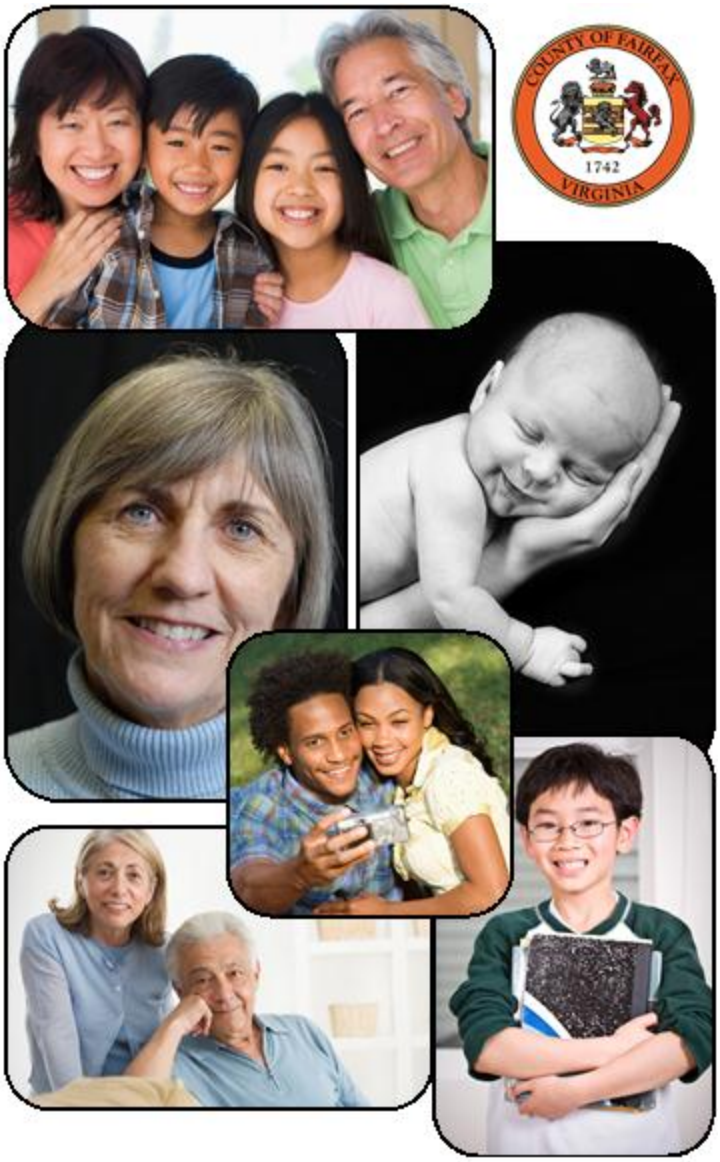

Fairfax County, VA

2014 Human Services Issue Paper

Supplement to the
Fairfax County 2014 Legislative Program

Adopted December 3, 2013

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2014 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2014 Fairfax County Legislative Program. Fairfax County has long recognized that investments in critical human services programs can and do save public funds by minimizing the need for more costly services. This is not the time to abandon those essential investments.

Though 2009 is credited as being the end of the Great Recession, its impact has continued to take a toll on our most vulnerable residents. Many Virginians are still struggling to regain their footing and their ability to help themselves out of their present situations. The number of people living in poverty in Virginia increased significantly in 2011, with 44,000 more people living in poverty than in 2010 – a poverty rate of 11.5 percent. At present, there are 64,600 people in Fairfax County living in poverty. Additionally, the number and rate of people living in deep poverty – with an income less than about $9,265 for a family of three – jumped 10 percent in 2011. That figure is even more alarming when translated into actual people – almost 417,000 Virginians lived in deep poverty in 2011.[1] Since the start of the economic downturn, an additional 33,000 children in Virginia have slipped into poverty, bringing the total number to nearly 265,000, or 14 percent, of Virginia's children.

The recent implementation of federal sequestration, and accompanying federal funding cuts, has adversely affected an already struggling population, further threatening to unravel the social safety net through significant reductions in domestic discretionary spending. Unfortunately, such cuts could result in shifting the costs of maintaining an adequate safety net to the states, and the end result could very well be a shifting of problems down to the local level, particularly in states that are either unwilling or unable to make up the difference. For example, in order to mitigate the 5.27 percent cut, or $401,888, to Head Start and Early Head Start, Fairfax County has committed local funds to address the shortfall for these critical programs; however, this type of one time action is not a sustainable long-term solution to funding essential programs. In Virginia, the state and local partnership to fund core services has already been weakened by state budget actions over the past few years. Further stressing a weakened state/local partnership in Northern Virginia is the need for additional state funding to adequately accommodate individuals transitioning out of the Northern Virginia Training Center, in compliance with the Department of Justice (DOJ) settlement with the Commonwealth.

All of these short and long-term uncertainties continue to threaten the safety net provided by local governments at a time when their own fiscal health has not been fully restored. And yet, as state revenues continue to grow, state policies have yet to return to the shared and productive state/local partnership upon which Virginia's human services were built. A safety net for our most vulnerable populations is more essential now than in any time in recent memory.

