions in the Juvenile Court that receive salary supplements from the County. A salary increase will result in an increase to the salary supplement provided by the County. Supplements are calculated at 15 percent of state salary. The amount is to be determined.
- Designates \$400,000 GF to support the Workforce, Innovation, Skills Hub (WISH) in Fairfax County and examine the feasibility of implementing similar regional workforce center models throughout the state.
- Designates \$5.8 million GF of \$143.3 million appropriated for affordable access to higher education to address nursing shortages, with priority given to increased compensation for full and part-time faculty to remain competitive with nursing salaries.
- Provides \$3 million GF for the Nursing Preceptor Incentive Program, increasing maximum incentive payments from \$1,000 to \$5,000, and expanding eligibility to licensed practical nurses and registered nurses.
- Allocates \$5 million in State and Local Fiscal Recovery Funds to establish the Earn to Learn Nursing Education Acceleration Program, which will award grants for the formation of

PRIORITY BUDGET ITEMS FOR FAIRFAX COUNTY

2022-2024 Biennium Budget (HB 6001)

collaborative clinical training arrangements between high schools, colleges and universities, hospitals, and health providers.

- Provides \$1.5 million GF for the Virginia Behavioral Health Loan Repayment Program.
- Provides \$18 million GF to increase compensation for CSB staff.

OTHER PRIORITIES

Public Safety

- Increases the jail per diem for locally responsible inmates by \$1 (from \$4 to \$5).
- Provides an additional one-time funding of \$2.1 million GF in HB 599 funding for localities with police departments, which is a top County priority. The additional funding will provide the County with approximately \$300,000 in funding.
- Allocates \$5 million GF for the Firearm Violence Intervention and Prevention Fund to support implementation of evidence-informed gun violence intervention and prevention efforts; \$15 million GF for the Operation Ceasefire Grant Fund, which is used to implement violent crime reduction strategies, provide equipment for law enforcement agencies, and award grants to organizations that are involved in group violence intervention efforts; and, \$10 million GF for the Safer Communities Program to support holistic, community-based strategies that address the root causes and conditions of community violence.

Stormwater Local Assistance Fund (SLAF)

- Provides \$30 million GF to the Stormwater Local Assistance Fund (\$10 million of that funding is dedicated to specific projects).

Elections

- Provides \$7.3 million GF to cover costs associated with the 2024 Presidential Primary – \$7.1 million may be used to reimburse localities for their expenditures and \$147,308 may be used to cover costs incurred directly by the Department of Elections.

Affordable Housing

- Allocates \$200,000 GF for the Department of Housing and Community Development (DHCD)'s statewide housing needs assessment and plan, as required by SB 839 passed by the 2023 GA. This law expanded the responsibilities of DHCD to include conducting a comprehensive statewide housing needs assessment at least every five years, developing a statewide housing plan and updating the plan at least every five years, and providing annual updates to the GA on the status of progress towards achieving the goals of the plan. It also requires Virginia localities with a population greater than 3,500 to submit annual reports to DHCD summarizing any local housing policies, ordinances, or processes affecting the development and construction of housing during the preceding fiscal year (the reports will be due by September 1 each year and will be published on the DHCD website).

DBHDS Update Right Help, Right Now

VACO

August 17, 2023

Nelson Smith
Commissioner

Virginia Department of Behavioral Health
and Developmental Services

6 Pillars of Governor Youngkin's Right Help, Right Now Plan



For more details about
Right Help, Right Now:
www.hhr.virginia.gov

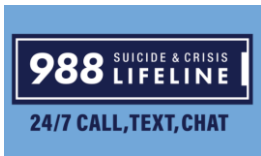
1. Ensure same-day care for individuals experiencing behavioral health crises
2. Relieve law enforcement's burden and reduce the criminalization of mental health
3. Develop more capacity throughout the system, going beyond hospitals, especially community-based services
4. Provide targeted support for substance use disorder and efforts to prevent overdose
5. Make the behavioral health workforce a priority, particularly in underserved communities
6. Identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Pillar 1: Same-Day Crisis Care

80% resolved on the phone through 988

70% resolved in the field through mobile crisis

65% discharged to the community from crisis receiving centers



Call Center

- Standardized risk assessment



Dispatch

- Clinician or former 911 dispatcher
- Reviews call
- Conducts assessment



Resolve on Phone



Mobile Crisis

- Voluntary service
- Resolves 70% of calls



911

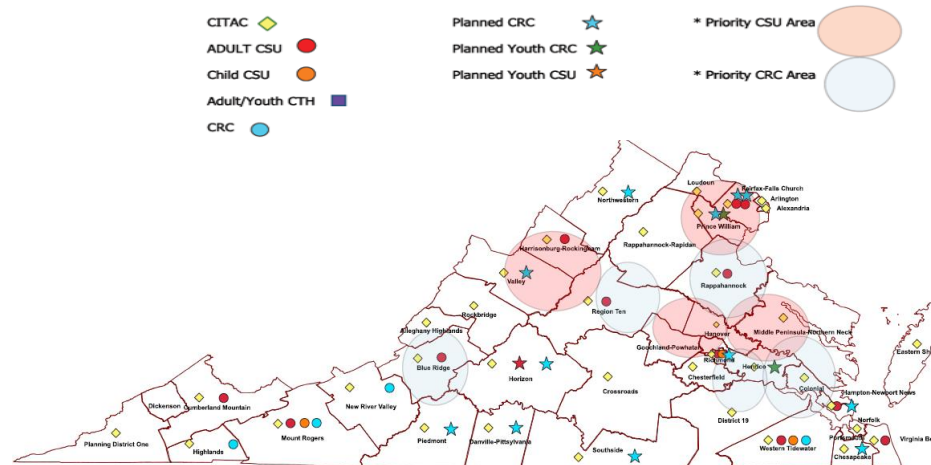
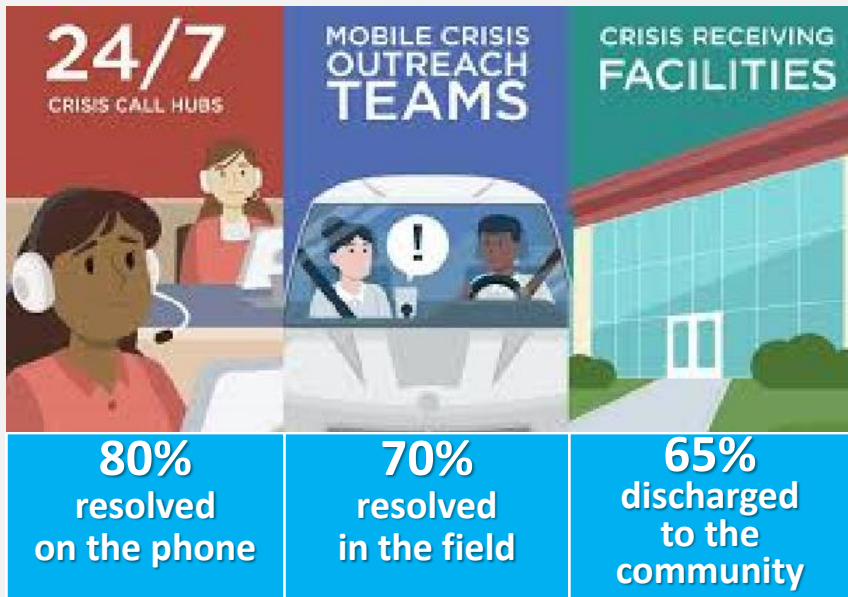
- Life threatening emergencies
- Backup to mobile crisis

30% of calls



Crisis Transformation

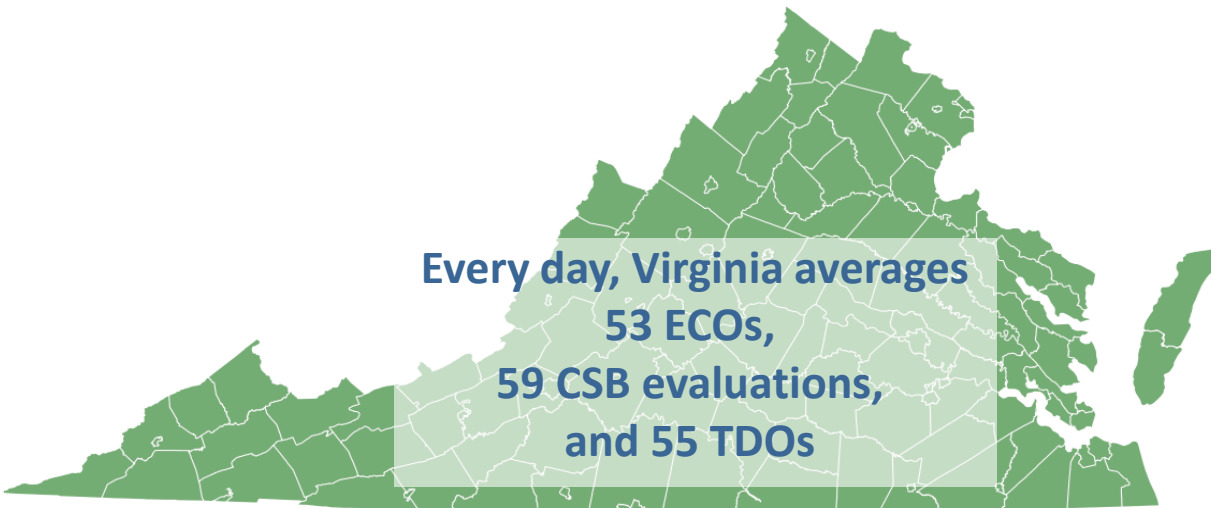
With a full system build out, we should experience:



