



Community Services Board

FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Garrett McGuire, Chair

Merrifield Center, 8221 Willow Oaks Corporate Drive, Room 3-314, West, Fairfax, VA 22031

Wednesday, July 28, 2021, 5:00 p.m.

Live audio of the meeting may be accessed by dialing:

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Meeting ID: [962 5700 7786](#) • Passcode **878374**

MEETING AGENDA

- | | | |
|--|---------------------|-----------|
| 1. Meeting Called to Order | Garrett McGuire | 5:00 p.m. |
| 2. Matters of the Public | Garrett McGuire | |
| 3. Amendments to the Meeting Agenda | Garrett McGuire | |
| 4. Approval of the June 23, 2021, CSB Board Mtg Draft Minutes | Garrett McGuire | |
| 5. Staff Presentation: No. VA Regional Projects Office | Jean Post | |
| 6. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. COVID-19 Update | | |
| C. Other Updates | | |
| • Update to VA General Assembly Special Session | Elizabeth McCartney | |
| 7. Matters of the Board | | |
| 8. Committee Reports | | |
| A. Service Delivery Oversight Committee | Anne Whipple | |
| B. Compliance Committee | Garrett McGuire | |
| C. Fiscal Oversight Committee | Jennifer Adeli | |
| D. Other Reports | | |
| 9. Action Items | | |
| A. Human Services Issue Paper | Elizabeth McCartney | |

Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

10. Adjournment

Meeting materials are posted online at www.fairfaxcounty.community-services-board/board/archives or may be requested by contacting Erin Bloom at 703-324-7827 or at erin.bloom@fairfaxcounty.gov

Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
June 23, 2021

The CSB Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, there was an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Bettina Lawton Chair, (Vienna); Daria Akers, (Fairfax); Karen Abraham, (Fairfax); Jennifer Adeli (Great Falls); Robert Bartolotta (City of Falls Church); Captain Derek DeGeare (Loudoun County); Sheila Jonas (Alexandria); Larysa Kautz (MD.); Garrett McGuire (Hot Springs, VA); Srilekha Palle (Herndon) Edward Rose (Falls Church); Andrew Scalise, (Fairfax); Daniel Sherrange (unable to be heard, did not participate); Sandra Slappey Brown, (Fairfax City); and Anne Whipple (Great Falls).

The following CSB Board members were absent:

The following CSB staff was present: Daryl Washington, Executive Director; Jennifer Aloï, Healthcare Systems Director; Georgia Bachman, Asst. Dep. Dir. Acute & Therapeutic Treatment Services; Eileen Bryceland, Director Behavioral Health Outpatient & Case Management Services; Jessica Burris, Chief Financial Officer; Lisa Flowers, Communications Director; Daniel Herr, Dep. Dir. Administrative Operations; Kevin Lafin, Dir. Employment & Day Services; Elizabeth McCartney, Legislative Liaison; Linda Mount, Dir. Analytics & Evaluation; Sierra Simmons, Director, Support Coordination Services; Cynthia Tianti, Deputy County Attorney; Barbara Wadley-Young, Asst. Dep. Dir. Community Living Treatment & Supports

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 5:00 p.m.

2. Matters of the Public

None were presented.

3. Roll Call and Audibility

CSB Board Chair Bettina Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Garrett McGuire to make several motions required at the start of the meeting.

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board in attendance acknowledging that Daniel Sherrange was attending via telephone and could not be heard. The motion was seconded by Derek DeGeare and passed unanimously.

4. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and

unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated online video and web conferencing platform, and that the public may access this meeting via Meeting ID: 927 9285 2431 and Passcode 626360. Motions were seconded by Garrett McGuire and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded Sheila Jonas and unanimously passed.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no revisions were forthcoming the agenda was accepted as presented.

6. Approval of the Minutes

Draft minutes of the May 26, 2021, meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Garrett McGuire made a motion for approval, which was seconded by Daria Akers and unanimously passed.

7. Director's Report

Executive staff provided the agency updates.

Highlights of the updates provided by Daryl Washington included:

- An overview to the County Return to Office plan includes guidance from the CDC (Centers for Disease Control), and state and local guidelines. Telework will be allowed with a maximum of 60% (three days/week) for scheduled work hours for full time staff. Provision of service will impact telework allowances recognizing the different requirements of business/administrative staff and clinical staff. The plan will be implemented gradually over the summer.
- The positivity rate for Fairfax County is less than 1% with no recent COVID cases for the CSB.
- The CSB meets quarterly with DMB (Department of Management and Budget). At the recent meeting, discussion topics included carryover items and the possibility of using reserve funding to establish new or strengthen existing services. In consideration are:
 - Increased purchase of substance use disorder (SUD) residential treatment beds and detoxification services.
 - Increased outreach and engagement for individuals who have discharged from Detox and are waiting for an available residential treatment bed.
 - Establishment of an ACT (Assertive Community Treatment) program team of 50 persons.
 - Carryover requests including management of new positions for STEP-VA (System Transformation Excellence Performance in Virginia) initiatives and awarded Grants. However, as approvals are not issued until October, dual

encumbrance of existing positions will be utilized to alleviate any delays in implementation.

- A reminder was offered that the Diversion First budget request included four full time positions. Two were awarded with an additional two approved with dual encumbrance allowing all four positions to be filled.
- The Fairfax-Falls Church CSB will participate in Phase II of the Marcus Alert initiative. This requires that the Fairfax-Falls Church community establish protocols by July 1, 2022. The planning process will include gathering community input including stakeholders' groups and broader communication efforts focusing on under-served communities, staffing needs, and funding proposals. A reminder was offered that state funding, beyond the initial funding of \$600K, is unlikely. Recommendations will be submitted in a report to the BOS and to the CSB Board.
- Related to Marcus Alert protocols is Rapid SOS, a digital platform that provides a database for community members to register special needs information alerts for first responders. The alerts are assigned via cell phone number and can include the home address for identification as well; it does not work with land lines. The platform is anticipated to be operational by the end of June 2022.

Daniel Herr provided an update to recent activities of the Office of Compliance and Risk Management reporting that Luann Healy would be leaving the CSB. The Position Description has been reviewed and revised and the job ad will be posted the first Saturday in July. It was confirmed that Mr. Herr will be supervising the staff until the position is filled.

Barbara Wadley-Young provided updates to Employment & Day Services re-engagement plans that included:

- Approximately 1300 individuals are served in Day, Sheltered, and Group and Individual Supported Employment. There has been an increase in individuals served in recent months (April and May) primarily attributed to vaccinations. It was further reported that staffing may present a challenge to address the increase in individuals served.
- The Behavioral Health Services update included the substantial success of telehealth services provision. It is anticipated that employment sites will see a significant increase in services over the next two months.

8. Matters of the Board

Bettina Lawton reported that a new CSB Board member, Diana D. Rodriguez, was appointed by Jeff McKay on June 22, 2021, to fill the vacant At-Large #4 position. Ms. Lawton offered an overview of the pending changes to meeting requirements related to the expiration of the state of emergency in Virginia. This included required revisions to CSB Board policy #1600 that will be submitted for review and approval later in the meeting. Ms. Lawton further reported that in-person CSB Board and Committee meetings would resume in July.

9. Committee Reports

A. *Service Delivery Oversight Committee (BHOC)*

Sheila Jonas provided an overview of the June meeting reporting a dynamic presentation by Ellen Volo, Opioid Taskforce, that ended with small group discussions in breakout rooms, following which each group provided a summary of each discussion and recommendations.

The next meeting is Wednesday, August 11, at 5:00 p.m. at the Merrifield Center, Room 3-314, West.

B. *Compliance Committee*

Bettina Lawton reported ongoing efforts to finalize a contract with a new electronic healthcare record (EHR). Additional topics included review of the ComplyTrack reports noting no significant concerns were reported. Members were encouraged to attend the Compliance and Executive Committee meetings.

The next meeting is Wednesday, July 21 at 4:00 p.m. at the Merrifield Center, Room 3-314, West.

Fiscal Oversight Committee

Jennifer Adeli, noting that some of the topics were covered by Daryl Washington in the Director's Report, highlighted two topics of great interest presented to the Committee that included a small decrease in the number of vacancies, Ms. Adeli reported that efforts to implement a new virtual, streamlined interview process are nearing completion and a reformatted fiscal budget report that provides some additional detail was provided and well received. Members were encouraged to attend and/or join the Fiscal Committee.

The next meeting is Thursday, July 15, at 4:00 p.m. at the Merrifield Center, Room 3-314, West.

C. *Other Reports*

Bettina Lawton reported that the CSB Board Ad Hoc Metrics & Reports Committee had begun meeting.

A reminder was offered that all members are required to volunteer for a Standing Committee.

10. Information Item

A. *FY 2022 Human Services Issues Paper*

Elizabeth McCartney directed attention to the Human Services Issue Paper handouts in the meeting materials and provided an overview of the annual process to update the Paper. Members were encouraged to review the Paper and the accompanying summary of changes. Once reviewed, members were asked to forward recommendations to the CSB Board Clerk and to please direct any questions to Elizabeth directly.

11. Action Item

A. *FY 2022 CSB Board Officer Nominations*

Sheila Jonas, on behalf of the CSB Nominating Committee, reviewed the process for developing the proposed slate of officer nominations for FY2022. A call was made for any nominations from the floor. There being none, nominations were closed. The

nominees presented for election include Garrett McGuire for Chair, Daniel Sherrange for Vice Chair and Captain Derek DeGeare as Secretary. Sheila Jonas offered a motion to elect the slate of FY2022 CSB officer nominations by acclamation which was seconded by Daria Akers and passed without opposition or abstentions.

B. *Service Delivery Oversight Committee Associate Member Approval*

Sheila Jonas, directing attention to the roster of Associate Members that was provided for consideration at the April CSB Board meeting, offered a motion to approve the list of FY 2020 Service Delivery Oversight Committee Associate Members, which was seconded by Rob Bartolotta and approved.

C. *Review and Approval of CSB Board Policy #1600, CSB Board Member Participation in Meetings by Electronic Communication*

Bettina Lawton provided an overview of the revised policy and the reason for the revision. Sheila Jonas made a motion to approve CSB Board Policy #1600 – CSB Board Member Participation in Meetings by Electronic Communication, be approved as revised. The motion was seconded by Captain Derek DeGeare and unanimously approved.

