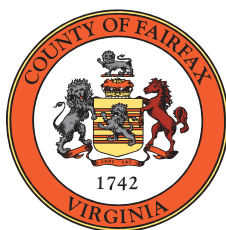


CRITICAL NEEDS IN HUMAN SERVICES



Supplement to the 2009 Fairfax County Legislative Program
Adopted December 8, 2008



CRITICAL NEEDS IN HUMAN SERVICES

An Issue Paper Supplementing the 2009 Fairfax County Legislative Program

INDEX

Introduction	3
Human Services Initiatives Highlighted in 2009 Legislative Program	4
1. Human Rights – Sexual Orientation	4
Human Services Priorities Highlighted in 2009 Legislative Program	5
1. Mental Health Services for Children (Comprehensive Services Act)	5
2. Mental Health Rapid Urgent Care Services	7
Other Critical Needs in Human Services	9
1. Child Day Care	9
2. Long Term Care Services for Older Adults and Persons with Disabilities	11
3. Child Welfare Services	16
4. Supporting Family Self-Sufficiency	20
5. Housing Services	21
6. Public Health Services	22
7. Human Trafficking	23
8. Community Action Agencies	24
9. Mental Health Services	25
10. Mental Retardation Services	27

CRITICAL NEEDS IN HUMAN SERVICES

An Issue Paper Supplementing the 2009 Fairfax County Legislative Program

As the United States deals with an economic downturn that has captured the attention and affected the lives of so many Americans, federal, state and local governments are dealing with rapidly declining revenues. At all levels of government, uncertainties in the nation's financial outlook threaten the safety net that protects our most vulnerable populations.

Declining state revenues will require difficult decisions by the Governor and the 2009 General Assembly in order to bridge the shortfall in the 2008-2010 Biennial Budget. However, despite the bleak economic outlook, it remains the responsibility of the Commonwealth to help Virginians who are unable to fully meet their own needs. Reducing funding for many human services programs would only be a stopgap measure, and not a true solution.

The Fairfax County Board of Supervisors has long recognized that investments in critical human services programs can and do save public funds by minimizing the need for more costly services. In fact, Fairfax County has a long record of combining local funds with state and federal funds to support these very human services programs, which are valued and demanded by County residents. Yet as revenues fall, populations continue to grow, adults continue to age, and for some, the economic downturn causes need where there was none before. The current state and local budget revenue downturns do not mitigate the demand for essential human services, they only exacerbate it.

In these challenging times, it is also important to remember that many publicly supported programs provide services so essential that they are mandated through Federal or State statutes, such as: comprehensive services for children (CSA); foster care; certain public health services; early intervention services; certain mental health, mental retardation, substance abuse treatment; child and adult protective services; and some services for senior citizens. Funding for these programs cannot be reduced without shifting a significant burden to localities, unless state requirements are reduced.

This issue paper is a supplement to the 2009 Fairfax County Legislative Program. Most of the recommendations that follow highlight health and human services programs where making cuts would be shortsighted, costing the state or locals more over time. Others are included to keep a focus on continuing unmet needs that have been historically underfunded by the Commonwealth. The County's Board of Supervisors remains committed to working collaboratively with the Commonwealth and the federal government in meeting the health and human services needs of its residents, and expects to find the same level of commitment from those representing the interests of the Commonwealth.

HUMAN SERVICES INITIATIVES **IN 2009 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; HB 2598 was tabled in committee in 2007; and HB 675 was left in committee in 2008.

HUMAN SERVICES PRIORITIES IN 2009 FAIRFAX COUNTY LEGISLATIVE PROGRAM

1. MENTAL HEALTH SERVICES FOR CHILDREN (COMPREHENSIVE SERVICES ACT)

The Comprehensive Services Act (CSA) was adopted in 1993 to address the skyrocketing costs of residential treatment services for high-risk youth. The Act pooled eight funding streams and established a system of interdisciplinary support for youth, to improve care and reduce escalating costs, while creating a unique partnership between state and local governments to share service costs. However, pressures on state budgets have resulted in a weakening of that partnership, with the financial burden increasingly shifting to local governments, with no corresponding increase in the representation of local governments on the State Executive Council (SEC), which is the group primarily responsible for the approval of policy and administrative oversight of CSA. This imbalance threatens the gains made through CSA.

- **SUPPORT LEGISLATION THAT DESIGNATES ALL CSA-ELIGIBLE COMMUNITY-BASED SERVICES AT THE NEW “COMMUNITY-BASED SERVICE” RATE, SERVING TO MITIGATE THE FISCAL IMPACT OF THE 2008 MATCH RATE CHANGES, WITHOUT JEOPARDIZING COMMUNITY-BASED SERVICE INITIATIVES DEVELOPED IN RESPONSE.** The 2008 GA adopted new state CSA match rates, which provide a different reimbursement level based on the type of service. Under this change the state will provide the lowest match for residential care, the most expensive service, and the highest match for community based services, the least expensive service, while providing no funding for the development of community based services.

