



ARLINGTON COUNTY, VIRGINIA

County Board Agenda Item Meeting of November 17, 2012

DATE: November 6, 2012

SUBJECT: 2013 General Assembly Session Priorities

C. M. RECOMMENDATION:

Receive public comment on the proposed 2013 General Assembly Session Priorities at the November 17, 2012, County Board meeting, and then close the public hearing.
Finalize the legislative priorities at the December 8, 2012 County Board meeting.

ISSUES: For the past several months, staff has been working with County Board members, County departments, and the County's Boards and Commissions to develop legislative and funding proposals for the 2013 General Assembly session. The resulting recommendations have been incorporated into the attached Priorities. No issues have been identified.

SUMMARY: Attached is the proposed Arlington 2013 Legislative Priorities for the public hearing at the November 17, 2012, County Board meeting. To reflect continuing work this fall by local, regional and state groups, adjustments will be incorporated as the public review and comment period proceeds. The County Board will adopt a final version at its December 8, 2012, meeting.

BACKGROUND: The 2013 General Assembly session begins on January 9, 2013, and is scheduled to end on February 23. It is the Assembly's 45 day "short" session. On December 17, 2012, the governor will submit his proposed changes to the biennial budget for Fiscal Year 2013-2014. Because first quarter revenue for this fiscal year is below what was projected, fiscal issues will likely predominate.

The County Board's work session with Arlington's legislators has been scheduled for November 8 at 7:30 pm in the Board Room.

DISCUSSION: Among the major issues facing the 2012 General Assembly session will be balancing the budget due to a decrease in revenue and federal budget cuts. Additionally the

County Manager:

BMD/Wilfredo Calderon

County Attorney:

AM

Staff: Patricia B. Carroll, CMO

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legislature will grapple with transportation funding and public private partnership agreements. It may also consider tax reform.

FISCAL IMPACT: Due to the complexities of the General Assembly process, it is impossible to quantify the fiscal impact at this time.



ARLINGTON COUNTY, VIRGINIA

2013 GENERAL ASSEMBLY LEGISLATIVE PRIORITIES

The 2013 General Assembly session will again present a challenging budgetary environment.

The Challenge for Our Commonwealth

As our nation continues to emerge from the worst fiscal times since the great depression, our future success depends on implementing equitable and sufficient tax structures to enable the Commonwealth to provide sustainable, cost-effective, quality services to residents.

The Commonwealth's fiscal stability is *directly tied* to the economies of Virginia's localities. As a result, our focus must remain on how to lay the groundwork for the Commonwealth's economic vitality.

For the fifth year in a row, the Commonwealth faces weak revenue growth and increasing costs for core state-supported responsibilities. The Governor and General Assembly will need to grapple with the difficult balance of reducing services and/or increasing funding.

The health, welfare and safety of Virginians depend on quality services across a number of critical areas which are *provided by local governments*. These include public education, health and human resources, public safety, protection of natural resources and the environment.

Balancing the State Budget by Shifting Costs to Localities

Since FY 2009, the state has reduced its funding for core state-provided services by \$265.0 million. During that same time period the State Budget General Fund allocated to critical services required of localities has decreased substantially from 52% (FY 2009) to 44.7% (projected for FY 2014).

As a consequence of reduced state funding – Virginia localities, including Arlington, have had to make very difficult decisions: cutting needed services, reallocating local dollars to continue services at some level, or increasing real estate tax rates to maintain basic government functions.

These are choices made across the Commonwealth, locality-by-locality, and are based on each community's ability to use a limited set of revenue tools. These choices erode the quality of life for all Virginians and are, over the long term, a recipe for a drastically weakened state economy.

To put us all on sustainable financial footing, Arlington County remains committed to working with the Governor and the General Assembly to ensure the ability of the Commonwealth's General Fund to appropriately fund the state's core responsibilities.

We look forward to working with the Arlington delegation and others to determine how best to solve the budget dilemma without causing extensive, permanent harm to the state or localities.