In order to achieve the stated public policy goals, state and local governments must partner to achieve the following outcomes:

- Protect the vulnerable;

[1] The Commonwealth Institute. "Census Data Presents Mixed Bag for Virginia." September 2012.

- Help people and communities realize and strengthen their capacity for self-sufficiency;
- Whenever needed, help link people to health services, adequate and affordable housing and employment opportunities;
- Ensure that children thrive and youth successfully transition to adulthood;
- Ensure that people and communities are healthy through prevention and early intervention;
- Increase capacity in the community to address human service needs; and,
- Build a high-performing and diverse workforce to achieve these objectives.

It is the goal of the Fairfax County Board of Supervisors to work with the County's General Assembly delegation to achieve these objectives.

Initiatives/Action Statements

Human Services – Medicaid-Funded Transportation Services

Initiate legislation directing an independent analytical study by the Joint Legislative Audit and Review Commission (JLARC) of the continuing problems experienced by Virginians with intellectual disabilities or mental illness who depend on Medicaid-funded transportation, provided by the state's transportation broker, to reach essential medical and therapeutic appointments. This review should also examine oversight of the state's contract for these services by the Department of Medical Assistance Services (DMAS). Poor performance by the contractor has been an ongoing problem, and is a particular concern given the vulnerability of the population relying on these services, many of whom are medically fragile.

Priorities

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

Support 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. In order to address immediate concerns, support increasing funding for Early Intervention services by $2.5 million in General Funds in FY 2014, $2.1 million in FY 2015, and $2.3 million in FY 2016, to support growth in services to children who do not qualify for Medicaid.

The Commonwealth of Virginia has long contracted with the Fairfax-Falls Church Community Services Board (CSB) to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning and movement. The CSB, which is the Local Lead Agency for Fairfax County as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant Toddler Connection (ITC) program. ITC is funded through a combination of federal, state, local and insurance sources.

As the benefits of early intervention have become more widely known throughout the nation, enrollment in this program has grown from about eight percent per year to 38 percent in recent years, with a further increase of at least seven percent expected in FY 2014. The Fairfax-Falls Church CSB has gone from serving 789 children on average each month in FY 2010 to serving 1287 children on average per month by FY 2013. In response to a significant funding shortfall, the 2013 General Assembly provided an additional $2.3 million in FY 2013 and $6 million statewide in FY 2014; however, increased funding will continue to be necessary to keep pace with the demand for this critical program. *(Revises and reaffirms previous position.)*

Funding -- Northern Virginia Training Center (NVTC)

Support additional state funding for community placements for individuals leaving the Northern Virginia Training Center, and increased Medicaid waiver rates to support those placements, to ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement. *(Regional position)*

As a result of a state decision following the settlement agreement negotiated with the U. S. Department of Justice, the Commonwealth will be closing four of the state's five training centers, which provide residential treatment for individuals with intellectual and developmental disabilities. As of July 1, 2013, 108 individuals from Fairfax County reside at state training centers. Of this number, 82 reside at NVTC, which is scheduled to close by June 30, 2015.

Community Services Boards (CSBs) are responsible for transitioning all persons at training centers into community-based residential and day support services operated by the CSB, private non-profit or for-profit providers based on funds available as well as the choices of those being

discharged to the community. Unfortunately, existing community-based service capacity is not sufficient to serve these individuals; therefore, additional capacity must be created. Under the state's current implementation plan, development and start-up funding to support such an expansion within the specified timeline has not been identified, though time is of the essence as the closure date is quickly approaching. It is estimated that in FY 2014, approximately $7.7 million in state start-up funding is needed in Northern Virginia to expand community based residential placements and day support services, including the creation of 14 new community Intermediate Care Facilities (ICF) and 20 Intellectual Disabilities waiver homes.

In addition to creating this expanded capacity, the current Medicaid ID waiver reimbursement rates will need to increase to ensure sufficient, quality services, comparable to the services currently provided by training centers. It is estimated that state funding of approximately $10.1 million per year will be needed to operate these services. NVTC is an intermediate care facility (ICF) which has provided cost-based reimbursement for community services. Fairfax County has long supported increasing Medicaid waiver rates for all recipients, which allow Medicaid reimbursement for services provided in the home and community for people with intellectual and developmental disabilities, among others. However, meeting the unique conditions of those transitioning from NVTC requires both increasing and restructuring some existing waiver rates, and should be an essential component of any state solution. Waiver rates are currently well below the cost of providing necessary services, and do not provide sufficient flexibility to meet the needs of the NVTC population. Support changes to waivers that would:

- Increase the Northern Virginia differential from 15% to 20%, reflecting the higher cost of living and services in this area;
- Increase waiver rates to compensate for higher congregate rates for group homes serving four or fewer;
- Establish higher rates to address the needs of individuals with high, complex and intense needs for support, including employment and day services;
- Increase reimbursement rates to enable the hiring of professional nurses;
- Enhance or reconfigure waiver services to fully reimburse nursing and behavioral supports;
- Restructure billing units to allow sufficient reimbursement for the provision of appropriate and adequate services, and;
- Include appropriate levels of funding to create community residential arrangements and infrastructure.