IN FAIRFAX – This change in CSA match rates will cost Fairfax County \$400,000 in FY 2010, assuming the continuation of current purchase of service patterns.

- **OPPOSE LEGISLATION THAT WOULD MANDATE SPECIFIC CSA-FUNDED SERVICES FOR CERTAIN YOUTH, OR THAT WOULD CREATE SOLE SOURCE PROVIDERS FOR CSA-FUNDED SERVICES.** The 2008 GA also authorized the development of mandatory guidelines for the provision of a specific CSA-funded service, intensive care coordination. In implementing that directive, the Administration designated Community Service Boards as the sole source provider of that service. Localities should have flexibility in selecting services and providers, in order to ensure the most cost-effective service provision.

HUMAN SERVICES PRIORITIES IN 2009 LEGISLATIVE PROGRAM (cont.)

**1. MENTAL HEALTH SERVICES FOR CHILDREN
(COMPREHENSIVE SERVICES ACT) (cont.)**

- **SUPPORT LEGISLATION THAT WOULD PLACE CSA WITHIN THE PURVIEW OF THE ADMINISTRATIVE PROCESS ACT.** To implement the 2008 CSA changes, the Administration issued three sets of proposed guidelines for public comment. As “guidelines” rather than “regulations,” the 60-day public comment period required under the Administrative Process Act does not apply, and has resulted in comment periods of less than 30 days, including one which allowed only eight working days to respond. This is simply not enough time for appropriate comment on guidelines which regulate the expenditure of hundreds of millions of state and local dollars.
- **SUPPORT INCREASED FUNDING FOR LOCAL ADMINISTRATIVE COSTS ASSOCIATED WITH THE IMPLEMENTATION OF THE CSA PROGRAM BY THE LOCALITY.** The proper administration of CSA requires a significant amount of administrative work, including the regular collection, compilation, and submission of comprehensive data on every youth served through CSA. It has been well documented that the current state allocation to local governments to support these activities is significantly below local costs, again shifting CSA costs to the localities.
- **SUPPORT LEGISLATION THAT REVISES THE STRUCTURE OF THE STATE EXECUTIVE COUNCIL TO MIRROR THE SHARED STATE AND LOCAL GOVERNMENT ROLE IN THE ADMINISTRATION OF CSA.** The SEC plays a significant role in the CSA program, promulgating regulations, establishing fiscal policies and providing for public participation. However, while the funding of CSA is a joint partnership between the state and localities (in Fairfax County, 48 percent of CSA funding comes from local dollars), and the implementation of CSA occurs at the local level, SEC membership does not fully reflect this partnership, due to the lack of sufficient local governments representation.

HUMAN SERVICES PRIORITIES **IN 2009 FAIRFAX COUNTY LEGISLATIVE PROGRAM**

2. MENTAL HEALTH RAPID URGENT CARE SERVICES

The 2008 General Assembly responded to the tragedy at Virginia Tech by adopting a package of Mental Health Reform legislation, resulting in the first major revisions to Virginia's mental health law since 1972. These new provisions came directly from the work of Governor Kaine's Virginia Tech Review Panel, the Supreme Court's Commission on Mental Health Law Reform, and many legislative committees. Key changes to the civil involuntary commitment process and DMHMRSAS requirements were supported by \$42m in the biennium budget, of which Emergency and Case Management services received \$28m. While commendable as a critical first step, the deficiencies in Virginia's mental health system developed over decades, and will require a multi-year effort to rectify.

Additionally, Fairfax County should not be penalized for its local commitment and significant local funding to the Fairfax-Falls Church Community Service Board (CSB). This CSB's service area is the state's largest, four times the size of the next largest CSB service area. With well over 1 million residents in its service area, the demands on this CSB remain extensive, while local governments also experience strains on local funding revenues. Support equitable funding among all the CSBs, including the Fairfax-Falls Church CSB, to meet mental health service needs when and where presented.

Continued legislative action must be focused on the following:

- **IMMEDIATE ACCESS TO URGENT CARE/CRISIS STABILIZATION.** Support statutory revisions necessary to further improve and clarify procedures related to the civil commitment process for persons suffering from a serious mental illness. Support additional state funding essential to implementing these or other recommendations of the Mental Health Law Reform Commission and related proposals from the Governor, including funding necessary for: mental health emergency services (including crisis intervention), crisis stabilization services, intensive case management, and intensive residential services and psychiatric medications. More state funding also is needed for voluntary and involuntary psychiatric hospitalization.
- **IMMEDIATE ACCESS TO URGENT CARE/CRISIS STABILIZATION FOR CHILDREN.** Support statutory revision recommendations expected from the Supreme Court's Mental Health Law Reform Commission and others now studying the mental health systems serving children that would clarify procedures related to the civil comment process for children with mental illness, as well as to codify procedures for mandatory outpatient treatments for children. To ensure timely implementation of any revisions, support additional state funding essential for local CSBs of all sizes to be

HUMAN SERVICES PRIORITIES IN 2009 LEGISLATIVE PROGRAM (cont.)