Critical Funding Needs

In order to sustain the economy in Arlington County and the Northern Virginia region, we seek a renewed partnership with the State focused on finding creative solutions to addressing our critical funding needs. **Among the most critical needs is increased funding for transportation, including transit capital, operations and maintenance.** The County joins jurisdictions along the I-95 and I-64 corridors -- from Alexandria to Virginia Beach -- in supporting a substantial increase in dedicated funding for roads and transit from new, reliable and sustainable sources.

Since FY 2009, the General Assembly has withheld approximately \$1.1 million annually, which is allocated to Arlington, to balance the state's budget. We request that the state reduce or **eliminate this Local Aid to the State funding**, so that the County can resume use of these local funds to address local needs.. Finally, we urge the General Assembly to enact legislation that would assure **Internet hoteliers pay their fair share of the Transient Occupancy Taxes.**

These measures will support Arlington's economy and the quality education, public safety, health, transit and environmental safety services that our residents expect and deserve.

We look forward to working with the General Assembly to achieving these goals.

Legislative Priorities

A. Finance

1. Local Taxing Authority: Retain all current local taxing authority, including business license, and machinery and tools tax administration, real estate and rate making authority.
2. On-Line Travel Companies/Modifying State Sales and Local Transient Occupancy Taxes: Ensure the collection and remission by on-line travel companies (OTCs) of all state sales and local Transient Occupancy Tax (TOT) levies associated with on-line travel sales.
3. Restoration of Funding to Localities: Support restoration of the Commonwealth's funding responsibilities to localities as laid out in state statutes, the Constitution and public policy.
4. Unfunded Mandates: Oppose any mandates from the Commonwealth that are not fully funded, including additional administrative burdens on local governments.

5. Local Fines and Fees: Delete the provision in the 2013-14 Appropriations Act that requires some localities to share a portion of their local fines and fees with the state.

B. Transportation

1. Design Review Process: Work with VDOT to develop and implement urban design standards to expedite the review process, save staff time, and accelerate construction.
2. Transportation Funding: Provide additional stable, permanent funding of at least \$1 billion annually to support maintenance and continued operations of Virginia's existing road and transit infrastructure and ensure that Virginia will continue to be able to provide the required match to access federal transportation funding.
3. Work with local elected leaders to develop funding strategies, including new dedicated revenue, and implement service delivery innovations, including bus on shoulder, that support expansion of necessary regional and local transit services essential to a vital economy.
4. Study of Transit Funding Allocation Recommendations: Request Joint Legislative Audit and Review Committee to study the recommendations contained in the SJR 297 report with a particular focus on their impact on economic competitiveness in the Commonwealth, Northern Virginia, Central Virginia and Hampton Roads as well as the localities' ability to comply with Title VI of the Civil Rights Act.
5. Washington Metropolitan Area Transit Authority: As the region prepares for the opening of the new Silver Line to Dulles Airport, ensure that the Commonwealth continues its long-term funding commitments to WMATA. Affirm the importance of local government funding, expertise and initiative in designing transit that serves their localities and the region.

C. Local Authority

1. Employee Benefits/Health Care: Increase Arlington County's and other public employers' competitive edge by permitting localities to manage personnel functions, and to decide which benefits they need to offer.
2. Land Use Policies: Support authority of local governments to plan land use, without restrictions on local zoning authority or zoning process.

D. Housing

1. Housing Trust Fund: Support additional funds for state Housing Trust Fund that was established in 2012 budget with one-time money.

2. Assistance to Tenants: Work with state agencies to assist low-income tenants to remain in their communities while their housing is being upgraded and renovated.

E. Civil Rights Initiatives

1. Immigration: Oppose any state mandates to localities requiring local law enforcement officers to evaluate the immigration status of individuals encountered during lawful stops or other routine police activities.
2. Education: Ensure access at in-state tuition rates to Virginia colleges and technical schools for all high school graduates, including undocumented students who meet residency and other reasonable requirements.
3. Services: Support the integration, assimilation and increased civic engagement of our immigrant population, including initiatives that ensure the immigrant community is treated fairly

F. Public Safety/Emergencies

1. Domestic Violence: Support enhanced domestic violence protections, including expansion of mental health resources for children and youth exposed to domestic and teen dating violence.
2. Jail Diversion Efforts/Drug Courts: Support jail diversion efforts for individuals with mental health or substance abuse issues who become involved with the criminal justice system.
3. Line of Duty: Seek full state funding for state mandated Line of Duty benefits, or the local option to establish own program.