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation. Sufficient and timely state funding for the NVTC population is an essential component of that effort. *(Updates and reaffirms previous position.)*

Medicaid Eligibility and Access to Care

Support increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned by the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

Virginia's Medicaid program provides access to health care services for people in particular categories (low income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and states are permitted to set their own income and asset eligibility criteria within federal guidelines. Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population and 8th in per capita personal income, Virginia ranked 44th in Medicaid enrollment as a proportion of the state's population and 46th in per capita Medicaid spending.

The national recession has placed additional pressures on Medicaid, resulting in more Americans being eligible for this essential program, and the Commonwealth now faces a critical decision, as it decides whether or not to pursue the Medicaid expansion included in the federal health care reform law, along with the sizable federal funding provided for those newly eligible enrollees. Compromise budget language, approved by the 2013 General Assembly, created the Medicaid Innovation and Reform Commission, which must "review, recommend and approve innovation and reform proposals" prior to any expansion of Medicaid. Expansion of Medicaid requires an affirmative vote by three of the five members of the Commission from the House of Delegates and three of the five members from the Senate.

It is estimated that the expansion would provide coverage to as many as 248,000 Virginians, including 25,000-30,000 individuals in Fairfax County. Newly eligible individuals would include low income adults (individuals earning less than $15,302 per year or families earning less than $31,155 per year), low income children who lose Medicaid when they turn 19, and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

It is clear at this time that the cost to the Commonwealth will be minimal in the first few years, while the savings in indigent and uncompensated care could be significant. Additionally, increasing less expensive preventative care and reducing more expensive emergency care could improve the overall health of residents of the Commonwealth, while slowing the growth in insurance premiums and reducing the "hidden tax" currently borne by all Virginians. As a result, Fairfax County supports increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned in the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

Oppose actions that shift Medicaid costs to localities, such as through Medicaid service funding reductions, changes to eligibility that shrink access, or other rule changes that erode the social safety net.

Irrespective of Virginia's decision on the Medicaid expansion, or of any other federal funding cuts or reductions in federal requirements which may be considered in the next Congress, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities. Due to the increasingly critical shortage of private providers, poor reimbursement rates, and other factors that play a role in an overall increase in Medicaid program costs, ensuring success with any cost containment strategies will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. Fairfax County supports cost containment measures that utilize innovation, increase efficiency and targeted service delivery, and use of technology to reduce Medicaid fraud, in order to ensure the best allocation of resources without reducing services or access to care. *(Revises and reaffirms previous position.)*

Position Statements

State Resource Investments for Keeping People in Their Communities

Human services programs serve a wide range of people, including low income individuals and families; children at risk for poor physical and mental health, and educational outcomes; older adults, persons with physical and intellectual disabilities; and those experiencing mental health and substance use issues. These individuals want the same opportunities every Virginian wants – not just to survive, but to thrive, by receiving the services they need while remaining in their homes and communities, allowing continued connections to family, friends, and their community resources. In recent years, changes in philosophy have led public policy to embrace this direction, as a more cost-effective, beneficial approach – allowing those with special needs to lead productive lives in their own communities, through care and support that is much less expensive than institutional care.

Meeting these needs requires a strong partnership between the Commonwealth and local government. This is particularly true in the area of funding, which is necessary to create and maintain these home and community based services, and must be seen as an investment in the long-term success of the Commonwealth. Unfortunately, it has increasingly become the practice of the Commonwealth to significantly underfund core human services or neglect newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues in order to meet these critical needs. Fairfax County understands the fiscal challenges the Commonwealth has faced; however, while state revenues are recovering, local revenues are not bouncing back as quickly.

The process of fundamentally reorganizing and restructuring programs and outdated service delivery systems for vulnerable populations in order to more successfully achieve positive outcomes requires an adequate state investment, which will ultimately pay dividends for years to come.

Medicaid Waivers

Support funding and expansion for Virginia's Medicaid waivers that provide critical home and community-based services for qualified individuals.

Medicaid funds both physical and mental health services for people in particular categories (low income children and parents, pregnant women, older adults, persons with disabilities). It is financed by the federal and state governments and administered by the states. Federal funding is provided based on a state's per capita income – the federal match rate for Virginia is 50 percent. Because each dollar Virginia puts into the Medicaid program draws down a federal dollar, what Medicaid will pay for is a significant factor in guiding the direction of state human services spending. However, states set their own income and asset eligibility criteria within federal guidelines; Virginia's requirements are so strict though it is ranked 8th in per capita personal

income, it is 47th in Medicaid spending for persons with intellectual and developmental disabilities.

For the most part, each state also has the discretion and flexibility to design its own Medicaid service program and can choose from a menu of optional services and waiver services in the state plan. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid recipients in Virginia may also receive coverage through home and community-based "waiver" programs, which allow states to "waive" the requirement that an individual must live in an institution to receive Medicaid funding. Waivers result in less expensive, more beneficial care. Waiver services are especially important for low-income families, older adults, people with disabilities and seriously ill individuals in Virginia, where Medicaid eligibility is highly restrictive. The average cost of institutionalizing a person at a state training center is approximately $216,000 per year. By contrast, the cost of providing services for a person in the community through the use of a waiver is approximately $138,000 on average.[1] Virginia can serve nearly three people in the community for each person in a training center.

