

## HEALTH & HUMAN SERVICES

### HHS-2011-001: FY 2012 HEALTH AND HUMAN SERVICES PLANNING

**WHEREAS**, in planning for Fiscal Year 2012, the citizens of Fairfax County and their elected Board of Supervisors (BOS) continue to face difficult choices, in the effort to sustain the essential public services that citizens want provided locally;

**2. WHEREAS** high quality services, built with fervent public support countywide and with significant County investments in BOS-approved strategic Initiatives, are widely understood to be critical to our community's well-being and essential to our quality of life;

**3. WHEREAS** the citizens in the Mount Vernon Council of Citizens' Associations (MVCCA) who participate annually in the public review of the County Executive's proposal for a balanced Plan for the next Fiscal Year hereby acknowledge, re the *Fiscal Year 2012 Advertised Budget Plan* (or, "*Advertised Plan*") for July 1, 2011- June 30, 2012:

- **the dedication of County employees** at every level who have worked, with success in some critical areas, to provide "smarter" services that meet intense levels of demand in cost-effective ways;
- **the high quality and transparency of public information**, published on line and made available on request for participation in local governmental decision-making—both in the tools for the annual budget review and also in the data and analytic reports used to evaluate investment in BOS-adopted Initiatives and to choose cost-effective strategies that maintain County capacity to respond to emergent crises in the community; and
- **the clarity of FY 2012 budget constraints and recommendations** incorporated in the *Advertised Plan*, which is balanced—given that the residential real estate tax rate is held

*Continued on Page 2*

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## Committee Resolutions

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at the same level as last year—and which provides a small degree of flexibility (an “Available Balance” of \$30 million, or less than 1%) for consideration of 7 listed “Options,” or choices, for adjusting the *Plan* within the principles on proposed expenditures the County Executive has adopted, in an effort to impose constraints equitably across all agencies: no compensation increases for County employees, no new programs or expansions of programs from FY 2011 levels, spending increases included only for “critical requirements,” limited infrastructure investment, and County “Transfer” for School Operations/Debt Services at the FY 2011 Adopted level plus a \$2.8 million increase for debt service;

**4. WHEREAS** the MVCCA recognizes that the BOS has now advertised \$ 1.09 per \$100 assessed valuation as the maximum tax rate for homeowners, that adoption of this stable rate will be required to fund the *Advertised Plan* (with a \$30 million margin for all adjustments), and that this rate will be mitigated for many homeowners by recognition that (1) only those whose homes have increased in assessed value (as of January 2011) will pay more tax dollars this year than last and (2) tax relief remains available for some elderly and disabled homeowners (under terms limited by the State);

**5. WHEREAS** the County’s Human Services System provides essential services through its coordination of 8 County agencies, each with complex funding sources and mandates, as well as through its necessary responsibility to work in effective partnerships—together with other public services (schools, public safety, etc.) and with many private and nonprofit providers in the entire regional network of health and human services—in support of the County’s priorities and strategic Initiatives;

**6. WHEREAS** the Human Services System has played a critical role in developing and coordinating County resources essential to the strategic Initiatives adopted by the Board of Supervisors during the past decade, after extensive citizen participation and review of data, best practice, and analytic reports, among them: the *Ten Year Plan to Prevent and End Homelessness*, the *Housing Blueprint* goals for strategic use of limited resources (to provide for those with special needs as well as bridge affordability for the low to moderate income workforce), the *Beeman Commission recommendations* for needed transformation of the public mental health system, the Youth survey and the *Fifty Plus* analysis of demographic aging and its meaning for County planning;

**7. WHEREAS** the MVCCA continues to support the identification of cost-effective prevention, intervention, and recovery-oriented services that will maximize the self-sufficiency of individuals and families and the well-being of neighborhoods and communities; and **whereas** the heart of County strategic Initiatives must lie in choosing effective prevention strategies—whether we are considering services that assist “aging in place” and family caregiving for frail persons with disabilities, or services that offer alternatives to

highly risky choices among youth, or healthcare services that assure countywide availability of an appropriate level of community-based crisis care equipped to treat causes and prevent the repeated unnecessary hospitalization, incarceration and chronic dependence that have enormous and ever-escalating costs to individual, family and community well being;