2. MENTAL HEALTH RAPID URGENT CARE SERVICES (cont.)

appropriately financed to respond to the special needs of the children who live with mental illness.

- **COMMUNITY-BASED SERVICES TO REDUCE THE 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 or at risk of avoidable incarceration due to serious mental illness/emotional disturbance, severe substance use disorders, or co-occurring conditions (mental illness/substance abuse, or mental illness/mental retardation).

OTHER CRITICAL NEEDS IN HUMAN SERVICES

1. CHILD DAY CARE

MAINTAIN STATE GENERAL FUNDS FOR CHILD CARE SERVICES FOR LOW-INCOME WORKING FAMILIES

During periods of economic downturn, a secure source of General Fund dollars is needed statewide to defray the cost of child care for economically disadvantaged families not participating in TANF/VIEW, known as “Fee System Child Care.” State and local investments in helping families move off of welfare and into long-term economic stability are undermined when Fee System child care is not adequately funded by state General Funds.

IN FAIRFAX - There are over 7,176 children in over 4,544 families on the waiting list throughout the state and over 750 children waiting for subsidies in Fairfax County alone.

Research indicates that the employment and economic independence of parents is jeopardized when affordable child care is outside of reach. Parents may be forced to leave work to care for their children; to begin or return to welfare programs; or to maintain their employment, may choose to place their children in unregulated and therefore potentially unsafe child care settings. Without subsidies to meet market prices, low-income working families may not access the quality child care and early childhood education that helps young children arrive at kindergarten well prepared to succeed. Child care assistance is essential for 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.

IN FAIRFAX - The high cost of living 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.

The median annual income of families receiving fee-system child care subsidies is \$25,836, in a community where the average cost of full-time preschool child care ranges from \$8,000 to \$12,000 per year. These families are truly ‘the working poor’ who require some assistance with child care costs in order to help them achieve self-sufficiency.

NEED FOR INCREASED CHILD CARE PROVIDER REIMBURSEMENT RATES

Additional funding is needed to increase the payment rates for subsidized child care services (maximum reimbursable rates). Federal policy requires that states establish payment rates for subsidized child care services that ensure eligible children equal access to comparable child care services. Although Virginia conducts a market survey every two years, as required by federal policy, the rates are not updated regularly to reflect the current market. Virginia has not

1. CHILD DAY CARE (cont.)

increased its school age child care rates since 2001; or its infant, toddler and preschool child care rates since 2004.

When payment rates do not reflect the true market cost for child care, low income families often have to pay higher fees than they can afford for child care services. When this happens, the value of wages earned shrinks, preventing families' advancement to true self-sufficiency. In addition, providers may choose not to serve low income families, thereby limiting families' child care options.

Moreover, if payment rates are not increased on a regular two-year cycle, the rate increases become cumulative. Then, when the payment rates are changed, the subsequent increase in the required local match becomes unrealistic for localities to absorb.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

2. LONG TERM CARE SERVICES FOR OLDER ADULTS AND PERSONS WITH DISABILITIES

MAINTAIN HOME AND COMMUNITY-BASED SERVICES

In light of the dramatic rise of food and fuel costs, continued state General Fund support is needed for community-based services provided by local Area Agencies on Aging, especially for nutrition, transportation, and in-home services that keep people at home rather than in more costly nursing homes. Chore and Companions Services, the funding for which is housed in the Department of Social Services, is another critical component of in-home services.

IN FAIRFAX – over 1200 adults and adults with disabilities use in-home services.

In order to ensure the availability of Medicaid providers for personal care, increasing the Medicaid waiver reimbursement rate for personal care services by 10% and the establishment of an annual inflation adjuster in Medicaid waiver rates would aid in building a stable, quality workforce of Direct Support Professionals to ensure that all seniors and people with disabilities are able to live independently at home and in the community. A 10% rate increase was recommended last year by the Governor’s Health Reform Commission, and would improve the stability of the workforce and the quality of care for older adults and Virginians with disabilities. Consequently, additional support is needed for state participation and support for programs that improve personal care service worker recruitment and retention.

Currently, Virginia ranks 47th in funding of home and community-based services, and is 45th in average wages for personal care. As a result, the turnover rate for home care workers in the Commonwealth is well over 100%, making it increasingly difficult for elderly and disabled Virginians to get the care they need to live independently at home. In addition, the supply of home care is shrinking. By 2030, the care-giving workforce in Virginia will decrease by 15.9%. The population 65 and older is projected to increase by 112% over that same time.

Continued legislative action is needed to allow for additional Developmental Disabilities Support (DD) Waiver slots:

- **ACCESS TO STATE FUNDING TO PAY FOR INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITIES SUPPORT (DD) WAIVER SLOTS BY AT LEAST AN ADDITIONAL 300 SLOTS.** The DD waiver is a Medicaid program that provides home and community-based services to Medicaid-eligible individuals who have a diagnosis of a developmental disability and not mental retardation, and would otherwise be eligible for placement in an institution. The goal of the waiver is to allow Medicaid-eligible consumers and their families access to home and community-based service options when deciding from whom and where necessary services will be acquired. Currently, the DD waiver waiting list includes more than 800 people, and the list only continues to grow. At current capacity, the average wait for Medicaid-supported services

2. LONG TERM CARE SERVICES FOR OLDER ADULTS AND PERSONS WITH DISABILITIES (cont.)

through the DD waiver is more than 10 years. Last year the General Assembly allotted 600 additional MR waiver slots, yet the DD waiver received none.