The number and type of waivers is set by the General Assembly, and the extensive waiting lists for some demonstrate the significant barriers that exist in the Commonwealth (current Virginia waivers include AIDS, Alzheimer's, Day Support for Persons with Intellectual Disabilities, Elderly or Disabled with Consumer-Direction, Intellectual Disabilities, Technology Assisted and Individual and Family Developmental Disabilities Support).

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases and an increase in the Northern Virginia differential.** While nursing homes receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. Virginia ranks 47th among the states in the provision of home and community based services. To reduce reliance on institutions such as nursing homes and state training centers, increase the source of less costly community-based services, and ensure the availability and quality of Medicaid providers for personal care and other Medicaid community based services, a fundamental rebalancing of reimbursements within Virginia's Medicaid program is necessary. At a minimum, this includes restoring reductions to Virginia's Medicaid waiver services from the 2010-2012 biennial budget; rates should equal at least 90% of cost. Additionally, increase the Northern Virginia differential from 15% to 20%, reflecting the higher cost of living and services in this area. *(Revises and reaffirms previous position.)*
- **Create new consolidated waiver.** Merge the Intellectual Disability (MR/ID) Waiver with the Individual and Family Developmental Disabilities (DD) Waivers, as proposed in the 2013 Department of Behavioral Health and Disability Services (DBHDS) request for proposals. Expand covered services to include a range of residential options, while implementing a system of individual budgeting to allow greater flexibility in access to services, including behavioral and medical supports. Assign new consolidated waiver slots based upon urgency of need, while making some accommodations for individuals

[1] Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

already on the DD waiver waiting list. Revise and expand the eligibility criteria for the new waiver to include individuals whose needs are related to communication/social skills, brain injuries, and individuals who are blind and/or deaf. Direct the Department of Medical Assistance Services (DMAS) to convene a stakeholder group to ensure development of a person-centered waiver system with sufficient funding for services; consolidation should enhance – not reduce – the breadth of services provided under the new waiver. *(Revises and reaffirms previous position.)*

- **Support increased waiver funding.** For example, funding is needed to serve the more than 7,200[2] people statewide who are eligible but waiting for ID or DD waiver services. In Fairfax County (as of July 2012), over 1,180 people with intellectual disabilities are on the wait list for services; of those, more than 730 are considered to have "urgent" needs, one crisis away from requiring emergency services and potential institutionalization. More than 800 of those needing ID services qualify for waivers. Increased funding would allow individuals to receive services in the community rather than in a nursing facility or institution, would assist in the requirements and spirit of the DOJ settlement with the Commonwealth, and bring Virginia into compliance with the Olmstead Decision.
- **Support funding for an expansion of services.** Additional medical and behavioral services are needed under Virginia's existing Medicaid waivers, for individuals whose needs extend beyond the standard benefits available. Waiver enhancements such as increased medical and behavioral support components, higher rates for these and other waiver services, and higher Northern Virginia differentials are needed to enhance success in community-based services for individuals transitioning out of training centers under the DOJ settlement with the Commonwealth as well as for people currently on waiting lists.
- **Support Expansion of Home and Community Based Services.** New federal initiatives such as the Community First Choice option allow for states to streamline and improve their Medicaid plans to expand home and community based services at a higher federal reimbursement rate. At a time when Virginia is planning to move residents from state training centers into the community, the Commonwealth should incorporate Community First Choice into its 2014 Medicaid state plan and seek other opportunities to serve older adults and people with disabilities in their homes and communities. *(Revises and reaffirms previous position.)*
- **Support consumer empowerment**. Services to help consumers enhance life skills, achieve greater independence, and offer the option of consumer directions and choice should be a priority.
- **Support Dual Eligible Proposal**. Fairfax County and the Community Services Board support Virginia's effort to manage the care of individuals eligible for both Medicaid and Medicare with a plan that includes adequate funding for long term services for the populations served by the Community Services Board. The involvement of the CSB in the planning and implementation will greatly enhance the ability of the new plan to meet special service needs.

[2] Updated cost figures from Virginia Department of Behavioral Health and Developmental Services.

Children and Families

Comprehensive Services Act

Support continued state responsibility for funding mandated CSA foster care and special education services on a sum-sufficient basis, and support continuation of the current CSA local match rate structure, which incentivizes serving children in the least restrictive community and family-based settings. Also, support the current structure which requires that service decisions are made at the local level and are provided based on the needs of the child, and oppose any changes to the current CSA program that would shift costs to local governments or disrupt the responsibilities and authorities as assigned by the Comprehensive Services Act.

