



*Fairfax County, VA  
2021 Human Services  
Issue Paper*

*Supplement to the  
Fairfax County 2021 Legislative Program  
Adopted December 1, 2020*

## **2021 Fairfax County Human Services Issue Paper**

*The Human Services Issue Paper is a supplement to the 2021 Fairfax County Legislative Program as the Fairfax County Board of Supervisors has long recognized that investments in critical human services programs are essential to maintaining a healthy and vibrant community that provides all residents an equitable opportunity to thrive.*

The COVID-19 pandemic has demonstrated that, now more than ever, robust and equitable health and human services are essential in addressing the significant challenges facing Fairfax County. The demand for housing, utility, and food assistance has grown exponentially, with a 114 percent increase in residents contacting the County for emergency basic needs assistance between March and September 2020 compared to the same period the previous year. The pandemic has impacted every resident and all facets of the economy, but it has disproportionately impacted Black, Latinx, and low-income residents. In turn, this has exacerbated racial and social inequities among residents with the greatest need. In addition, older adults are at increased risk for severe illness – in fact, 88 percent of the County’s deaths from the virus are residents ages 60 and older. Avoiding close contact with people outside of one’s household, which is a precaution all Americans are being encouraged to take, can be particularly challenging for older adults, leading to social isolation and even economic hardship for those in the workforce. Though there are increased pressures on the Commonwealth’s budget as revenues are declining and the demand for critical services is increasing dramatically, allocations for safety net programs and services for residents facing vulnerability must be prioritized.

Although Fairfax County has one of the highest median household incomes in the nation, significant and complex needs are prevalent in this community. Over 68,000 residents live in poverty and over 266,000 residents (23.5 percent) earn less than the living wage needed to afford basic expenses in this high cost of living area. Unfortunately, these challenges are anticipated to increase, as between April and September 2020, the County’s unemployment rate has averaged 5.5 percent higher than the same period the previous year. In addition, disparities in income, employment, and health outcomes continue to be pervasive, and can often be attributed to race and specific neighborhoods. Ensuring the availability of effective and equitable health and human services for all residents is a vital foundation for a strong economy.

Historically, the state has underfunded health and human services, or neglected to incorporate best practices in service delivery. This has required localities to fund critical services with local revenues, which will be enormously challenging due to COVID-19’s fiscal strain. As the General Assembly (GA) makes difficult budget decisions in the 2021 session, it is important to recognize that the decisions made now will have a long-term impact on the entire Commonwealth. Therefore, it is essential that investments are made in programs that provide residents with the resources and opportunities needed to be resilient and thrive. In addition, the flexibility for service delivery granted during the pandemic should be continued beyond the public health emergency to provide residents with easier and more equitable access to assistance.

Strong partnerships between the Commonwealth and local governments are essential in addressing the pandemic’s impact, and can be accomplished by making policy and budgetary decisions to:

- Support residents experiencing vulnerability;
- Address racial and social inequities that have created systemic and institutional barriers;
- Create evidence-based, outcome-driven programs that are innovative, incorporate best practices, and adapt to localities' unique needs; and,
- Invest in workforce development initiatives and employment opportunities that provide residents with economic success.

## Priorities

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

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

Affordable housing is critically important for all Virginians, but obtaining it is particularly challenging in Northern Virginia, where housing is increasingly out of reach for low- and moderate-income earners. Fairfax County is already experiencing a deficit of 31,000 affordable rental homes, and the gap between the need and the supply will grow considerably without new approaches for expanding housing availability and affordability. It is anticipated that 15,000 net new units affordable to households earning 60 percent of area median income and below will be needed over the next 15 years. Development and preservation of affordable housing is most critical for small families and seniors.

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

The Commonwealth should:

- Allocate sufficient funding to the Virginia Rent and Mortgage Relief Program so that all Virginia residents who cannot pay their rent due to COVID-19 can access the program. Not only does this program provide tenants with housing stability, but it also helps small landlords who are struggling to pay their mortgage due to uncollected rents. By continuing

to support landlords, it will ensure that they are able to continue to offer affordable housing in our community.