Statewide	Current Sites Funded in Base	Funding FY 2023	Requested FY 2024 Funding
Crisis Stabilization Units (CSUs)	13	1	3
Youth CSUs	3	0	2
CSU Site Receiving Enhancements	0	0	15
Crisis Intervention Team Assessment Centers (CITAC)	37	0	0
Crisis Receiving Centers (CRCs)	12	6	9
Total	65	7	29

Pillar 2: Law Enforcement Relief

FY 2023 had 19,455 ECOs, 57,980 CSB crisis evaluations, and 20,255 TDOs



Every day, Virginia averages
53 ECOs,
59 CSB evaluations,
and 55 TDOs



Photo from Chesterfield Police Chief Katz of police vehicles at a local hospital because of ECOs and TDOs

Pillar 3: Capacity Building



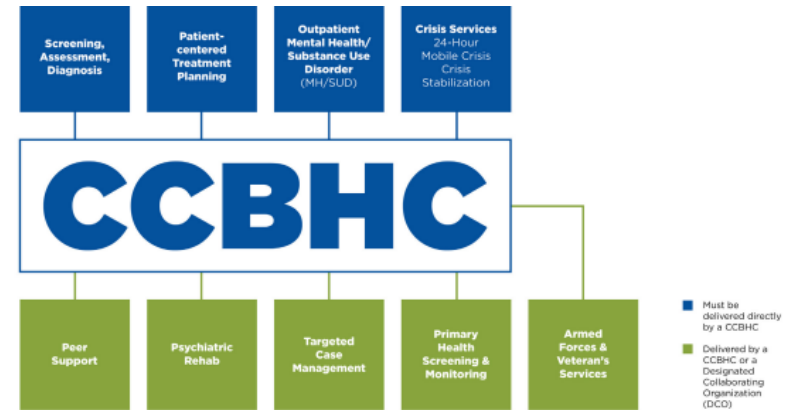
Virginia is 1 of 5 states with an increase in the number of youth suicides since the pandemic.



Reference: Lauren Snellings & Kelsey McMahon. State of Virginia's Children November 2021, Voices for Virginia's Children. 2022 Evaluation of suicides among U.S. adolescents during the COVID-19 pandemic.



Carlton Views, Permanent Supportive Housing in Charlottesville



Building on the School-Based Mental Health (SBMH) Pilot

Right Help, Right Now expands school-based services to allow:

- Grants to more school divisions to collaborate with community partners
- Sustain current pilot school funding
- Technical assistance for schools to successfully implement SBMH



Certified Community Behavioral Health Clinics



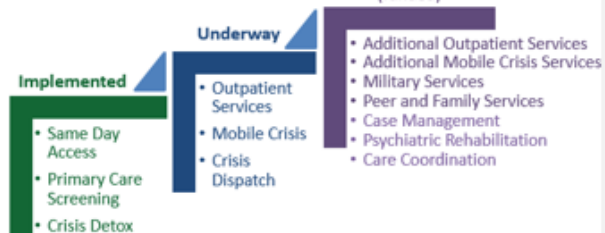
WHAT IS A CCBHC? CCBHCs are federally specially designed clinics that provide critical care for people with mental health and substance use challenges. CCBHCs meet defined federal and state criteria, including providing 24-hour crisis care, and enhanced care coordination and partnership with primary care, hospital partners, and law enforcement.

WHO DO CCBHCs SERVE? CCBHCs serve anyone in need of mental health care of substance use treatment services – regardless of their ability to pay.



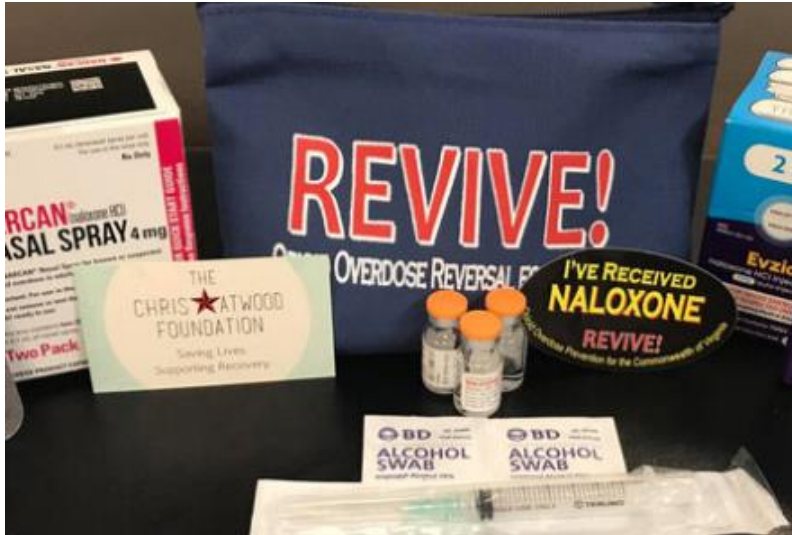
STEP-VA

System Transformation with Excellent & Performance



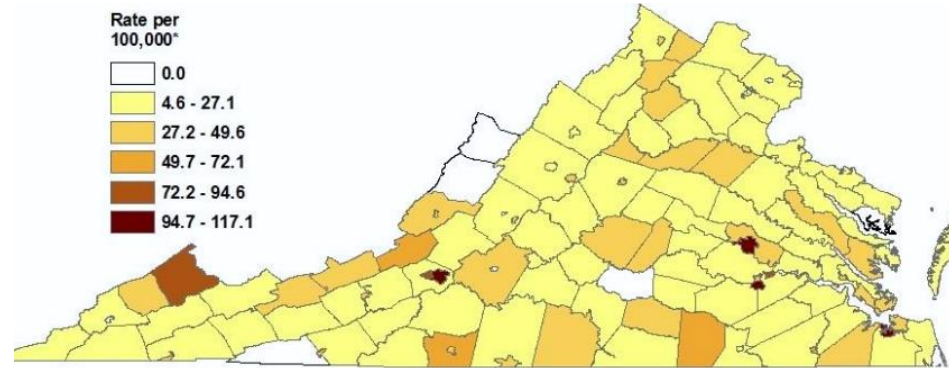
IS VIRGINIA READY FOR CCBHCs? YES! STEP-VA has provided a foundation, four CSBs are participating as grantees in the CCBHC structure, and DBHDS applied for a federal grant to help pursue CCBHC implementation.

Pillar 4: Support for SUDs and Overdose Prevention



REVIVE! training Info: revive@dbhds.virginia.gov

Rate of all fatal opioid by locality of overdose, 2022



Age	0-24	25-34	35-44	45-55	55+
	9%	27%	28%	21%	16%

Gender	Male	Female
	69%	31%

Virginia Dept Health, Chief Medical Examiner

Pillar 5: Workforce

Year One

Targeted salary increases for food services and environmental services at DBHDS state facilities to reduce turnover and vacancy among the lowest paid positions.



Pictured above: Eastern State Hospital

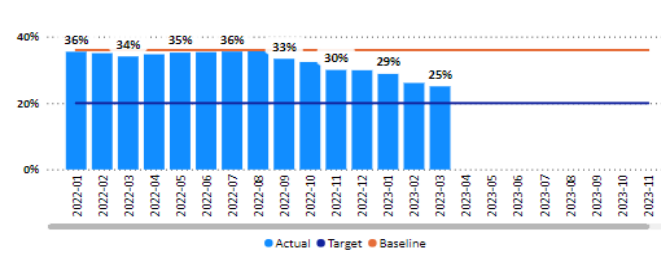
State Hospitals

- Jan 2022: Overall vacancy rate was 24%
- March 2023:
 - Overall vacancy rate = 22%
 - With contractors, overall vacancy rate = 15%
 - RNs with contractors was 12%

Filter by Position

- Direct Service Associates (DSA)
- Housekeeping / Foodservice
- Licensed Practical Nurse (LPN)
- Psychologist / Counselor
- Registered Nurse (RN)

Vacancy Rate

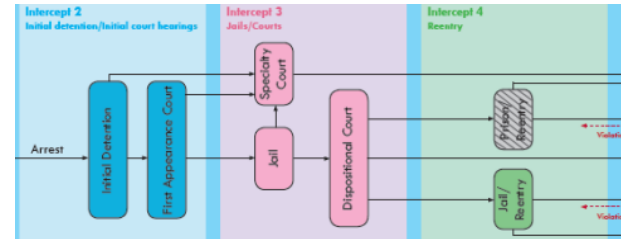


Western State Hospital



- 5 of 9 state hospitals at 100% capacity or higher
- 257 beds restored and 97 beds remain offline
- CCCA at 24 beds (50%) due to staffing challenges

- Forensic census increased 103% between 2013 and 2023
- ESH is currently 95% forensic patients
- CSH currently 86% forensic patients



Right Help, Right Now and DBHDS

**RIGHT HELP.
RIGHT NOW.**

Governor's Right Help, Right Now Workstreams

Workstream 1 Ensure same-day care for those in BH crises	Workstream 2 Relieve law enforcement burden / reduce criminalization	Workstream 3 More capacity in community-based services	Workstream 4 Targeted support for substance use disorder & preventing overdose	Workstream 5 Prioritize BH workforce	Workstream 6 Identify innovations & close capacity gaps
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 Virginia Department of Behavioral Health & Developmental Services

DBHDS is implementing RHRN as well as modernizing its core systems and processes through three DBHDS-specific focus areas:

1 - Workforce

Develop a robust, strong, well-trained, and sustainable workforce

2 - Continuum of Care

Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities

3 - Modernization

Modernize systems and processes that leverage best practices to drive and sustain high-quality service outcomes