The Comprehensive Services Act is a 1993 Virginia law that provided for the pooling of eight funding streams used to plan and provide services to children who have serious emotional or behavioral problems; who may need residential care or services beyond the scope of standard agency services; who need special education through a private school program; or who receive foster care services. It is a state-local partnership which requires a 46.11% local funding match. The purpose of CSA is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. Children receiving certain special education and foster care services are the only groups considered mandated for service. Because there is "sum sufficient" language attached to these two categories of service, this means that for these youth, whatever the cost, funding must be provided by state and local government. Fairfax County strongly opposes any efforts to cap state funding or eliminate the sum sufficient requirement, as the Commonwealth must not renege on its funding commitment to CSA.

In recent years, the state changed the local match rate structure, in order to incentivize the provision of community based services, which are less expensive and more beneficial to the children and families participating in CSA. Since that time, overall costs for CSA have declined, illustrating the success that the state can achieve by working cooperatively with local governments. It is essential that this state and local partnership be maintained – changes to CSA law, policy or implementation guidelines should focus on solutions that acknowledge the critical roles played by both levels of government, but should not favor one side of the partnership over the other.

Child Day Care Services

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, known as "Fee System Child Care," and support an increase in child care service rates. Also, support continuation of Fairfax County's waiver to use a local sliding fee scale for child care payments, rather than a statewide fee scale.

Particularly during periods of economic downturn, 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 clearly indicates that the employment and financial independence of parents is jeopardized when affordable child care is outside of their reach. Parents may be forced to abandon stable employment to care for their children or they may begin or return to dependence on welfare programs. In order to maintain their employment, some parents may choose to place their children in unregulated, and therefore potentially unsafe, child care settings. Without subsidies to meet market prices, low-income working families may not access the quality child care and early childhood education that helps young children enter kindergarten prepared to succeed. In the Fairfax community, where the median annual income of families receiving fee-system child care subsidies is just under $25,000, the cost of full-time child care for a preschooler ranges from $8,000 to over $13,000 per year. Many of these families are truly "the working poor" who require some assistance with child care costs in order to help them achieve self-sufficiency.

Additionally, for over 15 years, Fairfax County has had a waiver from the Virginia Department of Social Services (VDSS) to use a local sliding fee scale, rather than the state fee scale, to determine parent co-payments for child care. This local fee scale has been incorporated into the state's Child Care and Development Fund plan (CCDF), which is submitted to the federal government every two years. The Fairfax County fee scale has worked well for local families, as it takes into consideration economic challenges specific to living in this high cost area. A recent state decision to disallow the use of local fee scales in favor of a statewide fee scale will result in Fairfax County families paying from 5 percent to 10 percent of their gross income for care, rather than the 2.5 percent to 10 percent they are currently paying – a significant increase, particularly for those at the lowest income levels. VDSS has indicated that the reason for denial of this waiver is a preference for a uniform, statewide fee scale. However, while a strong state and local partnership is essential to the delivery of many services, local governments must be provided the flexibility to serve the needs of residents, which can vary greatly from one part of the Commonwealth to another. The current waiver system has been very successful for many years in Fairfax County, and "uniformity" is not a compelling reason for reducing the County's local authority to respond to the needs of working families. *(Revises and reaffirms previous position.)*

Early Childhood Education

Support increased state resources for early childhood education programs, which help young children enter kindergarten prepared to succeed.

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. Such programs have become economic development issues, as business organizations like the US Chamber of Commerce have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a highly skilled workforce. While failure to adequately meet the needs of the youngest Virginians can create repercussions for individual families, the larger community and the Commonwealth, it is clear that investments in early childhood education can provide a foundation for learning and achievement, often reducing or eliminating the need for more costly remediation later. *(New position.)*

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, keeping children with their families, including the development of a legal framework, such as guardianship, to allow kinship caregivers to make decisions for children in their care. Also support legislation that would allow youth in Foster Care to be adopted between the ages of 18-20 and extend the availability of subsidy for this population.

In 2008, Virginia embarked on a Children's Services Transformation effort, to identify and develop ways to find and strengthen permanent families for older children in foster care, and for those who might be at risk of entering foster care. The Transformation, founded on the belief that everyone deserves and needs permanent family connections to be successful, is leading to significant revisions in Virginia's services for children. Through kinship care (when a child lives with a relative), children remain connected to family and loved ones, providing better outcomes.

These kinship care arrangements are typically informal, with no legal agreements in place between the parents and the kin caregiver. In many cases, legal custody is not an option for kinship providers, due to the unwillingness of the relative to go through a proceeding with the biological parent(s) that may be viewed as adversarial, or the financial hardships associated with hiring legal counsel. Guardianship, which is a formal legal process allowing courts to grant legal authority to kinship caregivers to act on behalf of a child, is an alternative allowed in many states. The legal authority granted through guardianship would provide kinship caregivers the ability to make medical or educational decisions for the children in their care, authority they do not have under current, informal kinship care arrangements.

Support legislation that would allow youth in Foster Care to be adopted between the ages of 18-20 and extend the availability of subsidy for this population.

Once a youth turns 18, he or she can continue to receive services through foster care, but he or she is no longer eligible for an adoption subsidy. This lack of financial support may impact families' ability to adopt older youth. By extending the adoption subsidy to age 21, more Virginia youth may have the opportunity to find permanent homes. *(Revised to include support for guardianship.)*

Juvenile Justice

The Commonwealth should provide adequate funding through the Virginia Juvenile Community Crime Control Act (VJCCCA).