D. *Approval to Post Community Services Performance Contract for Public Comment*

Linda Mount provided an overview of the FY 2022 – FY 2023 Community Services Performance Contract and the process for approval by the CSB and the Board of Supervisors. Highlights of the substantial changes included an overall reorganization to streamline the 233-page document with Exhibits and supporting documents as addendums, defined terms used throughout, and provisional changes for the use of funds due to a disaster. Exhibit B includes revised measures related to PACT, Same-Day Access, treatment for service members, veterans, and families, and Peer Support Services. Exhibit G includes the core mandated services by code and revised language related to LIPOS (Local Inpatient Purchase of Service) requirements including some changes to measures due to funding methods.

The request before the Board is to approve posting of the Contract for the required 30-day public comment period. Noting the timing, the Contract will be submitted to the CSB Board Executive Committee July 21, 2021, for approval pending the approval of the BOS. Once approved by the BOS, the Contract will be signed by the CSB Board Chair and the Executive Director and forwarded to the state.

Daria Akers made a motion to approve posting the FY 2022-FY 2023 Community Services Performance Contract for a 30-day public comment period that was seconded by Sheila Jonas and unanimously approved.

E. *Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for a FY 2021 Justice and Mental Health Collaboration Program Grant Application*

Georgia Bachman provided background on the request to approve submission of a grant application for the CSB to apply for, and if awarded, accept funding from the Department of Justice, the Office of Justice Programs, and the Bureau of Justice Assistance for funds of up to \$550,000 for three years. Use of funds includes one position to work with individuals with mental illness and co-occurring disorder on the Supervised Release Docket to connect with community supports with a goal of

lowered recidivism and reduction in non-compliance. The grant period is from October 1, 2021, through September 20, 2024.

Edward Rose made a motion to submit for and if awarded accept funding from Department of Justice, the Office of Justice Programs, and the Bureau of Justice Assistance to support individual on the Supervised Release Docket that was seconded by Daria Akers and unanimously approved.

There being no further business to come before the CSB Board, a motion to adjourn was made by Garrett McGuire, seconded by Daria Akers, and unanimously passed at 6:20 p.m.

Actions Taken - -

- ◆ Motions to confirm audibility, purpose, and accessible electronic access to the meeting as required were proposed and unanimously passed.
- ◆ The June 23, 2021, CSB Board meeting agenda was accepted.
- ◆ The May 26, 2021, CSB Board meeting draft minutes were approved.
- ◆ FY 2022 CSB Board Officer appointments were approved as presented.
- ◆ Associate Members of the Service Delivery Oversight Committee for FY 2022 were appointed as presented.
- ◆ Revisions to the CSB Board Policy #1600, CSB Board Member Participation in Meetings by Electronic Communication were approved.
- ◆ Posting of the Community Services Performance Contract for 30 days of public comment was approved.
- ◆ The Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for a FY 2021 Justice and Mental Health Collaboration Program Grant Application was approved.

Date Approved

Staff to the CSB Board

Northern Virginia Regional Projects Office (NVRPO)

Jean Post, Director

Virginia.Post@fairfaxcounty.gov

Serving the Department of Behavioral Health and Developmental Services (DBHDS) – Region 2

- Alexandria CSB
- Arlington CSB
- Fairfax-Falls Church CSB
- Loudoun CSB
- Prince William CSB

Reporting Authorities

- Regional Management Group (RMG)
 - Chair of RMG is the Executive Director (ED) from Loudoun CSB;
 - Fiscal Agent for most regional projects is the Fairfax-Falls Church CSB;
 - Decisions are made by voting members.
 - Each of the participating CSB Executive Directors and the Director of Northern Virginia Mental Health Institute (NVMHI) are voting members.
- Department of Behavioral Health and Developmental Services (DBHDS)

Regional Program Portfolio

- Acute Care: Local In-Patient Purchase of Service (LIPOS)
- MH Discharge Assistance Program (DAP)
- Residential Crisis Stabilization
- SUDS Community Detox and Diversion
- Older Adult Facilities Mental Health Support Program (RAFT)
- Children's Regional Crisis Response (CR2)
- REACH: Regional Education Assessment Crisis Service Habilitation
- IDD Short-term Clinic
- Behavioral Specialist funding
- STEP-VA OP Trauma training
- Mobile Crisis: Lifespan REACH and assisting the development of a lifespan BH service
- STEP-VA Regional Crisis Call Center
- STEP-VA Peer Liaison
- STEP-VA SMVF Navigator

Primary Functions

- Facilitate collaboration throughout region and liaison role between DBHDS and the local CSBs on regional projects;
- Data collection, analysis and regional data driven decision making (utilization management) as well as oversight of regional programs and projects;
- Program development and continuous quality improvement efforts;
- Participate in contract development and ongoing oversight;
- Manage and report on regional funds;
- Special projects as determined by RMG; and
- Development and management of specific regional programs and projects.

The regional approach is exclusively collaborative, and decisions are based on one vote per locality and majority vote.

15 different core regional meetings

Facilitate Collaboration Throughout The Region

Development of subcommittees for specific projects as needed:

- Workgroup to analyze private hospital denial reasons
- Workgroup for concept development and mapping of business processes for STEP-VA Call Center and Mobile Crisis

3 DBHDS statewide core meetings:

- Regional Managers Meeting
- DBHDS CSU (Crisis Stabilization Unit) Meeting
- DBHDS REACH Directors Meeting

Core Regional Meetings

**Regional
Management
Group (RMG)**

**Regional
Utilization Group
(RUG)**

**Emergency Service
Directors**

**Developmental
Service Directors**

Aftercare Managers

**Crisis Stabilization
Group**

**Youth and Family
Committee**

**Older Adult
Service
Stakeholder Group**

**REACH Advisory
Council**

**Regional Front
Door/Access
Committee**

**Piedmont Census
Management**

**NVMHI Census
Management**

**NVMHI Utilization
Management**

Forensic Meeting

Mobile Crisis

Data Collection, Analysis, and Regional Data Driven Decision-Making



70+ page, comprehensive quarterly UM (Utilization Management) report and 42-page, monthly UM report
<https://www.fairfaxcounty.gov/community-services-board/region/regional-utilization-group>



Analyze data trends to provide recommendations and create proposals for future programs and/or current program expansions

- ICRT (Intensive Community Residential Treatment) Step-down admissions,
- Detox at Wellness Circle,
- Redesign regional CSU program



Completion of DBHDS regional reporting:

- State Performance Contract bi-annual report,
- ES (Emergency Services) Activity and Exception report,
- Monthly LIPOS Data report,
- Quarterly DAP
 - Enhanced UM, monthly; ICRT tracking monthly; DAP transfers, real time, and monthly report; Invoicing and spending by category, quarterly; DAP report, quarterly)
- REACH fiscal worksheet,
- Quarterly RAFT/DAP,
- SUDS (Substance Use Disorder Services)
 - detox diversion, IDD clinic and Behavioral Specialist fund use, annual narrative reports.

Program Development and Regional Service Expansion Over the Last Five Years

FY18

- Expanded Older Adult Facilities Mental Health Support Program (“RAFT”) Capacity and Infrastructure
- Added community detox for diversion from State hospital admissions

FY19

- Added Intensive Community Residential Treatment Step-Down (Supervised) Programs (12 beds)

FY20

- Added Detox services and enhanced Temporary Detention Order (“TDO”) capacity at Woodburn Place Crisis Care
- Added Regional Education Assessment Crisis Service Habilitation (“REACH”) Crisis Therapeutic Home (“CTH”) for youth and
- REACH Transitional Home for adults (ATH)
- Implemented Phase 1 of System Transformation Excellence and Performance (STEP-VA) Mobile Crisis: Expanded Adult REACH services to include mobile response for those with a mental illness and cognitive and functional impairments and nearly doubled the capacity of our CR2 (Youth BH Mobile Crisis) Program

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FY21

- Restructured vendor operated Residential Crisis Stabilization (“CSU”) from three small 6-bed programs to one 16-bed with increased TDO capacity and ability to provide medical withdrawal management
- Added STEP-VA Regional Out-Patient Trauma Trainings

FY22

- Adding STEP-VA Regional Crisis Call Center
- Expanding regional BH (Behavioral Health) mobile crisis for adults
- Adding regional peer liaison
- Adding SMVF (Service Members, Veterans, and Families) liaison

Regional Budget



DBHDS Fiscal Agent Current Year Award	\$	% of Budget
FFX fiscal agent	\$21,927,958	83.6%
ARL managed	\$2,470,546	9.4%
PWC managed	\$1,846,305	7.0%
TOTAL R2 projects	\$26,244,809	100.0%



Regional team and general operating expenses are funded through grant management fees and unrestricted grants.



Questions?

Jean Post, Director

Virginia.Post@fairfaxcounty.gov

Update on State Hospital Bed Census and DBHDS Initiatives

*Joint Subcommittee to Study Mental Health Services in the
21st Century*

July 15, 2021

Alison Land, FACHE
Commissioner

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Virginia Department of Behavioral Health
and Developmental Services

Agenda

- I. Update on state hospital bed census crisis
- II. Overview of ARPA funding requests

BED CENSUS CRISIS

Update on the state mental health hospitals

Bed Census and Utilization

	Total Capacity	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	98	89%
Central State (excluding max security)	166	165	99%
Eastern State (117 geriatric beds)	302	276	91%
Northern Virginia Mental Health Institute	134	128	96%
Piedmont (123 geriatric beds)	123	106	86%
Southern Virginia Mental Health Institute	72	70	97%
SW Virginia Mental Health Institute (41 geriatric beds)	179	170	95%
Western State	246	230	93%
Commonwealth Center for Children & Adolescents	18	17	94%

Notes:

State hospitals are funded to 90 percent capacity

CCCA is currently open with a limited number of beds – 18 beds are currently operational (= 100% utilization)

Data current as of 1128 HRS 14 July 2021

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Staffing Levels More Urgent Now

- **Staffing vacancies are well over 20% and up to 53% in facilities across the Commonwealth.**
- Current direct care compensation falls well below market value.
- DBHDS had over 1,000 state facility vacancies in March 2019. These shortages have been exacerbated by the pandemic and now stand at **1,547**.
- Facilities are funded to operate at 90% staffing, but with the current vacancies, state hospitals are operating at direct care staffing levels as low as 60-70% in some facilities.
- At the same time, state hospitals are frequently operating at 100%+ bed utilization.
- Safety of both staff and patients is a significant and serious concern.

