

CRITICAL NEEDS IN HUMAN SERVICES

Issue Paper

SUPPLEMENT TO THE 2008 FAIRFAX COUNTY LEGISLATIVE PROGRAM
Adopted December 3, 2007



***Critical Needs in Human Services
Issue Paper***

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CRITICAL NEEDS IN HUMAN SERVICES

An Issue Paper Supplementing the 2008 Fairfax County Legislative Program

The Commonwealth's public policies provide a framework for enhancing the life and well-being of each of her citizens. The policies that provide support for the sick, the young, the old, and those facing other life challenges are seldom viewed by policymakers, the media, or by the public as the most important – until these services are absent when needed. Critical experiences in the County remind local and state policymakers that when a community fails to provide for its members at their weakest moments in life, the community's overall strength is tested.

The Fairfax County Board of Supervisors remains committed to working collaboratively with the State, as well as the federal government, in meeting the Human Services needs of its most vulnerable residents. The County Board has long recognized that these services are an integral part of what makes the County a desirable place in which to live and work.

This issue paper serves as a supplement to the 2008 Fairfax County Legislative Program, and highlights a few of the more critical needs in human services, along with the action steps necessary to address them this Session.

HUMAN SERVICES INITIATIVES IN 2008 FAIRFAX COUNTY LEGISLATIVE PROGRAM

HUMAN RIGHTS -- SEXUAL ORIENTATION

Initiate/support legislation to permit the County, as an urban county executive form of government, to prohibit discrimination in the areas of housing, real estate transactions, employment, public accommodations, credit, and education on the basis of sexual orientation. Fairfax County has already taken actions pursuant to existing State enabling legislation in the preceding areas on the basis of race, color, religion, sex, pregnancy, child birth, and disability. (*Updates and reaffirms previous initiative*).

Presently, the Fairfax County Human Rights Ordinance does not prohibit discrimination against persons on the basis of sexual orientation. The Human Rights Commission in 2000 studied the need to add sexual orientation protections and issued a report to the Board of Supervisors documenting the need for the added protection and recommending that the Ordinance be amended to include sexual orientation as a protected class. Legislation has been killed in committee since 2001: SB 1147 (2001), HB 750 (2002), HB 880 (2004), and HB 2116 (2005) were all passed by indefinitely; HB 1373 was left in committee in 2006; and HB 2598 was tabled in committee in 2007.

HUMAN SERVICES PRIORITIES **IN 2008 LEGISLATIVE PROGRAM**

1. CHILD DAY CARE SUBSIDIES FOR LOW-INCOME WORKING FAMILIES

SUPPORT STATE LEGISLATIVE OR BUDGET ACTION TO PROVIDE ADDITIONAL STATE GENERAL FUNDS FOR CHILD CARE SERVICES FOR LOW- INCOME WORKING FAMILIES

Though federal and state funding provides time-limited child care assistance for families at the lowest end of the poverty scale through TANF/VIEW, additional General Funds are needed statewide to defray the cost of child care for economically disadvantaged families not

There are over 9,746 children in over 6,196 families on the waiting list throughout the state and over 3,242 children (in 2,241 families) waiting for subsidies in Fairfax County alone. On average, 253 children per month are being added in Fairfax.

participating in TANF/VIEW, known as “Fee System Child Care.” Without full/adequate state funding, prior state and local investments in helping families move off of welfare and into long-term economic stability are undermined. Further, such funding shortfalls jeopardize the progress towards self-sufficiency already made by low-income working families. Last year’s elimination of federal pass-through funding available to localities has put many low-income working families at risk of losing childcare, and has caused a dramatic increase in the waiting lists statewide. There are over 9,746 children in over 6,196 families on the waiting list throughout the state and over 3,242 children (in 2,241 families) waiting for subsidies in Fairfax County alone. On average, 253

children per month are being added in Fairfax.

Research indicates that parents’ employment and economic independence are jeopardized without affordable child care. They may be forced to leave work to care for their children or go on or return to welfare programs; or may instead chose to place their children in unsafe, unregulated child care settings in order to maintain their employment. In addition, without child care subsidies, low-income working families may not be able to access the quality early childhood education that helps young children arrive at kindergarten well prepared to succeed. Child care assistance is essential to continued economic growth and low unemployment, preserves state and local investments in welfare to work programs and provides excellent opportunities for a true partnership between the state and localities. Providing critically needed subsidized child care is an ongoing issue that will require a long-term funding commitment.

The median annual income of families receiving fee-system child care subsidies is \$26,220, in a community where the average cost of full-time preschool child care ranges from \$8,000 to \$12,000 per year. The high cost of living in Fairfax is evidenced by the fact that average monthly rent has increased 56% between 1996 and 2006, requiring almost half (45.4%) of all renters to pay more than 30% of their incomes on housing. These families are truly the working

1. CHILD DAY CARE SUBSIDIES FOR LOW-INCOME WORKING FAMILIES (cont.)

poor who require some assistance with child care costs in order to help them achieve self-sufficiency.

