



FAIRFAX COUNTY

2023 HUMAN SERVICES ISSUE PAPER [DRAFT]

NOVEMBER 1, 2022

2023 Fairfax County Human Services Issue Paper [DRAFT]

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Introduction

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

As the nation continues to experience the various stages of the COVID-19 pandemic, substantial and sustained investments in health, housing, and human services remain essential in addressing the challenges facing Fairfax County. With inflation and significant housing cost increases, it has become increasingly challenging to live in Fairfax County, especially for residents who were disproportionately impacted by the pandemic. These challenges must be addressed so that all residents have financial security, stable housing, and the opportunity to thrive. Residents who were experiencing vulnerability pre-pandemic will most likely experience the greatest hardships, so services must be administered equitably to avoid exacerbating disparities in Fairfax County. In addition to the economic impact, there have been increases in mental health crises and substance use overdoses since the pandemic.

Although Fairfax County has one of the highest median household incomes in the nation, significant and complex needs are prevalent in this community. Over 80,000 residents live in poverty and over 248,000 residents (22 percent) earn less than 300 percent of the federal poverty level (FPL, \$38,640 for an individual or \$79,500 for a family of four). In addition, negative impacts on income, employment, and health are pervasive, and disparities specific to certain racial groups and neighborhoods have been identified.

Historically, the state has underfunded health, housing, and human services, which puts enormous pressure on localities to fund critical services and new state mandates with local revenues. The \$4.3 billion in federal relief funding that the Commonwealth received provided an unprecedented opportunity to address community needs magnified by the pandemic, including affordable housing, substance use disorder, mental health services, early childhood, health care, economic self-sufficiency, and home and community-based services for older adults and people with disabilities. As those needs existed long before the pandemic, even this substantial federal investment cannot solve decades of inadequate funding. Therefore, the General Assembly (GA) must commit to investing sufficient state funding going forward to build on these important investments.

Strong partnerships between the Commonwealth and local governments are essential in addressing the pandemic's lingering impact and the diverse needs in our communities.

This can be accomplished by making policy and budgetary decisions that:

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

Priorities

Affordable Housing

Support state funding and actions to increase the availability of affordable, accessible and integrated 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. 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 and circumstances as opportunities present themselves.

Affordable housing is the underpinning 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, 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 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 (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers.
- Increase funding for permanent supportive housing units 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.)*

Behavioral Health

Support sustainable funding, allocated based on localities' needs and population size, for public safety and mental health services that connect people who come into contact with the criminal justice system for non-violent offenses to treatment. 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 the Commonwealth's System Transformation, Excellence and Performance in Virginia (STEP-VA) Crisis Services and for Marcus Alert implementation. 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 Community Services Boards (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.
- Remove the barriers that exist in alternative transportation and alternative custody options for individuals in need of psychiatric hospitalization.
- Enhance reintegration and discharge planning services for youth and adults at high risk of rapid re-hospitalization or re-offending.
- 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. *(Updates and reaffirms previous position. See also the Courts position in the 2023 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, particularly fentanyl which is involved in most fatal overdoses in Fairfax County and the Commonwealth. Also support coordinated strategies to meet the growing need for substance use disorder services 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.)*

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.

Fairfax County supports the following adjustments in Medicaid waivers:

- An increased number of DD Medicaid waiver slots to meet, at a minimum, the Priority One waiting list, which averages over 3,000 annually in Virginia.
- Automatic rate increases, including an increase in the Northern Virginia rate differential.
- Improvements to the process for negotiating the approval and re-approval of customized rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.
- Expansion of home and community-based services by incorporating the Community First Choice (CFC) option into Virginia’s 2023 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 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.) (The 2022 GA directed the Department of Medical Assistance Services to convene a workgroup to study the development of a Medicaid waiver for individuals with brain injury and neuro-cognitive disorders. A report is due November 1, 2022.)*

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, 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 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. *(Updates and reaffirms previous position.) (The GA directed the Secretaries of Education and Health and Human Resources to convene a workgroup to consider the administration and use of CSA funding for private special education day schools and residential facilities. A final report is due November 1, 2022.)*

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.

- Support a waiver from the Virginia Department of Education allowing Fairfax County to permanently increase program income eligibility above the current 250 percent of the FPL for state subsidy, to help address some of the challenges families experience due to the high cost of living in Northern Virginia.
- 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 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 increasing rates 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).
- Provide flexibility for teacher credentials and licensure in community early childhood programs, allowing grant funding to be used equitably across all programs participating in VPI.
- 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.)*

Older Adults and People with Disabilities

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. (Updates and reaffirms previous position.)

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 2022, Fairfax County APS received over 3,200 reports of adult abuse, neglect, and exploitation). (Updates and reaffirms previous position.)

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). (Updates and reaffirms previous position.) (The GA directed the Secretary of Health and Human Resources to study the current oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings. A final report was due to the GA by October 1, 2022, but has not yet been released.)

Health, Well Being, and Safety

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 FPL for all family household sizes. (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. (Updates and reaffirms previous position.)