	CCCA	CH	CSH	ESH	HDMC	NVMHI	PGH	SEVTC	SVMHI	SWVMHI	VCBR	WSH
Direct Care (DSAs, LPNs, RNs)	36%	30%	21%	38%	35%	11%	37%	17%	25%	12%	26%	24%
Practitioners (internists, psychiatrist)	0%	0%	17%	53%	0%	4%	27%	27%	33%	5%	100%	0%

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Reduced Capacity at CCCA

- Despite aggressive recruiting and retention strategies, CCCA continues to lose staff. It is no longer feasible to operate 24 beds in a safe and therapeutic manner.
- **Effective June 30, CCCA reduced its capacity by an additional six beds, for a total of 18 beds.**
- We are working diligently to improve staff to patient ratios and plan to reopen beds as staffing levels improve.
- CCCA is also working intensely with community providers to take admissions, identifying current patients who are appropriate for step-down to other community residential providers, and working with CSBs to ensure services are available for those who are ready to be discharged.



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Temporary Admission Closures at State Hospitals

- The level of dangerousness in state hospitals is unprecedented, and recent admissions are occurring in an environment that is no longer adequately staffed.
- **DBHDS has ordered five of Virginia's eight adult state hospitals to temporarily reduce their bed capacity.** This involves temporarily closing admissions to these state hospitals effective immediately in order to allow the hospitals to consolidate their staffing levels. This will include Catawba Hospital, Central State Hospital, Eastern State Hospital, Piedmont Geriatric Hospital, and Western State Hospital.
 - We are monitoring staffing levels at Northern Virginia Mental Health Institute, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute, but staffing levels at those three hospitals are acceptable for now but cannot accept patients over their full capacity.
- No existing patients will be discharged in an unsafe manner. As staffing improves, we will incrementally increase the beds.
- DBHDS will be using emergency facility funds to procure additional contract staff to relieve some of the workload, and for staffing recruitment and retention bonuses to reward facility direct care staff for their tremendous efforts during this crisis.
- We are also calling on community hospitals to offer all available private beds for temporary detention treatment open to accept patients, even those patients that might be challenging, or might need behavior management. In addition, the Commonwealth needs every possible step down and long term care facility to be ready to accept patients who are ready for discharge from state facilities.

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DBHDS ARPA REQUESTS

Additional detail on proposals for American Rescue Plan Act funds

ARPA Purpose and DBHDS Focus

ARPA Purpose and Allowable Activities

DBHDS' requests align with the purpose and allowable activities of ARPA State and Local Recovery - \$4.3 billion (Sec 9901).

- Stated **USE OF FUNDS** - State Fiscal Recovery Funds ... meet pandemic response needs and rebuild a stronger, and more equitable economy as the country recovers. Use these funds to:
 - **Support public health expenditures**, by, e.g., funding COVID-19 mitigation efforts, medical expenses, **behavioral healthcare**, and certain **public health and safety staff**
 - **Provide premium pay for essential workers**, offering additional support to those who have and will bear the *greatest health risks* because of their service in critical infrastructure sectors
 - Optimization / Business Process Improvement in area of Public Healthcare – especially in IT and Data Management
 - Integrate service delivery over the continuum
 - Achieve efficiency and effectiveness of Service Delivery
 - Enhance accountability
 - Great use of one-time funds / resources with long term impacts

DBHDS Areas of Focus



ARPA Fund Proposal for State Hospital Census

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
Address recruitment and retention through increased direct care staff compensation – Brings critical direct care staffing position salaries to the 75th percentile. Annual step increases to ensure retention.	\$75M	Will have ongoing need in FY23+ of same annual amount	High
Provide critical security and safety infrastructure and contract staffing – Addresses emerging issues in facilities, as reflected in worker compensation and serious incident reporting. This was originally proposed and approved by Governor in 2019, but unallotted and eliminated. This includes all 12 facilities.	\$6M	Will have ongoing need in FY23+ of same annual amount	High
Install discharge infrastructure and contracting staffing to address bed census crisis – 39 more state hospital/equivalent contract staff to speed state hospital discharges. CSBs do this and it delays discharges.	\$3M	Will have ongoing need in FY23+ of same annual amount	High
Expand dementia program and residential treatment pilot statewide – Additional NH location for individuals with primary diagnosis of dementia in appropriate environment.	\$5M	If adopted this pilot would have ongoing need in FY23+	High
Address CCCA infrastructure and lost revenue – CCCA experienced a \$4.5M drop in revenue in FY21 due to certification issues and low census during unit closures. CCCA anticipates fully billing by December 2021.	\$4.5M	\$0	Medium
Implement statewide sitter ER initiative (alternative transportation) pilot – Amends the current G4S contract for alternative transportation to provide sitter services for individuals with a TDO awaiting transfer to a BH inpatient bed instead of LEOs.	\$3.4M	Will have ongoing need in FY 23+ of same annual amount	Medium
Continue and expand telehealth / telemedicine services – Support for telehealth at state facilities that meets CMS and state regulatory requirements to improve access to specialty medical and psychiatric care, increase access to transitional care from the state facilities, and minimize transportation/staffing needs for patients to and from medical services.	\$2M	Will have need in FY23-FY26 of \$2M	Medium

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ARPA Fund Proposal for Community Capacity

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
<p>Complete build out community crisis system – For crisis intervention: additional funds (up to \$13.9M) for additional adult and children's MCT; up to \$7M to improve CITACs to crisis receiving centers. Additional mobile crisis teams will help meet soaring MH demands and ensure teams are available 24/7.</p>	\$20M	Ongoing need in FY23+ of same annual amount	High
<p>Complete final STEP-VA planning – Planning for the implementation of the final 3 steps of STEP-VA. External evaluations regarding current care coordination expectations, needs, and requirements, data sharing agreements, development of protocols for transition services, and identification of best practices and guidance documents. Investigations into the administrative requirements associated with current case management services across all 40 CSBs. Improvements to current psychiatric rehabilitation services including investigation/discovery on misalignment between existing service needs and Medicaid psychiatric rehabilitation payment model and recommendations.</p>	\$3M	Carryforward funds from FY22 to future years as project progresses	High
<p>Implement care coordination step of STEP-VA – Care coordination is provided through case management, hospital liaison services, discharge planning, Medicaid managed care organizations, and other services.</p>	\$6.5M	Ongoing need in FY23+ of same annual amount	High
<p>Implement case management step of STEP-VA – This step ensures that target populations have access to high quality case management services, and that case management services meet needs related to same day access, hospital discharge, and other areas.</p>	\$4M	Ongoing need in FY23+ of same annual amount	High
<p>Implement psychiatric rehabilitation step of STEP-VA – Psychiatric rehabilitation services are needed for those living with serious mental illness to live, work, and receive care for chronic MH disorders in the least restrictive environment.</p>	\$3.4M	Ongoing need in FY23+ of same annual amount	High

ARPA Fund Proposal for Community Capacity

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
Behavioral Health Enhancement (BRAVO) – New services lines to include training and transition costs. CSBs are reimbursed 3-9 months after service billing – funds would assist in this transition period.	\$3M	Will have need in FY23-FY26 of same amount	Medium
Create community wellness pilot – Provides direct services in support of independent, rapid re-housing, food security, transportation, rapid access to mental health including telehealth support, crisis care and wrap around support for people with BH and/or co-occurring disorders and families that have experienced disruption due to the pandemic, targeting families with school aged children, families of essential workers, and families with long term impacts related to the pandemic including housing and food insecurity.	\$3M	Carryforward funds from FY22 to future years as project progresses	Low
Support equity at Intercept Zero - crisis system development – Support small private providers, particularly those already underrepresented for the: 1) development of partnerships between Black/BIPOC/peer owned or led crisis service businesses and the public regional mobile crisis hubs, 2) professional development and supports for crisis service training (focus on anti-racism, disability justice, and language access), 3) analysis and reporting of race-based and health disparities in crisis services and ensuring equity is a central consideration in planning, oversight, and evaluation of the success of the Marcus Alert system.	\$1.5M	Will have need in FY23 of same annual amount, FY24+ \$750,000 ongoing amount	Low
Behavioral Health Equity/Public Payment Reform – Provide a funding buffer to ensure CSB continuity of operations and implementation of STEP-VA to implement payment reforms. MHBG ARPA funds proposed to study options for payment reform, to provide assurances that recommended changes can be implemented as we transition to a modernized payment system. Includes funding for 5 regional offices to be developed.	\$1M	Will have varying need in FY23-FY26+	Low
Local Marcus Alert implementation Funding (including 9-8-8 Planning and Implementation Grants) – Provides for 15 one time planning grants \$250,000. Ten areas funded for \$600,000 for local Marcus Alert implementation (ongoing), and 15 areas \$450,000 for local Marcus Alert implementation (ongoing).	\$3.8M	Will have add'l need as planning/implementation occurs. Ongoing need of \$3M FY26+	Low

Block Grant Supplemental Funding

Consolidated Appropriations Act	American Rescue Plan Act
Passed December 2020	Passed March 2021
Plan submitted to SAMHSA April 5, 2021 -- APPROVED	Plan due to SAMHSA July 2, 2021 -- SUBMITTED
Must be expended by March 2023 (funding available as of March 2021)	Must be expended by September 2025
\$39.3M Substance Abuse Prevention and Treatment Block Grant (regular funds ~\$40M/year)	\$33.98 million Substance Abuse Prevention and Treatment Block Grant
\$20.7M Community Mental Health Services Block Grant (regular funds ~\$14M/year)	\$35.78 million Community Mental Health Services Block Grant
Additional portion (\$825M) of Community Mental Health dollars were provided directly to localities through Community Mental Health Center grants	Dollars become available September 1, 2021
Spending in line with existing block grant parameters	Spending in line with existing block grant parameters

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ARPA Proposal for Equity, Data and Quality

DESCRIPTION	FUNDING	DBHDS Priority
<p>Health Information Exchange w/ CSBs and Private Providers of Behavioral and Mental Health Services – Design and Implement a BH Information Exchange to make single patient record across multiple service providers. Include all facilities, CSBs, and private hospitals. Improved patient data and ability to share records is a critical need for both the quality of patient of outcomes, reducing bed census demands in state facilities, and improving Quality Improvement programs across behavioral and mental health providers.</p>	<p>\$40M One-time Estimate \$1 million ongoing</p>	<p>High</p>
<p>Improve hospital data, financial and administrative management and infrastructure – Key management applications including HR, billing, administration, and facilities management are antiquated or out of date systems. Updating will improve decision making and lead to more efficient operations and reduce operating expense and maximize billing revenue as well as standardize applications. Ex: the current food management platform is both non-compliant with VITA and aging out of vendor support.</p>	<p>\$25M One-Time <\$1 million ongoing</p>	<p>High</p>
<p>Support increased critical human rights and licensing staff to ensure effective ASAM and BHE implementation – COVID-19 increase people’s BH needs. In addition, CRP and ARPA funding --along with STEP-VA and BRAVO implementation--will increase the number of BH providers in Virginia. Additional licensing staff and human rights staff are required to address increased demand for providers to become licensed and operate in Virginia.</p>	<p>\$2.5M Annual/Ongoing</p>	<p>High</p>
<p>Implement DEI training and other one-time projects – Supports DBHDS DEI to include staff training across its system. This is part of larger effort to bring awareness to this important strategy and develop a plan to address.</p>	<p>\$1M Annual/Ongoing</p>	<p>Medium</p>

VACSB ARPA Proposal

The American Rescue Plan Act (ARPA) and its associated funding represent a “once in a generation” opportunity to build critical infrastructure and capacity in our behavioral health and developmental disability services system.