G. Energy and the Environment

1. Interstate Compact for Potomac River Basin and Chesapeake Bay Cleanup: Include funding for ICPRB in FY 14 Budget and beyond so that it can continue analyzing water supply and water quality needs. Maintain funding for water supply and water quality needs, including Water Quality Improvement Fund.
2. Energy/Environment: Support state and local environmental sustainability programs and policies, and the financial tools necessary to implement them.
3. Net Metering/Purchase Power Agreements: Support use of power purchase agreements for renewable energy systems.
4. Property-Assessed Clean Energy (PACE) Financing Programs: Provide localities with the clear authority to support PACE programs.

H. Human Services

1. Criminalize financial exploitation of older and vulnerable adults: Make it a crime to knowingly take control of an elderly or vulnerable adult's property or financial resources with the intent to deprive the adult of its use.
2. Services for Older Adults and People with Disabilities: Support keeping seniors and people with disabilities in their homes and communities by maintaining and enhancing funds for daily living activities. Increase Medicaid reimbursement rates for personal care services, and provide workers access to affordable health insurance and advanced training.
3. Provide Community-Based Continuum of Psychiatric Care: Continue to fund the post-acute care for older adults with severe mental health issues provided by Northern Virginia's RAFT program.
4. Mental Health Services: Restore 19 Adult Beds at Northern Virginia Mental Health Institute and implement regional crisis intervention and stabilization for children and older adults with mental health and substance abuse issues.
5. Community Services Act (CSA): Oppose the state's shifting costs to localities by moving children receiving mental health services from Medicaid to the CSA system. Ensure that the state also pays its share of administrative costs.
6. Health Care Access: Ensure women have access to reproductive health services and the right to make reproductive and other health care decisions.
7. Community Placements for Northern Virginia Training Center Residents: Allocate additional state resources to support community placements for individuals leaving training centers. Retain funds from sale of property for care of individuals being displaced.
8. Affordable Care Act: Support Medicaid expansion in Virginia and oppose dismantling or repeal of the Affordable Care Act.

"Arlington will be a diverse and inclusive world-class urban community with secure, attractive residential and commercial neighborhoods where people unite to form a caring, learning, participating, sustainable community in which each person is important."

— Arlington County Board Vision Statement



ARLINGTON Commission on the Status of Women
VIRGINIA

To: Chairwoman Mary Hynes

Date: August 1, 2013

2013 State Legislative Priorities

In response to the County Board's request dated May 21, 2012, the following are the Commission on the Status of Women's suggestions for the County's 2013 legislative priorities.

Please note, a legislative recap of the 2012 session will be released later by the Commission on Women. This document also does not include any of our 2013 budget priorities for Arlington County, which are available upon request and will be provided to the Board at a later date.

Question 1: What issues affecting Arlington would you like to see the General Assembly consider? If the Governor and legislature could take three actions that would affect the work of your group, what would most benefit Arlington?

The Commission on the Status of Women is highly concerned with healthcare in the Commonwealth. According to Virginia's Poverty Reduction Task Force Report, Virginia families headed by women have a 60 percent chance of being in poverty, compared to only 4 percent of married families with children. To wit, **we are asking the County to support Medicaid expansion in the state and to oppose the dismantling or repeal of the ACA.**

Virginia has the 32nd highest teenage pregnancy rate in the nation. Of the nearly 17,000 teen pregnancies each year in Virginia 57% result in live births (source: NARAL Virginia). We urge the county to oppose any cuts to the Teen Pregnancy Prevention Initiative and to support additional funding for the initiative as well.

With regard to women and minority-owned businesses, CSW proposes an increase in funding for the Small, Women-Owned and Minority-Owned Business Certification Program.

The Commission is also requesting that the County support a proclamation signifying the importance and necessity of the work of all of the state's commissions on the status of women, with our ultimate goal being the formation of a statewide coalition to review and impact the state legislative agenda.

Question 2: Given the major budget cuts over the last five years, what are the most important to restore? What areas in the budget should be expanded? Are there any areas where funding should be cut?