Additionally, legislative action is needed to support implementation of other Medicaid Waivers for services required by persons with brain injuries, autism spectrum disorders, and by persons who are blind or deaf:

- **ACCESS TO MEDICAID WAIVERS FOR SERVICES BY PERSONS WITH BRAIN INJURIES.** In 2007, the Joint Legislative Audit and Review Commission (JLARC) studied the state’s brain injury program. In the study, “Access to State-Funded Brain Injury Services in Virginia,” it was discovered that “addressing gaps in the availability of community-based services could reduce the number of individuals with brain injuries at risk for entering or currently in nursing homes or other long-term care facilities. These needs could be met by reallocating existing resources or gaining access to additional resources through the State’s Medicaid program.”
- **ACCESS TO MEDICAID WAIVERS FOR SERVICES BY PERSONS WITH AUTISM SPECTRUM DISORDERS (ASD).** According to a 2008 report by the Joint Commission on Health Care (JCHC), estimates regarding the prevalence of ASD have increased exponentially in recent years with the current estimate being 1 child in every 150 in the United States. The Commonwealth of Virginia is struggling to address the growing need for educational and support services for children and adults with ASDs. Medicaid-supported services for persons with ASD would improve access for low-income families to this important care.
- **ACCESS TO MEDICAID WAIVERS FOR SERVICES BY PERSONS WHO ARE BLIND, DEAF/BLIND, OR WHO SUDDENLY BECOME BLIND.** A dedicated Medicaid waiver for people who are blind, people who are deaf/blind, or for people who suddenly become blind would eliminate unnecessary institutionalization. Currently, people who are blind or deaf do not receive in-home support services supported by the Commonwealth or local jurisdictions.

MAINTAIN LONG TERM CARE OMBUDSMAN FUNDING

The Code of Virginia provides that the Ombudsman Program should have a minimum staffing ratio of one FTE ombudsman to every 2,000 long-term care beds, subject to sufficient appropriations (§2.2-703(A)(10)). Virginia’s Ombudsman Program falls far short of the established standard – a disparity that is even greater because Virginia’s program has added responsibility for complaints regarding community-based care, which is expanding rapidly with the rebalancing of long-term care. Although the program makes effective use of volunteers, low staffing hampers the ability of ombudsmen to provide effective ombudsman services and to expand volunteer support.

2. LONG TERM CARE SERVICES FOR OLDER ADULTS AND PERSONS WITH DISABILITIES (cont.)

The Long-Term Care Ombudsman Program advocates for the highest quality of care and life for persons receiving long-term care services. The ombudsmen provide information and education about long-term services, discuss related concerns, and conduct complaint investigations. Volunteers also visit long-term facilities weekly to promote residents' rights and handle concerns. Long-term care Ombudsman services are critical to the delivery of quality care to Virginians who reside in nursing facilities and certain community-based settings.

Virginia currently has one ombudsman for every 2,809 beds. There are 21 local Ombudsman programs and 12 (57%) of these are staffed below the established standard. Of these programs, 7 are staffed with less than half the recommended standard. There are 4 local program offices in which 1 ombudsman are responsible for covering 5000 – 7000 beds.

MAINTAIN THE REHABILITATIVE SERVICES INCENTIVE FUND (RSIF)

The RSIF is the only funding dedicated exclusively for Commonwealth residents with physical and sensory disabilities to address local gaps in service, support innovative programs, and improve service delivery.

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. FY 2008 General Funds for RSIF were eliminated in the Governor's Budget Reduction Plan only to be replaced with non-general funds. Currently, RSIF is a competitive \$180,000 appropriation.

FAIRFAX COUNTY did not receive an RSIF allocation for 2009. The loss of these RSIF funds has slowed innovative program development in the county, and has had a severe impact on the lives of people with physical and sensory disabilities throughout the Commonwealth.

NEED FOR IMPROVED "LIVABLE HOME TAX CREDIT"

In Virginia, the Livable Home Tax Credit was established to improve accessibility and encourage the use of universal design (or "visitable design") in residences by providing state tax credits for the purchase of new universal design homes or retrofitting of existing residential units. The current limit of \$500 for a new home should be amended to \$1,000, and from 25% of the cost of retrofitting an existing home, to a cap of \$1,000. This increase is a legislative priority of the Northern Virginia Aging Network (NVAN) as well as supported by the *Fairfax 50+ Action Plan* developed by the Board of Supervisors' Commission on Aging to "ensure a more

2. LONG TERM CARE SERVICES FOR OLDER ADULTS AND PERSONS WITH DISABILITIES (cont.)

aging friendly Fairfax County...by providing housing options for every age.”

