Draft as of November 22, 2019

Note: Language added after the November 19, 2019, public hearing is highlighted.

Draft 2020 Fairfax County Human Services Issue Paper

This human services issue paper is a supplement to the 2020 Fairfax County Legislative Program as the County's Board of Supervisors has long recognized that investments in critical human services programs save public funds by minimizing the need for more costly public services.

Social services remain a critical need for our citizens. In 2018, there were 67,258 Fairfax County residents (5.9%, including 18,923 children) living below 100% of the Federal Poverty Level (FPL), compared to 47,832 people (including 15,467 children) in 2008. Furthermore, the number of people living in deep poverty (income less than about $12,500 for a family of four) was 28,700 in 2018. However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater than 100% of the FPL – the Massachusetts Institute of Technology's (MIT) living wage calculator shows that an adult needs over $36,000 (almost 300% of the FPL) and a family of four needs almost $80,000 (over 300% of the FPL). In 2018, there were 272,278 residents (24%, including approximately 78,249 children), living in households with incomes less than 300% of the FPL – about the amount considered a living wage.*

The County's economy also suffered from federal sequestration, and accompanying federal funding cuts, which further adversely affected those already struggling. As state revenues continue to improve, it is critically important that Virginia continue to invest in local programs that ensure short- and long-term uncertainties do not threaten the safety net provided by local governments. Even as local government fiscal health has not been fully restored, maintaining a strong safety net for our most vulnerable populations remains an essential public service, valued by most of the electorate.

State and local governments must partner to:

- Protect the vulnerable;
- Help people and communities thrive;
- Link people to health services, prevention and early intervention care, adequate and affordable housing, and employment opportunities;
- Ensure that children thrive and youth successfully transition to adulthood; and,
- Build a high-performing and diverse workforce that does not need this help.

Most people want the same opportunities to survive and thrive. Meeting these personal goals sometimes requires assistance that results from a strong partnership between the Commonwealth and local government. Unfortunately, the state commonly underfunds core human services or neglects newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues to meet critical needs. Fundamentally reorganizing and restructuring programs and outdated service delivery systems can best achieve positive outcomes when such changes are developed in partnership with the local governments providing services.

*See the US Census Bureau One-Year 2018 American Community Survey for more information and the associated margins of error.

Priorities

Affordable Housing and Homelessness Prevention

Support state funding and actions to increase the availability of affordable housing options and prevent homelessness, including expanded investments in tools and programs to address affordable housing needs, particularly in high cost of living areas like Northern Virginia.

Affordable housing is critically important for all Virginians, but obtaining it creates particular challenges in Northern Virginia, where housing is increasingly out of reach for low- and moderate-income earners. Fairfax County is already experiencing a deficit of 31,000 affordable rental homes, and the gap between the need and the supply will grow considerably without new approaches for expanding housing availability and affordability. It is anticipated that there will be a need for 15,000 new units affordable to households earning 60 percent of area median income and below over the next 15 years. The areas of greatest need in the development and preservation of affordable housing are small families and seniors. The Commonwealth should:

- Increase funding for the Virginia Housing Trust Fund (as recommended by the Virginia Department of Housing and Community Development for an additional $13 million in FY 2020, $30 million in FY 2021, and $40 million in FY 2022) – this is essential to create and preserve affordable housing and reduce homelessness in Northern Virginia, where housing affordability creates substantial challenges for the economic competitiveness of the region, creating potentially negative impacts to the Commonwealth overall;
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership;
- Enhance and create more state-funded rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers;
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities; and,
- Prohibit housing discrimination based on source of income, which disproportionately impacts older adults and people with disabilities. *(Updates and reaffirms previous position.) (The 2019 GA directed the Department of Behavioral Health and Developmental Services (DBHDS) to report on permanent supportive housing services by November 30, 2019.)*

Mental Health, Public Safety, and the Criminal Justice System

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

Law enforcement officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department received nearly 4,000 calls from January – June 2019 that were mental health related. Such calls can lead to incarceration for low-level offenses

(trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for underlying mental health issues. Additionally, it is significantly more expensive to deliver mental health services in a detention facility than to provide the same service in community-based residential or community-based care.