- Expand resources available to ensure legal assistance and aid to tenants facing eviction.
- Increase funding to \$40 million in FY 2022 and retain the integrity of the Virginia Housing Trust Fund. This is essential to create and preserve affordable housing and reduce homelessness in Northern Virginia, where housing affordability creates substantial challenges for the economic competitiveness of the region, creating potentially negative impacts to the Commonwealth overall.
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership for low- and moderate-income earners.
- Enhance and create more state-funded rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers.
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities.
- Consider changes to state law to protect residents of mobile home parks, including more assistance with relocations. (*Updates and reaffirms previous position.*)

### ***Mental Health, Public Safety, and the Criminal Justice System***

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

Law enforcement officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department received nearly 4,900 mental health-related calls from January – June 2020. Such calls can lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for underlying mental health issues. Additionally, it is significantly more expensive to deliver mental health services in a detention facility than to provide the same service in community-based residential or community-based care.

To address these critical issues, Fairfax County continues to utilize local revenues for “Diversion First,” which offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who come into contact with the criminal justice system. The program has already had a significant impact – since 2016 more than 2,000 people have been diverted from potential arrest. Additionally, since 2015 there has been a 10.8 percent decrease in the number of inmates at the Fairfax County Adult Detention Center with behavioral health issues, and a 55 percent increase in the number of inmates referred to the Fairfax-Falls Church Community Services Board (CSB). Though the average daily population has decreased since FY 2008, the medical complexities of inmates has increased, with complex substance use and mental health disorders becoming more common.

Successful expansion of Diversion First will depend on adequate state investments in mental health services (and accompanying court and public safety resources) to:

- Increase the availability of community-based crisis services, local psychiatric beds for people with mental health issues, reintegration services for youth and adults at high risk of rapid re-hospitalization or re-offending, and discharge planning (*see also page 12-13*);
- Provide adequate funding for behavioral health call centers, crisis response teams (including the new Marcus alert system enacted during the 2020 special session), and crisis stabilization units, to connect individuals in need of treatment before a behavioral crisis begins or at the earliest possible stage of system interaction;
- Ensure the appropriate transition of behavioral health crisis calls between public safety, behavioral health call centers, and the future 988 mental health and suicide crisis hotline, a federal effort required to be in effect by July 16, 2022;
- Provide Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers and dispatchers, and Mental Health First Aid training for Fire and Rescue, jail personnel, and health and human service organization staff to educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness;
- Improve the screening, assessment, and treatment of incarcerated individuals' mental health and substance use disorders by gathering uniform system level data;
- Support the expansion of specialty courts and dockets;
- Remove barriers in order to facilitate the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians;
- Expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them ineligible for a diversion program; and,
- Remove barriers to community reentry by providing adequately funded forensic discharge planning and post-incarceration services. (*Updates and reaffirms previous position. See also the Courts position in the 2021 Legislative Program.*)

### ***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. Also, support coordinated strategies to meet the growing need for substance use disorder services that target specific high-risk age groups. In particular, innovative approaches to prevention (such as an e-cigarette tax) and nicotine addiction treatment are necessary to address the vaping crisis that is affecting teens and young adults at an alarming rate.**

Across Virginia, law enforcement and health care professionals continue to report a shocking number of fatal overdoses – 1,626 in 2019, a 9.4 percent increase from 2018. The statewide rate of opioid overdose-related deaths continues to exceed the number of deaths due to motor vehicle accidents. In Fairfax County, opioids are the number one cause of unnatural death, with 83 opioid deaths in 2019, most of which involved fentanyl and/or heroin. Alarming, hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church)

reported a 39 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-September 2020 compared to the same period in 2019. This serves as an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic, illustrating that adequate resources and innovative strategies are needed now more than ever.