Separate from the issue of Fee System Child Care, Governor Kaine is expected to propose an early childhood education initiative targeting at-risk 4-year-olds. The current Virginia Preschool Initiative (VPI) provides funding to localities through the composite index; any expansion is likely to be funded in the same manner.

2. MENTAL HEALTH SERVICES

SUPPORT STATUTORY REVISIONS NECESSARY TO IMPROVE AND CLARIFY THE CRITERIA AND PROCEDURES RELATED TO THE CIVIL COMMITMENT PROCESS FOR PERSONS WITH MENTAL ILLNESS AND EXPANDED COMMUNITY SERVICES THAT REDUCE THE NEED FOR URGENT CARE AND OFTEN PREVENT SERIOUS CRISES

Mental Health Rapid Urgent Care Services

The recent tragedy at Virginia Tech shed new light on Virginia's failing mental health system, which has been chronically underfunded for many years. In an effort to improve a system often described as "broken," several state study panels, including the Governor's Virginia Tech Review Panel and the Commission on Mental Health Law Reform, have been meeting to review current statutes and policies and make recommendations for improvements.

- **Immediate Access to Urgent Care/Crisis Stabilization.** Support statutory revisions necessary to improve and clarify the criteria and procedures related to the civil commitment process for persons with mental illness. Support state funding essential to implementing recommendations of the study commissions and related proposals from the Governor, including additional state funding necessary for mental health emergency services, crisis stabilization services, intensive case management, and intensive residential services and medications. More state funding will also be needed for voluntary and involuntary psychiatric hospitalization.
- **Reduction in Need for Urgent Care.** Support expanded community services that reduce the need for urgent care and often prevent serious crises. Such services must be funded by the state and targeted toward individuals who are at risk of civil mental health detention and/or avoidable incarceration due to serious mental illness/emotional disturbance, severe substance use disorders, and/or co-occurring conditions (mental illness/substance abuse, or mental illness/mental retardation).

Statewide, additional community services are needed, including: crisis stabilization, including placement at a residential crisis care facility and/or intensive in-home services; psychiatric evaluations; medical evaluations, medication monitoring, and affordable and accessible psychotropic medications; partial (day) hospitalization; as well as medical and social detoxification.

In particular, of priority to Fairfax County would be additional staff to provide the following: walk-in/site-based and mobile crisis intervention/stabilization services; intensive/outreach case management to include linkage to entitlements (e.g., Medicaid, Disability, etc.), medical and dental care, and housing; medical detoxification; and peer support services.

3. COMPREHENSIVE SERVICES ACT

MONITOR CSA LEGISLATION, PASSED WITH A RE-ENACTMENT CLAUSE BY THE 2007 GENERAL ASSEMBLY (SB 1332), TO DETERMINE ITS FISCAL AND SERVICE EXPANSION IMPLICATIONS FOR THE CSA PROGRAM

As written, this legislative proposal would expand the mandated funding requirement and eligibility to children in need of mental health services when such services are necessary to prevent their placement in foster care. As a result of a March 2007 state policy interpretation, the CSA program has already experienced a broadening of the population eligible for mandated funding.

Furthermore, the Commonwealth should prioritize children's mental health services through DMHMRSAS by increasing the funding already established in the Mental Health Initiative for children and youth. The Mental Health Initiative is a companion source of revenue to the CSA program to meet children's mental health needs.

OTHER CRITICAL COUNTY NEEDS IN HUMAN SERVICES

Many human services programs -- such as child protective services; adult protective services; comprehensive services for children; foster care; early intervention; public health; certain mental health, mental retardation, substance abuse services; and services for senior citizens -- are mandated by either federal or state statutes. Other programs -- such as in-home services to senior citizens; other mental health, mental retardation and substance abuse services; and affordable health services -- are not mandated, yet provide assistance for County residents who lack the resources to help themselves.

The County has long recognized that investments in these human services programs can and do, in fact, save public funds by minimizing the need for more costly services. Fairfax County combines local funds with state and federal funds to support human services programs that are valued and demanded by County residents. Yet as populations grow and residents age, the demand for services outpaces the available resources. This section of the report highlights those services and programs that the County Board views as important for consideration by the 2008 General Assembly, and includes recommendations for action.

- *Adult Fatality Review*
- *Long Term Care Services*
- *Family Services Eligibility Workers*
- *Child Welfare Services*
- *Human Trafficking*
- *Domestic Violence Response & Prevention*
- *Substance Abuse Treatment Services*
- *Mental Health & Mental Retardation*
- *Brain Injury Services*
- *Rehabilitative Services Incentives Funds (RSIF)*
- *Staffing in Nursing Homes*

1. ADULT FATALITY REVIEW

ESTABLISH ADULT FATALITY REVIEW TEAMS

Support legislation to create an Adult Fatality Review Team (AFRT) for the Commonwealth. Adult Fatality Review Teams examine the events preceding the death of any adult who was the subject of an adult protective services investigation or whose death was due to abuse or neglect, or acts suggesting possible abuse or neglect. A National Elder Abuse Incidence Study found that only 16% of the cases of adult abuse and neglect are reported to Adult Protective Services. The purpose of Adult Fatality Review Teams is determining how agencies can collaborate on preventing future fatalities, not to assign blame for previous adult deaths.