The DBHDS dashboard is found at: dbhds.virginia.gov/about-dbhds/strategic-plans/

Overview of Key HHR Issues

VACo Health and
Human Resources
Steering Committee
August 17, 2023

Children's Services Act – 2023

Legislative/Budget Actions and Proposals

- CSA-related legislation:
 - HB 1945 (Durant) removes the requirement that the Department of Behavioral Health and Developmental Services collect data from each community policy and management team and each community services board or behavioral health authority relating to children and adolescents for whom an admission to an acute care psychiatric or residential treatment facility was unsuccessfully sought.
 - SB 1513 (Mason) adds the Commissioner of the Department for Aging and Rehabilitative Services to the State Executive Council for Children's Services. The bill also adds a representative from the Department for Aging and Rehabilitative Services to the state and local advisory team tasked with advising the Council.
 - HB 2018 (Adams), which failed to pass, would have allowed family assessment and planning teams (FAPT) and community policy and management teams (CPMT) to share information with local law enforcement or threat assessment teams established by local school boards if a FAPT or CPMT obtains information from which the team determines that a child poses a threat of violence or physical harm to himself or others.
 - SB 1023 (Stuart), which also failed, would have expanded eligibility for services under the Children's Services Act to students who transfer from an approved private school special education program to a public school special education program meeting certain conditions.
- Budget proposals:
 - Both the House and Senate budgets proposed to eliminate the requirement that the Office of Children's Services implement rate-setting for private special education day placements and to redirect the \$100,000 included for a contract to assist in rate-setting implementation to provide technical assistance to localities with private day placements above the statewide average. The Senate budget included language directing the Office of Children's Services to report certain information annually on its website regarding usage of private day placements.
 - The Office of Children's Services sent guidance to local CSA programs on July 24 instructing them to use the rates established by the rate setting study to inform their negotiations with private day providers for the 2023-2024 school year, but also stating that state funds will not be used to reimburse for rates that increase by more than 2 percent from the rates established for the 2022-2023 school year.

Children's Services Act - 2023 Legislative/Budget Actions and Proposals (continued)

- Study of incorporation of psychiatric residential treatment services into Medicaid managed care has been proposed; timing is unclear
 - Language in the introduced budget directed DMAS to convene a workgroup to examine the impact of including psychiatric residential treatment services in the managed care program.
 - Under the proposed budget language (which was slightly revised in the House and unchanged in the Senate), this workgroup would be directed to examine potential cost, program, and system of care impacts, including how local funding and the federally required independent assessment process for these services must be accounted for in managed care. A report would be due by December 1, 2023.
 - Earlier in the spring, DMAS indicated that it planned to proceed with the workgroup, but more recent information indicates that DMAS may instead wait for the budget to be finalized.
 - VACo has asked for local representation on the workgroup given the potential effects on local matching funding as well as concerns about how a managed care process would interact with the existing FAPT/CPMT processes.

Behavioral Health – Key 2023 Legislative/Budget Actions and Proposals

- Governor's introduced budget proposed significant investments in crisis services and the behavioral health workforce. Major items included:
 - \$2.5 million GF increase in FY 2024 for the Behavioral Health Loan Repayment Program and \$5 million in FY 2024 for loan repayments for psychiatric registered nurses and psychiatric nurse practitioners
 - Additional 20 psychiatric residency slots in FY 2024
 - \$58.3 million GF in FY 2024 to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and expansion of existing sites
 - \$20 million GF in FY 2024 for comprehensive psychiatric emergency programs or similar models of psychiatric care in emergency departments
 - \$20 million GF in FY 2024 for the one-time costs of establishing additional mobile crisis services in underserved areas
 - \$4 million (and \$110,000 for administrative costs) for a pilot program to assist sheriffs' offices and regional jails with the costs of maintaining custody and transportation of individuals in their custody who are subject to an ECO or TDO
 - Additional \$1 million GF in FY 2024 for DBHDS to contract with local law enforcement agencies who have agreed to use off-duty officers to provide transportation services or to assume custody of an individual under a temporary detention order who is awaiting admission to a state facility
 - \$8 million GF in FY 2024 for supervised residential care, with priority to be given to projects for individuals on the Extraordinary Barriers List awaiting discharge from state hospitals
 - Approximately \$9 million in FY 2024 for targeted salary increase for food and environmental services employees at state facilities
 - \$15 million GF in FY 2024 to expand the school-based mental health pilot program and \$9 million GF in FY 2024 for student mental health services in K-12 and institutions of higher education

Behavioral Health – Key 2023 Legislative/Budget Actions and Proposals (continued)

- Both House and Senate proposed to increase funding for crisis system beyond what the Governor had proposed (additional \$25 million proposed by House; additional \$30 million proposed by Senate)
- Both House and Senate proposed funding for salary increases for CSB staff (\$36.5 million in the House, or approximately 5 percent of total CSB payroll, and \$50 million in the Senate, with language directing DBHDS, in collaboration with CSBs, to develop the criteria for allocating the funds and allowing DBHDS to fund up to 100 percent of the costs of the compensation increases)

Behavioral Health – Key 2023 Legislative/Budget Actions and Proposals (continued)

- Several bills that passed implement recommendations from JLARC’s 2022 study of the CSB system (which was released in December 2022) dealing with oversight of CSBs:
 - HB 2185 (Rasoul)/SB 1169 (Hanger) reorganizes and strengthens provisions related to the requirements of CSB performance contracts
 - SB 1465 (Hanger) states that the purpose of behavioral health services provided by community services boards and behavioral health authorities is to enable individuals who have a mental illness, developmental disabilities, or substance use disorder that significantly impairs their functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage functional impairments caused by the mental illness, developmental disability, or substance use disorder and (ii) remain in the community to the greatest extent possible, consistent with the individual's well-being and public safety. The bill also requires that performance contracts include certain information, including performance measures for service delivery.

Behavioral Health – Key 2023 Legislative/Budget Actions and Proposals (continued)

- A series of language amendments in the House and/or Senate budgets also proposed to implement recommendations from the JLARC study of CSBs, including:
 - Similar language in House and Senate budgets directing DBHDS to identify and eliminate duplicative and non-essential documentation and reporting requirements for CSBs.
 - Language in House budget directing DBHDS to report annually on CSB performance in improving consumer functioning.
 - Language in Senate budget directing DBHDS to complete a comprehensive review of the performance contracts with community services boards and revise all performance measures, with a report due to the Behavioral Health Commission by December 1, 2023, and changes to be implemented before the finalization of the FY 2025 performance contract.
 - Language in the Senate budget directing DBHDS to report CSB performance information, including any substantial underperformance or non-compliance and associated enforcement actions.
 - Language in the Senate budget directing DBHDS and DMAS to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide; provide technical assistance and training on appropriate Medicaid billing and claiming practices to relevant CSB staff; and evaluate the feasibility of a central billing entity that would handle all Medicaid claims for the entire system.
 - Language in the Senate budget directing DBHDS to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates by position type across CSBs.
 - Language in the Senate budget directing DBHDS to amend CSB performance contracts to require that any funding appropriated by the General Assembly to CSBs for staff compensation shall be used only for staff compensation and to require that CSBs report annually to DBHDS on any staff compensation actions taken during the prior fiscal year.

Behavioral Health – Key 2023 Legislative/Budget Actions and Proposals (continued)

- Several bills passed that are intended to improve elements of the crisis system:
 - HB 1792 (Ransone)/SB 1302 (Deeds) clarifies that when a mental or physical condition appears to be a result of intoxication, a licensed physician who has attempted to obtain informed consent of an adult person for treatment of such mental or physical condition may seek an order from the magistrate or court in the jurisdiction where the respondent is located authorizing temporary detention of the adult person in a hospital emergency department or other appropriate facility for testing, observation, or treatment, provided that certain conditions are met.
 - HB 1976 (Bell)/SB 1299 (Deeds) permits the director of a facility where a person is awaiting transport to the facility of temporary detention pursuant to a temporary detention order to release the person if an employee or a designee of the local community services board, in consultation with the person's treating physician, (i) conducts an evaluation of the person, (ii) determines that the person no longer meets the commitment criteria, (iii) authorizes the release of the person, and (iv) provides a discharge plan.
 - SB 872 (Newman) requires magistrates to authorize alternative transportation of a person subject to an emergency custody order or temporary detention order if appropriate alternative transportation is available. The bill allows an employee or contractor of an entity providing alternative transportation services under contract with DBHDS who has completed training to use restraint (i) if restraint is necessary to ensure the safety of the person or others or prevent escape and (ii) if less restrictive techniques have been determined to be ineffective to protect the person or others from harm or to prevent escape.

Behavioral Health – Behavioral Health Commission

- Commission members held strategic planning session in April and finalized 2023 workplan in May.
- Key projects planned for 2023:
 - Mapping of current behavioral health initiatives
 - Goal is to understand totality of efforts underway to improve the system
 - Report planned for November
 - Monitoring of program implementation
 - Goal of independently reporting on progress toward program goals, implementation challenges, unintended consequences
 - Initial briefing planned for September; reports on STEP-VA, Project BRAVO, permanent supportive housing scheduled for November
 - Expedited diversion to court-ordered treatment
 - Staff will review factors that may limit effectiveness of new process proposed in 2023 legislation, which would have allowed a defendant charged with certain misdemeanor violations that appear to be associated with his/her mental illness to be considered for transfer from the criminal justice system to a civil process for court-ordered mental health treatment
 - Briefing planned for September
 - Maximizing school-based mental health services
 - Directed by the 2022 Appropriation Act. Staff will determine the current reach of services, identify ways to provide services in school settings, and evaluate opportunities to maximize Medicaid funding
 - Briefing planned for October
 - Reporting on behavioral health system metrics
 - Expected to be an ongoing topic/standard item on meeting agendas

Behavioral Health – Other Studies

- JLARC study of state psychiatric hospitals:
 - This study will review staffing at state hospitals; assess whether individuals could be served in other settings; evaluate the care provided at the hospitals, to include whether effective treatment practices are used and whether hospitals conduct effective discharge planning; and assess the oversight provided by hospital leadership and DBHDS.
 - Planned briefing: December 2023
- Several studies proposed in budget language; items still pending final resolution
 - Senate budget proposed a stakeholder workgroup to develop a shared understanding of the roles and responsibilities of Community Services Boards, law enforcement, private hospitals, and state hospitals to appropriately manage and transfer patients during periods when severe capacity constraints threaten to delay access to care for prolonged periods of time.
 - Senate budget proposed to direct DBHDS to develop and begin implementation of a plan to restore the bed capacity of the state hospital system that was taken offline in recent years due to workforce shortages.