Another concerning trend is the widespread use of e-cigarettes, which are the most commonly used tobacco product among youth today. Despite being fairly new, in 2020 more than 3.5 million American middle and high school students reported using e-cigarettes in the previous 30 days. In Fairfax County, among students surveyed in the 8th, 10th and 12th grades, more students reported vaping within a month of the survey date in November 2019 than using any other substances, and lifetime prevalence rates were high across all age groups (13.2 percent of 8th graders, 26.2 percent of 10th graders, and 37.3 percent of 12th graders). Though e-cigarettes became popular because they have been considered less harmful than regular cigarettes, the recent discovery of severe respiratory illness in otherwise healthy young people as a deadly complication of vaping has raised alarm throughout the US.

While the Commonwealth of Virginia has taken action to combat these issues, including efforts to control the supply of opioids and increase the age to purchase all tobacco products to 21, significant challenges still exist. Complementary strategies, including well-funded, sustained intervention and education efforts, should be designed to support teens and young adults, many of whom may require specialized care to combat addiction. An e-cigarette tax could be a particularly helpful prevention tool, as research shows taxing tobacco is one of the most effective ways to reduce use, especially among the youth population. The 2020 GA enacted legislation providing all counties with the authority to tax cigarettes at \$0.40 per pack (previously Fairfax County was one of two counties authorized to levy a tax on traditional cigarettes, though it was capped at the state rate of \$0.30 per pack). That authority should be expanded to also include e-cigarettes. (*Updates and reaffirms previous position.*)

**Position Statements**

***Medicaid Waivers***

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

Medicaid funds both physical and mental health services for low-income children and parents, pregnant women, older adults, and people with disabilities. It is funded by the federal and state governments and administered by the states. Federal funding is provided based on a state’s per capita income – the federal government shares 50 percent of the cost of Virginia’s Medicaid program (the exception is that under the recent Medicaid expansion the federal share is higher for newly eligible populations, but that does not affect waiver rates). Because each dollar Virginia

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

Each state also has the discretion to design its own Medicaid service program. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though a small number of Medicaid recipients in Virginia may also receive coverage through home and community-based "waiver" programs. Such programs allow states to "waive" the requirement that an individual must live in an institution, or that a service must be offered to the entire Medicaid population, to receive funding. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive. These waivers help ensure community-based options are available, in keeping with best practices.

Medicaid waivers are an integral component of the Commonwealth's settlement agreement with the US Department of Justice (DOJ) – the state redesigned waivers for individuals with DD as part of its shift from an institution-based system to a community-based system. Over the past several months, as the Commonwealth intensifies its efforts to meet the settlement agreement criteria by 2021 (when the settlement agreement was originally expected to end), the Department of Behavioral Health and Developmental Services (DBHDS) has mandated a significant number of new requirements to the CSBs with little notice, including increased reporting obligations and additional directives for resource specialist teams and crisis risk assessments. The number and complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements. It is expected that these requirements will continue beyond 2021.

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

Fairfax County supports the following adjustments in Medicaid waivers:

- An increased number of DD Medicaid waiver slots (at present the state is not even fully funding the Priority One waiting list). The 2020 GA made some progress by adding 250 additional waiver slots in FY 2022 (funding was unallotted but ultimately restored by the GA in the special session).
- Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.
- 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 2021 Medicaid state plan.
- Maintenance of Olmstead rights for people with disabilities and seniors to remain in the community following hospitalization for medical crises, including COVID-19 and related conditions.
- Enhancement and preservation of the CCC Plus Waiver, and elimination of the weekly 56-hour cap on personal attendant care hours.
- 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 REACH (Regional Education Assessment Crisis Services and Habilitation) in-home crisis supports, access to appropriate intensive residential support options, and community-based crisis services for individuals with disabilities.
- Enactment of a comprehensive Medicaid Dental Benefit for adults. Coverage for dental services in Medicaid will improve chronic disease outcomes, reduce the number of opioid prescriptions written for dental pain in emergency rooms, and prevent costly and painful dental disease. While the 2020 GA provided funding for dental care, that funding was unallotted due to the pandemic, and only partially restored in the 2020 special session.
- Retainer payments at 100% of expected capacity to support Group and Individual Supported Employment and residential service providers who are not currently receiving funds, or able to bill all service hours, due to the pandemic. *(Updates and reaffirms previous position.)*