Virginia’s CSBs are uniquely situated to ensure that these funds are used to bring access to care to vulnerable individuals and that they are in support of the public health goals outlined by the Governor and the General Assembly. In addition, the CSB system is the only statewide network for service delivery, reaching every corner of the Commonwealth, and the CSBs are the only providers held directly accountable to the state through their Performance Contracts with DBHDS. This relationship guarantees that the General Assembly will have a full view of how the funds are being spent and the data to determine efficacy.

GUIDING PRINCIPLES

The public behavioral health system has been starved for funding for decades and needs a large infusion of dollars to make up for lost time.

The VACSB recognizes that these funds are essentially one-time funds with some flexibility for use over a period of 3 years or less. The plan outlined below takes this into account.

The funds need to be as flexible as possible so that they can be spent within the appropriate timeframe and targeted in ways that meet local priorities as well as advance statewide goals such as STEP-VA. As such, no additional restrictions should be placed on the funds by the state, beyond what is required by the federal government. The interpretation of the federal requirements should also be as broad as possible.

The funds would support system enhancements in 4 major areas and include a carve-out for pilot programs:

- **Workforce development**
- **State hospital diversion/discharge**
- **Physical infrastructure**
- **IT and administrative infrastructure**

MEETING LOCAL NEEDS IN SUPPORT OF STATEWIDE GOALS

The VACSB requests an allocation in Grants to Localities of **\$80M in each of two fiscal years so that CSBs can flexibly bolster their local systems of care.** The funding would be allocated using a “base plus” formula where each CSB would receive a base level of funding of \$1M per year and the remaining \$40M in that year would be distributed using a short-term, needs based formula. The formula would be similar to one currently being used to distribute STEP-VA funding but also takes into account the state general fund cuts CSBs took as a result of Medicaid expansion.

Note that many of the local priorities would overlap with the statewide priorities listed below. Localities may need to take different pathways to achieve the stated goals.

SUPPORTING PREVIOUSLY IDENTIFIED STATEWIDE GOALS

The VACSB requests **\$40M in each of two fiscal years in Grants to Localities so that CSBs continue to partner with DBHDS to support and enhance existing statewide priorities** including:

- workforce development
- STEP-VA
- crisis system enhancements
- system enhancements to support state hospital diversion
- system enhancements to support state hospital discharges
- system enhancements to support more efficient information exchange both within the public behavioral health system and with the broader healthcare community
- community support and integration for individuals with I/DD and their families

IDENTIFIED NEEDS THAT CAN BE SUPPORTED USING ONE-TIME OR SHORT-TERM FUNDING

Note that enhancements to state hospital diversion programs and discharges are not listed separately as ALL of the below initiatives will positively impact the state's goals in those areas. We would anticipate accountability measures to incorporate some evidence of that.

DBHDS and the CSBs would work together to develop a comprehensive, statewide approach in each of these areas.

- Improvements to the public behavioral health system will not be possible without funds for **WORKFORCE DEVELOPMENT:**
 - signing bonuses
 - retention bonuses
 - scholarships and loan repayment for increased educational attainment such as Master and Doctoral Level education in Counseling, Social Work, Psychology, Psychiatry, and related fields
 - recruitment and retention of bilingual clinicians
 - support employees to provide clinical supervision
 - support evidence-based training requirements such as those mandated within Project BRAVO
 - training and staff development in the area of social/emotional development in infants and toddlers
 - support the development of a standardized core training program offered free of charge to public behavioral health employees to be certified as a Direct Support Professional (DSP), Qualified Mental Health Professional (QMHP) Qualified Intellectual Disability Professional (QIDP), or Peer Recovery Specialist
 - Clinical training in general
- Funds for **PHYSICAL INFRASTRUCTURE** to buy or build:
 - 23-hour crisis observation units
 - Crisis stabilization units
 - Detox units
 - Transitional housing units
 - Expansion of CITACs and/or Crisis Receiving Centers

- Space for onsite pharmacy
 - Supervised housing units
 - Vehicles for DD transportation
 - Vehicles for mobile crisis teams
- Funds for **IT AND ADMINISTRATIVE INFRASTRUCTURE** to realize efficiencies and support transparency in our system:
 - Invest in developing a strategy for the integration of data systems in use in the public health system, with priority given to public behavioral health and the integration between the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance, and Community Services Boards. This may require a pause and re-alignment of projects underway at DBHDS, including replacement of CCS and CARS.
 - This project should focus on reduced administrative burden and cost at all levels of the public system including direct care providers, CSB administrative and IT Staff, Data Analysts at DBHDS, DMAS, and CSBs, DMAS Claims/Authorization Processing Staff, DBHDS Program Staff, and CSB and DBHDS Executive Leadership. Current major data systems in place just to manage Public Behavioral Health and Developmental Services data include:
 - CCS 3
 - WaMS
 - Crisis Data Platform (in procurement)
 - PACT Database
 - EI Online
 - REACH Data Store
 - CHRIS
 - EHR upgrades
 - Statewide consulting to align Licensure and Payer regulation to reduce the overhead associated with managing disparate systems and auditing processes
 - Statewide consulting to assess cost savings realized in other areas of the state budget as a result of investments in CSB services
 - Statewide consulting on Virginia's burdensome documentation requirements
 - Funding for a learning management system that provides centralized access and required trainings and provides reminders for all users for renewal and recertification.
 - Telehealth hardware and software, including for remote patient monitoring
 - Cover the cost of accreditation requirements such as those placed on intensive outpatient services as part of Project BRAVO
 - Pool of funds that can be added to state general fund dollars to support administrative costs as new initiatives come online
 - Funds for **PILOT PROGRAMS**:

The VACSB recognizes that there are some special populations for whom appropriate supports and services are very limited in the community. Virginia has a robust history of using pilot programs to determine efficacy and scalability of services. The below are examples of pilot programs that could help us determine appropriate pathways for these populations.

 - Behavioral health and dementia care integration pilot
 - Behavioral health and I/DD integration pilot

- Pilot for developing entrepreneurial and micro-business skills for individuals with I/DD and/or behavioral health diagnoses

ACCOUNTABILITY

CSBs are held accountable to the state through their relationship with DBHDS, which is governed by the Performance Contract. Provisions to ensure accountability and transparency include:

- Ensures through distribution of available state and federal funding that an individually focused and community-based system of care, supported by community and state facility resources, exists for the delivery of publicly funded services and supports to individuals with mental health or substance use disorders or developmental disabilities.
- Promotes at all locations of the public mental health, developmental, and substance use disorder service delivery system (including the Central Office) quality improvement efforts that focus on individual outcome and provider performance measures designed to enhance service quality, accessibility, and availability, and provides assistance to the greatest extent practicable with Department-initiated surveys and data requests.
- Ensures fiscal accountability that is required in applicable provisions of the Code, relevant state and federal regulations, and policies of the State Board.
- Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, developmental, and substance use disorder services.

CSBs are the only entities required to maintain this level of connection, transparency and accountability to the state. The private sector is governed by licensing, regulation and audits, all of which CSBs are also subject to in addition to the Performance Contract.



JEFFREY C. MCKAY
CHAIRMAN

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July 15, 2021

Fairfax County General Assembly
Delegation Members
Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Fairfax County General Assembly Delegation Members:

On behalf of the Fairfax County Board of Supervisors, I am writing to you in advance of the special session of the Virginia General Assembly to share with you some of the County's priorities for funding items.

It has long been the practice of the Commonwealth to significantly underfund core services, leaving localities to fill funding gaps with local revenues to maintain essential services. Though some progress has been made in recent years, the unprecedented COVID-19 global pandemic has exacerbated this challenge, as residents and businesses throughout the County have experienced health crises, job losses, evictions, lack of child care, reduced transit options, and increased need for affordable broadband, among others. Government at all levels has had to adapt quickly to this changing landscape, providing programs and services in new and innovative ways throughout the last 16 months. Though there has been a great deal of tragic suffering as a result of the pandemic, we are fortunate that substantial federal funding for state and local governments presents an opportunity to mitigate the impacts of the pandemic while also making true investments in new ways of doing business to address critical issues. It is our hope that this federal funding presents a generational opportunity to address a much-needed restoration of the state and local partnership on core services.

K-12 Public Education

Public education funding is enshrined in the Virginia Constitution as a joint responsibility of both state and local governments, so it is essential that the state fully and appropriately meet its responsibility to adequately fund K-12 education. However, critical gaps persist between state funding levels and the actual costs to localities of providing a high-quality education. This is reflected in the fact that the Commonwealth only provides funding for the state's portion of salary increases for K-12 staff based on the Local Composite Index (LCI), which is supposed to measure local "ability to pay," but fails to account for the high cost-of-living in areas like Northern Virginia. Additionally, the Commonwealth provides no funding for any position not recognized in the Standards of Quality (SOQ) – essentially the state only pays for the positions it recognizes, while localities pay the full costs of all positions that exceed state requirements. This reality became particularly clear this year, as local revenues were negatively impacted by the COVID-19 pandemic, while localities have also had to increase funding to

support residents as they navigate the public health and economic fallout. The cost to Fairfax County Public Schools (FCPS) to provide a five percent salary increase, as allowed in the 2020-2022 biennium budget, would have been \$122.9 million. After accounting for state funding, the net cost to FCPS would have been \$100.5 million. Such a price tag was simply untenable at a time when approximately 90 percent of residential properties increased in value. This problem is exacerbated by the fact that housing and related costs, such as taxes, are regressive in nature, and the largest real estate assessment increases in the County were on our most affordable properties, creating particular challenges for property owners unable to afford significant tax increases in this time of economic hardship, as well as hurting overall housing affordability Countywide (the increase in residential real estate revenues was tempered by decreases on the commercial side, intensifying the burden on homeowners while doing little to improve the County's revenue picture overall). To mitigate that, the Board sought creative solutions to double the increase in the transfer to FCPS from the County Executive's recommendation (including using funds which had been set aside in reserve for economic recovery), which allowed FCPS to provide a two percent salary increase. Fundamentally, the requirement that more than 80 percent of the cost of the salary increases be paid with local dollars is what made it impossible to fully implement.