Health Care – Key 2023 Legislative/Budget Actions and Proposals

- Significant focus in introduced budget on nursing workforce:
 - Proposed to establish the Earn to Learn Nursing Education Acceleration Program with \$30 million GF in FY 2024, which would fund grants for the formation of collaborative clinical training arrangements between high schools, higher education institutions, hospitals, and health providers (House budget proposed to reduce program by \$5.4 million and to include language allowing the program to be implemented through contracts with private as well as public higher education institutions; Senate budget proposed to reduce program by \$10 million and to transfer funding to higher education institutions to increase nursing faculty salaries at nursing schools)
 - \$10 million GF in FY 2024 to increase awards for the Nursing Preceptor Incentive Program (from \$1000 to up to \$5000) and expand eligibility to include licensed practical nurses and registered nurses.
 - Additional \$1 million GF in FY 2024 for existing nursing scholarship and loan repayment programs.
 - \$250,000 GF in FY 2024 to the Office of the Secretary of Health and Human Resources for the cost of a consultant to develop a statewide strategic plan on the Commonwealth's health care workforce needs.
- Legislation that would have established a Prescription Drug Affordability Board passed the Senate budget failed in the House.
 - HB 1596 (Delaney)/SB 957 (Petersen) would have established the Board and set out the process by which the Board would conduct affordability reviews and establish upper payment limits for certain prescription drugs

Health Care – Joint Commission on Health Care

- Workplan adopted May 17
- Three major studies to be undertaken in 2023:
 - Obesity and eating disorders: Directed by 2022 legislation. Study will examine the prevalence of obesity and eating disorders; identify evidence-based strategies for prevention, early identification, and treatment; determine the extent to which Medicaid and state-regulated health plans cover these services; and identify barriers for patients and families seeking treatment.
 - Vertically-integrated carriers and providers: Study will evaluate the scope of vertically-integrated carriers and providers in Virginia and nationwide and determine the effect of vertical integration on access to services, health care costs, and quality of care. The study will focus on vertical integration (a joint ownership interest) between payers and acute care hospitals.
 - Team-based care: Study will review evidence-based models of team-based care (the provision of health services by at least two professionals who work collaboratively with patients and caregivers to accomplish shared goals) and their effectiveness at improving outcomes; determine the extent to which team-based care is being used in Virginia and any obstacles to its implementation; and consider policy options for the state to promote effective models of team-based care.
- Two additional issues to be addressed:
 - Health care workforce: Will be an area of ongoing focus. Staff will begin by cataloging existing efforts and will recommend next steps to the Commission.
 - Prescription drug affordability: Staff will arrange a briefing on potential impact of federal legislation and federal court rulings

Health Care – Joint Commission on Health Care (continued)

- Commission conducted a study in 2022 of the structure and financing of local health departments. VACo assisted Commission staff in surveying counties as part of the study.
- The study contained 11 recommendations, including the following:
 - Require local health departments to ensure the availability of clinical services (either by the local department or by other providers) and facilitate access to and linkage with clinical care, and to provide chronic disease and injury prevention.
 - Direct VDH to design a state performance management process for each local health department.
 - Provide additional funding for a loan repayment program for local health department staff, as well as a salary increase for local health department employees.
 - Direct VDH to require all health districts to participate in the Community Health Assessment process.
 - Direct VDH to track cooperative budget funding per capita, compare that funding to the identified needs of each local department, and make adjustments as additional funding is available.
 - Direct VDH to update environmental health services regulations to increase inspection fees and adjust fees based on the type of establishment.
 - Direct VDH to adopt regulations to implement civil monetary penalties for facilities in violation of environmental health regulations (the report discusses this concept as a way to cover the cost of inspections and follow-up visits and to serve as a disincentive for facilities that are slow to correct violations).
- At its December 2022 meeting, the Commission adopted a recommendation to fund targeted salary increases for local health department staff to align with current industry salary benchmarks, and directed that the remaining policy options in the study be addressed in a letter to the Virginia Department of Health indicating support for these goals and requesting the Department to convene the appropriate stakeholders to develop an implementation plan, to include priorities and cost estimates.
- The Commission's Chair sent a letter in January to the Health Commissioner requesting the convening of a stakeholder workgroup (which would include VACo) to prioritize the policy options presented in the report, propose other helpful policy options, and identify funding required to implement those priorities.
- The workgroup's first meeting is scheduled for August 7.

Health Care – Joint Subcommittee to Study Pandemic Response and Preparedness

- Created in 2022 via study resolution; held its initial meeting in April 2023
- Work will be divided among three subcommittees:
 - Subcommittee #1 – Government and Regulatory Systems
 - Matters under subcommittee’s purview: scope of the Governor’s emergency powers; adequacy, resilience, and performance of the General Assembly, local governments, judicial system, Freedom of Information Act, and business regulatory system)
 - Subcommittee #2 – Health Care Systems and Emergency Management
 - Matters under subcommittee’s purview: adequacy, resilience, and performance of public and private health care systems and the emergency management and public health systems
 - Subcommittee #3 – Education
 - Matters under subcommittee’s purview: adequacy, resilience, and performance of the K-12 and higher education systems
- An RFI was issued in June for consultant assistance

Medicaid Coverage for Incarcerated Individuals

- Centers for Medicare and Medicaid Services recently announced an opportunity for states to apply for a Medicaid Reentry Section 1115 Demonstration Opportunity
- This Medicaid waiver would allow federal financial participation for a package of services for incarcerated individuals for a period prior to release
- Applications from California and Washington have been approved; several other states have applied
- VACo is in discussions with advocacy partners on ways to encourage Virginia to pursue a waiver that would provide the most assistance to local and regional jails in ensuring continuity and coordination of care

Medicaid Coverage for Incarcerated Individuals

- Pending federal legislation would allow more flexibility in Medicaid coverage for individuals in local/regional jails
 - H.R. 3074 and S. 971, the Due Process Continuity of Care Act, would create a state option for Medicaid coverage for individuals who are in custody pending disposition of charges, and would authorize planning grants for states to support preparation to offer such coverage
 - H.R. 2400 and S. 1165, the Reentry Act of 2023, would provide for Medicaid payment for care and services rendered to an incarcerated individual during the 30-day period preceding the individual's release
 - NACo is advocating in support of this legislation
 - VACo sent a letter of support to the Virginia Congressional delegation on July 31 (copy included in Committee's meeting packets)

Social Services - Key 2023 Legislative/Budget Actions and Proposals

- Introduced budget
 - Proposed \$8.3 million GF in FY 2024 to implement recommendations from the Office of the State Inspector General's audit of the state's Child Protective Services system, to include additional CPS worker and supervisor positions, which would initially be targeted toward the local departments with the highest need.
 - Proposed \$935,196 GF in FY 2024 to expand kinship navigator programs and directed the Department of Social Services to report on the effectiveness of these programs.
- House and Senate budget included language directing the Department of Social Services to expand the application period for the Low-Income Home Energy Assurances Program (LIHEAP) to allow applications to be submitted in any month during the year and to award grants retroactively for the 2022-2023 heating season.
- House budget proposed to move \$4.1 million in funding for child welfare efforts that was adopted in the June 2022 budget from FY 2023 to FY 2024 and directed that this funding be used for support for the child welfare workforce (\$2.1 million); information technology improvements (\$750,000); and support for kinship caregivers (\$1.25 million).
- Senate budget proposed \$180,000 GF and \$60,000 NGF in FY 2024 to expand Virginia's Title IV-E Child Welfare Stipend Program to include individuals preparing to work in Child Protective Services (CPS) slots as well as several additional child welfare position slots.