## ***Children and Families***

### ***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, or disrupt the responsibilities and authorities assigned to the County by CSA. Also support the current structure, which requires that service decisions are made at the local level and are provided based on the needs of each child, ensuring that service expenditures are approved through local processes.**

CSA provides funding to plan and provide services to children who: have serious emotional or behavioral problems; need residential care services; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate match of approximately 46 percent in Fairfax County. Children receiving certain special education and foster care services are the only groups considered mandated for service, and sum sufficient language ensures state and local governments provide funding necessary for such youth. As a redesign for the provision of behavioral health care services occurs at the state level to include changes to the state’s Medicaid plan, the County should support policy alignment with CSA and continued local decision-making. State rate-setting, and a study of rate-setting for public day special education services, needs to be closely monitored for any potential local impact. *(Updates and reaffirms previous position.)*



Child Care

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

A secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, working families with low incomes may not access the quality child care and early childhood education that helps prepare young children for kindergarten (families in Fairfax County receiving subsidies have an annual median income of nearly \$30,000, while the cost of full-time care for a preschooler at a child care center ranges from \$14,000 to over \$19,500 per year). Many of these families are “the working poor” who require assistance with child care costs to achieve self-sufficiency. Additionally, a state waiver from the Virginia Department of Education (VDOE) allowing Fairfax County to increase program income eligibility above the current 250 percent of the federal poverty level (FPL) would help address the challenges families experience due to the high cost of living in Northern Virginia.

Additionally, the COVID-19 pandemic has created an unprecedented challenge for the Commonwealth’s workforce and the overall child care infrastructure. The County’s economic recovery and long-term success, as well as the Commonwealth’s, is contingent upon access to affordable, high quality child care. During and post pandemic, investments to sustain child care centers, family child care homes, and the early childhood workforce are vital. The Governor and GA have recently allocated significant resources to both help stabilize the child care industry and provide school age child care during virtual school/learning, but those efforts are largely being sustained with federal funding – the investment of state General Fund dollars will be important to ensuring long-term sustainability as the Commonwealth transitions out of the current pandemic. *(Updates and reaffirms previous position.)*

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

**Support increased and sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia’s infants and toddlers with developmental delays.**

The Commonwealth contracts with the Fairfax County Department of Neighborhood and Community Services to provide early intervention service coordination and therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, social interactions, and movement (as part of the Commonwealth’s compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). The benefits of early intervention continue to be supported by research, and the demand for services to eligible children continues to grow at a rapid pace. The increase in the number of children diagnosed with autism and the growing number of children born substance exposed has directly impacted the number of children eligible to receive this support. Consistent annual increases to the targeted case management rate (unchanged since 2012) and the Medicaid reimbursement rates for physical, speech-language, developmental and occupational therapies (unchanged since 2011) are necessary

to ensure that the program can continue to meet the demand for early intervention services. *(Updates and reaffirms previous position.)*

### School Readiness

**Support increased state resources and operational flexibility for early childhood education programs, including the Virginia Preschool Initiative (VPI), in order to eliminate barriers and allow localities to expand these critical programs. In Fairfax County, state VPI funding provides about one-sixth (\$3,163) of the actual cost (approximately \$18,000) of serving a child, which is insufficient to expand the program under current requirements.**

Increasing funding while providing flexibility, including to serve children in non-public school classroom settings, is essential. Providing VPI services in community early childhood programs, including centers and family child care homes, is a key strategy for addressing capacity challenges in public school settings (for example, if Fairfax County were to use all available slots to serve children in only public school classrooms more than 55 additional classrooms would be needed, creating a substantial capacity challenge). Providing flexibility for teacher credentials and licensure in community early childhood programs allows grant funding to be used equitably across all programs participating in VPI. An additional membership verification window to confirm VPI eligibility for families enrolling after the initial fall membership verification date would allow improved access to this important program.