The Virginia Juvenile Community Crime Control Act (VJCCCA) was established in 1995 by the General Assembly, and restructured funding for local juvenile justice programming. State funds were appropriated to assist localities in providing cost effective services to meet the needs of juveniles involved in the juvenile justice system, through programs designed to:

- Prevent juvenile offenders from further penetrating the justice system;
- Maintain youth in community based programs, rather than in state corrections centers;
- Facilitate re-entry and prevent recidivism; and,
- Help troubled youth return to a more productive life and better future.

In the last ten years, funding for these programs has been reduced by over 67 percent. These cuts have created significant impacts in Fairfax County, and have required the termination of important programs. *(Revises and updates previous position; moved from Legislative Program.)*

Youth Safety

Support additional state funding for programming to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems and other poor outcomes, while increasing protective factors including mental wellness and healthy coping strategies.

Research has identified a set of risk factors that predict an increased likelihood of drug use, delinquency, mental health problems, and violent behavior among youth. These factors include: experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; availability of alcohol and other drugs; and even a lack of problem-solving skills. Conversely, research has also identified protective factors, such as developed social skills, strong parenting and positive involvement from caring adults, and involvement in community activities that can influence and mitigate risk factors. Funding is needed to implement evidence-based, effective strategies to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems, and other poor outcomes.

The urgency of this funding need is reflected in results from the Virginia 2011 Youth Survey, which provides some troubling information. In a statistically reliable sample of high schoolers across the Commonwealth, 20.3 percent reported being bullied on school property; seven percent have been threatened or injured with a weapon on school property; 5.5 percent have missed one or more of the past 30 days of school because they felt unsafe at school or traveling to or from school; 25.5 percent reported feeling sad or hopeless daily for two or more weeks to the extent that they could not engage in their typical daily activities; and 16.9 percent reported seriously considering suicide. Targeting funding towards programs that improve the health, well-being and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians. *(New position.)*

Older Adults and Adults with Disabilities

Area Agencies on Aging

Support increased state general funds for Area Agencies on Aging.

As a result of the 2010 Census, state general funds supporting services provided by Area Agencies on Aging were reallocated in FY 2013. The reallocation reflected changes in the older adult population in the state. The 2012 General Assembly approved new funding for the Area Agencies on Aging, but there was not sufficient funding to reflect the true changes in the population. Some Area Agencies on Aging lost funding from FY 2012, and others, like Fairfax, did not receive additional funds based on the actual increase in population. Additional funding is needed by all the Area Agencies on Aging to provide services to the increasing population of older adults.

Home and Community Based Services for Older Adults and People with Disabilities

Support funding for home and community-based services, nutrition, transportation, in-home, chore and companion services, that help people live in their own homes, including: maintaining the Long Term Care Medicaid eligibility threshold at 300% of SSI; maintaining the cap on attendant service hours for Elderly and Disabled with Consumer Directed (ECDC) Medicaid waiver recipients at 56 hours per week; and, restoring respite care service hours to a maximum of 720 hours a year. Support flexibility in Medicaid's administrative requirements to maximize options for consumer-directed care.

Home and Community-Based Services – such as personal care, home-delivered meals, transportation, care coordination, and adult day/respite care – provided by the Commonwealth's twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers money while helping older Virginians function independently, keeping them in the least restrictive setting of their choice, building on family support, decreasing the risk of inappropriate institutionalization, and improving life satisfaction. In addition, chore and companion services are funded locally and by the Virginia Department for Social Services and assist eligible older adults and adults with disabilities with activities of daily living (bathing and housekeeping).

During our current economic recession, it is especially important that the Commonwealth spend its long-term care dollars wisely by investing in its home and community-based services for older adults and people with disabilities. Currently, Virginia ranks 47th in the nation for providing home and community based services. Yet, starting July 2011, a cap of 56 hours of personal care per week was imposed in the EDCD and HIV/AIDS waivers. Also, the FY 2012 budget included a 1% cut for home and community-based Medicaid providers, as well as a cut of 240 respite hours for Medicaid consumers and a cap of 48 hours of personal care per consumer per week in the EDCD waiver. The HIV/AIDS waiver was eliminated altogether. These cuts are increasing turnover rates, thus making it more difficult for older adults and people with disabilities to get the support and services they need. *(Updates and reaffirms previous position.)*

People with Disabilities

Support maintenance and expansion of services that promote the independence, self-sufficiency, and community integration of youth and adults with disabilities through direct state General Fund monies on an annual basis.

Virginia's highly restrictive Medicaid eligibility requirements preclude many low-income Virginians with disabilities from receiving much needed services. Funds would be used to provide independent living and other services and supports that preserve existing, community living situations and keep families together; prevent unnecessary and more costly institutional placement; promote pursuit of training and employment options; and improve an individual's quality of life and ability to contribute to society.