In addition to the priorities listed above, we would like to see additional funding of victim advocates to assist victims of domestic violence and sexual assault. This is done through the S.A.N.E. (Sexual Assault Nurse Examiners Program) program.

According to University of Virginia's S.A.N.E. program it is estimated that roughly one in four women is raped during her lifetime. Yet as many as 50 to 83 percent neither report this to the police nor seek medical attention, with even lower proportions reporting if the partner is an intimate partner or acquaintance than if it is a stranger. Of the sexually assaulted women who do report to the Emergency Department, medical care and evidence collection provided by specially trained forensic nurses is essential.

As the attendees of CSW's Sexual Assault Forum in July learned, *Northern Virginia only has one S.A.N.E. program. Women who are sexually assaulted in Arlington County must be sent to Fairfax County for examination.* We propose that Arlington's representatives seek increased funding for this vital program.

Question 3: From your involvement in Arlington and the Commonwealth, what legislation or budget items can you anticipate in the 2013 session that might affect Arlington positively or negatively? In other words, is there anything we should begin to anticipate and develop a strategy to address?

As mentioned in Question 1, Medicaid funding and the implementation of healthcare reform is crucial. The Poverty Reduction Task Force finds that as of 2008, nearly 80 percent of Virginia's poor live in urban and suburban areas. We are also very concerned with legislation regulating women's health clinics, which often interfere with the doctor-patient relationship.

The rising price of education and student loans is another critical issue affecting families in Northern Virginia. The Mary Marshall Scholarship helps address a small portion of those concerns; however it is essential to increase the scholarship amount in order for the program to remain in line with its original intent. The Commission's request for the County to increase funding in FY 2014 is forthcoming.

Question 4: Among businesses, other local governments, or interest groups, who would be our natural allies, if any, both in our community and around the Commonwealth on any of these issues?

There are numerous organizations that CSW has worked with, or intends to in the future, which make natural partners for the County, including: The League of Women Voters, AARP Virginia, National Women's Law Center, Project Peace, and Doorways for Women and Families. Also, other commissions on the status of women throughout the state would be helpful allies for the county to use to push some of the aforementioned legislative priorities forward.

If you should have questions, inquiries or comments regarding these suggestions, please contact the Chair of the Commission of the Status of Women at cswarlington@gmail.com.

Respectfully,
Sarah Mysiewicz
Chair, Arlington County Commission on the Status of Women





THE ARLINGTON COMMUNITY SERVICES BOARD
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Mary H. Hynes
Chairman, Arlington County Board
2100 Clarendon Boulevard, Suite 300
Arlington, VA 22201

August 31, 2012

Dear Ms. Hynes,

I am writing to respond to your May 21, 2012 request for the Community Services Board's (CSB) perspective on the upcoming session of the FY 13 General Assembly. Enclosed is a detailed description of the CSB's current issues and concerns with justifications for each recommendation. As detailed in the recommendations, we support the full expansion of Medicaid under the Affordable Care Act (ACA) in the Commonwealth, as we believe this expansion will positively impact people with mental health and substance use disorders and those with intellectual and developmental disabilities. We have also cross-referenced and aligned our recommendations with those of the Virginia Association of Community Services Boards (VACSB).