Social Services - Key 2023 Legislative/Budget Actions and Proposals

- Two bills that passed are aimed at workforce issues:
 - HB 2146 (Guzman) directs the Virginia Board of Social Work to convene a workgroup to examine the feasibility of licensure by reciprocity with other jurisdictions and to submit a report to the General Assembly by November 1, 2023.
 - HB 2231 (Sickles) requires the Board of Social Work to maintain a list of the names and contact information of persons approved by the Board to supervise candidates for licensure as a clinical social worker and allows supervisees to change or add a supervisor from the list without prior approval.
- Foster care bills of note
 - HB 1744 (Carr) allows home studies conducted by a local board of social services or licensed child-placing agency to be transferable among all localities, local boards, and licensed child-placing agencies within the Commonwealth at the request of the prospective foster parent or the prospective adoptive parent (effective January 1, 2024)
 - Unsuccessful legislation (SB 923, Favola) would have established the Kinship as Foster Care Prevention Program to support placements of children with relatives by local boards of social services in order to avoid foster care. A child would be eligible if the local board determined that (i) the child was at imminent risk of being removed from his home and a preliminary protective order was insufficient to address the child's immediate safety concerns and (ii) the child's parent or guardian consented to the placement of the child with a relative pursuant to an agreement with the local board. This agreement would set out the amount of payment to be provided to the relative. The State Board of Social Services would be directed to promulgate regulations to implement the legislation, to include provisions governing how payments would be calculated and prioritized based on available funding

Social Services – Medicaid Redetermination

- The Families First Coronavirus Response Act provided a 6.2% enhanced Federal Medical Assistance Percentage (FMAP) matching rate, provided that states met certain conditions, including the requirement to maintain enrollment of individuals in Medicaid through the end of the federally declared Public Health Emergency.
- In December 2022, the Consolidated Appropriations Act (CAA) decoupled the public health emergency from the continuous coverage requirement, effective March 31, 2023
 - The enhanced FMAP phases out by December 31, 2023
 - States were permitted to begin closing eligibility April 30, 2023
 - Over 12 months, Virginia must initiate eligibility redetermination for all current Medicaid members; Virginia’s Medicaid rolls have grown by 41 percent since March 2020
 - As of June 7, approximately 342,000 renewals had been completed
- During the 2021 Special Session, the General Assembly appropriated \$15 million in ARPA funding to assist with redetermination; the “skinny budget” passed in 2023 provided an additional \$38 million for contract support for DMAS and support for local DSS to handle redeterminations and appeals

Social Services – Workgroup on Reallocation of Local Staff and Operations Funding

- In summer 2020, the State Board of Social Services directed the Commissioner to develop a new formula for allocating administrative funding to local departments, to include a local match that would vary based on ability to pay.
- A small workgroup of state DSS staff and local DSS directors met to examine possible metrics to be used to allocate funds; DSS conducted regional focus groups with local DSS directors in spring 2023 and plans to present more information to the Board of Social Services in August.
- Several potential models have been discussed
 - A weighted caseload model
 - Distributing a portion of funds based on a weighted caseload model and a portion based on households in the locality below the ALICE threshold (a measure developed by the United Way to capture households that earn more than the federal poverty level, but struggle to meet basic expenses)
 - A weighted caseload model adjusted by local fiscal stress
- VACo has met several times with DSS staff and they are cognizant of the need to implement any proposed changes in a way that minimizes negative impacts on localities. Will be meeting again in late August, after the Board of Social Services meeting, to discuss ways to circulate the proposals more broadly among local governments ahead of a possible proposal for the 2025 General Assembly session.

Social Services – Other Studies

- JLARC study of self-sufficiency and child care
 - Commission staff will review the extent to which TANF, SNAP, and the child care subsidy program support self-sufficiency, as well as how effectively the programs are designed and administered, and how well they are coordinated with workforce development programs.
 - Planned briefing: October 2023

Substance Use Disorder - Key 2023 Legislative/Budget Actions and Proposals

- Proposals in the Governor's introduced budget:
 - Earmarks \$5 million in FY 2024 from the Commonwealth Opioid Abatement and Remediation Fund to conduct a public awareness campaign to reduce the number of incidents of fentanyl poisoning among youth
 - Earmarks \$7 million in FY 2024 from the Commonwealth Opioid Abatement and Remediation Fund to support costs associated with a statewide fentanyl response strategy.
 - Earmarks \$1.4 million per year for naloxone from the Commonwealth Opioid Abatement and Remediation Fund.

Substance Use Disorder - Key 2023 Legislative/Budget Actions and Proposals

- HB 1524 (Coyner)/SB 820 (Favola) creates the Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund, to be used to support the planning and implementation of locally administered jail-based addiction recovery and substance use disorder treatment and transition programs in local and regional jails. The bill takes effect July 1, 2024.
- HB 1525 (Coyner)/SB 846 (Favola) permits DBHDS, direct care service providers, and community boards to hire for adult substance abuse treatment programs peer recovery specialists who have been convicted of certain barrier crimes where a history of such offense does not pose a risk to individuals receiving services.
- SB 824 (Bell) renames the Substance Abuse Services Council the Virginia Addiction Recovery Council and adds two members representing the problem gambling recovery community and one member representing the board of directors of the Opioid Abatement Authority.
- SB 1415 (Pillion) allows any person to possess and administer naloxone or other opioid antagonist used for overdose reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, provided that certain conditions are met. The bill directs the Department of Health, the Department of Behavioral Health and Developmental Services, and the Department of Corrections to develop a comprehensive plan for the distribution of naloxone throughout the Commonwealth and allows such agencies to begin implementation of the plan with existing resources. Directs the Department of Health to begin the development of an opioid impact reduction registry, consisting of nonprofit organizations that work to reduce the impact of opioids in the Commonwealth. Directs the Department of Corrections to amend its regulations to require that training in the administration of naloxone be provided to every inmate prior to release.

Substance Use Disorder – Opioid Abatement Authority

- On June 23, the Virginia Opioid Abatement Authority Board of Directors awarded more than \$23 million in grants to 76 Virginia cities and counties for opioid abatement and remediation efforts.
 - Grants were awarded to 13 individual cities or counties; 26 grants were awarded to regional partnerships
- A second application period for planning grants for individual cities/counties opened July 1, 2023, and will close September 30, 2023.
 - This will be the last opportunity for planning grants from the OAA.
 - The Grants Committee will consider awards at their December 4 meeting.
- Abatement Academy webinar series – 2nd and 4th Thursday of each month; more information and recordings of earlier sessions available at <https://www.oaa.virginia.gov/abatement-academy/>
- OAA website: <https://www.oaa.virginia.gov/>

Commission on Youth – 2023 studies

- Commission adopted its 2023 workplan on May 15, with three studies planned for the year:
 - Improving foster care in Virginia: This study is planned to build upon earlier efforts to improve the foster care system in Virginia. Staff recommended the creation of several workgroups that would focus on key areas, including workforce retention, liability insurance for foster care agencies, and recruitment and retention of foster families.
 - Admission of minors to a mental health facility for inpatient treatment: The Commission agreed to a review of legislation which was referred to the Commission by letter from the House Courts of Justice Committee. The bill would have increased from 14 to 16 the minimum age for a minor to consent to admission to a mental health facility for inpatient treatment and added addiction as a reason for a minor to be admitted to a mental health facility for inpatient treatment.
 - *Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs*: The Commission is required to revise this document on a biennial basis, and as part of updating the 8th edition (which was published in 2021), staff plans to include a new section on the effect of the COVID-19 pandemic on youth mental health, as well as updating a recently-added section on implementation of the Family First Prevention Services Act.

Commission on Youth – Follow-up to 2022 Juvenile Detention Study

- The Commission conducted a study in 2022 on the efficiency and effectiveness of Virginia’s juvenile detention system. This study was prompted by the declining numbers of youth housed in juvenile detention centers and explored potential consolidation or repurposing of unused capacity in these facilities.
- Several proposed recommendations from the study would have pushed for a top-down approach, including a recommendation to direct the Department of Juvenile Justice to implement a process to identify specific juvenile detention centers to be defunded and consolidated to align facility capacity with regional needs, and a recommendation to develop a reinvestment plan to use savings from facility consolidation to meet the needs of public safety and education for juvenile detention centers.
- Several recommendations would have directed the state to work with detention centers to repurpose unused capacity on a voluntary basis.
- Instead, the Commission approved a compromise recommendation:
 - Request that the Secretary of Public Safety & Homeland Security, the Secretary of Education, the Secretary of Health and Human Resources, Virginia Association of Counties, Virginia Municipal League, and affected localities conduct an assessment of needs regarding juvenile detention centers. This assessment shall take into consideration the cost savings that could occur with consolidation or repurposing and discuss ways to reinvest in places or programs for youth who are in or at risk of becoming part of the juvenile justice system. Further, request that this review assess and consider alternative delivery models of education services. This group shall report its progress and timeline to determine any potential cost savings and ways to invest in community needs, to the Commission on Youth by July 1, 2023. This group shall complete its report and provide recommendations to the Commission on Youth by December 1, 2023.

Commission on Youth – Follow-up to 2022 Juvenile Detention Study (continued)

- VACo and VML participated in an initial discussion with affected state agencies in June.
 - Participants discussed an initial list of potential alternative uses for excess capacity in juvenile detention centers:
 - Department of Juvenile Justice renting space to address capacity needs for committed youth
 - Detoxification units for youth
 - Serving youth with acute behavioral health needs
 - Services for youth who have been victims of trafficking
 - Representatives of the Virginia Juvenile Detention Association will gauge interest among member facilities in these potential opportunities

Update on 2023 General Assembly Actions – Health and Human Resources

VACo HHR Steering Committee – August 17, 2023

Crisis Services and State Hospital Capacity to Accept Individuals Subject to Temporary Detention Orders

HB 1792 (Ransone)/**SB 1302** (Deeds) clarifies that when a mental or physical condition appears to be a result of intoxication, a licensed physician who has attempted to obtain informed consent of an adult person for treatment of such mental or physical condition may seek an order from the magistrate or court in the jurisdiction where the respondent is located authorizing temporary detention of the adult person in a hospital emergency department or other appropriate facility for testing, observation, or treatment, provided that certain conditions are met.

HB 1976 (Bell)/**SB 1299** (Deeds) permits the director of a facility where a person is awaiting transport to the facility of temporary detention pursuant to a temporary detention order to release the person if an employee or a designee of the local community services board, in consultation with the person's treating physician, (i) conducts an evaluation of the person, (ii) determines that the person no longer meets the commitment criteria, (iii) authorizes the release of the person, and (iv) provides a discharge plan.

HB 2216 (Leftwich)/**SB 1347** (Cosgrove) requires health insurance carriers to provide coverage for mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit, to the extent that such services are covered in other settings or modalities, regardless of any difference in billing codes. The bill requires the State Corporation Commission, in consultation with the Secretary of Health and Human Resources, to convene a stakeholder work group to examine network standards for mobile crisis response services and the current availability of mobile crisis response services in the Commonwealth.