In addition, support additional state funding to eliminate or reduce waiting lists for personal assistance services provided through the Department of Aging and Rehabilitative Services. This program provides assistance for people with physical disabilities who are employed and do not qualify for many home-based services provided through Medicaid. These individuals may need an attendant in the morning and evening, but not during the day at work. Investments in this

program help allow individuals with disabilities to continue working, an important part of maintaining their independence. *(Revised to include support for state funding to eliminate/reduce waiting lists for personal assistance services.)*

Disability Services Board (DSB)

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

DSBs enable localities to assess local service needs and advise state and local agencies of their findings; to serve as a catalyst for the development of public and private funding sources; and to exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. Without such a network of local representatives with expertise in these issues, the opportunity for valuable statewide collaboration will be lost.

Accessibility

Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility.

Fairfax County supports access for people with disabilities and older adults in public and private facilities; in particular, the County supports increasing accessibility and visitability through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, advocacy groups and the Commonwealth, as recommended in the recently published study on accessibility by the Departments of Housing and Community Development and Rehabilitative Services. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities in the 20 years since the passage of the Americans with Disabilities Act (ADA), continued advancement is needed. Improved accessibility in public buildings, housing, transportation and employment benefits all Virginians, by allowing people with disabilities to remain active, contributing members of their communities, while retaining their independence and proximity to family and friends.

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF)

Support an increase in the TANF reimbursement rates in Virginia, which have only been increased once since 1985.

Virginia's TANF reimbursement rates have only been raised one time in the last 25 years, which was an increase of 10 percent in 2000. Currently, a family of three receives less than $3,840 per year, only a fifth of the federal poverty level. While the TANF caseload in Virginia has been reduced by 58 percent since the start of Welfare Reform in 1995, Fairfax County's average monthly TANF caseload has increased from 1,268 in FY 2008 to 1,632 in FY 2012 (a 29% increase). In the future, if rates were indexed for inflation, it would prevent further erosion of

recipients' ability to meet the basic needs of children in their own care or in kinship care (relative care).

Community Action Agencies

Support continued state funding for Community Action Agencies.

Community Action Agencies in Virginia develop a wide range of educational, employment, housing, crisis intervention, community and economic development opportunities for people with very low incomes (under 125 percent of poverty). Since 1988, Virginia has supplemented federal Community Services Block Grant (CSBG) dollars provided to localities with state funding (through a combination of state General Funds and TANF funds). This critical funding has led to economic stability for hundreds of thousands of Virginia's poorest citizens and improved their communities. However, since FY 2010, the state has decreased its funding for this essential program, and nearly eliminated all state funding in FY 2012. While the County received $762,019 for this program in FY 2009 (including the state contribution), in FY 2014, it is anticipated that the County will only receive approximately $475,038, a 38% decrease. In addition, there is much uncertainty about the federal CSBG dollars as funds are vulnerable to be cut in FY 2014. The state needs to ensure that these vital services to low income residents are maintained. *(Updates and reaffirms previous position.)*

Mental Health

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system. Also, support state funding to create Crisis Response Treatment Programs for assessment of individuals experiencing behavioral health crises.

It is critical that the state provide adequate resources to ensure that the hundreds of Fairfax County residents with serious mental illness and disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration. Long-term supports, including housing assistance, are critical to ensuring such individuals can access the services they need while remaining in their communities.

Additionally, regional pilot programs to create Crisis Response Treatment Programs would provide intervention and treatment services to assess and stabilize individuals experiencing an emotional or psychiatric emergency. The benefits of such programs include reducing the number of voluntary and involuntary hospitalizations and substantially reducing or even eliminating the involvement of public safety officers in responding to a psychiatric crisis situation, while linking individuals in crisis to less restrictive, ongoing, community-based treatment options. *(Revised to include support for Crisis Response Treatment Programs.)* *(Support for housing assistance is a regional position.)*

Substance Use Disorder

Support increased capacity to address and prevent substance use disorder through robust community based prevention programs. *(Regional position)*

Studies show that substance use disorder is among the most costly health problems in the United States. Effective community based prevention programs can reduce rates of substance use disorder and can delay the age of first use. A recent regional peer recovery pilot program has seen significant success and should be continued, providing peer-based recovery support services which help reduce recidivism and relapse, while increasing self-sufficiency for those struggling with substance use disorders. Additionally, prevention programs can contribute to cost savings by reducing the need for treatment – a win-win for all involved. *(Updates and reaffirms previous position.)*

Emergency Responsiveness

Support sufficient state funding for those County residents who need acute care service within local hospitals or within our local crisis stabilization programs.

Drastically reduced state resources for psychiatric hospital beds have caused a shortage of available psychiatric beds during mental health emergencies. This can result in the release of people from custody who meet criteria for detention and are a danger to themselves or others, putting an increased burden on police and emergency staff. The funding the Commonwealth provides for emergency responsiveness does not reflect increased costs over time. As a result, the costs of treating this critical population are increasingly shifted to localities.

Psychiatric Services for Older Adults

Support coordinated strategies to meet the growing need for psychiatric services for older adults, promoting recovery and community inclusion.