IN FAIRFAX - In FY 2007, Fairfax County Adult Protective Services Workers investigated 818 allegations of Abuse, Neglect or Exploitation involving persons aged 60 or over or incapacitated adults age 18 or older.

2. LONG TERM CARE SERVICES FOR THE AGING AND DISABLED

REVISE AND ENHANCE VIRGINIA'S AUXILIARY GRANTS PROGRAM

Increase Auxiliary Grant rates. Auxiliary Grants (AG) provide financial support for Assisted Living Facility (ALF) costs to persons eligible to live in ALFs and who meet certain other criteria. ALF services are not eligible for Medicaid reimbursement in Virginia; therefore, Virginia's Auxiliary Grant Program must be revamped to provide appropriate support that matches the cost of assisted living care. Last year, AG reimbursement rates were raised from \$1,010 per month (\$1,162 in Northern Virginia) to \$1,061 per month (\$1,220 in Northern Virginia). However, JLARC reports that average monthly cost of Assisted Living care in Richmond is \$2,968 per month, while the Northern Virginia Average is \$4,118 per month. Auxiliary Grant rates still need to be raised significantly if they are to cover the cost of care.

In FAIRFAX - In March 2007, there were 185 County residents receiving Auxiliary grants. Of these, two in five resided in Assisted Living Facilities outside of Northern Virginia.

Increase Northern Virginia AG Rate Differential. Currently, Northern Virginia receives a 15% higher AG rate than the rest of the state, due to the higher cost of doing business in the region. However, as noted in the JLARC report, the actual difference in costs between Northern Virginia and the rest of the state is on average 37.8%. Therefore, in addition to the reimbursement rate being raised, the Northern Virginia differential needs to be increased as well. If it is not, a high proportion of Northern Virginia residents will continue to turn to facilities outside of Northern Virginia, unable to find ALFs within the region willing to accept the state's AG rate for payment.

Eliminate local share requirement. Localities where assisted living facility residents lived before being admitted are required to pay 20% of the cost of the Auxiliary Grant. This cost cannot be fairly applied as many assisted living admissions are made directly from state institutions that are not the home jurisdictions of the residents. Therefore, the jurisdictions housing these institutions are disproportionately charged for AG clients who are not residents.

Pilot a program to test the value of making the Auxiliary Grant "portable." Currently, Auxiliary Grants (AG) are used exclusively to support Assisted Living Facilities (or for approved adult foster care home costs, in certain circumstances) for residents who meet specific criteria (i.e., SSI eligibility). A state-level workgroup has been created to look at how the AG could be used to meet the needs of consumers who would benefit from choosing alternative living arrangements that promote more focused recovery and independence, such as homeless persons with a mental health diagnosis. The workgroup is expected to recommend a pilot to test out the benefit of portability of AG's, to estimate the number of consumers that could be eligible for an auxiliary grant under such a program, and to determine the cost a pilot program to test the feasibility of this concept.

2. LONG TERM CARE SERVICES FOR THE AGING AND DISABLED (cont.)

MONITOR ANY LEGISLATION RESULTING FROM THE STUDY REGARDING TRANSFERRING ADULT SERVICES OR BASED UPON THE “NO WRONG DOOR” PILOTS FOR LOCAL IMPACT

Virginia is considering integration of long term care services in several areas. At the direction of the 2007 General Assembly, the Secretary of Health and Human Services is leading a study of "the feasibility and utility of transferring the adult services and adult services licensing to the Department for the Aging" from the Department of Social Services. In areas other than Northern Virginia, the state is also piloting six resource centers that provide information about community-based long term care services. The one-stop resource centers are called "No Wrong Door" and are a collaborative effort between state agencies, SeniorNavigator, and several local agencies in each of the six areas. A statewide Advisory Council for the Integration of Community-based Services is the oversight group for the implementation of No Wrong Door and is chaired by the Secretary for Health and Human Services.

ESTABLISH AN INDEPENDENT VIRGINIA HOUSING TRUST FUND

Housing advocates are promoting the establishment of a Virginia Housing Trust Fund, with dedicated funding of a minimum of \$50 million annually to provide financing to localities, housing developers and individuals for the construction of livable new single and multi-family housing that is affordable. In addition, affordable housing should meet accessibility guidelines. The Fund should also support increases in livable and accessible renovations of existing single and multi-family housing stock.

The lack of affordable and accessible housing options has reached crisis proportions in Virginia. More than 85% of Virginians, who answered a survey conducted by Brooks Adams Research, said a Housing Trust Fund is a good idea for Virginia. Thirty-eight states—including Maryland, North Carolina and West Virginia—have established housing trust funds to combat the rising cost of housing. An independent Virginia Housing Trust Fund would offer broad-reaching and flexible solutions to the

IN FAIRFAX - Over half (57%) of current older renters and 1 in 4 older homeowners spend more than 30% of their income on housing.

need for affordable and accessible housing to accomplish livable community goals. In addition to promoting ownership of accessible, visitable, livable homes (utilizing universal design principles), the Trust Fund should support the development of affordable and accessible rental options, and provide funds for such renovations in existing housing. The Trust Fund should provide low-interest loans, matching funds for local housing trust funds (such as Fairfax County's program) and incentives for developers to create

reasonably priced accessible housing and mixed-income communities.