The most promising news for localities was the passage of a resolution by the 2021 GA to examine the true costs of public education in the Commonwealth. It is nearly universally understood that state funding for public education is simply inadequate to ensure the type of education needed in the 21st century, whether in a rural or low-income urban locality that is overly reliant on state funding, or in a suburban jurisdiction like Fairfax County that funds nearly 70 percent of its K-12 costs with local dollars, because that is what is required to provide a high-quality public education. While localities and school divisions throughout the Commonwealth share a common frustration on this issue, we know that many of you share it as well, and we look forward to working with you to ensure that a comprehensive, detailed, thorough study of this issue becomes an important foundation to spur change.

As Governor Northam and the General Assembly leadership stated several weeks ago, the pandemic highlighted the need to modernize public school buildings across Virginia. This includes rehabilitating and upgrading existing facilities, improving air quality and HVAC systems, and enhancing safety. The County supports funding for school modernization and renovation, which will improve older buildings, making them safer and healthier for students and staff while also increasing energy efficiency. Such funding should be provided to school divisions throughout the Commonwealth.

Affordable Housing

Affordable housing is critically important for all Virginians, but obtaining it is particularly challenging 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 15,000 net new units affordable to households earning 60 percent of area median income and below will be needed over the next 15 years. Development and preservation of affordable housing is most critical for small families and seniors.

The devastating economic effect of COVID-19 has exacerbated this looming crisis, placing many individuals and families at risk of eviction in Fairfax County, including communities of color who are disproportionately impacted by the pandemic. Prior to the pandemic, 45 percent of Fairfax County renters were already cost-burdened and spent more than 30 percent of their household income on rent. Cost-burdened renters who have lost jobs or had their incomes reduced as a result of the ongoing economic upheaval will face greater barriers in paying for housing, making them more vulnerable to evictions. While there has been some short-term rental assistance funding and moratoriums to prevent evictions, the pandemic's financial impact will have long-term and pervasive consequences. Therefore, new substantial and sustained federal and state investments in programs and resources that enable renters to keep their housing is essential in preventing an eviction crisis and a resulting surge in homelessness in the community. Funding to mitigate the impacts of the pandemic on affordable housing must be in addition to the sizable resources already needed to address the existing affordable housing crisis in Northern Virginia.

The County supports 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, and to mitigate evictions resulting from the economic impacts of the COVID-19 pandemic.

The Commonwealth should:

- Allocate sufficient funding to the Virginia Rent and Mortgage Relief Program so that all Virginia residents who cannot pay their rent due to COVID-19 can access the program. Not only does this program provide tenants with housing stability, but it also helps small landlords who are struggling to pay their mortgage due to uncollected rents. By continuing to support landlords, it will ensure that they are able to continue to offer affordable housing in our community.
- Expand resources available to ensure legal assistance and aid to tenants facing eviction.
- Sustain and increase funding for the Virginia Housing Trust Fund. 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 for low- and moderate-income earners.
- 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), and the Virginia Homeless Solutions Program (VHSP).
- 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.
- Establish an acquisition fund for localities and housing authorities (as provided for under Title 36) to access or support the purchase of properties for development or preservation as affordable housing, either by the public entity or as part of a public/private partnership.

Mental Health and Public Safety

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA (System Transformation, Excellence and Performance in Virginia), which mandates that Community Services Boards (CSBs) provide new core services. As a result, all CSBs initiated the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019 deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services. Some funding has been allocated for peer support services, veterans services, outpatient services, and the regional crisis call center. Significantly, at no point during the four years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly mandated services.

As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. Sustaining such a high level of local funding while receiving inadequate support from the state, at a time that state mandates continue to grow, is becoming increasingly untenable. Fairfax County supports funding, commensurate with the size of the population served, for implementation of STEP-VA. Additionally, improvements to the public behavioral health system require state investments in workforce development, including: signing bonuses; retention bonuses; scholarships and loan repayment for increased educational attainment such as Master and Doctoral Level education in Counseling, Social Work, Psychology, Psychiatry, and related fields; recruitment and retention of bilingual clinicians; support employees to provide clinical supervision; and, support for evidence-based training requirements.

Fairfax County also supports 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 low-level 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 10,000 mental health-related calls from January – December 2020. 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.

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 (as mentioned above), 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.
- Provide adequate funding for behavioral health call centers, crisis response teams (including the new Marcus alert system enacted during the 2020 special session), and crisis stabilization units, to connect individuals in need of treatment before a behavioral crisis begins or at the earliest possible stage of system interaction.

- Provide full funding for STEP-VA Crisis Services to include mobile crisis services and Regional Crisis Call Centers, which will be designated Virginia's 988 mental health and suicide crisis hotlines (a federal effort required to be in effect by July 16, 2022). Adequate funding will also help to ensure the appropriate transition of behavioral health crisis calls between public safety and the Regional Call Centers.
- 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 personnel, jail personnel, and health and human service organization staff to educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness.

The 2021 GA took an important step forward by including a study in the budget to update and modernize the state's funding formula for Commonwealth's Attorneys' offices to reflect the goal of improving the criminal justice system and policing. Virginia's current formula for distributing the limited funding the state provides to Commonwealth's Attorneys' offices uses an outdated approach focused on felony indictments and sentencing events in Circuit Court – such an approach is antithetical to the goal of increasing diversion programs and utilizing specialty dockets (such as the ones used in Fairfax courts for mental health and veterans), which are aimed at keeping people out of the criminal justice system or keeping them from felony sentencing consequences. While diversion programs and specialty dockets require significant prosecutorial resources, a Commonwealth's Attorney's office does not receive state funding for that work because the formula does not account for it – in fact, the current formula essentially discourages such efforts. In addition to substantially increasing state funding for the judicial system overall, the establishment of a new funding formula would reflect the goal of providing support for efforts to create a more equitable criminal justice system, improving outcomes for the entire community. This study was the result of a County legislative initiative, SB 1226 (Boysko), and we appreciate the strong support our delegation provided in moving this issue forward.

Water Quality, Flood Mitigation, and Dam Safety

Fairfax County and local governments throughout Virginia face mounting costs for water quality improvements for sewage treatment plants, urban stormwater, combined sewer overflows (CSOs), and sanitary sewer overflows (SSOs). The state has made significant progress in providing funding in recent years, including deposits to the Water Quality Improvement Fund (WQIF) of surplus funds and the establishment and funding of the Stormwater Local Assistance Fund (SLAF) – between FY 2014 and FY 2021, the GA provided \$160 million in funding. For FY 2019, the County received approximately \$4 million in SLAF funds for stream restoration projects along Accotink Creek and Cameron Run. This funding has contributed to improvements in the health of the Chesapeake Bay, as evidenced by increases in underwater grasses and oysters, but significant challenges remain. Meeting federal Chesapeake Bay requirements will require additional state assistance for urban stormwater needs (in 2017, the Senate Finance Committee estimated these costs to be \$19.7 billion by 2025), wastewater treatment plant upgrades, and water reuse facilities in the Chesapeake Bay watershed, particularly in light of the very ambitious goals set forth in the Chesapeake Bay Total Maximum Daily Load (TMDL) Phase III Watershed Implementation Plan. The state must partner with localities in order to meet these federal mandates to ensure the success of this effort, and such funding must continue to increase if Virginia is

to meet its commitments for the Chesapeake Bay. These types of projects are ideal one-time uses for federal infrastructure funding.

Project funding is needed to improve the storage capacity of Lake Accotink to meet downstream water quality requirements, and to construct the retrofit and replacement of the Kingstowne Dam to comply with dam safety requirements. Additionally, Fairfax County and the region have experienced an increase in significant intense rainfall events and tropical storms over the past several years, which have resulted in significant structural flooding, damage to infrastructure, and erosion. Funding in excess of \$40 million is needed to complete several ongoing flood mitigation projects to address these public safety hazards and improve resiliency from the effects of climate change. In addition, resources are needed to perform comprehensive planning to identify and prioritize neighborhood flood mitigation projects to improve resiliency and address deficient stormwater infrastructure.

Broadband Affordability

Ensuring access to reliable and affordable broadband for all Virginians continues to be a challenge across the Commonwealth, as the COVID-19 pandemic has further highlighted the disparate impacts of the digital divide. In many ways, the pandemic expedited society's transition towards a more digitally connected community, as schools transitioned to virtual platforms and more employers provided flexible telework options. However, it simultaneously exacerbated the inequities faced by our most vulnerable residents, including aging populations and minority communities, who are being isolated from the 21st Century due to a lack of reliable and affordable access to this critical resource. The impacts of the pandemic have decisively demonstrated that broadband access is no longer a luxury, but rather an essential utility like water or electricity.

Traditionally, broadband access has been discussed as an issue that primarily impacts rural communities. Although Fairfax County does appear to have substantial coverage, there are significant pockets where broadband access is limited, either due to a lack of infrastructure or, more critically, due to the high cost of service. Fairfax County has taken significant action to mitigate these impacts for our residents through initiatives to increase free broadband access points, as well as programs that offer hardware and connection rentals through schools and libraries. Prior to the start of the 2020-2021 school year, Fairfax County Public Schools (FCPS) distributed 80,000 laptops to students, with an additional purchase and distribution of 90,000 new laptops during the school year. The County has also partnered with regional organizations, including Connected DMV, to assist residents with accessing private sector subsidies and federal support, such as the Emergency Broadband Benefit (EBB), to help mitigate the overall costs of this vital service. Unfortunately, some of these supports are only temporary stopgap measures, including the EBB, which is projected to run out of funds by the end of this year. Federal funding to assist with broadband affordability could help ensure continuation of access to this critical resource after these programs expire.

Transportation

Ensuring sufficient funding for transportation needs has long been a Fairfax County priority. Statewide and regional funding generated by HB 1414/SB 890 (2020) and HB 2313 (2013) provided substantial new resources to address the transportation needs of Northern Virginia and the Commonwealth. However, the needs continue to exceed the available revenues. Additional funding is still required for new projects, state road maintenance (including funding for improved repaving, snow removal, mowing in the right-of-way, and stormwater management), and continued state assistance for local and regional transit systems (including the Fairfax Connector, the Virginia Railway Express, and WMATA). While HB 1414/SB 890 and HB 2313 moved the Commonwealth in the right direction, the impacts of the COVID-19 pandemic have changed transportation in unexpected ways and may lead to additional long-term transportation funding challenges. Federal funding for transit has provided critically needed support. Additionally, funding for multimodal connections, including trails, sidewalks, and bicycle facilities is essential to creating and sustaining the type of integrated 21st Century transportation network Fairfax County needs to support our continued economic recovery, particularly in our major activity centers. The County encourages the General Assembly to allocate a portion of the Commonwealth's federal funds to meeting these transportation needs.