Research has increasingly shown the importance of high-quality early childhood education programs to children's cognitive and social-emotional development and their school success. Business and military groups, including the US Chamber of Commerce and Mission: Readiness, a coalition of retired military leaders, have cited potentially positive impacts on national economic security, linking early childhood education to the creation of a qualified workforce. *(Updates and reaffirms previous position.)*

### Youth Safety

**Support additional state funding to prevent and reduce risk factors that lead to youth violence, gang participation, alcohol/drug use, and mental health problems, while increasing protective factors.**

Research has identified risk factors that increase the likelihood of substance use, delinquency, mental health problems, and violence among youth. These risk factors include adverse childhood experiences, weak social ties, early aggressive behavior, attitudes favorable to substance use and violence, and the availability of alcohol and drugs, among others. Conversely, strong parenting, positive involvement from a caring, competent adult, healthy social-emotional functioning (such as empathy and coping), and involvement in community activities are shown to be protective factors. Funding is needed to implement evidence-based, effective strategies to strengthen protective factors and resilience, and to prevent and reduce risk factors. *(Updates and reaffirms previous position.)*

## ***Older Adults and People with Disabilities***

### *Disability Services Board (DSB)*

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

DSBs enable localities to assess local service needs and advise state and local agencies of their findings; serve as a catalyst for the development of public and private funding sources; and, exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. *(Reaffirms previous position.)*

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

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

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers money while helping older Virginians function independently, decreasing the risk of inappropriate institutionalization, addressing social isolation, and improving overall life satisfaction and mental health. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, housekeeping, and laundry). *(Updates and reaffirms previous position.)*

### *Accessibility*

**Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places, housing, and transportation services (including transportation network companies).**

Over 87,000 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) 30 years ago, continued advancement is needed to ensure the protections offered by the ADA are strengthened. Continued access to affordable, accessible transit is more important than ever as people with disabilities and older adults seek to return to work and other daily activities during the COVID-19 pandemic. Additional affordable, accessible, integrated housing and transportation options, as well as support for Universal Design initiatives, allow people with disabilities to remain active, contributing members of their communities while retaining their independence and proximity to family and friends. *(Updates and reaffirms previous position.)*

### *Adult Protective Services (APS)*

**Support state funding for additional APS social workers.**

APS conducts investigations and protects older adults and incapacitated adults from abuse, neglect, or exploitation through the provision of casework services, home-based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. As the older adult

population has increased in Virginia, along with a corresponding demand for APS services, state funding for APS positions has remained stagnant. *(Reaffirms previous position.)*

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

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

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

Following more than a decade of flat TANF rates, increases were provided in several recent GA sessions. Most recently, rates increased 15 percent for standard TANF households, while Unemployed Parent cases (TANF-UP, which include two able-bodied parents) remained stagnant. Currently, Virginia TANF benefit levels remain at or below 30 percent of the FPL for all family household sizes, and at or below 26 percent of the FPL for TANF-UP households. To further support this vulnerable population, the GA should continue to increase TANF payments. *(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 support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence and provide victims more choice in addressing safety concerns. Also support legislation to strengthen protective orders (POs), such as: requiring family abuse PO respondents to immediately surrender firearms directly to law enforcement; expanding the prohibition on knowingly possessing a firearm to include non-family abuse PO respondents; and, providing judges with greater discretion to extend and/or increase the time period of POs.**

Research shows that domestic and sexual violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs. Witnessing domestic violence is considered an adverse childhood experience and can be extremely problematic for children, leading to depression, anxiety, nightmares, and academic disruptions; both female and male adults with lifetime victimization experience are significantly more likely to report chronic issues (including headaches, pain, and sleep problems) as well as long-term health problems (including asthma, diabetes, anxiety, depression, and alcohol/drug abuse). *(Updates and reaffirms previous position.)*