**8. WHEREAS** the MVCCA, one year ago, described the critical leadership role of the County’s Human Services System, in a time of strain on resources, as requiring these actions:

- *Mitigate severe strains that emerge in “safety net” services* made available to County residents through the public and private network of health and human services;
- *Maintain capacity for continuing County leadership and cost-effective allocation of its resources through well-informed strategic planning and cost-effective BOS Initiatives;* and
- *Sustain and strengthen the County’s capacity to respond to emergent community crises through community-based programs—*effective, scaleable, locally delivered programs and strategies for prevention, early intervention, and assured availability of appropriate levels of care;

**9. WHEREAS** the MVCCA finds in the *Advertised Plan*, despite its strict constraints on increased spending this year, several community-based programs that we anticipate will be able to provide “smarter” human services that meet intense levels of demand, *at no cost increase to the County*, through program redesign, through inter-agency collaboration (e.g. for greater efficiency and effectiveness in services for children), and/or through success in identifying non-county sources of funding (while recognizing that even these redesigned programs are indicators of increased strain in the human services network generally and of increasingly risky reliance on federal/state grants to sustain effective prevention programs), among them:

- **The System of Care strategy**, that will coordinate services for at-risk children and youth, and their families, integrating efforts in the public schools with those available through County agencies, implementing state changes to programs, reducing some costs, and improving outcomes for youth and their families, while deploying some increased funding the County will receive under Virginia’s Comprehensive Services Act (CSA). [However, if services delivered to “non-mandatory” CSA-eligible youth are reduced, this will result in both higher CSA costs as well as higher costs shifted elsewhere in the system (juvenile justice, foster care, etc.)];
- **Intensive Community Treatment Teams** developed by the Fairfax/Falls Church Community Services Board (CSB), that will build capacity for community-based case management and outreach services for persons with mental illness and/or substance abuse disorders, in a redesign of services and in response to the BOS-approved Beeman Commission recommendations, to be funded through Medicaid revenues and at no net cost to the County—thereby reducing the number of persons requiring costly hospitalization and improving the

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## Committee Resolutions

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quality of recovery-oriented crisis care available throughout Fairfax County. [Note that MVCCA recommendations for additional funds to sustain other highly effective CSB programs related to acute care are described in the Attachment to this Resolution.]; and

- **Public Health Nurses in the schools**, now being placed, by pyramid, in relation to demographic data and an analysis of intensity of medical needs such as medication management, resulting for example in 4 additional PHNs in Mount Vernon area pyramids where intensity of need is well documented (9,600 children with medical care plans), enabling better service countywide, at no added cost, under State Education funding for this purpose, shared between schools and the Health Dept.;

**10. WHEREAS** the MVCCA has also identified as *deserving consideration for increased County funding* certain programs in the County Human Services System that we deem to be critical in sustaining the County's capacity—in partnership with other public and private nonprofit resources—to respond to emergent community crises, deliver effective services where and when they are most needed, and deploy proven strategies of community-based prevention and intervention that offer our best hope of reducing the human and fiscal waste of unnecessary hospitalizations, incarceration, and chronic dependency; and **whereas** these programs are described in the Attachment to this Resolution, titled "MVCCA FY 2012 Recommendations To Sustain Critical Human Services," together with specific recommendations for funding, either under Option #5 by direct allocation to particular agencies and programs, or under Option #4 by funding a Reserve intended to provide minimal capacity and flexibility to mitigate impending reductions in State and Federal grants to these programs and to maintain County capacity to respond to emergent community crises,

**THEREFORE, BE IT RESOLVED** that the Mount Vernon Council of Citizens' Associations recommends that the Fairfax County Board of Supervisors act to sustain the public and private network of essential health and human services and to assure funding of critical programs (*as described in the Attachment to this Resolution*) needed for cost-effective prevention, early intervention, and response to emerging community crises, throughout the Fiscal Year 2012 and in years to come, in the following ways:

- First, after full consideration in public hearings, adjust the *FY 2012 Advertised Budget Plan* to increase funding directly (under Option #5), from the \$30 million Available Balance, to certain programs that respond cost-effectively to intense documented demand for assistance with basic needs and crisis care and, in doing so, sustain strategic planning through County Initiatives and partnerships (especially in community-based crisis care, prevention of homelessness, and priorities of the Consolidated Community Funding Pool), **by allocating amounts totaling \$3.775 million;**

- Second, set aside funds (as in Option #4) in a Reserve for Risk & Crisis Response to be available during FY 2012, to mitigate estimated risk that federal and state funding will be withdrawn mid-cycle from critical programs in the County's Human Services System and to retain County capacity for cost-effective response to emergent community crises (including CSB response to regional crisis care issues), in amounts that could provide at least 50% of the estimated funds at risk (in Family Services, currently \$4.232 million) and 100% of estimated requirements for CSB provision of crisis care (\$1 million), funding this Reserve at a **minimum of \$5.0 Million.**
- Third, adopt the full advertised rate of \$1.09 per \$100 assessed valuation for residential real estate tax this year, while also continuing to seek more diversified County revenue enhancements that may sustain the quality of our essential public services, including those provided through the health and human services network, so that the County will retain and continue to strengthen its capacity to manage and respond effectively to emergent community crises.

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### **ATTACHMENT to MVCCA Resolution 2011-HHS-01 MVCCA FY 2012 Recommendations To Sustain Critical Human Services**

**MVCCA recommends for consideration, that the Board of Supervisors provide additional support for certain human services programs and agencies, as described below, in order to**

- *Mitigate severe strains that emerge in "safety net" services* made available to County residents through the public and private network of health and human services;
- *Maintain capacity for continuing County leadership and cost-effective allocation of its resources through well-informed strategic planning and cost-effective BOS Initiatives;* and
- *Sustain and strengthen the County's capacity to respond to emergent community crises through community-based programs—effective, scaleable, locally delivered programs and strategies for prevention, early intervention, and assured availability of appropriate levels of care.*

**SUMMARY OF DIRECT ALLOCATIONS RECOMMENDED: MVCCA recommends allocating a total of \$ 3.775 million directly to certain programs now, to support unfunded requirements and Initiatives (Option #5):** the CSB (for Medically Monitored Detox Services and Hospital/Jail Diversion to Detox, \$875,000), the Office to Prevent and End Homelessness (to sustain effective prevention services, \$900,000), and the Consolidated Community Funding Pool (to strengthen nonprofit partnerships and address priority needs cost-effectively, during conditions of great stress to the health and human services network, \$2 million).

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# Committee Resolutions

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## SUMMARY OF RECOMMENDATION FOR A RESERVE FOR RISK & CRISIS RESPONSE:

**MVCCA recommends that at least \$5 million be set aside in reserve (Option #4), to mitigate identified risks of state/federal reductions in funding (particularly impacting children and families) and to preserve flexibility and capacity for cost-effective strategic response to community crises emergent during the funding cycle (particularly CSB response to the regional attrition in capacity for acute crisis care).**

## DESCRIPTION BY AGENCY/PROGRAM FOLLOWS

### — Consolidated Community Funding Pool (CCFP) MVCCA recommends adding \$2 million directly to the CCFP allocation.

Though characterized as “level-funded” in the proposed budget, the CCFP is in fact threatened with potential reductions of \$2.17 million in 3 Federal block grants (for community development and community services) that are annually “consolidated” (with other grants and County funds of \$8 million) into a Pool that awards funds to proposals from major nonprofit organizations who partner with the County in providing a range of prioritized critical human services, typically leveraging County dollars with private matching contributions roughly 3:1. This is a bargain for County taxpayers: At this time of intense demand for both basic emergency “safety net” services and cost-effective prevention programs, these organizations respond quickly in the very communities where most needed. Nonprofit partners under strain in meeting demands are greatly strengthened by these program funds. *Amounts currently estimated to be at risk of reduction are (Federal) FY 2011 \$270,000 (CDBG), FY 2012 \$250,000 (CSBG) and \$1,650,000 (a 66% reduction of current CDBG).* One strategy would be to set aside \$2.1 million, in addition to other amounts known to be at risk from federal and state reductions, to be available to the County Human Services System during FY 2011 in responding—in partnership with nonprofit organizations—to community crises. However, adding \$2 million directly into the FY 2012 CCFP would assure that funding from “consolidated” sources would be at least “level,” and direct funding would strengthen the ability of the CCFP to plan effectively for grants (over the next 2-year cycle) to nonprofit partners in the countywide network of services. This would be a highly effective response to the continuing intense need for “safety net” services.