The Livable Home Tax Credit Program improves accessibility and promotes universal “visitability” by providing tax credits for the purchase of new units or the renovation of existing units to make them accessible to residents of any age. Credits are provided for such projects as the installation of ramps, widening doorways, and making bathrooms accessible. Retrofitting projects of this sort average between \$40,000 and \$50,000. About 50 states and localities nationwide mandate or encourage the development of universal design residential units through voluntary programs such as tax credits. Some states’ tax credits range between \$2,500 and \$5,000 over a five year period.

Virginia’s Livable Home Tax Credit program is under-promoted and under-utilized. Since the program was instituted, the greatest annual credit claimed is \$24,000 (or 2.4% of the available credit allocation). It is generally agreed that the small amount of tax credit available is a hindrance to the program’s impact as an incentive for universal design construction and home retrofitting. An increase in the allowable tax credit to \$1,000 will not cost state funding, and could result in safer housing for older and disabled citizens, thereby saving other personal and public costs.

AUXILIARY GRANTS PROGRAM

Auxiliary Grants (AG) are used to allow residents who meet specific criteria (e.g., SSI eligibility) to pay for Assisted Living Facilities (ALF) care (or approved adult foster care home costs, in certain circumstances). In 2008, AG reimbursement rates were raised from \$1,220 per month to \$1,236 per month for residents in Northern Virginia (and from \$1,061 per month to \$1,075 per month in the rest of the state).

- **Maintain Auxiliary Grant rates.** The July 2007 JLARC report on Assisted Living Facilities indicates that average monthly cost of ALF care in Richmond is \$2,968 per month, while the Northern Virginia Average is \$4,118 per month.
- **Establish Phased-in Increases to the Northern Virginia AG Rate Differential.** Currently, Northern Virginia receives a 15% higher AG rate than the rest of the state, to compensate for the higher cost of doing business in the region. However, the same JLARC report indicates that the actual difference in costs between Northern Virginia and the rest of the state is on average 37.8%. As a result of this disparity, a high proportion of Northern Virginia residents turn to facilities outside of Northern Virginia, unable to find local ALFs willing to accept the state’s AG rate.
- **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

2. LONG TERM CARE SERVICES FOR OLDER ADULTS AND PERSONS WITH DISABILITIES (cont.)

from state institutions that are not the home jurisdictions of the residents. The jurisdictions hosting state institutions are disproportionately charged for AG clients who were once residents of these institutions.

- **Consider recommendations of the study regarding Auxiliary Grant “portability.”**
In 2008, the Secretary of HHR was directed to develop a pilot program to allow individuals with disabilities to use AG payment for housing arrangements other than ALFs. Should the study show that AG payment portability would result in improved access to safe and affordable housing by AG recipients who could appropriately benefit from such portability, implementation recommendations of the Secretary should be implemented.

NEED FOR ADDITIONAL FUNDING FOR REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAMS (RAFT)

“RAFT” – Regional older Adult Facilities mental health support Team -- is a specialized geriatric mental health outreach / diversion team that provides a comprehensive continuum of mental health services for older adults with serious mental illness, allowing them to remain in their own homes or community (in nursing homes or assisted living facilities). The 2007 General Assembly provided some funds for RAFT to provide this service for consumers living in selected nursing homes (NH) or assisted living facilities (ALF) in the region. The RAFT initiative has already placed one Fairfax County resident from Eastern State Hospital in Williamsburg to a Northern Virginia ALF; additional placements from Eastern State and Piedmont hospitals are underway.

IN FAIRFAX – About 40 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.

However, RAFT is only funded to work with residents in a small number of NH / ALF facilities. Today, just one ALF and one Nursing Home located geographically near each other are designated to receive the RAFT service approach. The additional funding would allow for the full implementation of RAFT to provide care in several long-term care facilities and serve 40 older adults with serious mental illness living within these facilities or in their own homes. Fully implemented, this approach would save or avert approximately \$4.1m in mental health hospital costs.

Once Eastern State or Piedmont residents are appropriately placed in Northern Virginia, new admissions would be screened for urgency of need and appropriateness for services based on priority criteria: (1) the consumer is over 65; and (2) the consumer requires discharge from an in-patient psychiatric facility. It is anticipated that this service would also reduce the strain on the local acute psychiatric hospital beds. RAFT would be available to residents of the Northern Virginia Region.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

3. CHILD WELFARE SERVICES

The Federal Department of Health and Human Services conducted Child and Family Services Reviews (CFSRs) in every state starting in 2002 and is currently in the midst of the second round of reviews to evaluate programs. Virginia's review is scheduled for July 2009, and as the largest metropolitan area in the state, Fairfax County will be one of the 3 localities selected for review. The CFSR lays out specific goals to ensure continued improvement in programs for children and families at the state and local level. In response to the first CFSR, Virginia developed and completed a Program Improvement Plan (PIP). Although Virginia completed its PIP, continued investment in program improvements is needed to ensure that Virginia reaches its goals during the upcoming review.