### ***Behavioral Health***

#### *STEP-VA*

**Support funding, commensurate with the size of the population served, for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth's behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages, including programs that work in concert with STEP-VA core services, such as the Children's Regional Crisis Stabilization Program and the Virginia Mental Health Access Program. Oppose the use of a local ability to pay factor in the**

**distribution of CSB funds, which would penalize localities that make funding with local dollars a priority.**

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, which mandates that CSBs provide new core services. As a result, all CSBs initiated the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019, deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services (some funding was allocated for crisis services and outpatient services in FY 2020). Significantly, though unsurprisingly, at no point during the three years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly mandated services. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. Sustaining such a high level of local funding while receiving inadequate support from the state, at a time that state mandates continue to grow, is becoming increasingly untenable. Localities that make funding these vital services with local dollars a priority should not be penalized for their efforts, and the County would strongly oppose the use of a local ability to pay factor in the distribution of CSB funds. (*Updates and reaffirms previous position.*)

*Emergency Responsiveness*

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

In 2014, the GA passed legislation requiring state facilities to accept individuals subject to a temporary detention order if a bed in a private psychiatric facility cannot be located within the eight-hour timeframe of an emergency custody order. While this is designed to ensure that individuals in crisis receive emergency mental health treatment, it has also led to a shortage of state hospital beds. The Northern Virginia Mental Health Institute (NVMHI), one of the smaller state hospitals despite the large population it serves, continues to experience periods of 100 percent capacity – though other state hospitals face similar capacity challenges, it is important to note that a major factor at NVMHI is the increasing diversion of individuals from other parts of the state (136 individuals in FY 2020, growing at a rate of nine percent in FY 2021). Fairfax County’s ongoing local investments help ensure a robust continuum of community services, and allow for the Fairfax-Falls Church CSB to have one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per 100,000 compared to the statewide average of 16 citizens per 100,000). However, the lack of sufficient 24-hour community-based services for individuals requiring intensive supervision and medical services continues to exacerbate the state hospital bed crisis.

DBHDS continues its efforts to improve and increase community-based mental health services to reduce the demand for emergency placements by shifting state funding from large mental health institutions to community-based facilities, where serving an individual is a fraction of the cost of

hospitalization. Ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. State funding is insufficient both for regional mobile response services to prevent the unnecessary hospitalization of children and youth, and for the intensive community resources that allow individuals to transition back to community care. Such investments could alleviate the state hospital bed crisis while improving outcomes for individuals and the community. (*Updates and reaffirms previous position.*)

*Services for Transitional Youth*

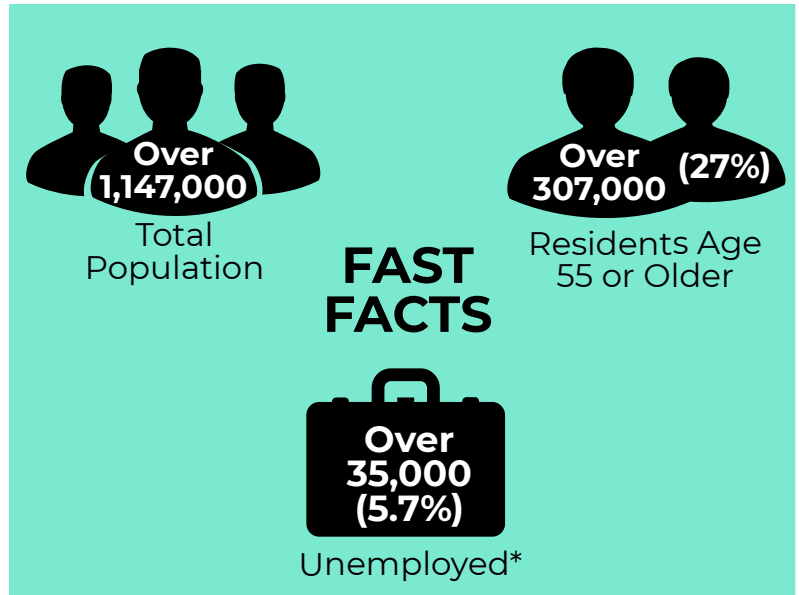
**Support enhanced residential and mental/behavioral health services that are evidence-based for transitional youth who currently “age out” of such services.**