To address these critical issues, Fairfax County continues to utilize local revenues for "Diversion First," which offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who commit low-level offenses. The program has already had a significant impact – since 2016 more than 1,500 people have been diverted from potential arrest. Additionally, there has been a 19 percent decrease in the number of inmates at the Fairfax County Adult Detention Center with behavioral health issues who had only misdemeanor charges, and a 43 percent increase in the number of inmates referred to the Fairfax-Falls Church Community Services Board (CSB). Though the average daily population has decreased since FY 2008, the medical complexities of inmates has increased, with substance use and mental health disorders becoming more common.

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

- Increase the availability of community-based crisis services, local psychiatric beds for people with mental health issues, reintegration services for youth and adults at high risk of rapid re-hospitalization or re-offending, and discharge planning *(see also pages 11-12);*
- Provide Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers and dispatchers, and Mental Health First Aid training for Fire and Rescue, jail personnel, and health and human service organization staff to educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness;
- Improve the screening, assessment and treatment of incarcerated individuals' mental health by gathering uniform system level data;
- Support the development and expansion of specialty courts and dockets;
- Remove barriers in order to facilitate the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians;
- Expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them ineligible for a diversion program; and,
- Remove barriers to reentry by providing adequately funded forensic discharge planning services. *(Updates and reaffirms previous position. See also the Courts position in the 2020 Legislative Program.)*

Substance Use Disorder

Support increased capacity to address the Commonwealth's ongoing substance use disorder epidemic through community-based treatment (including detoxification, medication-assisted, residential, and intensive outpatient programs) and innovative efforts to limit the supply of opioids.

Across Virginia, law enforcement and health care professionals continue to report a dramatic number of deaths due to opioid overdoses. Although some improvements are beginning to emerge, the statistics remain startling:

- Opioids are the number one cause of unnatural death in Fairfax County;
- There were 83 opioid deaths in Fairfax County in 2018, and 64 of these deaths involved fentanyl and fentanyl analogs (in Virginia, fentanyl and fentanyl-analog overdose deaths have increased by more than tenfold since 2009);
- Although there was a small decrease in overall opioid overdose deaths in Virginia from 2017 to 2018 (from 1,230 to 1,215), Virginia is on track to have a record of nearly 1,300 deaths from opioid overdoses in 2019;
- In Fairfax County, the annual number of emergency department visits for opioid overdoses is still significantly higher than it was in 2013 (60 in 2013 vs. 211 in 2018);
- The highest rate of emergency department visits for heroin/fentanyl and fentanyl-analog overdoses in Fairfax County was among individuals aged 25-34 (25 per 100,000 people) in 2018;
- The highest rate of prescription opioid overdoses in Fairfax County was also among individuals aged 25-34 (25 per 100,000 people);
- Approximately 900 Fairfax County students in the 8th, 10th, and 12th grades reported taking painkillers without a doctor's order, and nearly 1,100 reported taking other prescription drugs without a doctor's order, within a month of the survey date in November 2018; and,
- For the sixth year in a row, the statewide rate of drug-caused deaths exceeded the number of deaths due to motor vehicle accidents.

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

E-cigarettes are the most commonly used tobacco product among youth today. Despite being fairly new, in 2018, more than 3.6 million American middle and high school students reported using e-cigarettes in the previous 30 days. In Fairfax County, among students surveyed in the 8th, 10th and 12th grades, more students reported vaping within a month of the survey date in November 2018 than using any other substances, and lifetime prevalence rates were high across all age groups (15.1 percent of 8th graders, 29.5 percent of 10th graders, and 39.3 percent of 12th graders). Though e-cigarettes became popular because they have been considered less harmful than regular cigarettes, the recent discovery of severe respiratory illness in otherwise healthy young people as a deadly complication of vaping has raised alarm throughout the US.

While the Commonwealth of Virginia has taken action to combat these issues, including efforts to control the supply of opioids and increase the age to purchase all tobacco products to 21, significant challenges still exist. Complementary strategies, including well-funded, sustained intervention and education efforts, should be designed to support teens and young adults, many of whom may require specialized care to combat addiction. *(Updates and reaffirms previous position.)* *(Note: The Fairfax County Health Care Advisory Board strongly supports this position.)*