### — Community Services Board (CSB)

- **MVCCA recommends \$875,000 be added to CSB funding, for Items 1 and 2 below.**
- **MVCCA also recommends \$1 million, for Item 3, to be set aside in a Reserve for Risk and Crisis Response, to assure adequate acute care services in FY 2012, to be contracted through the CSB as needed during the transition to a more cost-effective regional response (through development of Community Crisis Centers).**

- **MVCCA also recommends watchful waiting in March 2011 re the Infants & Toddlers Connection, to assure that the State baseline support for this critical program will be adjusted, as expected and hoped, to meet the growing need.**
- **MVCCA supports consideration of unfunded needs for services for adults, including students graduating from high school in June 2011, with Intellectual Disabilities but makes no funding recommendation at this time.**

*People receiving CSB services tend to be some of our community's most vulnerable, having significant needs. When access is delayed or not available, it impacts the health and well-being of that individual and his or her family. The following CSB priorities are not funded in the FY 2012 Advertised Budget Plan, and they require attention.*

*The first three items are connected to the urgent need to build community-based capacity for acute care services, in an era when licensed and staffed Psychiatric “beds”—in both public State and regional private hospitals—are disappearing and when failure to develop a cost-effective local strategic response will entail ever greater costs in public safety and elsewhere. A combination of funds directed to two reduced/ understaffed services and funding held in reserve for contracting for additional services while developing capacity locally and regionally is recommended.*

*A fourth program, Infants and Toddlers Connection, which is experiencing a rapid increase in the number of children eligible for services, is listed below (with no additional dollars recommended) for “watchful waiting” in March 2011) to assure that the State funding formula is adjusted as anticipated.*

*It is important to recognize that the CSB will require a degree of flexibility to respond to changing needs through the most cost-effective strategies, and that County funding is essential for this. Cumulative cuts have removed \$22 million in County General Funds to the CSB over the past decade, fully \$16.6 million in FY 2009-2011 alone. Even CSB gains in efficiency and in securing non-County funding for some programs were not made available for reinvestment elsewhere in the public mental health system, for example in community-based acute crisis care or prevention programs in the schools, as recommended by the Beeman Commission.*

### (1) Medically Monitored Detoxification

This is a brief, intensive service involving monitored use of medications and possible medical side effects from either the medications or withdrawal from alcohol or other drugs. Our community is currently experiencing a severe shortage of medical detoxification services. In FY 2010 *more than 400 people* needing this service could not be served, leading to otherwise unnecessary (and dangerous) incarceration and emergency room visits. To date in FY 2011, 285 individuals who were referred to the Fairfax Detoxifica-

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## Committee Resolutions

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tion Center by the Diversion to Detox staff were unable to receive the medical detox services they required. *Funding of \$600,000* would immediately and meaningfully address the CSB response to individuals in need of the service while the CSB completes its analysis to build internal capacity for this level of care – looking at staffing ratios, bed utilization, payer options and regulatory standards, etc. This funding is recommended as a priority by citizen boards in both mental health and public safety.

### **(2) Hospital/Jail Diversion to Detox**

The Fairfax County Police Department (FCPD) and the CSB work together to ensure an effective response in the community from a public safety and recovery-oriented system perspective. The Diversion to Detox partnership provides cost-effective intervention and support for community needs. A CSB mobile team responds to police requests at the scene of a potential arrest and refers instead to detoxification services. The goal is to move people through the substance use treatment system instead of the criminal justice system when appropriate. To date in FY 2011, the program has served on average 63 individuals each month, for a total of 442 individuals since July. The funding for this service has been covered through a variety of sources (most recently Recovery Act funds) which are no longer available. *Funding of approximately \$275,000* per year and the existing 4/4.0 SYE are required to maintain programming at the current level.