SB 872 (Newman) requires magistrates to authorize alternative transportation of a person subject to an emergency custody order or temporary detention order if appropriate alternative transportation is available. The bill allows an employee or contractor of an entity providing alternative transportation services pursuant to a contract with the Department of Behavioral Health and Developmental Services who has completed training approved by the Department in the proper and safe use of restraint to use restraint (i) if restraint is necessary to ensure the safety of the person or others or prevent escape and (ii) if less restrictive techniques have been determined to be ineffective to protect the person or others from harm or to prevent escape.

Failed: **SB 1512** (Mason) would have authorized hospitals with a psychiatric emergency department to employ certain trained individuals to perform evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment. The bill contained reporting requirements as well as an expiration date of July 1, 2025. *(Left in House Courts of Justice)*

Aging/Long-Term Care/Individuals with Disabilities

HB 1446 (Orrock)/**SB 1339** (Barker) sets nursing staffing requirements for certified nursing facilities, imposes administrative sanctions on a certified nursing facility if it does not comply with the staffing

requirements, provides for exemptions to the administrative sanctions under certain circumstances, and directs the promulgation of regulations consistent with the bill. The legislation takes effect July 1, 2025.

[HB 1681](#) (Robinson)/[SB 1457](#) (Lewis) provides that if an individual is admitted to a skilled nursing facility without being screened, but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the screening may be conducted after admission. Under the bill, coverage of institutional long-term services and supports by the Commonwealth for such patients who have not been prescreened shall not begin until six months after the initial admission to the skilled nursing facility. During this six-month period, the nursing home in which the individual resides shall be responsible for all costs indicated for institutional long-term services and supports, without accessing the patient's funds. The bill provides that if sufficient evidence indicates that the admission without screening was of no fault of the skilled nursing facility, the Department of Medical Assistance Services shall begin coverage of institutional long-term services and supports immediately upon the completion of the functional screening indicating skilled nursing facility level of care pending the financial eligibility determination.

[HB 1450](#) (Orrock)/[SB 798](#) (Hashmi) replaces various instances of the terms "handicap," "handicapped," and similar variations throughout the Code of Virginia with alternative terms, as appropriate in the statutory context, such as "disability" and "impairment."

[HB 1659](#) (Bell)/[SB 830](#) (Favola) directs the Department of Behavioral Health and Developmental Services, in coordination with the Department of Education and relevant stakeholders, to develop and disseminate best practice standards related to the transition of records and transfer of services for students with disabilities at the age of majority. Such best practice standards shall be disseminated to community services boards, behavioral health authorities, local education agencies, and other relevant stakeholders.

[HB 1963](#) (Runion)/[SB 945](#) (Suetterlein) directs the Department of Medical Assistance Services to take steps to amend the Family and Individual Supports, Community Living, and Building Independence waivers to combine the maximum annual allowable amount for assistive technology and electronic home-based support services for an individual receiving waiver services.

[HB 2027](#) (Roem) provides that a guardian shall not restrict an incapacitated person's ability to communicate with, visit, or interact with other persons with whom the incapacitated person has an established relationship, unless such restriction is reasonable to prevent physical, mental, or emotional harm to or financial exploitation of such incapacitated person. The bill further requires that the guardian provide written notice to any restricted person and provides a procedure by which an incapacitated person or a person whose communication, visits, or interaction with an incapacitated person has been restricted may challenge such restriction in court.

[HB 2028](#) (Roem) requires a guardian to visit an incapacitated person at least three times per year and at least once every 120 days. The bill requires that at least two of the visits be conducted by the guardian and directs that at least one of such visits be in-person.

[HB 2063](#) (Glass)/[SB 1144](#) (McPike) requires any individual or entity with information relevant to a guardianship or conservatorship proceeding, including any (i) health care provider, local school division, or local department of social services; (ii) criminal justice agency (unless such disclosure would impede an ongoing criminal investigation or proceeding); and (iii) financial institution, investment advisor, or

other financial services provider, to provide such information upon request of the appointed guardian ad litem. The bill also requires certain financial institutions, in cooperation with an investigation of alleged abuse, neglect, or exploitation of an adult, to make available any relevant financial information upon request from any guardian ad litem who has been appointed by the court to represent such adult. The bill immunizes such financial institutions from liability for providing such information, absent gross negligence or willful misconduct.

HB 2172 (Sickles) removes from the definition of "mobility-impaired person" the requirement that such person complete training to use a dog for service or support as a prerequisite to invoking the rights of persons with disabilities under Chapter 9 of Title 51.5.

HB 2344 (Head)/**SB 1421** (Pillion) removes the requirement that the adult protective services hotline immediately refer certain reports of alleged adult abuse, neglect, or exploitation to the appropriate local law-enforcement agency; retains the requirement for the local department of social services to immediately refer such reports to the appropriate local law-enforcement agency and the duty of local law-enforcement agencies to provide local departments of social services with a preferred point of contact for such referrals.

SB 987 (Mason) requires the court to set up a schedule for periodic review hearings in the order of appointment of a guardian or conservator, unless the court makes a determination that such hearings are unnecessary or impracticable. Periodic review hearings must address whether the guardian or conservator is fulfilling his duties and whether continuation of the guardianship or conservatorship is necessary and, if so, whether the scope of such guardianship or conservatorship warrants modification.

SB 1221 (Obenshain) requires the Board of Social Services to adopt regulations requiring each assisted living facility to maintain a minimum amount of liability insurance, as determined by the Board on the basis of the number of residents for which an assisted living facility is licensed, and provide notice of such insurance, upon request, to any resident or prospective resident.

SB 1508 (Mason) increases from six to 12 months the maximum period of time during which a person may operate an assisted living facility, adult day care center, or child welfare agency under a provisional license issued by the Commissioner of Social Services.

Failed: **HB 1906** (Hope)/**SB 1269** (Edwards) would have allowed the Department for Aging and Rehabilitative Services to provide auxiliary grants to eligible recipients residing in independent community living, as defined in the bill, under conditions set forth in the bill, with a cap of 200 auxiliary grant recipients in independent community living. (*HB 1906 left in House Appropriations; SB 1269 tabled in House Appropriations*)

Failed: **HB 2437** (Roem)/**SB 1140** (McPike) would have directed the Department for Aging and Rehabilitative Services to develop and provide training for court-appointed guardians by July 1, 2024. The legislation required an appointed guardian and any staff employed by such guardian to perform guardianship duties to complete the initial training developed by the Department within four months of the date of the initial court order of appointment. (*Both bills tabled in House Appropriations*)

Failed: **HB 1599** (Wachsmann)/**SB 831** (Favola) would have directed the Department of Medical Assistance Services to take steps to amend the Family and Individual Supports, Community Living, and Building Independence waivers to implement a medically needy spend down provision that allows otherwise eligible individuals to spend income in excess of the income limit for waiver services on

medical expenses in order to meet the waiver income limit. (*HB 1599 left in House Appropriations; SB 831 tabled in House Appropriations*)

Behavioral Health Care

HB 2182 (Robinson) provides that the Behavioral Health Commission shall have the power and duty to implement a process to solicit and receive input from (i) individuals who are currently receiving or have received behavioral health services or (ii) individuals with intellectual or developmental disabilities or autism spectrum disorders or the family members of such individuals.

HB 1465 (Krizek)/**SB 836** (Reeves) directs the Commissioner of Behavioral Health and Developmental Services to establish and maintain the Problem Gambling Treatment and Support Advisory Committee to enable collaboration among prevention and treatment providers and operators of legal gaming in the Commonwealth on efforts to reduce the negative effects of problem gambling.

HB 2054 (Hope)/**SB 1267** (Favola) requires general district courts, juvenile and domestic relations district courts, and circuit courts, in cases in which a defendant is found not guilty of any offense after a trial at which evidence of the defendant's mental condition at the time of the alleged offense was introduced, to make available to the defendant information regarding services provided by the community services board and how such services may be accessed.

HB 2156 (Watts)/**SB 1170** (Hanger) clarifies the duty of agencies and political subdivisions of the Commonwealth to cooperate with and assist the Behavioral Health Commission in the performance of its duties and requires such agencies and political subdivisions to provide to the Commission any records requested by the Commission (except as prohibited by law), and, upon request and availability, access to the facilities of any such agency or political subdivision.

HB 2185 (Rasoul)/**SB 1169** (Hanger) reorganizes and strengthens provisions related to the requirements of performance contracts entered into by the Department of Behavioral Health and Developmental Services with community services boards and behavioral health authorities.

HB 2255 (Hodges)/**SB 1155** (Mason) directs the Department of Behavioral Health and Developmental Services to review its regulations that impact providers licensed by the Department and develop reforms to increase efficiency, reduce redundancy, and decrease regulatory burdens on providers.

HB 2313 (Head)/**SB 1132** (Peake) allows criminal history record information to be disseminated to the Commissioner of Behavioral Health and Developmental Services or his designee for individuals who are being evaluated to determine the individual's sanity at the time of a criminal offense or capacity to stand trial, where such information may be beneficial for the purpose of placement, evaluation, treatment, or discharge planning.

HB 2410 (Watts) allows the period of involuntary temporary detention to be extended for a minor or individual who has been admitted to a facility of temporary detention if the period of involuntary temporary detention would terminate on any day or part of a day on which the clerk's office is lawfully closed. Current law allows the period to extend past 72 hours for an adult only if the detention would terminate on a Saturday, Sunday, legal holiday, or day on which the court is closed and allows the period to extend past 96 hours for a juvenile only if the detention terminates on a Saturday, Sunday, or legal holiday.