Position Statements

Medicaid Waivers

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

Medicaid funds both physical and mental health services for low-income children and parents, pregnant women, older adults, and people with disabilities. It is funded by the federal and state governments and administered by the states. Federal funding is provided based on a state's per capita income – the federal government shares 50 percent of the cost of Virginia's Medicaid program (the exception is that under the recent Medicaid expansion the federal share is higher for newly eligible populations, but that does not affect waiver rates). Because each dollar Virginia puts into the Medicaid program draws down a matching federal dollar, what Medicaid will fund is a significant factor in Virginia's human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

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

The number and types of waivers are set by the General Assembly (GA). Long, growing waiting lists demonstrate the barriers that exist in the Commonwealth. Current Virginia waivers include: Commonwealth Coordinated Care (CCC) Plus, Community Living (CL), Family and Individual Supports (FIS), and Building Independence (BI). Waivers fund services such as personal assistance to live independently in a home, residential and employment services, environmental

modifications, assistive technology, nursing services, and other therapeutic services which support individuals with severe disabilities to live as independently as possible in their community.

Fairfax County supports the following adjustments in Medicaid waivers:

- An increased number of DD Medicaid waiver slots (at present the state is not even fully funding the Priority One waiting list).
- Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.
- Improvements to the process for negotiating the approval and re-approval of customized rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.
- Expansion of home and community-based services by incorporating the Community First Choice (CFC) option into Virginia's 2020 Medicaid state plan.
- Enhancement and preservation of the CCC Plus Waiver, and elimination of the weekly 56-hour cap on personal attendant care hours.
- Fully funded reimbursements for nursing and behavioral consultation, training, monitoring, and supports.
- Increased state funding to support a sustainable, well-trained workforce in residential, employment and day support settings, including higher reimbursement rates to hire and retain professional nurses.
- Expansion of REACH (Regional Education Assessment Crisis Services and Habilitation) in-home crisis supports, access to appropriate intensive residential support options, and community-based crisis services for individuals with disabilities.
- Enacting a comprehensive Medicaid Dental Benefit for adults. Coverage for dental services in Medicaid will improve chronic disease outcomes, reduce the number of opioid prescriptions written for dental pain in emergency rooms, and prevent costly and painful dental disease. *(Updates and reaffirms previous position.)*

Children and Families

Children's Services Act (CSA)

Support continued state responsibility for funding mandated CSA services on a sum sufficient basis. Oppose changes to CSA that shift costs to local governments, or disrupt the responsibilities and authorities assigned to the County by CSA. Also support the current structure, which requires that service decisions are made at the local level and are provided based on the needs of each child, ensuring that service expenditures are approved through local processes.

The Children's Services Act provides funding to plan and provide services to children who: have serious emotional or behavioral problems; need residential care; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate local match of approximately 46 percent. Children receiving certain special education and foster care services are the only groups considered mandated for service, and sum sufficient language ensures state and local governments provide funding necessary for such youth. *(Updates and reaffirms previous position.)*

Child Care Services

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

A secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, working families with low incomes may not access the quality child care and early childhood education that helps prepare young children for kindergarten (families in Fairfax County receiving subsidies have an annual median income of $29,500, while the cost of full-time care for a preschooler at a child care center ranges from $14,000 to over $19,500 per year). Many of these families are "the working poor" who require assistance with child care costs to achieve self-sufficiency. *(Updates and reaffirms previous position.)*

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

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

The Commonwealth contracts with the Fairfax County Department of Neighborhood and Community Services to provide early intervention service coordination and therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, social interactions and movement (as part of the Commonwealth's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). The benefits of early intervention continue to be supported by research and the demand for services to eligible children continues to grow at a rapid pace. The increase in the number of children diagnosed with autism and the growing number of children born substance exposed has directly impacted the number of children eligible to receive this support. *(Updates and reaffirms previous position.)*

School Readiness

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

Increasing funding while providing flexibility, including to serve children in non-public school classroom settings, is essential. Providing VPI services in community early childhood programs, including centers and family child care homes, is a key strategy for addressing capacity challenges in public school settings (for example, if Fairfax County were to use all available slots to serve children in only public school classrooms more than 40 additional classrooms would be needed, creating a substantial capacity challenge). An additional membership verification window to confirm VPI eligibility for families enrolling after the initial fall membership verification date would allow improved access to this important program. Additionally, a state waiver allowing

Fairfax County to increase program income eligibility from 250 to 300 percent of the FPL would help address the challenges families experience due to the high cost of living in Northern Virginia.