Unemployment Assistance

Throughout the Commonwealth, Virginians continue to struggle with the effects of the pandemic, including unemployment. Broad and long-lasting assistance to help mitigate these unprecedented economic impacts is critical, as job loss can upend the precarious balancing act of making ends meet, particularly in a high cost-of-living area like Northern Virginia. Although the Commonwealth has taken action to improve processing of claims by the Virginia Employment Commission (VEC), navigating the state unemployment process continues to be frustrating to many. Fairfax County supports the commitment made by Governor Northam and the General Assembly leadership to provide substantial funding for the Unemployment Trust Fund, which will support individuals experiencing unemployment and help avoid increased costs on Virginia businesses during this challenging time.

Economic Development

Virginia has long been among the top states in per capita federal spending, but the effects of federal budget cuts and sequestration have had an enduring negative impact. Additionally, the obstacles faced by minority and women-owned businesses, which are less likely to access financing or participate in public procurement opportunities, have been exacerbated by the current pandemic. Many businesses in key sectors (hospitality, entertainment, retail, and food service) as well as small businesses (which account for the vast majority of establishments and a significant portion of jobs in Fairfax County), are facing ongoing fiscal crises. The pandemic may permanently alter the economic landscape and shift skillset demands, making it imperative to identify and grow new areas of opportunity through strategic investments.

One particular area of need is better preparing “non-traditional” workers for jobs in tech careers by building on their existing expertise and creating a supportive pathway to employment connections. Though Fairfax County and Northern Virginia are economic leaders in emerging tech

clusters overall, rates for company and job formation, as well as the attraction of venture capital, fall below non-Virginia competitor regions. Access to technical assistance, financial resources, and mentoring will ensure promising local firms can grow and scale in place.

The County has worked to support those impacted by the pandemic through the creation of a Fairfax RISE COVID-19 Small Business and Nonprofit Relief Grant Fund (which awarded over 4,800 grants totaling over \$52 million), the \$25 million PIVOT business recovery grant program, and various workforce development and job training initiatives. The County also supports state economic development and workforce efforts – just this week Governor Northam announced a proposal to dedicate \$353 million in federal funding to accelerate small business recovery. Additional efforts to provide increased resources for workers (including child care assistance), investments in minority and women-owned businesses, innovative workforce development initiatives, and investments in scaling promising firms will help Virginia remain the “Top State for Business,” as recently designated by CNBC.

River Farm

River Farm, located on more than 27 acres on the Potomac River, is considered a local institution in the Mount Vernon area of Fairfax County. It is full of history, heritage, and natural beauty. The property was acquired by George Washington in 1760, as the northernmost farm of the five farms his family owned, and it has gone through many different owners and many different names throughout its history. As a result of the generosity of philanthropist and gardener Enid Annenberg Haupt, who was on the Board of Directors of the American Horticultural Society (AHS), AHS was able to purchase the 27 acres, agreeing to keep the property open to the public in 1973. The property was named River Farm, which is particularly appropriate given the connection to George Washington, one of our nation’s first great gardeners and horticulturists. In 1973, AHS moved its headquarters from the City of Alexandria to River Farm. First Lady Pat Nixon joined Mrs. Haupt at the dedication of the property, and together they planted a ceremonial dogwood tree in the garden. River Farm has long been a living representation of the principles and organizational vision of raising awareness about and fostering sustainable, earth-friendly gardening and horticultural practices.

Unfortunately, in September 2020, the County and the community were shocked and saddened by the news that the AHS Board of Directors intended to sell the River Farm property. That news has generated substantial discussion about the best options to ensure that River Farm remains an asset to the community and its historic significance is preserved and enhanced. Locally, the County has approved the creation of the Wellington at River Farm Historic Overlay District on the River Farm property. At the state level, the 2021 GA passed legislation, SB 1457 (Surovell), supported by the County, which strengthens Fairfax County’s land use authority to ensure historic areas are appropriately protected and the county is currently pursuing adding these provisions to the zoning ordinance. The GA also included amendments in the state budget providing \$2 million to help NOVA Parks purchase River Farm – though AHS rejected that proposal, the County is hopeful that additional state funding could allow this project to move forward. This is a once in a lifetime opportunity to preserve a piece of our history, and it is important that we utilize all the tools we have available to continue to move this process forward.

Conclusion

Fairfax County has tried to outline a number of funding priorities in this letter that could be eligible for federal funding and that are one-time or short-term in nature. However, it is important to note that in many cases, these items reflect shared state and local core services that will require sustained, long-term funding – it is the County’s hope that the available federal funding can be used to stand up or expand vital programs and services in the short term, while the substantially improved state General Fund revenues can be used over time to ensure these items receive adequate state funding in the future. As always, our legislative staff is available to assist you on these issues so please contact Claudia Arko, Legislative Director, at (703) 568-7216 if you have questions or suggestions about additional County funding items.

We appreciate your efforts on the County’s behalf, and look forward to continuing to work with you as the General Assembly addresses the challenges of the pandemic as well as preparations for the 2022 session. Thank you for your time and attention to these critical issues.

Sincerely,

A handwritten signature in black ink that reads "Jeff McKay". The signature is written in a cursive, flowing style.

Jeffrey C. McKay
Chairman, Fairfax County Board of Supervisors

cc: Members, Fairfax County Board of Supervisors
Bryan J. Hill, County Executive
Elizabeth Teare, County Attorney
Joseph M. Mondoro, Chief Financial Officer
Christopher Leonard, Deputy County Executive
Dave Rohrer, Deputy County Executive
Rachel Flynn, Deputy County Executive
Claudia Arko, Legislative Director

2022 Human Services Issue Paper

Issue:

Board approval of proposed edits to the CSB-related sections of Fairfax County's 2022 Human Services Issue Paper.

Motion:

I move that the Board approve submission of the proposed edits to the 2022 Human Services Issue Paper.

Background:

In preparation for updating the 2022 Human Services Issue Paper, the CSB, as well as other human services agencies, review and revise positions related to human services issues, including those of concern to the CSB. Each December, the Fairfax County Board of Supervisors approves the Human Services Issue Paper as a supplement to the county's annual Legislative Program, that informs public officials of the county's positions on legislative policy issues.

Timing:

Immediate

Enclosed Documents:

2022 Human Services Issue Paper

CSB Board Members and Staff:

Garrett McGuire, CSB Chair

Daryl Washington, CSB Executive Director

Elizabeth McCartney, CSB Public Policy/Legislative Analyst

DRAFT 2022 Fairfax County Human Services Issue Paper

Note: Please ensure that all track changes are by a single author (i.e. one name/color), reflecting an agency-level response.

OSM TO REVIEW, INCLUDING UPDATING STATISTICS

The Human Services Issue Paper is a supplement to the 2021 Fairfax County Legislative Program as the Fairfax County Board of Supervisors has long recognized that investments in critical human services programs are essential to maintaining a healthy and vibrant community that provides all residents an equitable opportunity to thrive.

The COVID-19 pandemic has demonstrated that, now more than ever, robust and equitable health and human services are essential in addressing the significant challenges facing Fairfax County. The demand for housing, utility, and food assistance has grown exponentially, with a 114 percent increase in residents contacting the County for emergency basic needs assistance between March and September 2020 compared to the same period the previous year. The pandemic has impacted every resident and all facets of the economy, but it has disproportionately impacted Black, Latinx, and low-income residents. In turn, this has exacerbated racial and social inequities among residents with the greatest need. In addition, older adults are at increased risk for severe illness – in fact, 88 percent of the County’s deaths from the virus are residents ages 60 and older. Avoiding close contact with people outside of one’s household, which is a precaution all Americans are being encouraged to take, can be particularly challenging for older adults, leading to social isolation and even economic hardship for those in the workforce. Though there are increased pressures on the Commonwealth’s budget as revenues are declining and the demand for critical services is increasing dramatically, allocations for safety net programs and services for residents facing vulnerability must be prioritized.

Although Fairfax County has one of the highest median household incomes in the nation, significant and complex needs are prevalent in this community. Over 68,000 residents live in poverty and over 266,000 residents (23.5 percent) earn less than the living wage needed to afford basic expenses in this high cost of living area. Unfortunately, these challenges are anticipated to increase, as between April and September 2020, the County’s unemployment rate has averaged 5.5 percent higher than the same period the previous year. In addition, disparities in income, employment, and health outcomes continue to be pervasive, and can often be attributed to race and specific neighborhoods. Ensuring the availability of effective and equitable health and human services for all residents is a vital foundation for a strong economy.

Historically, the state has underfunded health and human services, or neglected to incorporate best practices in service delivery. This has required localities to fund critical services with local revenues, which will be enormously challenging due to COVID-19’s fiscal strain. As the General Assembly (GA) makes difficult budget decisions in the 2021 session, it is important to recognize that the decisions made now will have a long-term impact on the entire Commonwealth. Therefore, it is essential that investments are made in programs that provide residents with the resources and opportunities needed to be resilient and thrive. In addition, the flexibility for service delivery

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granted during the pandemic should be continued beyond the public health emergency to provide residents with easier and more equitable access to assistance.

Strong partnerships between the Commonwealth and local governments are essential in addressing the pandemic's impact, and can be accomplished by making policy and budgetary decisions to:

- Support residents experiencing vulnerability;
- Address racial and social inequities that have created systemic and institutional barriers;
- Create evidence-based, outcome-driven programs that are innovative, incorporate best practices, and adapt to localities' unique needs; and,
- Invest in workforce development initiatives and employment opportunities that provide residents with economic success.

Priorities

***Affordable Housing and Homelessness Prevention* TO BE REVIEWED BY CSB, DFS, DSB, AND HCD**

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, and to mitigate evictions resulting from the economic impacts of the COVID-19 pandemic.

Affordable housing is critically important for all Virginians, but obtaining it is particularly challenging 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 15,000 net new units affordable to households earning 60 percent of area median income and below will be needed over the next 15 years. Development and preservation of affordable housing is most critical for small families, individuals with disabilities, and seniors.