IN FAIRFAX - Over half (57%) of current older renters and 1 in 4 older homeowners spend more than 30% of their income on housing.

2. LONG TERM CARE SERVICES FOR THE AGING AND DISABLED (cont.)

IMPLEMENTATION OF “MONEY FOLLOWS THE PERSON” (MFP) GRANTS

Support additional state funds to permit implementation of the federal “Money Follows the Person” (MFP) Demonstration Grant, awarded to the Commonwealth in May 2007 by the Centers for Medicare and Medicaid Services (CMS). The MFP grant is intended to assist persons with disabilities and seniors who want to move out of nursing homes, ICF/MRs, and long-stay hospitals to transition to home within the community. It is expected that at least 1,240 individuals would receive services over the five years of the grant period. CMS will provide an enhanced federal Medicaid match for each individual in the MFP demonstration for the first year after transition from institutional to community-based services. Overall, it is anticipated that the Commonwealth will experience significant cost savings in the long term by shifting emphasis from provision of services in more costly institutional settings to provision of community based services. This request was considered by the 2007 General Assembly as part of the Governor’s budget, but a decision was postponed until the federal government actually awarded the grant.

EMERGENCY PREPAREDNESS BY ASSISTED LIVING FACILITIES

Monitor legislation that would impact emergency preparedness planning and implementation of emergency plans of assisted living facilities. Of particular interest is any legislation that would change requirements for assisted living facilities with six or more residents to connect to emergency power.

ADDITIONAL FUNDS TO EXPAND INTENSIVE SPECIALIZED GERIATRIC MENTAL HEALTH SERVICES

Support additional funds to: (1) expand intensive specialized geriatric mental health services by establishing outreach teams, and (2) make regional geriatric private bed purchases.

These two added components would build upon the Northern Virginia Regional Older Adult Facilities Mental Health Support Program (Facility Team) established last year. The Facility Team provides intensive mental health support to consumers in need of either nursing home or assisted living level of care. The two additional components would support diversion or discharge of older adults from both the state psychiatric hospitals and state-funded psychiatric hospital beds, and provide a comprehensive continuum of mental health services that supports older adults with serious mental illness to age in place:

IN FAIRFAX – About 250 Fairfax County residents would be served by the mental health teams. These residents would receive services in their own communities as opposed to state-funded psychiatric facilities.

(1) An intensive specialized geriatric mental health outreach team (comprised of hospital and community-based sub-teams) has as its mission the diversion of older adults from state funded psychiatric hospital beds, the stabilization of those adults, and, when hospitalized, the discharge of those adults back into the community in an efficient and timely manner. Funding for discharge and

diversion needs is part of the operational expenses for this team. This team targets older adults community-wide in a variety of living situations.

(2) Regional geriatric private bed purchase funds for specialized older adult psychiatric beds in Northern Virginia.

3. FAMILY SERVICES ELIGIBILITY WORKERS

SUPPORT ADDITIONAL STATE FUNDING FOR ADDITIONAL ELIGIBILITY STAFF, NECESSARY FOR THE ADMINISTRATION OF MANDATED PUBLIC ASSISTANCE PROGRAMS AND SERVICES

Policy changes at the state and federal levels, successful outreach efforts and increasing population have all contributed to a significant increase in demand for entitlement services such as food stamps and Medicaid. In addition, the Federal Deficit Reduction Act of 2005 added requirements in the Medicaid program exacerbating the need for added staff capacity at local departments of social services to perform the eligibility function. However, State funding for the administration of these programs has not kept pace.

Beginning in the fall of 2007, the State is undergoing a casework time study and random moment survey within local departments of social services in order to develop caseload standards and determine the time available for casework. It is anticipated that a new set of recommendations for additional eligibility workers for local departments of social services will be developed based on this study once it is completed in February 2008.

The previous study (completed in 2000) estimated that there were 725 additional eligibility workers needed statewide to optimally handle the existing public assistance caseload.

The Fairfax County Department of Family Services monthly public assistance caseload increased from an average of 29,028 in FY 2001 to 49,681 in FY 2007, an increase of 71% in six years with no corresponding increase in staff resources. Using the formula from the 2000 Workload Study, Fairfax would need 62 additional eligibility worker positions (and 8 supervisors and 8 clerical positions) to maintain the level of performance required by state and federal regulations.

IN FAIRFAX - The Hornby-Zeller Associates Standards, used by Virginia when identifying staffing needs, estimate the Department of Family Services would need 187 case-carrying positions to serve the existing caseload. Currently there are 125 case-carrying positions in the Self-Sufficiency Division, leaving the Department with a deficit of 62 positions.