Along with preparations for the CFSR, an effort was begun last year to reform the Child Welfare System in Virginia, beginning with First Lady Anne Holton's "For Keeps" initiative to increase permanency and continuing with the establishment of the Council on Reform (CORE). The CORE has been established to help lead the effort to reform the child welfare system in Virginia. Phase I involved working with 13 localities (including Fairfax) to develop a shared vision for children's services and best practices at the state and local level. Phase II will be to implement the reforms statewide. The items in this section all contribute towards the goal of ensuring permanency for children.

NEED FOR INCREASED FUNDING TO ADDRESS FOSTER CARE VISITATION

Federal requirements for the frequency of interaction between foster care families and social workers were increased from once every three months to once every month, but with no corresponding increase in funding. In the Governor's FY 2009-2010 budget request, \$2m in funding was requested to address this need. This request would have added 30 additional child welfare workers statewide, but it was not funded. The visits between agency staff, foster families and children help ensure that children in foster care are receiving necessary services to achieve timely permanency. Increasing the frequency of the visits is an important component to ensuring timely permanency for children in foster care in accordance with federal requirements. Such visits are needed to:

IN FAIRFAX – In FY 2008, there were an average of 456 children per month in foster care. A total of 122 children entered foster care and 162 children left foster care over the course of the year.

- Assess the overall health and well being of the child (Mental, social, physical and economic needs);
- Assess suitability of the placement;
- Conduct the child's needs assessment;

3. CHILD WELFARE SERVICES (cont.)

- Monitor Implementation of the service plan; and to
- Assess the needs of the foster parents

NEED FOR FUNDING TO PAY FOR MANDATORY MEDICAID WAIVER SCREENING

In collaboration with the Health Department and CSB, the Department of Family Services (DFS) assesses children with nursing home needs for the Medicaid Waiver Program to provide services to enable them to remain at home with their families. Family Preservation Services has already reduced the number of case-carrying social workers by two positions to comply with the unfunded State mandate that became effective in 2005, requiring localities to screen severely disabled children for eligibility for Medicaid Waiver services. Additional mandates will require localities to determine eligibility for technology waivers. The total number of referrals per fiscal year has increased by almost 500% (40 to 239) from FY 2006 to FY 2008. That trend continues with new referrals. The number of new referrals per month has increased by 140% (10 to 24) from FY 2006 to FY 2008.

NEED FOR IMPROVED TANF RATES

TANF reimbursement rates have only been raised once since 1985 (a 10% increase in 2000). Over that same time period, the Consumer Price Index has risen over 100%. Currently, a typical family of three receives only \$3,840 per year from TANF, about a fifth of the Federal poverty level. The TANF caseload in Virginia has been reduced by 58 percent since the start of Welfare Reform in 1995 (from 70,797 families in June 1995 to 29,618 families as of May 2008), while Federal funding has remained constant. Due to this dramatic caseload reduction, Virginia has Federal TANF funds that could be used to pay for a benefit increase of 10%.

Another issue with Virginia's TANF is the disparity in reimbursement rates compared to the foster care system. In 2008, the General Assembly raised foster family reimbursement rates by 15% (and an additional 8% for the following fiscal year) to an average of \$457 per child per month. By comparison, a child being cared for by a relative and receiving TANF would only receive between \$292 and \$389 per month for a family of three depending on where they live. This difference has the effect of penalizing families who happen to be poor and taking care of a relative's child while encouraging the use of foster care at the expense of keeping families together. A comparable 15% increase in TANF reimbursement rates for children in relative care (known as a "child only" case) would not eliminate this disparity, but it would provide needed support to the roughly 15,000 children who receive TANF benefits and are being cared for by relatives who make tremendous sacrifices to care for these children and receive little support in doing so.

3. CHILD WELFARE SERVICES (cont.)

NEED FOR IMPROVED POLICIES, PROCEDURES, AND FUNDING TO EXPEDITE 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).

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.

IN FAIRFAX – The median time for children in care with the goal of adoption is 2.45 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 that children wait for a permanent home in Fairfax County.

- 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.*

3. CHILD WELFARE SERVICES (cont.)

6. *Provide additional 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.*

NEED TO PROVIDE MEDICAID ELIGIBILITY FOR 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 and places them at risk of other problems, such as homelessness. Should other circumstances afford Medicaid eligibility as adults, the covered services are changed (e.g., 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, Department of Medical Assistance Services (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.

IN FAIRFAX – In FY 2008, 37 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.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

4. SUPPORTING FAMILY SELF-SUFFICIENCY

MAINTAIN STATE FUNDING FOR THE ADMINISTRATION OF MANDATED PUBLIC ASSISTANCE PROGRAMS AND SERVICES

Policy changes at the state and federal levels, successful outreach efforts, increasing population and most recently, the economic downturn 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.

IN FAIRFAX - The Fairfax County Department of Family Services monthly public assistance caseload increased from an average of 29,028 in FY 2001 to 51,939 in FY 2008, an increase of 79% in seven years with no corresponding increase in staff resources.