In Virginia, significantly more public services are available to children in need of mental and behavioral health treatment than to adults in need of similar services. As a result, once they turn 18, youth may no longer receive all the assistance that was previously provided. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood. Services from which transitional youth typically age out include children’s mental health services; home-based services supports; case management; supervised, supported, or group home settings; educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. (*Reaffirms previous position.*)

# Fairfax County 2021 Human Services Issue Paper Fact Sheet

Eligibility for public assistance programs that provide support for low-income residents is tied to a percentage (typically 100%) of the Federal Poverty Level (FPL). In 2019, there were over 68,000 Fairfax County residents (6% of the population) that earned less than 100% of the FPL (about \$12,500 for an individual or \$25,750 for a family of four).

However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater - MIT's living wage calculator shows that an adult needs over \$35,000 and a family of four needs almost \$80,000.



\*Increase from 2% last year as a result of COVID-19.

In 2019, there were <b>over 68,000 Fairfax County residents that earned less than 100% of the FPL</b> - 78% of Virginia's 133 localities had <b>fewer TOTAL residents</b> than Fairfax County had <b>residents living in poverty.</b>		100% Federal Poverty Level	Fairfax County Living Wage	In 2019, there were <b>over 266,000 residents (24%)</b> including approximately 80,000 children, living in households with incomes less than 300% of the FPL - about the amount considered a living wage.**
	<b>Number of Residents</b>	68,141 (6%)		
	<b>Number of Children</b>	22,195		
	<b>Income (Individual)</b>	\$12,490		\$35,034
	<b>Income (Family of Four)</b>	\$25,750		\$79,536

## ABILITY TO SPEAK ENGLISH

**15%** of County residents over age 5 do not speak English proficiently.

**7%** of households are "linguistically isolated," meaning the household includes no one over 14 who speaks English proficiently.

**40%** of County residents over age 5 speak a language other than English at home.



\*\*The American Community Survey reports poverty data in standard ranges and the Living Wage data is closest to 300% FPL, which in turn provides an approximate number of Fairfax County residents who earn less than the Living Wage.

## AFFORDABLE HOUSING & HOMELESSNESS

There is an existing gap of **31,000** housing units affordable for current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI). It is anticipated that **15,000** new affordable units for households earning 60 percent of the AMI and below will be needed for households moving into the County over the next 15 years.

In 2019, the average monthly rent for an apartment was **\$1,877**, meaning a renter would need an income of **\$75,000** to afford it.



In 2019, over **57,000** households (45%) of Fairfax County renters were cost-burdened (spent more than 30% of their income on housing).

Over **8,500** cost-burdened renters were over the age of 65 in 2019.

There were **1,041** people who were homeless in the Fairfax-Falls Church community on January 22, 2020, the night of the 2020 Point-in-Time Count.

Over the course of federal FY 2019, nearly **3,000** people relied upon the County's shelter system.

The cost of full-time child care for a preschooler at a child care center can range from **\$14,000 to over \$19,500** per year (\$17,000 to nearly \$22,500 per year for an infant).



In comparison, the average cost of tuition and fees for a public college in Virginia is **\$13,600**.

## CHILD CARE

## OPIOIDS

Hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a **39%** increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January - September 2020 compared to the same period in 2019.



There were **83** opioid deaths in Fairfax County in 2019, most of which involved fentanyl and/or heroin.