The devastating economic effect of COVID-19 has exacerbated this looming crisis, placing many individuals and families at risk of eviction in Fairfax County, including communities of color who are disproportionately impacted by the pandemic. Prior to the pandemic, 45 percent of Fairfax County renters were already cost-burdened and spent at least 30 percent of their household income on rent. Cost-burdened renters who have lost jobs or had their incomes reduced as a result of the ongoing economic upheaval will face greater barriers in paying for housing, making them more vulnerable to evictions. While there has been some short-term rental assistance funding and moratoriums to prevent evictions, the pandemic's financial impact will have long-term and pervasive consequences. Therefore, new substantial and sustained federal and state investments in programs and resources that enable renters to keep their housing is essential in preventing an eviction crisis and a resulting surge in homelessness in the community. Funding to mitigate the impacts of the pandemic on affordable housing must be in addition to the sizable resources already needed to address the existing affordable housing crisis in Northern Virginia.

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The Commonwealth should:

- Allocate sufficient funding to the Virginia Rent and Mortgage Relief Program so that all Virginia residents who cannot pay their rent due to COVID-19 can access the program. Not only does this program provide tenants with housing stability, but it also helps small landlords who are struggling to pay their mortgage due to uncollected rents. By continuing to support landlords, it will ensure that they are able to continue to offer affordable housing in our community.
- Expand resources available to ensure legal assistance and aid to tenants facing eviction.
- Increase funding to \$40 million in FY 2022 and retain the integrity of the Virginia Housing Trust Fund. 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 for low- and moderate-income earners.
- Enhance and create more state-funded housing tax credits and rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers.
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities.
- Consider changes to state law to protect residents of mobile home parks, including more assistance with relocations. (*Updates and reaffirms previous position.*)

***Mental Health, Public Safety, and the Criminal Justice System* TO BE REVIEWED BY CSB AND OSM**

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.

Fairfax County uses the Sequential Intercept Model (SIM) to identify various points at which individuals may be diverted from arrest and incarceration to community-based services. People with mental illness, substance use disorders and/or developmental disabilities receive needed treatment services and supports and to avoid the cycle of criminal justice involvement. The Fairfax County Police Department received nearly 10,000 mental health-related calls in calendar year 2020. Such calls can lead to incarceration for non-violent offenses precluding individuals from receiving appropriate treatment for behavioral health issues. Additionally, it is significantly more expensive to deliver behavioral health services in a detention facility than to provide the services in community-based settings.

Fairfax County continues to use local tax-based revenues for Diversion First, a countywide initiative to provide alternatives to incarceration along the SIM intercept points for people with behavioral health issues who come into contact with the criminal justice system. The program has

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already had a significant impact – since 2016 more than 2,100 people have been diverted from potential arrest. Additionally, since 2015 there has been a 10.8 percent decrease in the number of inmates at the Fairfax County Adult Detention Center with behavioral health issues, and a 55 percent increase in the number of inmates referred to the Fairfax-Falls Church Community Services Board (CSB) by 55 percent. Though the average daily population has decreased since FY 2008, the medical complexities of inmates has increased, with complex substance use and mental health disorders becoming more common resulting in additional resources being expended to address the case load.

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

- Provide increased funding for Marcus Alert implementation (enacted during the 2020 General Assembly special session) for program development and community care teams.
- Provide full funding for the Commonwealth’s System Transformation, Excellence and Performance in Virginia (STEP-VA) Crisis Services to include adult mobile crisis services and Regional Crisis Call Centers, which will be designated Virginia’s 988 mental health and suicide crisis hotlines (a federal effort required to be in effect by July 16, 2022).
- Increase the availability of community-based crisis services and local psychiatric beds for people with mental health issues.
- Additional case management resources to expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Enhanced reintegration and discharge planning services for youth and adults at high risk of rapid re-hospitalization or re-offending, and discharge planning (*see also page 12-13*);
- 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;
- 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;
- Support the expansion of specialty courts and dockets;
- Provide Crisis Intervention Team (CIT) and Mental Health First Aid training for law enforcement officers, dispatchers, 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 and substance use disorders by gathering uniform system level data; and
- Implement adequate funding for forensic discharge planning and post-incarceration services to remove the barriers to community reentry. (*Updates and reaffirms previous position. See also the Courts position in the 2021 Legislative Program.*)

Substance Use Disorder TO BE REVIEWED BY CSB, HEALTH, LTCCC, AND OSM

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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. 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 (such as an e-cigarette tax) and nicotine addiction treatment are necessary to address the vaping crisis that is affecting teens and young adults at an alarming rate.

Across Virginia, the number of fatal overdoses sadly set a new record high with about 2,300 fatalities in calendar year 2020, a greater than 40 percent increase from 2019. The statewide number of opioid overdose-related deaths continues to exceed the number of deaths due to motor vehicle accidents. In the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church), opioids are the number one cause of unnatural death, with 93 opioid deaths in 2020; all but six of these fatalities were due to fentanyl. Alarming, hospitals in the Fairfax Health District reported a 38 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in 2020 relative to 2019. The number of such visits in the first quarter of 2021 is trending higher than the same period in 2020, raising concerns the upward trend seen in 2020 may continue through 2021. This indicates that the opioid epidemic continues to profoundly impact the Fairfax County Health District. resources to meet the demand for treatment and prevention. and adequate resources and innovative strategies are needed now more than ever.

Another concerning trend is the widespread use of e-cigarettes, which are the most commonly used tobacco product among youth today. Despite being fairly new, in 2020 more than 3.5 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 2019 than using any other substances, and lifetime prevalence rates were high across all age groups (13.2 percent of 8th graders, 26.2 percent of 10th graders, and 37.3 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. The 2021 GA enacted legislation to establish the Opioid Abatement Authority, which will administer the moneys received from opioid litigation settlements for the purposes of treating, preventing, and reducing opioid use. An e-cigarette tax could be a particularly helpful prevention tool, as research shows taxing tobacco is one of the most effective ways to reduce use, especially among the youth population. The 2020 GA enacted legislation providing all counties with the authority to tax cigarettes at \$0.40 per pack (previously Fairfax County was one of two counties authorized to levy a tax on traditional cigarettes, though

it was capped at the state rate of \$0.30 per pack). That authority should be expanded to also include e-cigarettes. (*Updates and reaffirms previous position.*)

Position Statements

***Medicaid Waivers* TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC**

Support state funding and expansion for Virginia’s Medicaid waivers that provide critical home and community-based services for qualified individuals and helps people with disabilities and older adults avoid unnecessary segregation and isolation in nursing homes and other institutions, a right affirmed by the Supreme Court’s Olmstead decision. 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 – generally, 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). The federal contribution has been temporarily increased for Home and Community Based Services due to the pandemic, but that small increase will end in early 2022. 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). Medicaid waivers 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. These 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.

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. Over the past several years, as the Commonwealth intensifies its efforts to meet the settlement agreement criteria by 2021 (when the settlement agreement was originally expected to end), the Department of Behavioral Health and Developmental Services (DBHDS) has mandated a significant number of new requirements to the CSBs with little notice, including increased reporting obligations and additional directives for resource specialist teams and crisis risk assessments. The number and

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complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements. These requirements will continue beyond 2022, as the DOJ has made clear the agreement will continue until all settlement provisions have been met. The number and types of waivers are set by the 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 to meet, at minimum, the Priority One waiting list, which averages over 3,000 annually in Virginia.. The 2021 GA made some progress by adding 435 additional waiver slots in FY 2022 to supplement Waivers for the FY 2022 budget funded in the 2020 Session, for a total of 985 in FY 2022 to address 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 2022 Medicaid state plan.
- Maintenance of Olmstead rights for people with disabilities and seniors to remain in the community following hospitalization for medical crises, including COVID-19 and related conditions.
- 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.
- Retainer payments at 100% of expected capacity to support Group and Individual Supported Employment and residential service providers who are not currently receiving funds, or able to bill all service hours, due to the pandemic. (*Updates and reaffirms previous position.*)

Children and Families

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Children's Services Act (CSA) **TO BE REVIEWED BY DFS**

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.

CSA provides funding to plan and provide services to children who: have serious emotional or behavioral problems; need residential care services; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate match of approximately 46 percent in Fairfax County. 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. As a redesign for the provision of behavioral health care services occurs at the state level to include changes to the state's Medicaid plan, the County should support policy alignment with CSA and continued local decision-making. State rate-setting, and a study of rate-setting for public day special education services, needs to be closely monitored for any potential local impact. (*Updates and reaffirms previous position.*)

Child Care **TO BE REVIEWED BY NCS**

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 nearly \$30,000, 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. Additionally, a state waiver from the Virginia Department of Education (VDOE) allowing Fairfax County to increase program income eligibility above the current 250 percent of the federal poverty level (FPL) would help address the challenges families experience due to the high cost of living in Northern Virginia.

Additionally, the COVID-19 pandemic has created an unprecedented challenge for the Commonwealth's workforce and the overall child care infrastructure. The County's economic recovery and long-term success, as well as the Commonwealth's, is contingent upon access to affordable, high quality child care. During and post pandemic, investments to sustain child care centers, family child care homes, and the early childhood workforce are vital. The Governor and GA have recently allocated significant resources to both help stabilize the child care industry and

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provide school age child care during virtual school/learning, but those efforts are largely being sustained with federal funding – the investment of state General Fund dollars will be important to ensuring long-term sustainability as the Commonwealth transitions out of the current pandemic. (*Updates and reaffirms previous position.*)

Early Intervention Services for Infants and Toddlers with Disabilities/Part C **TO BE REVIEWED BY NCS**

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. Consistent annual increases to the targeted case management rate (unchanged since 2012) and the Medicaid reimbursement rates for physical, speech-language, developmental and occupational therapies (unchanged since 2011) are necessary to ensure that the program can continue to meet the demand for early intervention services. (*Updates and reaffirms previous position.*)

School Readiness **TO BE REVIEWED BY NCS**

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-sixth (\$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 55 additional classrooms would be needed, creating a substantial capacity challenge). Providing flexibility for teacher credentials and licensure in community early childhood programs allows grant funding to be used equitably across all programs participating in VPI. 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.

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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, a coalition of retired military leaders, have cited potentially positive impacts on national economic security, linking early childhood education to the creation of a qualified workforce. (*Updates and reaffirms previous position.*)

Youth Safety **TO BE REVIEWED BY CSB, NCS, AND OSM**

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.