The need for psychiatric services for older adults is growing, but the capacity to meet the growing need is limited. Services must be cost-efficient, accessible, and outcome driven. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion, including:

- recognition of the need to work holistically with the older adult population;
- revision of policies that perpetuate service silos;
- easier navigation of the support system for older adults and their families;
- better education for health professionals and the community about disorders that can affect older adults and how best to help them; and
- affordable and accessible housing and transportation resources to help the growing population of older adults with psychiatric service needs to allow them to continue to live safely in the community.

Community Based Services

Support increased capacity for crisis response and intensive community services for children and youth.

The General Assembly and the Governor are to be commended for supporting funding in FY 2013 for more community-based crisis response for youth and their families. To respond effectively to the need, this service model must be fully funded, as outlined in the VACSB/Voices for Virginia's Children budget amendment. Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment as the first alternative. One of the programs of concern is the Healthy Families program, which is a nationally recognized home visiting program that has produced tangible positive outcomes in the Commonwealth. Significant funding reductions in recent years have resulted in the elimination of programs in some jurisdictions and threaten the viability of remaining Healthy Families sites. The program provides home-based education and support to first-time parents who have social histories that put them at risk starting during pregnancy until the child reaches age three.

FAIRFAX COUNTY
2014 Human Services Fact Sheet

Poverty in Fairfax County

Poverty for a family of four in Fairfax County in 2013 is defined by the federal government as a family annual income of less than $23,050. The poverty rate in Fairfax County is 5.8% of the population, or 64,600 people.

In Fairfax County in 2012 *(latest data available – reported September 2013):*

- 20,550 (or 7.8%) of all children (under age 18) live in poverty;
- 4,493 of all persons over the age of 65 live in poverty;
- 9,824 (or 9.9%) of African Americans live in poverty;
- 21,206 (or 11.9%) of Hispanics live in poverty;
- 16,685 (or 2.8%) of Non-Hispanic Whites live in poverty;
- 21.1% of single-women households with children under 18 live in poverty;
- 16,046 people living in married couple households with children under 18 live in poverty;
- 172,674 (or 15.6%) of County residents have incomes under 200% of poverty ($44,100 year for a family of four);
- 66% of people receiving County services for mental illness, substance use disorder or intellectual disabilities in 2010 had incomes below $10,000.

Employment

- The unemployment rate in July 2013 was 4.3% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents approximately 26,000 unemployed residents looking for work.

Housing

- In 2011, the average monthly rent of a one-bedroom apartment was $1,268, an increase of 27% since 2001.
- In 2011, over 1,150 individuals who receive County services for mental illness, intellectual disability and/or substance use disorders needed housing but could pay no more than $205/month for rent.

Health

- An estimated 141,194 or 12.8% of County residents were without health insurance in 2010.

Ability to Speak English

- 6.8% of County households contain no one over the age of 14 who speaks English "very well."

Child Care

- The cost of full-time child care for a preschooler ranges from $8,000 to over $13,000 per year. Full time care for an infant costs $14,500 to $16,000 per year. By way of comparison, tuition and fees for an average college in Virginia costs $8,800.

Food

- In 2012-2013 school year, Fairfax County Public Schools reported that 47,874 students (or 26.7 percent of enrollment) were eligible for free and reduced lunch.

Domestic Violence

- Domestic violence is the leading cause of homicide in Fairfax County.
- According to the Fairfax County Domestic Violence Fatality Review Team 2012 Annual Report, 57% of all homicides that occurred in the county in 2009 were domestic violence-related. Children were present at 25% of those homicides.
- The demand for emergency shelter for victims of domestic violence remains high.
- In FY 2011, Artemis House (the county's 24-hour emergency domestic violence shelter) turned away 158 families.

Caseloads Have Increased Significantly in Fairfax County:

- The overall Public Assistance caseload is up 61% from FY 2008 (51,939) to FY 2012 (83,458).
- The County's Medicaid caseload increased from 37,130 in FY 2008 to 54,732 in FY 2013 – a 47% increase.
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 26,287 in FY 2013 (a 126% increase).
- In FY 2013, the Community Health Care Network (CHCN) provided 50,287 visits to 15,021 unduplicated patients. During the year, 20,451 patients were enrolled. Of those patients seeking care, the average number of visits, per patient, ranged between 3.0 – 3.6, which is within the 'scope of standard care' for this population. However, in previous years, the average number of visits per patient was much lower, pointing to the fact that the number enrolled was so large that it negatively impacted timely access to service. As such, a waiting list for enrollment was initiated in March 2011. While the waiting list is still in place, enrollment for many priority populations continues.
- With the Federal Health Insurance Marketplace beginning on October 1, 2013, staff is working with eligible patients to help them enroll in the newly available health insurance. It is estimated that 20-25% of those patients currently receiving care through the CHCN will be eligible for the new Marketplace. As such, it is anticipated that the waiting list will decrease as those who are eligible for the Marketplace are transitioned into the community for their care thus 'freeing up' space to enroll those not eligible for the Marketplace who are currently on the CHCN waiting list.
- The County's Infant and Toddler Connection (ITC) early intervention services for children with developmental delays experienced a 10% increase in demand from an average of 1,002 children served per month in FY 2011 to an average of 1,108 children per month in FY 2013.