4. CHILD WELFARE SERVICES

INCREASE FUNDING TO SUPPORT LOCAL SOCIAL SERVICE ACTIVITIES REQUIRED TO MEET THE PROGRAM IMPROVEMENT PLAN (PIP)

The Federal Department of Health and Human Services conducted Child and Family Services Reviews (CFSR) in every state in the 1990s and is preparing for the second round of reviews to evaluate progress. Fairfax County's next review is scheduled for 2009. The CFSR laid out specific goals to ensure continued improvement in programs for children and families at the state and local level. In response, Virginia developed a Program Improvement Plan (PIP) to ensure Virginia reaches these goals. It is recommended that the Virginia Department of Social Services continue to pursue sufficient funding to support the full implementation of the PIP in each jurisdiction in Virginia.

IN FAIRFAX – In FY 2007 on average:

- ***465 children were in foster care each month;***
- ***174 new Child Protective Services (CPS) investigations/assessments are initiated each month; and***
- ***530 families at risk of abuse and neglect are provided ongoing in-home services each month***

INCREASE STATE FUNDING TO SUPPORT THE EXPENSES OF FOSTER PARENTS

The State provides funding to cover a portion of the costs incurred by foster parents in their care of vulnerable children. This amount ranges from \$368 to \$546 per month depending on the age of the child. This payment falls far short of foster parents' actual costs. Although Virginia's rates were raised 10% last year, Virginia's current reimbursement rates are lower than neighboring jurisdictions and the rates in 46 other states. Maryland's rates range from \$633 to \$650 and Washington DC's are \$788 to \$859 per month. A 2000 JLARC report estimated the monthly cost of raising a child to be \$866. Adjusted for inflation, this cost would be \$962 in 2005.

At \$368 per month, Virginia's reimbursement for children under the age of four is in the bottom 14% of states.

Fairfax County needs to recruit and maintain a qualified, diverse pool of foster parents to provide homes for foster children. It is very difficult to recruit foster parents when they cannot be provided with adequate reimbursement for the expenses of taking on the responsibility of caring for a foster child. In addition, the cost of living is higher in Northern Virginia than the rest of the state and Northern Virginia is not provided a differential in this area.

IN FAIRFAX – In FY 2007, there were an average of 465 children per month in Foster Care. A total of 209 children entered foster care and 182 children left foster care over the course of the year.

4. CHILD WELFARE SERVICES (cont.)

SUPPORT THE RECOMMENDATIONS FROM THE LEGISLATIVE REPORT ON THE POLICIES AND PROCEDURES RELATED TO EXPEDITING ADOPTIONS

The Expediting Adoptions Workgroup was created in response to the legislative mandate to study policies and procedures related to expediting adoptions for children in the foster care system as well as those children who are adopted but not placed in foster care. The Virginia Department of Social Services (VDSS), in collaboration with a vested group of stakeholders, made recommendations for expediting adoptions after much discussion, a review of state and national data and research, and a survey of practice and policy issues of all 120 local departments of social services (LDSS).

IN FAIRFAX – The median time for children in care with the goal of adoption is 3 years. The federal goal is to have children adopted within 24 months of entering care. The recommendations made by the Expediting Adoptions Workgroup would help to reduce the length of time these children wait for a permanent home in Fairfax County.

Over the past 30 years, Virginia has developed laws, policies and procedures to improve adoption opportunities for children who historically would have remained in foster care with no permanent goal. The notions of safety, permanency and well-being for all children in foster care are the driving philosophy behind all child welfare practices today. Child welfare agencies and the courts are being asked to establish permanent homes for children in a more efficient and timelier fashion than ever before. The recommendations in this study are major steps towards increasing permanency for those children awaiting adoption in the Virginia child welfare system.

- 1. Make the Juvenile and Domestic Relations District Court a court of record with direct appeal to the Court of Appeals in cases in which the goal of adoption has been approved for a child in foster care and termination of parental rights has been ordered over the objection of a parent. For these limited cases, the de novo appeal to the circuit court should be eliminated.***
- 2. Increase staff positions dedicated to adoption at the state and local levels.***
- 3. Mandate adoption competency training for all foster care and adoption workers through statutory language similar to that which exists for mandated training for Child Protective Services workers.***
- 4. Provide the fiscal resources necessary to fund at least a minimum number of required pre-service and in-service training hours for foster care and adoptive parents.***
- 5. Fund an annual statewide adoption training conference that includes all partners involved in the adoption process.***
- 6. Provide state funds to supplement federal money used to support post-adoption services.***
- 7. Ensure the means to provide on-going monitoring and modifications of the State child welfare data system that will continue once the current system upgrades are complete.***
- 8. Create five dedicated positions within the VDSS to provide statewide training and technical assistance to LDSS on the state child welfare data system.***

4. CHILD WELFARE SERVICES (cont.)

SUPPORT LEGISLATION ASSISTING YOUNG ADULTS TRANSITIONING OUT OF FOSTER CARE

Young adults transitioning out of foster care at age 18 want to be self-sufficient and live on their own. However, once they are employed and no longer in the custody of the Department, they are most often no longer eligible for Medicaid. First jobs often do not include benefits, and the loss of Medicaid support puts these young adults into the pool of Virginia's uninsured. Should other circumstances afford Medicaid eligibility as adults, the covered services are changed (i.e., dental services are not available to adults). A bill was introduced in 2007 to provide Medicaid eligibility for young adults aged 18-21 transitioning from foster care; however, this bill was not passed as appropriations were not included. In FY 2006, DMAS estimated that of the 3,355 individuals in foster care aged 18-21, 1,393 had their Medicaid eligibility cancelled but remained in state or local custody.