Research has identified risk factors that increase the likelihood of substance use, delinquency, mental health problems, and violence among youth. These risk factors include adverse childhood experiences, weak social ties, early aggressive behavior, attitudes favorable to substance use and violence, and the availability of alcohol and drugs, among others. Conversely, strong parenting, positive involvement from a caring, competent adult, healthy social-emotional functioning (such as empathy and coping), and involvement in community activities are shown to be protective factors. Funding is needed to implement evidence-based, effective strategies to strengthen protective factors and resilience, and to prevent and reduce risk factors. (*Updates and reaffirms previous position.*)

Older Adults and People with Disabilities

Disability Services Board (DSB) **TO BE REVIEWED BY DFS, DSB, AND LTCCC**

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. (*Reaffirms previous position.*)

Independence and Self-Sufficiency for Older Adults and People with Disabilities **TO BE REVIEWED BY DFS, DSB, AND LTCCC**

Support funding for programs 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, addressing social isolation, and improving overall life satisfaction and mental health. Additionally, critical Chore and Companion Services assist eligible

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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 **TO BE REVIEWED BY CSB, DFS, DSB, HCD, AND LTCCC**

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 87,000 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) 30 years ago, continued advancement is needed to ensure the protections offered by the ADA are strengthened. Continued access to affordable, accessible transit is more important than ever as people with disabilities and older adults seek to return to work and other daily activities that were limited during the COVID-19 pandemic. 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) **TO BE REVIEWED BY DFS AND LTCCC**

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. (*Reaffirms previous position.*)

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF) **TO BE REVIEWED BY DFS**

Support a continued increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF rates, increases were provided in several recent GA sessions. Most recently, rates increased 15 percent for standard TANF households, while Unemployed Parent cases (TANF-UP, which include two able-bodied parents) remained stagnant. Currently, Virginia TANF benefit levels remain at or below 30 percent of the FPL for all family household sizes, and at or below 26 percent of the FPL for TANF-UP households. To further support this vulnerable population, the GA should continue to increase TANF payments. (*Updates and reaffirms previous position.*)

Domestic and Sexual Violence **TO BE REVIEWED BY CSB, DFS, HCD, COMMISSION FOR WOMEN, AND OSM**

Support additional state funding and efforts to increase the capacity for localities to implement culturally specific prevention and intervention services to eliminate domestic and sexual violence, including support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence and provide victims more choice in addressing safety concerns. 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* TO BE REVIEWED BY CSB AND OSM**

Support funding, commensurate with the size of the population served, for implementation of STEP-VA, the Commonwealth’s behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the behavioral 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 and the Virginia Mental Health Access Program. Oppose the use of a local ability to pay factor in the distribution of CSB funds, which would penalize localities that make funding with local dollars a priority.

Building on behavioral 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 the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019, deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services. Funding has been allocated for peer support services, veterans services, outpatient services and the regional crisis call center. Significantly, though unsurprisingly, at no point during the four years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly mandated services. The implementation of these mandates is further complicated by the nationwide shortage in the behavioral health work force, compounded by salary compression for CSB staff and attrition rates, and impacted by the administrative burden of evolving regulatory requirements for service delivery. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. Sustaining such a high level of local funding while receiving inadequate support from the

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state, at a time that state mandates continue to grow, is becoming increasingly untenable. Localities that make funding these vital services with local dollars a priority should not be penalized for their efforts, and the County would strongly oppose the use of a local ability to pay factor in the distribution of CSB funds. (*Updates and reaffirms previous position.*)

Emergency Responsiveness **TO BE REVIEWED BY CSB AND OSM**

Support sufficient state funding for intensive community resources (such as Assertive Community Treatment and Discharge Assistance Planning) and intensive residential services, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care. Oppose any state funding actions which disproportionately rely on local funding for service implementation.

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 despite the large population it serves, continues to experience periods of 100 percent capacity. Although other state hospitals face similar capacity challenges, it is important to note that a major factor at NVMHI is the increasing diversion of individuals from other parts of the state (247 individuals in FY 2021, growing at a rate of 81 percent in FY 2021). Fairfax County’s ongoing local investments help ensure a robust continuum of community services and allow for the Fairfax-Falls Church CSB to have one of the lowest per capita adult hospitalization rates in the Commonwealth (6 citizens per 100,000 compared to the statewide average of 16 citizens per 100,000). However, the lack of sufficient 24-hour community-based services for individuals requiring intensive supervision and medical services continues to exacerbate the state hospital bed crisis.

DBHDS continues its efforts to improve and increase community-based mental health services to reduce the demand for emergency placements by shifting state funding from large mental health institutions to community-based facilities, where serving an individual is a fraction of the cost of hospitalization. Ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. State funding is insufficient both for regional mobile response services to prevent the unnecessary hospitalization of children and youth, and for the intensive community resources that allow individuals to transition back to community care. Such investments could alleviate the state hospital bed crisis while improving outcomes for individuals and the community. (*Updates and reaffirms previous position.*)

Services for Transitional Youth **TO BE REVIEWED BY CSB AND DFS**

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

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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. (*Reaffirms previous position.*)

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In 2019, there were **over 68,000** Fairfax County residents that earned less than 100% of the FPL – 78% of Virginia’s 133 localities had **fewer TOTAL residents** than Fairfax County had **residents living in poverty**.

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 2019, there were over 68,000 Fairfax County residents (6% of the population) that earned less than 100% of the FPL (about \$12,500 for an individual or \$25,750 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 \$35,000, and a family of four needs almost \$80,000.

In 2019, there were **over 266,000** residents (24%) including approximately 80,000 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 2020 was 5.7%, representing over 35,000 unemployed residents looking for work (a dramatic increase from 2% in September 2019, resulting from the COVID-19 pandemic).

Housing

- There is an existing gap of 31,000 housing units affordable for current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI).
- It is anticipated that 15,000 new affordable units for households earning 60 percent of the AMI and below will be needed for households moving into the County over the next 15 years.
- There were 1,041 people who were homeless in the Fairfax-Falls Church community on January 22, 2020, the night of the 2020 Point-in-Time Count. Over the course of federal FY 2019, nearly 3,000 people relied upon the County’s shelter system.
- In 2019, over 57,000 households (45%) of Fairfax County renters were cost-burdened (spent more than 30% of their income on housing). Over 8,500 cost-burdened renters were over the age of 65.
- In 2019, the average monthly rent for an apartment was \$1,877, meaning a renter would need an income of \$75,000 to afford it.

Health

- Medicaid recipients increased nearly 52% from FY 2015 to FY 2020 (over 69,000 to over 105,000).
- Almost 12,000 Fairfax County older adults (4% of the over 55 population) were uninsured in 2019.

In 2019, **over 307,000** County residents (nearly 27%) were age 55 and older.

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- The Community Health Centers (Federally Qualified Healthcare Centers) provided health care services to over 22,500 Fairfax County residents in 2019. 98% were at or below 200% of the FPL and more than half were uninsured. About 90% of Community Health Center patients were from racial or ethnic minority groups and almost 60% were best served in a language other than English.

In 2019, there were **over 95,500** County residents (8.5%) without health insurance.

Mental and Behavioral Health

- In FY 2020, over 20,000 individuals received Fairfax-Falls Church CSB mental health, substance use disorder, or Developmental Disability (DD) services. Nearly 6,000 residents received CSB emergency services.
- In FY 2020, CSB conducted almost 1,900 mental health evaluations related to emergency custody orders – a 363% increase from FY 2015.
- More than 2,500 of the over 13,000 individuals with DD on the statewide Medicaid waiver waiting list (as of October 2020) are served by the Fairfax-Falls Church CSB.
- From FY 2015 to FY 2020, the average monthly number of children seeking or receiving early intervention services for developmental delays grew by 12%, from 1,450 to over 1,600.
- In the midst of the state psychiatric hospital bed crisis, Fairfax County’s ongoing local investments help ensure one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per every 100,000 compared to the statewide average of 16 per 100,000) – rates could be even lower with additional state discharge assistance funding.
- There were 83 opioid deaths in Fairfax County in 2019, most of which involved fentanyl and/or heroin.
- Hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 39% increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-September 2020 compared to the same period in 2019.
- In the 2019-2020 Fairfax County Youth Survey of 8th, 10th, and 12th grade students, 36% of students reported high levels of stress, 30% reported depressive symptoms, 14% reported thoughts of suicide, and 6% reported suicide attempts.
- The 2019-2020 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 800 students reported taking painkillers, and more than 1,000 reported taking other prescription drugs.

In FY 2020, **61%** of people receiving County services for mental illness, substance use disorder, or Developmental Disabilities had **incomes below \$12,000**.

Gangs

- According to the 2019 Fairfax County Youth Survey, approximately 590 students in the 8th, 10th, and 12th grades report being a gang member at some point in their life.

** The American Community Survey reports poverty data in standard ranges and the Living Wage data is closest to 300% FPL, which in turn provides an approximate number of Fairfax County residents who earn less than the Living Wage.*

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- The average age of initial gang participation is 12.2 years old.

Ability to Speak English

- 15% of County residents over age 5 do not speak English proficiently.
- 7% of households are “linguistically isolated,” meaning the household includes no one over 14 who speaks English proficiently.
- 40% of County residents over age 5 speak a language other than English at home.

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 (\$17,000 to nearly \$22,500 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is \$13,600.

Child Welfare

- In FY 2020, almost 1,000 families were served by county child abuse and neglect prevention programming.
- In FY 2020, Child Protective Services (CPS) conducted over 2,000 family assessments and investigations in response to valid referrals of child abuse and neglect, and almost 400 families were served in CPS ongoing services to keep children with their families.
- An average of 215 children were in foster care each month during FY 2020.

Nutrition

- The SNAP (Food Stamp) average monthly caseload increased 76% from FY 2008 to FY 2020 (over 11,500 to almost 20,400).

Domestic and Sexual Violence

- In FY 2020, the Fairfax County Domestic Violence Action Center served over 900 victims. There were 1,000 children (82% of whom were 12 years old or younger) living with victims served by the Center.
- Each month in Fairfax County, domestic violence (DV) hotlines receive over 132 calls on average, victims request 65 family abuse protective orders, and 15 families escape to an emergency DV shelter (FY 2020).
- In FY 2020, the Fairfax County Police Department responded to over 3,100 DV calls, including 364 Lethality Assessment Program (LAP) calls. Almost 150 arrests were made due to strangulation (which is a significant predictor of future lethal violence).
- 79 families needing emergency shelter due to DV were placed in hotels in FY 2020 for reasons such as family size, geographical location, or bed shortage. Almost 200 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).

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- On the night of the 2020 Point in Time Count, there were 52 families in Fairfax County who were homeless due to DV.
- In FY 2020, there were 105 households (including 218 children) served in the four homeless shelters for families that reported a history of DV.
- In FY 2020, 44% of emergency DV shelter residents were children 12 years and younger.

Data is drawn from the US Census Bureau, US Bureau of Labor Statistics, MIT's living wage calculator, VA Department of Health, VA Department of Behavioral Health and Developmental Services, UVA's Weldon Cooper Center for Public Service Demographics Research Group, and Fairfax County sources.

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