Research has increasingly shown the importance of high-quality early childhood education programs to children's cognitive and social-emotional development and their school success. Business and military groups, including the US Chamber of Commerce and Mission: Readiness, have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a qualified workforce. A realigned state school readiness governance structure would facilitate the creation of a unified early childhood system in the Commonwealth that can best promote positive outcomes for children and support the future workforce. *(Updates and reaffirms previous position.)*

Foster Care/Kinship Care

Support legislation and resources to encourage the increased use of kinship care, including the development of a legal framework, such as guardianship, to allow kinship caregivers to make decisions for children in their care.

Through kinship care, children live with a suitable relative, allowing them to remain connected to family and loved ones and providing improved outcomes (children can also be placed in kinship care voluntarily by their parents without going through the foster care system). 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 due to cost or an interest in avoiding a potentially adversarial legal process). Guardianship is a formal legal process allowing courts to grant legal authority to kinship caregivers to act on behalf of a child, and 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 kinship care arrangements. Although the 2018 GA made progress by establishing the Kinship Guardianship Assistance Program, which allows for the payment of Title IV-E foster care maintenance payments to kinship providers under certain circumstances, further legislation is needed to grant legal authority, such as guardianship, to kinship caregivers. *(Updates and reaffirms previous position.)*

Youth Safety

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

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 traumatic experiences and early aggressive behavior; lack of nurturing by caregivers; and, availability of alcohol and drugs. Conversely, research has identified strong parenting and positive involvement from caring adults, developed social skills, and involvement in community activities as protective factors; funding is needed to implement evidence-based, effective strategies to strengthen such protective factors and resilience, and to prevent and reduce risk factors that lead to youth violence, gang participation, alcohol/drug use, and mental health problems. *(Updates and reaffirms previous position.)*

Older Adults and People with Disabilities

Disability Services Board (DSB)

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

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

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

Support funding for programs (including Money Follows the Person initiatives) that promote the independence, self-sufficiency, and community engagement of older adults and people with disabilities.

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

Accessibility

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

Over 81,500 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) nearly 30 years ago, continued advancement is needed to ensure the protections offered by the ADA are strengthened. Additional affordable, accessible, integrated housing and transportation options, as well as support for Universal Design initiatives, allow people with disabilities to remain active, contributing members of their communities while retaining their independence and proximity to family and friends. *(Updates and reaffirms previous position.)*

Adult Protective Services (APS)

Support state funding for additional APS social workers.

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

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

Brain Injury
Support expansion of psychiatric and behavioral services for individuals with brain injuries.

Nearly 400,000 Virginians are estimated to be disabled as a result of brain injury, which can be a life-altering event. However, with appropriate treatment and services individuals can improve their independence and quality of life. Unfortunately, there is a significant, unmet need for specialized community-based assessment/treatment programs, often requiring Virginians with brain injury to go out of state to receive treatment. *(Updates and reaffirms previous position.)*

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF)
Support a continued increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF reimbursement rates, increases were provided in several recent GA sessions (resulting in a $51 per month cumulative increase for a family of three). Despite this recent progress, Virginia TANF benefit levels remain at or below 27 percent of the FPL for all family household sizes, and when adjusting for inflation, studies show that Virginia TANF benefits are nearly 26 percent lower than they were when the program first formed in 1996. Given the existing surplus of TANF block grant funds in Virginia (estimated at nearly $125 million as of June 2019), the GA should continue to increase TANF payments for this vulnerable population. *(Updates and reaffirms previous position.)*

Domestic and Sexual Violence
Support additional state funding and efforts to increase the capacity for localities to implement prevention and intervention services to eliminate domestic and sexual violence, including support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence. Also support legislation to strengthen protective orders (POs), such as: requiring family abuse PO respondents to immediately surrender firearms directly to law enforcement; expanding the prohibition on knowingly possessing a firearm to include non-family abuse PO respondents; and, providing judges with greater discretion to extend and/or increase the time period of POs.

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

Behavioral Health

STEP-VA

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

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, which mandates that CSBs provide new core services. As a result, all CSBs initiated same-day mental health screening services and outpatient primary care screening, monitoring, and follow-up by July 1, 2019. Seven other core services (including outpatient mental health and substance abuse services, detoxification, and psychiatric rehabilitation, among others) are mandated to begin on July 1, 2021. The GA must appropriate sufficient funds to enable all CSBs to implement these mandates. *(Updates and reaffirms previous position.)*

Emergency Responsiveness

Support sufficient state funding for intensive community resources (such as the Program for Assertive Community Treatment) and intensive residential services, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care.