Additionally, if youth over 18 decide to leave foster care before they turn 21, they currently cannot re-enter care. Some of these young adults need the supports of foster care and want to return, but are unable to under current law. Recommendations related to this issue are anticipated from the First Lady of Virginia's "For Keeps" initiative. This initiative focuses on offering increased supports to older youth in foster care to promote their well-being, permanent connections and opportunities for improved outcomes.

In FAIRFAX – In FY 2007, 49 children who were 18 and over left foster care. Since these individuals have left County services, direct contact with these young adults is not available. However, anecdotal evidence from caseworkers suggests that most, if not all, of these children have lost Medicaid coverage.

5. HUMAN TRAFFICKING

SUPPORT FUNDING AND LEGISLATIVE EFFORTS TO CURB HUMAN TRAFFICKING

In 2007, the General Assembly created a Commission on the Prevention of Human Trafficking (HB 2923), which is tasked with developing and implementing a state plan to prevent human trafficking in Virginia. The Commission is to work with federal, state, and local agencies to enhance the collection and sharing of relevant data, and to recommend ways to coordinate delivery of services to victims of trafficking.

Support funding and legislative efforts to curb human trafficking, provided such measures either enhance penalties for trafficking offenses or do not lessen those penalties imposed under current law for offenses under which trafficking violations now may be prosecuted (for example, the statutes governing abduction and extortion). State efforts should include funding for enforcing state laws and judicial training on recognizing trafficking cases and funding for victim services, as well as enhanced penalties for trafficking offenses. Human trafficking is both an international issue and a domestic one, encompassing forced agricultural and domestic servitude as well as sexual exploitation. The federal Trafficking Victims Protection Act (TVPA), passed in 2000 and reauthorized most recently in 2005, created trafficking as a federal crime and imposed federal

responsibilities for prosecution of traffickers and the protection of victims.

6. DOMESTIC VIOLENCE RESPONSE AND PREVENTION

SUPPORT LEGISLATION THAT PROMOTES DOMESTIC VIOLENCE RESPONSES AND PREVENTION

In its recent report to Governor Kaine, the Virginia Sexual and Domestic Violence Action Alliance made a number of recommendations that would support domestic violence response and prevention efforts already in place in the County:

Recommendations:

- *Additional funding for domestic violence prevention;*
- *A requirement that law enforcement agencies establish and implement policies on response to sexual assault; and*
- *The release and promotion of model Sexual Assault Response Team protocol (such protocol was requested by the 2004 General Assembly, but has not yet been released).*

Even with the efforts already underway in the County to address this critical human need, additional state funding is needed. Administrative tools in place to support programming can enhance the efforts of those in law enforcement who are promoting a common understanding of the importance of effective front-line response.

7. SUBSTANCE ABUSE TREATMENT SERVICES

SUPPORT LEGISLATION THAT PROVIDES FOR EDUCATION PROGRAMS DESIGNED TO CURB CURRENT, NEW OR DEVELOPING SUBSTANCE ABUSE TRENDS IN YOUNG PEOPLE, SUCH AS UNDERAGE DRINKING, THE PROMOTION OF “ALCO-POPS,” AND THE USE OF INHALANTS BY CHILDREN

Underage drinking continues to be a problem that is not well addressed in many substance abuse prevention programs targeting young people. Furthermore, new products are entering the market and appear to exacerbate such trends. “Alco-pops” are sweet, brightly colored alcoholic beverages; critics charge that these drinks are blatant attempts to market the product to those under the age of 21. In May, Anheuser-Busch withdrew its “Spykes” drinks from the U.S. market after pressure from 29 states’ attorneys general and public health groups. “Spykes” contained 12 percent alcohol, nearly double the alcohol concentration of beer, but were fruit-flavored and packaged in bright colors.

The Partnership for a Drug-Free America reports that only 4% of parents believe their child has tried inhalants, yet 22% of children between 6th and 8th grade have tried inhalants. In 2005, they reported an eighteen percent increase of inhalant abuse among 8th grade students and a 44% increase of inhalant abuse among 6th grade students.

Inhalant abuse continues to jeopardize youth throughout the nation and the County. Parents and school drug prevention programs often emphasize the harmful effects of alcohol and tobacco, in general, yet minimize or neglect the critical discussion of inhalant abuse.