SB 1465 (Hanger) states that the purpose of behavioral health services provided by community services boards and behavioral health authorities is to enable individuals who have a mental illness, developmental disabilities, or substance use disorder that significantly impairs their functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage functional impairments caused by the mental illness, developmental disability, or substance use disorder and (ii) remain in the community to the greatest extent possible, consistent with the individual's well-being and public safety. The bill also requires that performance contracts entered into by the Department of Behavioral Health and Developmental Services with community services boards and behavioral health authorities include certain information, including performance measures for service delivery.

Failed: **HB 1561** (Watts)/**HB 2106** (Bourne) would have provided that no individual shall be subject to arrest or prosecution for an assault or assault and battery against a law-enforcement officer if at the time the individual was experiencing a mental health emergency or met the criteria for issuance of an emergency custody order and the law-enforcement officer was responding to a call for service requesting assistance for such individual. *(Both bills left in House Courts of Justice)*

Failed: **HB 1594** (Gooditis)/**SB 1368** (Vogel) would have added employees of community services boards that serve more than one locality to the definition of "state employee" for the purpose of allowing such employees to be eligible for the health insurance coverage provided to state employees. *(HB 1594 left in House Appropriations; SB 1368 passed by indefinitely in Senate Finance and Appropriations)*

Failed: **HB 2192** (Rasoul) would have directed the Department of Behavioral Health and Developmental Services to transform Catawba Hospital into a state-of-the-art facility at which a continuum of substance abuse treatment and recovery services is provided, in addition to the array of behavioral health and other services currently provided. *(Left in Senate Finance and Appropriations; \$14.8 million for detailed planning for renovations included in House budget proposal)*

Failed: **HB 2339** (Bell)/**SB 1174** (Mason) would have established a process where a defendant who is charged with certain misdemeanor violations that appear to be associated with mental illness may be considered for transfer from criminal court to civil process for court-ordered mental health treatment without any adjudication on such misdemeanor charges. *(HB 2339 left in House Courts of Justice; SB 1174 passed by indefinitely in Senate Judiciary with a letter to the Behavioral Health Commission)*

Failed: **SB 1510** (Mason) would have allowed a court, if a defendant is found not guilty of any offense after a trial at which evidence of his mental condition was admitted, to enter an order for an outpatient evaluation of the defendant if the court finds probable cause to believe the defendant meets certain criteria for an outpatient evaluation. The bill required the court to subsequently enter an order for outpatient services, which must include an outpatient services plan prepared by the community services board of behavioral health authority, if it made certain findings related to the defendant's conduct and the likelihood that community-based services for the defendant's mental condition would reduce the risk of harm. *(Passed by indefinitely in Senate Judiciary)*

Children's Services Act

HB 1945 (Durant) removes the requirement that the Department of Behavioral Health and Developmental Services collect data from each community policy and management team and each community services board or behavioral health authority relating to children and adolescents for whom an admission to an acute care psychiatric or residential treatment facility was unsuccessfully sought.

[SB 1513](#) (Mason) adds the Commissioner of the Department for Aging and Rehabilitative Services to the State Executive Council for Children's Services. The bill also adds a representative from the Department for Aging and Rehabilitative Services to the state and local advisory team tasked with advising the Council.

Failed: [HB 2018](#) (Adams) would have allowed family assessment and planning teams (FAPT) and community policy and management teams (CPMT) to share information with local law enforcement or threat assessment teams established by local school boards if a FAPT or CPMT obtains information from which the team determines that a child poses a threat of violence or physical harm to himself or others. (*Left in Senate Rehabilitation and Social Services*)

Failed: [SB 1023](#) (Stuart) would have expanded eligibility for services under the Children's Services Act to students who transfer from an approved private school special education program to a public school special education program established and funded jointly by a local governing body and school division located within Planning District 16, when (i) the public school program is able to provide services comparable to those of an approved private school special education program and (ii) the student would require placement in an approved private school program but for the availability of the public school program. (*Stricken in Senate Education and Health*)

Foster Care

[HB 1744](#) (Carr) provides that home studies conducted by a local board of social services or licensed child-placing agency for the purpose of placing a child in a foster home or with an adoptive family shall, on and after January 1, 2024, be transferable among all localities, local boards, and licensed child-placing agencies within the Commonwealth at the request of the prospective foster parent or the prospective adoptive parent, subject to any time limitations or other requirements imposed by law or regulation.

[SJ 241](#) (Edwards) directs the Office of the Children's Ombudsman to continue its work group convened by General Assembly direction in 2022 to consider issues relating to the Commonwealth's model of court-appointed legal counsel in child dependency cases, and to make recommendations for legislative and budgetary changes to address such issues by November 30, 2023.

Failed: [SB 923](#) (Favola) would have established the Kinship as Foster Care Prevention Program to support placements of children with relatives by local boards of social services in order to avoid foster care. The bill provided that a child would be eligible to participate in the Program if the local board determined that (i) the child is at imminent risk of being removed from his home and a preliminary protective order is insufficient to address the child's immediate safety concerns and (ii) the child's parent or guardian consents to the placement of the child with a relative pursuant to an agreement with the local board developed in accordance with the provisions of the bill. This agreement would set out the amount of each payment to be provided to the relative. The State Board of Social Services would be directed to promulgate regulations to implement the legislation, which may include provisions governing the manner in which payments would be calculated and prioritized based on available funding. (*Tabled in House Appropriations*)

Health Care/Public Health

[HB 1447](#) (Orrock)/[SB 1426](#) (Suetterlein) allows persons who are employed or engaged at a medical care facility who have a valid emergency medical services provider certification issued by the Board of

Health as a requirement of being employed or engaged at the medical care facility to administer drugs and devices at the medical care facility pursuant to an oral or written order or standing protocol.

HB 1449 (Orrock) directs the Secretary of Health and Human Resources to consider adopting a process to allow an emergency medical services provider to administer prescription medication to a person who has a valid prescription for that medication but is unable to consent to the administration of the medication due to a medical emergency.

HB 2008 (Adams, L.) directs the Department of Health to convene a stakeholder work group to make recommendations for reducing the occurrence and impact of tick-borne diseases in the Commonwealth.

HB 2274 (Kilgore)/**SB 948** (Suetterlein) allows pharmacists to initiate treatment with, dispense, or administer controlled substances or devices for the initiation of treatment of group A Streptococcus bacteria infection, influenza virus infection, COVID-19 virus infection, and urinary tract infection to persons 18 years of age or older with whom the pharmacist has a bona fide pharmacist-patient relationship in accordance with regulations set forth by the Board of Pharmacy.

HB 2345 (Head)/**SB 1255** (Dunnivant) renames the Emergency Department Care Coordination Program the Smartchart Network Program and expands the Program to allow participation by all health care providers, insurance carriers, and other organizations with a treatment, payment, or operations relationship with a patient in the Commonwealth to facilitate real-time communication and collaboration. Under current law, participation is limited to hospital emergency departments. The bill also directs the State Health Commissioner and the Director of the Department of Health Professions to convene a work group to establish a plan to implement a system to share information regarding a patient's prescription history and medication reconciliation.

SB 827 (Favola) directs the Board of Health to amend its regulations to require every hospital with an emergency department to establish a security plan and stipulates certain training requirements to be included in the plan.

SB 1344 (Barker) allows the City of Alexandria to enter into a contract with the Department of Health for the local administration of local health services.

SB 1546 (Ebbin) adds any place or operation that prepares or stores food for distribution to child or adult day care centers or schools, regardless of whether the receiving day care center or school holds a restaurant license, to the definition of "restaurant" as it applies to Title 35.1 (Hotels, Restaurants, Summer Camps, and Campgrounds).

Failed: **HB 1596** (Delaney)/**SB 957** (Petersen) would have established the Prescription Drug Affordability Board and set out the process by which the Board would conduct affordability reviews and establish upper payment limits for certain prescription drugs. *(Both bills left in House Commerce and Energy)*

Failed: **HB 2337** (Sewell) would have required that every sports facility, as defined in the bill, have a working automated external defibrillator. *(Left in House Health, Welfare, and Institutions)*

Failed: **SB 1474** (Obenshain) would have directed the Department of Health to amend its regulations and each local health department and health district to amend its regulations and guidance documents relating to mobile food units to allow up to 20 percent of the sanitation and food preparation activities of

a mobile food unit to take place within a 50-foot radius of the mobile food unit. (*Failed to report in House Health, Welfare, and Institutions*)

Human Trafficking

HB 1426 (Tata)/**SB 1147** (Boysko) requires that, of the hours of continuing education required for renewal of licensure, any licensee of the Board of Medicine may be required to complete up to two hours of continuing learning activities or courses in a specific subject area; if the Board of Medicine designates a subject area for continuing learning activities or courses, the first subject area shall be on the topic of human trafficking.

SB 1292 (Deeds) directs the Department of Criminal Justice Services, in consultation with the Virginia State Crime Commission, to identify a suitable locality to administer a two-year Demand Reduction and Safe Harbor for Domestic Minor Sex Trafficked Youth pilot program. The bill provides that the goals of the program are to reduce the arrest of sex trafficking victims, reduce demand for commercial sex exploitation by focusing on buyers, and establish high-quality education, alternative employment opportunities, and life skills for victims.

Social Services

HB 1550 (Campbell, J.) provides that in cases in which a licensed teacher employed by a local school board is found by a local department of social services to have committed child abuse or neglect, the teacher may, after exhausting all options for review by the local department and Commissioner of Social Services, petition the circuit court for a de novo review of such finding. In the event that a court reverses such finding of abuse or neglect and the individual submits to the Department of Education an application for the reinstatement of his license as a teacher, the Board of Education shall consider and act upon such application no later than 90 days after the date of submission.