In 2014, the GA passed legislation requiring state facilities to accept individuals subject to a temporary detention order if a bed in a private psychiatric facility cannot be located within the eight-hour timeframe of an emergency custody order. While this is designed to ensure that individuals in crisis receive emergency mental health treatment, it has also led to a shortage of state hospital beds. The Northern Virginia Mental Health Institute (NVMHI), one of the smaller state hospitals in spite of the large population it serves, has recently experienced periods of 100 percent capacity (other state hospitals face similar challenges). The state hospital bed crisis is exacerbated by the lack of sufficient 24-hour community-based services for individuals requiring intensive supervision and medical services; thirteen individuals hospitalized in NVMHI in September 2019 could have been discharged if 24-hour placements were available, freeing up critically needed beds in the state hospital system.

DBHDS has developed a five-year plan that relies heavily on improving and increasing community-based mental health services to reduce the demand for emergency placements, shifting state funding from large mental health institutions to community-based facilities and requiring localities to share the cost of psychiatric hospitalizations. The cost of serving an individual in the community is a fraction of the cost of providing such services in a hospital setting, but ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. Alarmingly, though the first years of this plan provided funding for 204 beds statewide, only 16 beds were funded in Northern Virginia, raising serious concerns that implementation of DBHDS' proposal will effectively penalize localities like Fairfax County, that already put substantial local funding into providing mental health services.

Additionally, state funding is insufficient for regional mobile response services to prevent the unnecessary hospitalization of children and youth and to provide the intensive community resources that allow individuals hospitalized for mental health emergencies to transition back to community care, exacerbating the state hospital bed crisis. *(Updates and reaffirms previous position.)*

Services for Transitional Youth

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

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

FAIRFAX COUNTY
Draft 2020 Human Services Fact Sheet

In 2018, there were **67,258** Fairfax County residents that earned less than 100% of the FPL – ***77%*** of localities in Virginia had fewer total residents than Fairfax County had residents living in poverty (103 of 133 localities).*

Eligibility for public assistance programs that provide support for low-income residents is tied to a percentage (typically 100%) of the Federal Poverty Level (FPL). In 2018, there were 67,258 Fairfax County residents (or 5.9% of the population) that earned less than 100% of the FPL ($12,140 for an individual or $25,100 for a family of four).*

However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater – MIT's living wage calculator shows that an adult needs over $36,000 (almost 300% of the FPL) and a family of four needs almost $80,000 (over 300% of the FPL).

In 2018, there were **272,278 residents (24%)**, including approximately 78,249 children, living in households with incomes less than 300% of the FPL – about the amount considered a living wage.*

Employment

- The unemployment rate in September 2019 was 2%, representing 12,989 unemployed residents looking for work.

Housing

- In 2018 and 2019, Fairfax County opened two affordable housing waitlists with more than 25,000 applications.
- There is an existing gap of 31,000 housing units affordable to current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI); in addition to filling that gap, it is anticipated that there will be a need for 15,000 new units affordable to households earning 60 percent of the AMI and below to meet the housing needs of households anticipated to move into the County over the next 15 years.
- In 2017, the average monthly rent for an apartment was $1,789, for which a renter would need an income of $71,576 to afford.

In **2018,** there were **90,953** County residents (8%) without health insurance.*

Health

- Medicaid caseloads increased nearly 124% from 37,130 in FY 2008 to 83,114 in FY 2019.
- In FY 2018, the Community Health Care Network (CHCN) provided 35,388 visits to 16,837 unduplicated patients.

*See the US Census Bureau One-Year 2018 American Community Survey for more information and the associated margins of error.