8. OTHER MENTAL HEALTH AND MENTAL RETARDATION SERVICES

FULLY FUND THE JAIL DIVERSION PILOTS, INCLUDING THE PILOT LOCATED IN FAIRFAX COUNTY

Jail Diversion-Each Year of Biennium and On-Going

The General Assembly has recognized the value of the Jail Diversion Program developed by the local mental health communities in collaboration with local law enforcement programs by partially funding 10 Jail Diversion Program sites, including one in Fairfax County. The programs have continued to prove the effectiveness of this approach to reaching persons with mental illness, yet are stretched by limited funding.

Additional funding should be provided to fully fund the existing 10 programs, and to provide for further expansion of the program throughout the state. Such programs are effective means to prevent incarceration and to direct persons in need of services to appropriate community-based systems.

SUPPORT FUNDING TO SUPPORT 10 SYSTEMS OF CARE PROJECTS, AND TO EXPAND PART C/EARLY INTERVENTION SERVICES

Child and Family Services

The Commission on Youth and the Department of Mental Health, Mental Retardation, and Substance Abuse Services are promoting the use of Systems of Care services, particularly for young people in need of mental health or mental retardation services. The Systems of Care is a specific methodology of intensive, wrap-around services that have proven to be effective in reaching hard-to-serve youth with serious mental health service needs and their families.

Advocates statewide are expected to request \$5 million annually to support 10 Systems of Care projects throughout the state,

In addition, the need for an added \$3.4 million to expand Part C/Early Intervention services has been identified. In coordination with Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, these services will help Virginia to meet federal requirements to provide early intervention services in more normal environments, including in-home care, in day care services, and the like.

8. OTHER MENTAL HEALTH AND MENTAL RETARDATION SERVICES (cont.)

SUPPORT FUNDING FOR DEAF SERVICES APPROPRIATE TO DEAF, DEAF-BLIND, OR HEARING IMPAIRED PERSONS WITH MENTAL ILLNESS, MENTAL RETARDATION, AND SUBSTANCE USE DISORDERS

MH and MR Services for Hearing-Impaired Persons

Statewide advocates are promoting funding for 10 deaf service providers statewide, and \$150,000 for the Interpreter Fund.

SUPPORT ADDITIONAL FUNDING TO ELIMINATE WAITING LISTS FOR URGENT MENTAL RETARDATION WAIVER AND DEVELOPMENTAL DISABILITY (DD) WAIVER PLACEMENTS

Urgent Mental Retardation Placements

Each year, the General Assembly and the Governor have recognized the importance of the Mental Retardation Waiver program in Medicaid for families that include persons with significant challenges due to mental retardation. However, waiting lists for persons in need of such services (and the financing that supports that care) continue to rise.

Even with recent work to clarify the criteria for waiting list designations, factors such as lower reimbursement rates, put constraints on these programs in more fully meeting the state's needs. Statewide advocacy groups are expected to ask for 1600 additional MR Waiver slots (800 in each year), start-up funding to support additional community-based services and reimbursement rates indexed to inflation (rather than requiring specific Biennial Budget language for rate increases). Other proposals are also expected in an effort to reduce the Developmental Disability (DD) waiver waiting list, currently estimated at over 800 persons statewide.

In addition, the same groups are advocating for state funding to support individuals who do not qualify for MR Waiver services, but are unable to afford private-pay rates for the same community-based services.

SUPPORT FUNDING STRATEGIES TO SUPPORT HOUSING FOR INDIVIDUALS WITH MENTAL RETARDATION CURRENTLY LIVING IN THE COMMUNITY

Housing for persons with Mental Retardation

Many successful community-based housing programs have been developed for persons living with mental retardation. There are not enough of these programs located throughout the Commonwealth, and costs are can be prohibitive for families that do not qualify for existing public housing support programs. Strategies should be developed in Virginia to provide

supplemental assistance for more individuals to successfully live in community-based housing for persons with mental retardation.

9. BRAIN INJURY SERVICES

SUPPORT FUNDING STRATEGIES THAT PROVIDE FOR IMPROVED COMMUNITY-BASED SERVICES FOR PERSONS WITH TRAUMATIC BRAIN INJURY (TBI). STRATEGIES SHOULD INCLUDE AN EXPANSION OF THE CURRENT MEDICAID DEVELOPMENTAL DISABILITY WAIVER TO ADDRESS THE NEEDS OF PERSONS WITH SEVERE IMPAIRMENTS DUE TO TBI, AND DEVELOPMENT OF PROGRAMS FOR PERSONS INJURED AFTER 22 YEARS OF AGE

JLARC studied the state's brain injury programs in 2007, and issued a report in September. In that report, JLARC staff identified unmet needs for persons with TBI, especially in access to community-based services. The report notes that currently, persons with TBI and severe behavior issues are "at risk of placement in a skilled nursing home, local jail, local licensed hospital, or State prison or to not receive any services at all. There is virtually no system of care in the community for people with behavioral problems who do not have the financial resources to pay for private care." Without access to such programs, the report acknowledges that persons with severe impairments are either in or are at risk of entering nursing homes to receive the required cognitive rehabilitation therapy and housing supports, a more costly and often inappropriate placement alternative. While expanding Virginia's DD waiver may offer a source of funding for needed community-based services, Virginia's current Medicaid program structure would require some change to accommodate this objective, including examination of eligibility requirements. Furthermore, federal requirements limit the use of this waiver to persons injured prior to the age of 22. Other strategies are required to respond more effectively to the needs of persons injured as adults, including "expansion of case management and clubhouse programs, and the introduction of additional services, including supportive housing, transportation, and personal assistances." (JLARC, "Access to State-Funded Brain Injury Services in Virginia" September 10, 2007)