### **(3) Additional Acute Care Services (during transition to Regional Crisis Care Centers)**

The combination of decreased availability of acute care services such as staffed and licensed Psychiatric hospital “beds” and the growing number of individuals with acute mental health symptoms layered by other complex problems including substance use and health concerns has created a major concern within the CSB and the public safety system. While the Northern Virginia CSBs are working with the state to address regional crisis care issues, our CSB also must address the service needs of people who, even after receiving inpatient services, need some level of intensive community treatment. The currently proposed Intensive Community Treatment Team expansion (in the County Executive's budget) will partially address that need, but the CSB continues to look at other gaps in services that need to be addressed so that individuals do not unnecessarily need to be hospitalized or even end up in the Adult Detention Center. *It is estimated that \$1 million*, in FY 2012, would support contracting of additional Acute Care Services needed during transition and development (under proposals anticipated in April 2011) of crisis intervention centers, suggesting that this amount should be either allocated to the CSB directly, or else set aside in reserve for use as needed during FY 2012.

### **(4) Infants & Toddlers Connection**

**No funding recommendation at this time, but MVCCA recommends “Watchful waiting” in March 2011, for outcome of State review**

This State-funded program is experiencing unprecedented growth in our area, in the number of babies requiring services (the one-day count Dec. 10, 2010, was 949, +71% over the previous year) and the higher expenses associated with increased needs. A request

for supplemental allocation of State funding in FY 2011 is pending, under review, and baseline adjustment for FY 2012 is anticipated.

### **(5) Services for Adults with Intellectual Disabilities MVCCA recommends consideration wherever possible of cost-effective services.**

The County in its legislative agenda has advocated for mitigation of the State's extremely low participation in the federal/state matching for Medicaid. In State response to one area of particular concern, and in compliance with a federal Dept. of Justice investigation and request, some adults who are profoundly disabled (and eligible for a Medicaid waiver) will receive assistance in transferring to community care centers. In Fairfax County, one thousand persons eligible for an Intellectual Disability Medicaid waiver are currently on a wait list to receive services. In addition, the CSB has identified a significant gap in the existing County funding (initiated by the BOS, but not increased since 2003) for young adults who upon graduating from high school lose eligibility for mandated funding: only 12 of the anticipated 95 graduates in June 2011 would be funded for a year of transitional CSB services such as vocational training, employment supports, or day services. The CSB estimate of County funding required to serve the rest is \$1.2 million.

### **— Family Services**

**MVCCA recommends that a minimum of 50% of federal and state funds at risk of reduction for programs in Family Services (estimated currently at \$4.232 million) be allocated to a Reserve for Risk and Crisis Response, for mitigating such risks to funding and capacity for crisis response.**

*People affected by economic recession and job loss continue to come to Department of Family Services for help in record numbers, many for the first time. Meanwhile, Fairfax County has experienced a 20% increase, over 3 years, in calls to the domestic violence hotline, but the County has the worst ratio in Virginia for domestic violence “beds” (shelter) available per capita: 1 bed: 31,000 persons. The wait list (variable, up to 90 persons) for individual counseling for survivors of domestic violence is one sign of the strain throughout the County and nonprofit service provider network of health and human services.*

**(1) Healthy Families** This program provides a medical home and other supports for at-risk children, and it has proven to be among our most effective strategies for prevention of child abuse and neglect, providing (for example) social workers who work with the Health Dept. in prenatal screening and counseling of young mothers and who work frequently with schools in providing services for at-risk families. Statewide funding that had been cut 10% in FY 2011 is now reduced by 25% for FY 2012 and will be redistributed, according a formula yet to be determined, resulting in an estimated loss to Fairfax County of up to \$100,000 in FY 2012.

### **(2) Self-sufficiency**

If the federal Workforce Investment Act is zeroed out this year (as currently proposed), the County would lose \$2.5 million, or 70% of funds needed to maintain Skillsource Centers and would probably

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## Committee Resolutions

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close even the busy Skillsource Center in South County. In 2010, 62,000 people visited Skillsource Centers looking for help in finding a job (up 63% from 2008).