HB 1768 (Head) requires that if a local multidisciplinary team has determined during an investigation of a report of child abuse or neglect that an interview of the child by a child advocacy center recognized by the National Children's Alliance is needed and an interview with a recognized child advocacy center within the jurisdiction cannot be completed within 14 days, the local department of social services may facilitate the interview with a recognized child advocacy center located in another jurisdiction.

HB 2025 (Roem) requires the Department of Social Services to develop, annually update, and provide to each school board in advance of the start of each school year an information sheet on the SNAP benefits program in order to properly inform the parents of students enrolled in public elementary and secondary schools of such program and encourage application by those who are eligible and requires each school board to ensure that such information sheet is sent home with each student at the beginning of each school year.

HB 2146 (Guzman) directs the Virginia Board of Social Work to convene a workgroup to examine the feasibility of licensure by reciprocity with other jurisdictions and to submit a report to the General Assembly by November 1, 2023.

HB 2231 (Sickles) requires the Board of Social Work to maintain a list of the names and contact information of persons approved by the Board to supervise candidates for licensure as a clinical social worker and allows supervisees pursuing licensure as a clinical social worker to change or add a

supervisor from the Board's list of currently approved supervisors without prior approval from the Board.

HB 2380 (Roem) directs the Department of Social Services to provide information to food banks regarding outreach opportunities for providing assistance to individuals completing a SNAP application, including the process for organizations to enter into a contract with the Department to provide assistance with completing a SNAP application.

SB 1367 (Vogel) clarifies that no child whose parent or other person responsible for his care allows the child to engage in independent activities without adult supervision shall for that reason alone be considered to be an abused or neglected child, provided that (a) such independent activities are appropriate based on the child's age, maturity, and physical and mental abilities and (b) such lack of supervision does not constitute conduct that is so grossly negligent as to endanger the health or safety of the child. The bill provides that such independent activities include traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home for a reasonable period of time.

Failed: **HB 1902** (Hope)/**SB 998** (Mason) would have allowed appeals regarding the adequacy of standards of need and payment levels for public assistance programs. Current law allows court review of agency decisions regarding the grant or denial of Temporary Assistance for Needy Families, Medicaid, food stamps, general relief, auxiliary grants, or state-local hospitalization but limits such review to whether the agency relied on evidence to support its decision. (*HB 1902 was left in House General Laws; SB 998 was passed by indefinitely in Senate Finance and Appropriations*)

Substance Abuse

HB 1524 (Coyner)/**SB 820** (Favola) creates the Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund, to be used to support the planning and implementation of locally administered jail-based addiction recovery and substance use disorder treatment and transition programs in local and regional jails. The bill takes effect July 1, 2024.

HB 1525 (Coyner)/**SB 846** (Favola) permits the Department of Behavioral Health and Developmental Services, direct care service providers, and community boards to hire for adult substance abuse treatment programs peer recovery specialists who have been convicted of certain barrier crimes where a history of such offense does not pose a risk to individuals receiving services.

HB 1709 (Cherry)/**SB 1424** (Pillion) adds employees of the Department of Corrections designated by the Director of the Department to the list of persons who are authorized to possess and administer naloxone or other opioid antagonists.

HB 2342 (Campbell, E.) separates provisions regarding background checks of employees in direct care positions providing adult substance abuse and mental health services from those of background checks of employees in direct care positions providing services for children and developmental services.

SB 824 (Bell) renames the Substance Abuse Services Council the Virginia Addiction Recovery Council and adds two members representing the problem gambling recovery community and one member representing the board of directors of the Opioid Abatement Authority.

SB 1414 (Pillion) establishes the Commonwealth Opioid Abatement and Remediation Fund to receive opioid abatement or remediation funds from a direct settlement or other court order relating to claims

regarding the manufacturing, marketing, distribution, or sale of opioids, excluding funds designated for transfer to the Opioid Abatement Authority.

[SB 1415](#) (Pillion) allows any person to possess and administer naloxone or other opioid antagonist used for overdose reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, provided that certain conditions are met. The bill directs the Department of Health, the Department of Behavioral Health and Developmental Services, and the Department of Corrections to develop a comprehensive plan for the distribution of naloxone throughout the Commonwealth and allows such agencies to begin implementation of the plan with existing resources. Directs the Department of Health to begin the development of an opioid impact reduction registry, consisting of nonprofit organizations that work to reduce the impact of opioids in the Commonwealth. Directs the Department of Corrections to amend its regulations to require that training in the administration of naloxone be provided to every inmate prior to release.

Telehealth

[HB 1602](#) (Robinson)/**[SB 1418](#)** (Pillion) establishes that health care providers are not required to maintain a physical presence in the Commonwealth to maintain eligibility to enroll as a Medicaid provider.

[HB 1754](#) (Head)/**[SB 1119](#)** (Stuart) allows for continuity of care when a practitioner with whom a patient has previously established a practitioner-patient relationship is unavailable by permitting another practitioner of the same subspecialty at the same practice group with access to the patient's treatment history to provide continuity of care using telemedicine services until the practitioner with whom the patient has a previously established practitioner-patient relationship becomes available.

Failed: **[HB 1918](#)** (Batten) would have required health insurers, health care subscription plans, and health maintenance organizations to provide coverage beginning January 1, 2024, for the cost of certain health care services provided through audio-only telehealth services. *(Passed by indefinitely in Senate Commerce and Labor with a letter to the Health Insurance Reform Commission)*

Update on Key 2023 Legislation on Finance & Elections Committee Priorities and Issues Under Discussion for 2024 Session

VACo Finance and Elections Steering Committee

August 17, 2023

Key Finance-Related Studies and Other Issues

HHR-related studies/issues with implications for local budgets

- Follow up to 2022 Joint Commission on Health Care study on local health department structure and financing
 - At its December 2022 meeting, the Commission adopted a recommendation to fund targeted salary increases for local health department staff to align with current industry salary benchmarks, and directed that the remaining 11 policy options in the study be addressed in a letter to the Virginia Department of Health indicating support for these goals and requesting the Department to convene the appropriate stakeholders to develop an implementation plan, to include priorities and cost estimates.
 - The Commission's Chair sent a letter in January to the Health Commissioner requesting the convening of a stakeholder workgroup (which would include VACo) to prioritize the policy options presented in the report, propose other helpful policy options, and identify funding required to implement those priorities.
 - VDH contacted VACo in July to initiate the workgroup; the first meeting is scheduled for August 7
- Follow up to 2022 Virginia Commission on Youth study on efficiency/effectiveness of juvenile detention centers, which explored potential consolidation/repurposing of unused capacity
 - Several proposed recommendations from the study were not adopted, including a recommendation to direct the Department of Juvenile Justice to implement a process to identify specific juvenile detention centers to be defunded and consolidated to align facility capacity with regional needs, and a recommendation to develop a reinvestment plan to use savings from facility consolidation to meet the needs of public safety and education for juvenile detention centers.
 - Instead, the Commission adopted a compromise recommendation directing relevant Secretariats to work with VACo and VML to conduct a needs assessment, taking into consideration cost savings from consolidation/repurposing and potential reinvestment opportunities
 - VACo and VML participated in an initial discussion with affected state agencies in June; a list of potential alternative uses for excess capacity was considered. The Virginia Juvenile Detention Association will gauge interest among its membership for potential repurposing uses.

HHR-related studies/issues with implications for local budgets

- JLARC study of state psychiatric hospitals:
 - This study will review staffing at state hospitals; assess whether individuals could be served in other settings; evaluate the care provided at the hospitals, to include whether effective treatment practices are used and whether hospitals conduct effective discharge planning; and assess the oversight provided by hospital leadership and DBHDS.
 - Planned briefing: December 2023
- JLARC study of self-sufficiency and child care
 - Commission staff will review the extent to which TANF, SNAP, and the child care subsidy program support self-sufficiency, as well as how effectively the programs are designed and administered, and how well they are coordinated with workforce development programs.
 - Planned briefing: October 2023

HHR-related studies/issues with implications for local budgets

- Study of incorporation of psychiatric residential treatment services into Medicaid managed care has been proposed; timing is unclear
 - Language in the introduced budget directed DMAS to convene a workgroup to examine the impact of including psychiatric residential treatment services in the managed care program.
 - This workgroup would be directed to examine potential cost, program, and system of care impacts, including how local funding and the federally required independent assessment process for these services must be accounted for in managed care. A report is due by December 1, 2023.
 - Earlier in the spring, DMAS indicated that it planned to proceed with the workgroup, but more recent information indicates that DMAS may instead wait for the budget to be finalized.
 - VACo has asked for local representation on the workgroup given the potential effects on local matching funding as well as concerns about how a managed care process would interact with the existing FAPT/CPMT processes.

HHR-related studies/issues with implications for local budgets

- Local Departments of Social Services – allocation of local staff and operations funding: In summer 2020, the State Board of Social Services directed the Commissioner to develop a new formula for allocating administrative funding to local departments, to include a local match that would vary based on ability to pay.
 - A small workgroup of state DSS staff and local DSS directors met to examine possible metrics to be used to allocate funds; DSS conducted regional focus groups with local DSS directors in spring 2023 and plans to present more information to the Board of Social Services in August.
 - VACo has met several times with DSS staff and they are cognizant of the need to implement any proposed changes in a way that minimizes negative impacts on localities. Will be meeting again in late August, after the Board of Social Services meeting, to discuss ways to circulate the proposals more broadly among local governments ahead of a possible proposal for the 2025 General Assembly session.
- Structural balance in Temporary Assistance to Needy Families block grant
 - According to a recent report by the Department of Social Services, Virginia's TANF block grant is projected to be fully obligated in FY 2025, and the current obligation of funding will result in a deficit.
 - In addition to the cash assistance paid to families in poverty, Virginia has used discretionary TANF funding to fund a variety of programs, such as domestic violence services, Community Action Agencies, and home visiting.