FAIRFAX COUNTY
Draft 2020 Human Services Fact Sheet

Mental and Behavioral Health

In FY 2019, **62.2%** of people receiving County services for mental illness, substance use disorder, or DD had **incomes below $12,000.**

- In FY 2019, over 21,000 residents received Fairfax-Falls Church CSB mental health, substance use disorder, and/or DD services, and nearly 6,400 residents received CSB emergency services.
- In FY 2019, CSB conducted 1,844 mental health evaluations related to emergency custody orders (ECOs) – a 360% increase from FY 2015, and an increase of 25% from FY 2017.
- More than 2,420 of the over 12,500 individuals with DD on the statewide Medicaid waiver waiting list (as of October 2019) are served by the Fairfax-Falls Church CSB.
- From FY 2016 to FY 2019, the average monthly number of children seeking and/or receiving early intervention services for developmental delays grew by more than 12%, from 1,554 to 1,748.
- There were 83 opioid deaths in Fairfax County in 2018, and 64 of those deaths involved fentanyl and fentanyl analogs (in Virginia, fentanyl and fentanyl-analog overdose deaths have increased by more than tenfold since 2009).
- Although there was a small decrease in overall opioid overdose deaths in Virginia from 2017 to 2018 (from 1,230 to 1,215), Virginia is on track to have a record of nearly 1,300 deaths from opioid overdoses in 2019.
- In Fairfax County, the annual number of emergency department visits for opioid overdoses is still significantly higher than it was in 2013 (60 in 2013 vs. 211 in 2018).
- The highest rate of emergency department visits for heroin/fentanyl and fentanyl-analog overdoses in Fairfax County was among individuals aged 25-34 (25 per 100,000 people) in 2018.
- The highest rate of prescription opioid overdoses in Fairfax County was among individuals aged 25-34 (25 per 100,000 people).
- The 2018-2019 Fairfax County Youth Survey of 8th, 10th and 12th grade students found that, within a month of the survey date and without a doctor's order, approximately 900 students reported taking painkillers, and over 1,100 reported taking other prescription drugs.

Gangs

- According to the Fairfax County Youth Survey, approximately 570 students in the 8th, 10th, and 12th grades report being a gang member at some point in their life.
- The average age of initial gang participation is 12.3 years old.

Ability to Speak English

- 13.6% of County residents over age 5 do not speak English proficiently.
- 5.7% of households are "linguistically isolated" (they include no one over 14 who speaks English proficiently).
- 39.2% of County residents over age 5 speak a language other than English at home.

FAIRFAX COUNTY
Draft 2020 Human Services Fact Sheet

Child Care

- The cost of full-time child care for a preschooler at a child care center can range from $14,000 to over $19,500 per year ($17,500 to nearly $23,000 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is $13,400.

Child Welfare

- Healthy Families Fairfax, a key child abuse and neglect prevention program, served 707 families in FY 2019 (an additional 117 families were served by Neighborhood Networks and Families in Need of Services, two other prevention programs).
- In FY 2019, Child Protective Services (CPS) conducted 2,279 family assessments or investigations in response to valid referrals of child abuse and neglect, and 341 families were served in CPS ongoing services to keep children with their families.
- There were an average of 202 children in foster care each month during FY 2019, and 322 families participated in parenting education programs.

Nutrition

- The SNAP (Food Stamp) average monthly caseload increased more than 81%, from 11,610 in FY 2008 to 21,065 in FY 2019.

Domestic and Sexual Violence

- In FY 2019, Fairfax County's Domestic Violence Action Center (DVAC) served over 1,000 victims, but the impacts of domestic violence (DV) on children continue to be profound. At DVAC, there were over 1,300 children living in homes where DV was present (80% were 12 years old or younger).
- Each month in Fairfax County, DV hotlines receive over 100 calls on average, victims request 73 family abuse protective orders, and 25 families escape to an emergency DV shelter (FY 2019).
- In FY 2019, the Fairfax County Police Department responded to nearly 3,000 DV calls, and 115 arrests were made due to strangulation (which is a significant predictor of future lethal violence).
- 48 families needing emergency shelter were placed in hotels in FY 2019 for reasons such as family size, geographical location, or bed shortage. 227 households were not housed because at the time of the call, they did not meet the criteria for imminent danger (no person in imminent danger is turned away).
- In Fairfax County, on the night of the 2019 Point in Time Count, there were 58 families (including 63 adults and 112 children) who were homeless due to DV (nearly 40% of those identified).
- In FY 2019, there were 100 households (including 205 children) served in the four homeless shelters for families that reported a history of DV.
- 43% of emergency DV shelter residents are children 12 years and younger (FY 2019).
- In FY 2019, Fairfax County police responded to nearly 400 Lethality Assessment Program (LAP) calls; 88% were identified as at high risk for being killed by their intimate partner.

Data is drawn from the US Census Bureau, MIT's Living Wage Calculator, and Fairfax County resources.