**(3) Child Welfare:** State budget proposals would cut 40% from statewide funding. In Fairfax County, *estimated risk would equal \$132,000*, or 4 positions and services to about 120 families per year; in South County, for example, this could result in loss of least 1 position (at United Community Ministries, UCM). In addition, if State “General Relief” for all but “unattached children” is eliminated as proposed, *this would result in a \$400,000 loss in funds* to the County for this purpose. In addition, the U.S. House of Representatives has proposed reducing baseline funding for Head Start by 15%, or *\$1.1 million to this County*.

**(4) Affordable Childcare / Early Education for Working Families**

**No funding recommendation at this time, but deserving further County investment**

The *Advertised Plan* includes \$1.275 million in funding to the Child Care Assistance and Referral Program, fully offset by State and Federal funding, which will continued to serve mandated children, such as those whose parents participate in TANF/VIEW, and maintains County funding levels for Head Start. CCAR and Head Start are integral supports for low-income working families, enabling parents to be more productive in the workforce and children to enter school prepared to succeed there and thrive throughout their lives. However both programs now have many children on wait lists (CCAR 2,925 / Head Start 1,326) and face challenges to their state and federal support. Making day care affordable for working families through sliding scale fees for safe, quality programs should continue to be a County priority.

**(5) Adult & Aging Services**

**No funding recommendation at this time, but actions that support of family caregiving and prevent or delay institutional care are overdue.**

In the *Advertised Plan*, in response to the 17% increase in Adult Protective Services investigations, 1 position will be upgraded to provide a professional social worker based in the South County (Region I) area. Home-based Care services have suffered cumulative reductions of \$1.7 M over 3 years, resulting in reduced services (for each person currently served) and likelihood of a wait list. Mandatory screenings for Medicaid waivers that would provide funding for Community Based Care Services (with no local match) are being performed in increasing numbers, by county social workers, but it is not clear that actual home-based services can be provided. Strategic planning for cost-effective response to issues in *Fifty Plus* is overdue.

**— Juvenile and Domestic Relations District Court (JDRDC)**

**No funding recommendation at this time, though 2 programs deserve County investment**

Although not anticipating further State reductions in funding this year, previous cuts have forced greater reliance on County funding and reduced the capacity to meet the increased demand in effec-

tive prevention programs: (1) Supervised Visits Program (which protects vulnerable family members who are often at risk of domestic violence) and (2) JDRDC’s single Evening Reporting Center (in South County). The Center works with youth in the community to prevent their placement in the Juvenile Detention Center (JDC) and has proven highly effective in redirecting youth to positive choices and in preventing recidivism, as shown by declining numbers of South County youth found in the JDC. The JDRDC’s programs in prevention and early intervention have proven highly effective and—if maintained at a level to serve more youth—would reduce cost shifting (e.g. for jail services) to public safety.

**— Office to Prevent and End Homelessness**

**MVCCA recommends at least \$900,000 in funding be directed to the Office, in FY 2012, to sustain effective HPRP prevention strategies under this Initiative.**

Federal stimulus funding of \$1.7 million in the current year to the Homeless Prevention and Rapid Re-Housing Program (HPRP) enabled 900 persons to receive services that prevented or ended their homelessness. Two prevention services essential to implementing the *County Plan to Prevent and End Homelessness* were organized, in partnership with nonprofit organizations, and demonstrated their effectiveness: the community based Housing Opportunity and Support Team (HOST) case managers to identify and coordinate appropriate services and a Housing Locator Network that acts as a facilitator for nonprofits and County programs, for rapid scouting of appropriate and affordable homes. Homelessness, in this year of rising unemployment and people (including renters) displaced by foreclosures, actually declined in the County’s annual survey. Yet without a continuing source of prevention funding, homelessness will increase again, in the Route 1 corridor and countywide, with many costs to individuals, families, schools, and community. Prevention is much less costly than alternatives. The staffing needed to sustain effective HPRP prevention programs in FY 2012 requires \$400,000. Restoring an additional \$500,000 would assure continued progress in the Initiative to prevent and reduce homelessness, benefitting the entire community in many ways. *MVCCA, therefore, recommends funding of at least \$900,000.*

**END: MVCCA RESOLUTION HHS-2011-001**