In 2007, the State commissioned an update to its previous caseload standard study. 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 2008 update expected in November 2008, will not provide full estimates of additional staff needed at the *local department level* as in the past because of the state's inability to count certain types of Family Services cases. The primary usefulness of this study to local departments may be in the analytic tool, which localities can use to measure changes in staffing needs over time, to balance workloads across workers with different types of cases, and to measure the workload impacts of changes in policy or procedure.

Given the higher demand for public assistance services, it is critical that no reductions be made in funding for the administration of these services at the local level.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

5. HOUSING SERVICES

NEED FOR ESTABLISHMENT OF A PILOT RENTAL ASSISTANCE PROGRAM

Short and moderate term rental assistance supports targeted to women moving from welfare to work and working families who are homeless are proving to be one of the best weapons nationally in reducing homelessness. The need for such a program is mentioned as a key action step in the Implementation Plan of Fairfax County's 10 year Plan to Prevent and End Homelessness. It is estimated that there are 1,835 homeless individuals in Fairfax County, 59% of them persons in families. Fairfax County Public Schools recently reported a nearly 25% increase in the number of homeless children attending school.

***IN FAIRFAX -
The median
monthly rent for a
1 bedroom
apartment in
Fairfax County in
2006 was \$1,093.***

The program would provide funding to bridge the gap between one-third of a family's income (the commonly accepted standard for housing affordability) and the fair market cost of housing. Families who could not otherwise afford independent housing, such as women with children moving from welfare to work, or working families living in shelters, would be priority targets in a three-year program. The program would provide time-limited assistance to provide the stability families need to advance their work and achieve full independence. As their wages increase, the amount of rental assistance they would be eligible to receive would decline.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

6. PUBLIC HEALTH SERVICES

MAINTAIN FUNDING FOR HIV DRUG ASSISTANCE PROGRAMS

State General Funds are dedicated to two programs in Virginia that assist low-income persons living with HIV/AIDS to secure HIV-related medicines – one, the AIDS Drug Assistance Program (ADAP) and the other the State Pharmaceuticals Assistance Program (SPAP). These programs are not only important to the individual receiving the medicines, but are an important part of Virginia's HIV prevention efforts. Persons living with HIV who maintain medications have a much lower number of the HIV viral cells in their body. The likelihood of transmitting the virus to another person is now widely recognized to be much lower when the person living with HIV also has a low-viral count.

ADAP is primarily funded through federal Ryan White Part D; however, the added General Fund dollars have been instrumental in preventing the development of a waiting list for medicines in this state. These funds are also important in meeting Virginia's match requirement for federal Ryan White treatment funds. Two states have seen waiting lists develop this summer; another two states shrunk the formulary of medications available to physicians to prescribe. Virginia's own waiting list was eliminated through sufficient funding and careful management of the ADAP funds by the Virginia Department of Health.

Virginia's SPAP program allows persons living with HIV who are on Medicare and receiving their medicines through Part D to maintain their medicines through the "donut hole" when Medicare no longer provides funding for medicines. These fund are used to purchase wrap-around insurance plans that insure the Medicare recipient has uninterrupted access to medications until the Medicare federal sources can be tapped again. Without this program, the qualifying Medicare recipients would be added to ADAP, at a higher per person cost.

According to the International Aids Society- USA, HIV infected patients must adhere to antiretroviral therapy both to benefit themselves and to prevent development of resistant virus that can be transmitted to others. In addition, the number of people living with AIDS is increasing, as effective new drug therapies keep HIV-infected persons healthy longer and dramatically reduce the death rate.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

7. HUMAN TRAFFICKING

NEED FOR 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. Currently, Virginia does not have a trafficking crime or trafficking victim protection provisions.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

8. COMMUNITY ACTION AGENCIES

NEED FOR ADDITIONAL STATE FUNDING TO EXPAND COMMUNITY ACTION AGENCIES TO REGIONS

Virginia is only one of three states whose cities and counties all are not served by a community action agency; Only 92 of Virginia's 134 jurisdictions are served by a community action agency. Currently, 27 counties and cities (including the City of Fairfax) are seeking designation as community action agencies. This expansion would require \$2.55m for the 2009-2010 budget and would serve an additional 95,000 Virginians.

The Fairfax City Council passed a resolution on July 24, 2007 designating the Fairfax County Department of Family Services as their Community Action Agency. If the additional \$2.55m is provided, the proposed expansion would result in Fairfax County receiving \$60,000 in additional Community Services Block Grant funding to serve city residents; however, Fairfax County and other localities with existing community action agencies should be held harmless.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

9. MENTAL HEALTH SERVICES

NEED FOR NEW STATE FUNDING FOR FY 2010 FOR:

1. *Local Inpatient Purchase of Beds (LIPOS);*
2. *Regional Discharge Assistance Program (RDAP) for housing arrangements for persons with mental illness who are ready for discharge from a state facility or state funded private sector psychiatric bed;*
3. *Evidence-based projects in each CSB to prevent underage alcohol consumption and resultant high risk behaviors; and*
4. *Infant Toddler Connection (Part C) services.*

The Health Planning Region II (HPR II) Regional Partnership and Management Group collaborate to improve services for individuals served in HPR II Regional Programs, including citizens from Fairfax–Falls Church. State funding is essential to meeting regional goals and objectives articulated in the State Performance Contract and managed by the Regional Management Group.