10. REHABILITATIVE SERVICES INCENTIVE FUNDS (RSIF)

SUPPORT FULL RESTORATION OF THE REHABILITATIVE SERVICES INCENTIVE FUND (RSIF) TO THE LEVEL OF \$912,500 TO ADDRESS GAPS IN SERVICE, SUPPORT INNOVATIVE PROGRAMS, AND IMPROVE SERVICE COORDINATION IN SERVICE DELIVERY FOR PERSONS WITH DISABILITIES

RSIF funding in Fairfax County:

- ***In FY 2005 through FY 2008, only one RSIF grant was allotted to Fairfax County each year.***
- ***9.9% of Fairfax County residents with a disability live below the poverty line, while only 4.7% of residents without a disability live in poverty.***
- ***RSIF is the ONLY funding exclusively dedicated to the more than 67 thousand Fairfax County residents with physical and sensory disabilities.***

Virginia's Rehabilitative Services Incentive Fund (RSIF) promotes investment in individuals with physical and/or sensory disabilities in the community at the local and regional level. Local Disability Services Boards (DSBs) identify unmet or underserved needs, and administer RSIF funds to stimulate model and innovative programs to improve the quality of life for individuals with physical and/or sensory disabilities.

Through 2002, RSIF received an annual appropriation of \$912,500 that was competitively allocated throughout the Commonwealth. However, the appropriation has been cut dramatically in recent years, resulting in a significant decline in the number of grants awarded. In FY 2002, there were 86 multi- and single-year RSIF grants awarded statewide. These grants were cut to only 16 single year RSIF awards in FY 2007. FY 08 General Funds for the RSIF grants were reduced in the Governor's Budget Reduction Plan and replaced with non-general funds. The loss of these RSIF grant funds has slowed innovative program development in the region, having a severe impact on the lives of people with physical and sensory disabilities throughout the Commonwealth.

IN FAIRFAX - One single-year \$14,000 grant was awarded in each year from FY 2005 through FY 2008. Recent RSIF

awards for Fairfax County have been used to promote independence to people with brain injuries through comprehensive scheduling education and technology, and for making accessible environmental modifications so people with disabilities are able to live safely and independently in their own homes.

11. STAFFING IN NURSING HOMES

SUPPORT LEGISLATION AND FUNDING TO INCREASE NURSING HOME STAFFING AND STAFF TRAINING, AND TO IMPROVE JOB-SATISFACTION AND WORKING CONDITIONS AND STANDARDS FOR ALL LEVELS OF THE NURSING WORKFORCE (RNS, LPNS, CERTIFIED NURSES' AIDES, PERSONAL CARE AIDES). FURTHER, SUPPORT LEGISLATION DESIGNED TO INCREASE THE NURSING WORKFORCE.

Virginia's current nursing home licensing regulations require that the facilities provide qualified nurses and certified nurse aides on all shifts, seven days per week, "in sufficient number to meet the assessed nursing care needs of all residents." (12VAC5-371-210. Nurse staffing.) Failing to "provide necessary care for highest-practicable well-being" is most frequently cited in inspections reports that include documentation of deficiencies. Some advocates for improved nursing home care quality promote the establishment of specific nurse staffing standards in law.

Virginia's Medicaid program for nursing home care reimbursement has one of the highest acuity requirements in the U.S., requiring an overall higher level of nursing care when compared to other states. Thirty-eight states have staffing standards; yet even with established staffing standards, March 2002 research by the U.S. Department of Health and Human Services concluded that nationwide, 90% of nursing homes have staffing levels too low to provide quality care. Federal legislative proposals on staffing standards have failed, as research does not indicate that staffing standards alone would measurably improve the care and lives of nursing home residents, especially if the standards require fewer than 4.1 hours of direct nursing care per resident per day.

In Virginia, legislation that included nursing standards has failed to pass, primarily due to the costs associated with the bills (In 2007, DMAS estimated \$24.5 million GF was needed to meet 3.5 hrs of nursing care per resident). These two factors--a significant increase in Medicaid costs and a lack of data to assure that quality improvements would result—have impeded passage of bills imposing staffing standards at both state and federal levels. The Governor's Health Care Reform Commission is the most recent study to conclude that legislative action should focus upon staff training and job-satisfaction as significant contributors to improved care quality and resident safety.

Factors contributing to difficult working conditions for nurses should be addressed, including the current high level of direct care worker turnover, poor wages, inadequate benefits, and lack of career ladders. To begin, the Governor's Commission is proposing a Medicaid Pay-for-Performance program for Medicaid nursing home staff (estimated cost is \$8 million). Other recommendations relate to increasing the nursing workforce (i.e. loan payback programs to add nursing faculty, needed to expand nursing schools).