In FY 2020, the Fairfax County Domestic Violence Action Center served over **900** victims. There were **1,000** children (**82%** of whom were 12 years old or younger) living with victims served by the Center.

Each month in Fairfax County, domestic violence (DV) hotlines receive over **132** calls on average, victims request **65** family abuse protective orders, and **15** families escape to an emergency DV shelter (FY 2020).



In FY 2020, the Fairfax County Police Department responded to over **3,100** DV calls, including **364** Lethality Assessment Program (LAP) calls. Almost **150** arrests were made due to strangulation (which is a significant predictor of future lethal violence).

On the night of the 2020 Point in Time Count, there were **52** families in Fairfax County who were homeless due to DV.

**79** families needing emergency shelter due to DV were placed in hotels in FY 2020 for reasons such as family size, geographical location, or bed shortage. Almost **200** households were not housed because at the time of the call, they did not meet the criteria for imminent danger (no person in imminent danger is turned away).



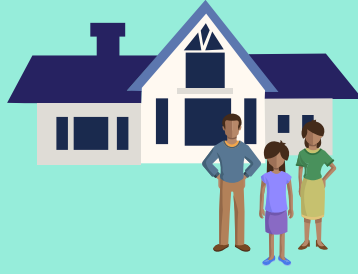
In FY 2020, there were **105** households (including **218** children) served in the four homeless shelters for families that reported a history of DV.

In FY 2020, **44%** of emergency DV shelter residents were children 12 years and younger.

## DOMESTIC VIOLENCE



In FY 2020, Child Protective Services (CPS) conducted over **2,000** family assessments and investigations in response to valid referrals of child abuse and neglect, and almost **400** families were served in CPS ongoing services to keep children with their families.



In FY 2020, almost **1,000** families were served by county child abuse and neglect prevention programming.

An average of **215** children were in foster care each month during FY 2020.

## CHILD WELFARE

## HEALTH



In 2019, there were over **95,500** County residents (8.5%) without health insurance. Almost **12,000** Fairfax County older adults (4% of the over 55 population) were uninsured.

Medicaid recipients increased nearly **52%** from FY 2015 to FY 2020 (over 69,000 to over 105,000).



The Community Health Centers (Federally Qualified Healthcare Centers) provided health care services to over **22,500** Fairfax County residents in 2019. **98%** were at or below 200% of the FPL and **more than half** were uninsured. About **90%** of Community Health Center patients are from racial or ethnic minority groups and almost **60%** are best served in a language other than English.

## NUTRITION



The SNAP (Food Stamp) average monthly caseload increased **76%** from FY 2008 to FY 2020 (over 11,500 to almost 20,400).



In FY 2020, over **20,000** individuals received Fairfax-Falls Church CSB mental health, substance use disorder, or Developmental Disability (DD) services. **61%** of them had incomes below **\$12,000**. Nearly **6,000** residents received CSB emergency services.

In FY 2020, CSB conducted almost **1,900** mental health evaluations related to emergency custody orders - a **363%** increase from FY 2015.



From FY 2015 to FY 2020, the average monthly number of children seeking or receiving early intervention services for developmental delays grew by **12%**, from 1,450 to over 1,600.



More than **2,500** of the over 13,000 individuals with DD on the statewide Medicaid waiver waiting list (as of October 2020) are served by the Fairfax-Falls Church CSB.

In the midst of the state psychiatric hospital bed crisis, Fairfax County's ongoing local investments help ensure one of the lowest per capita hospitalization rates in the Commonwealth (**6 citizens per every 100,000** compared to the statewide average of 16 per 100,000) - rates could be even lower with additional state discharge assistance funding.

## MENTAL & BEHAVIORAL HEALTH

## YOUTH

The 2019-2020 Fairfax County Youth Survey of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students found that, within a month of the survey date and without a doctor's order, approximately **800** students reported taking painkillers, and more than **1,000** reported taking other prescription drugs.



In the same survey, approximately **590** students reported being a gang member at some point in their life, with the average age of initial gang participation being **12.2** years old.