- **FUNDING FOR LOCAL PURCHASE OF INPATIENT BEDS (LIPOS).** Last fiscal year 762 consumers with serious mental illness were diverted into LIPOS hospital beds for 4,568 bed days. FY 2008 annual funding has been \$2.6m serving consumers in the five CSBs in Northern Virginia. Bed day rates have increased significantly for FY09. If HPR II uses the same number of bed days as FY 2008, projected spending would be \$4.1m in FY 2009. This usage would result in a projected deficit of \$1.5m.
- **FUNDING FOR REGIONAL DISCHARGE ASSISTANCE PROGRAMS (RDAP) FOR CONSUMERS WITH SERIOUS MENTAL ILLNESS AT NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE (NVMHI).** All current funding for civilly admitted consumers has been allocated so no new consumers can leave NVMHI with this funding. It is estimated that 25 consumers in the Northern Virginia region could be served in the community if additional funding of \$2.2m was available.
- **FUNDING FOR EVIDENCE-BASED PROJECTS IN EACH CSB TO PREVENT UNDERAGE ALCOHOL CONSUMPTION AND RESULTANT HIGH RISK BEHAVIORS.** Based on data from the Fairfax County 2005 Youth Survey, 47.9% of 12th graders have used alcohol in the past 30 days. Of those youth who have used alcohol, 45.7% of males and 34.5% of females first did so at

9. MENTAL HEALTH SERVICES (cont.)

age 12 or younger. Early onset of alcohol use (before age 15) is a powerful risk factor for future alcohol abuse and dependence, based on a recent longitudinal study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The study found individuals who had their first drink before the age of 15 years had a 38% risk for adult-onset dependence and a 52% increased risk for adult-onset alcohol abuse compared with those who waited until the age of 18 years or older to start drinking.

The cost of underage drinking in Virginia (2005) is estimated at 1.2b dollars (Miller, Levy, Spicer, Taylor 2006).

- **FUNDING FOR INFANT AND TODDLER CONNECTION (ITC-PART C) SERVICES - RECOMMEND MAXIMIZING FUNDING BY UTILIZING EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) MANDATE SERVICES FOR INFANTS AND TODDLERS WITH DISABILITIES AND DELAYS.** The Infant and Toddler Connection provide evaluations and early intervention services to eligible infants and toddlers who have development delay and who are younger than three years old. Services are provided as outlined in Part C of the Individuals with Disabilities Education Improvement Act (IDEIA). IDEIA is federal legislation that requires participating states to make early intervention services available to families.

OTHER CRITICAL NEEDS IN HUMAN SERVICES (cont.)

10. MENTAL RETARDATION SERVICES

NEED FOR ADDITIONAL STATE FUNDING TO:

- **INCREASE THE NUMBER OF MR HOME AND COMMUNITY-BASED WAIVER SLOTS.** Currently, there are 300 Fairfax-Falls Church citizens in the urgent category of need. Many of these individuals are being supported in very precarious situations including living with aging, ill, or single caregivers. Many have complex medical, physical, or behavioral issues requiring professional clinical intervention. Additional Waiver slots enable these individuals to be served with Medicaid funding. Although the local CSB will receive 68 additional waiver slots in FY 2009 (32 as of July 1, 2008, and the remaining 36 in April, 2009), the need exists for additional new MR waiver slots for FY 2010. Statewide, 1,000 MR/ID (intellectual disability) Waiver slots are needed for those on the urgent care wait list.
- **INCREASE THE REIMBURSEMENT RATE FOR MEDICAID SERVICES BASED ON AN ANNUAL 4.2% COST OF LIVING INFLATION FACTOR.** This increase was a recommendation of the Governor's Health Reform Commission in recognition of the annual rising costs of health care. This increase is necessary because: insufficient reimbursement rates negatively impact service quality and capacity, creating potential liability issues; vacant positions remain unfilled as providers are unable to recruit or retain employees; and providers struggle to cover rising operational costs and will not open programs in the Northern Virginia area due to insufficient reimbursement.
- **SERVE INDIVIDUALS NOT ELIGIBLE FOR MEDICAID WAIVERS.** Virginia has provided Medicaid Home & Community Based Waivers in conjunction with the Federal Centers for Medicare and Medicaid since 1991. This program provides a positive impact for the County since Medicaid funding can be used to support eligible consumers rather than local funding. In addition to the 300-waiver-eligible individuals with urgent needs, there are also 205 individuals with urgent living situations and service needs who are not eligible for waiver slots. The reasons for ineligibility pertain to the clinical assessment of needs and financial eligibility. However, these individuals have comparable critical needs, including caregivers no longer able to support them, as well as serious medical, physical or behavioral support needs. State General Funds are being requested to support individuals not eligible for Medicaid sponsorship since most other states fund these long term support services using state funding rather than local funding.