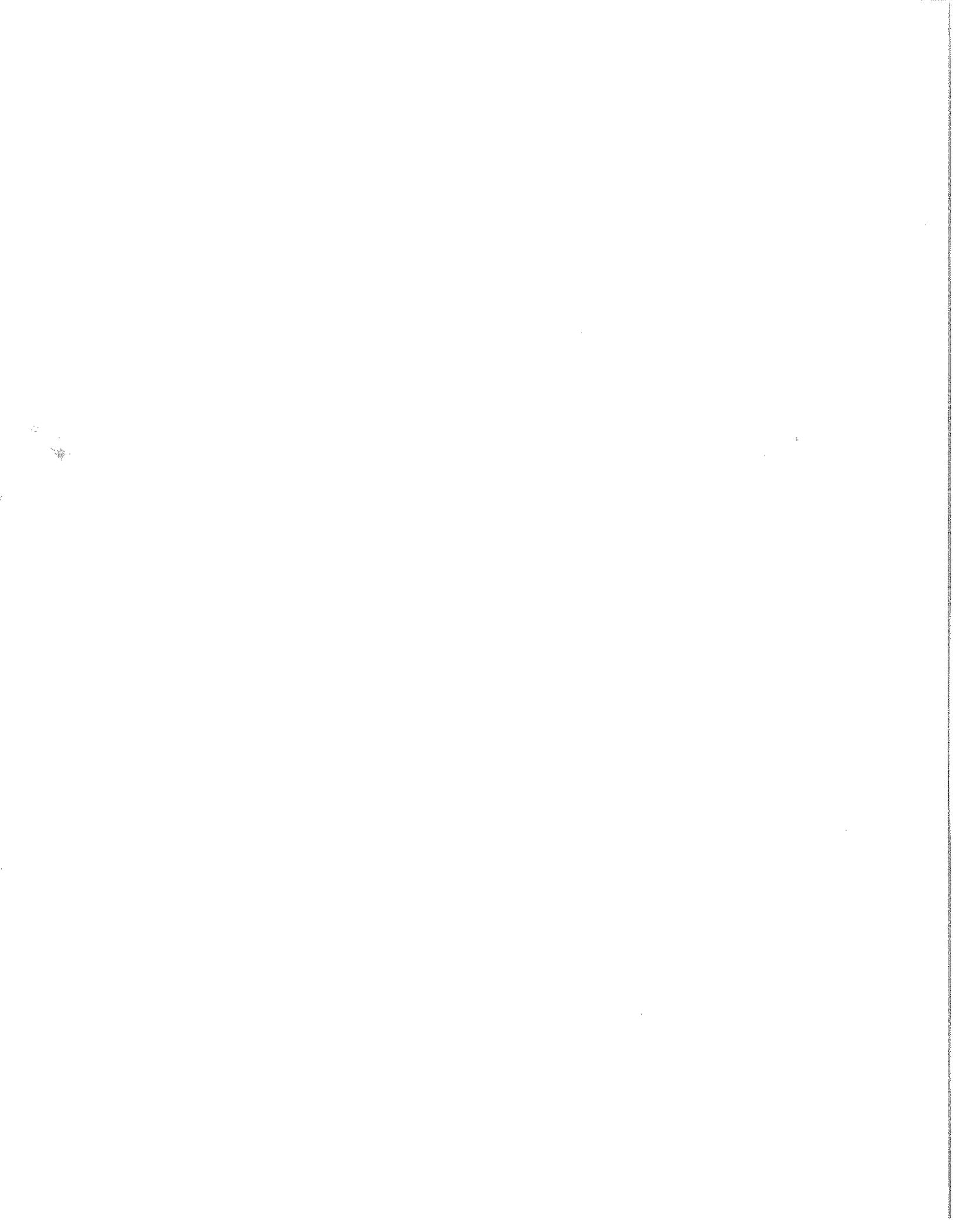
We have divided our document into three sections: 1) Prior recommendations that were not implemented; 2) New recommendations; and 3) Other recommendations. The prior recommendations were those that were not funded or implemented in FY 12, but that are still relevant and important moving forward in FY 13. Our new recommendations include our support of ACA expansion and the VACSB's requests. The other recommendations focus largely on our youth populations, addressing their treatment in the juvenile justice system and their access to appropriate therapeutic models. We hope that you will consider each of these carefully considered recommendations as important and urgent.

As always, the CSB's objective is to preserve and enhance Arlington's current system of community-based services to the maximum extent possible. Thank you for your continued attention to the needs of people with disabilities in Arlington County. I appreciate all the County Board has done to support CSB programs within the Department of Human Services. Please feel free to contact me directly if further clarification is needed on any of the items listed.

Sincerely,

James Mack
Chairman, Arlington County Community Services Board

- Cc: J. Walter Tejada - Vice Chair Arlington County Board
Jay Fisette - Arlington County Board Member
Christopher Zimmerman - Arlington County Board Member
Libby Garvey - Arlington County Board Member
Susanne Eisner - Director, Arlington Department of Human Services
Marsha Allgeier - Deputy County Manager
Cynthia Kemp - CSB Executive Director / Behavioral Healthcare Division Chief



Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

I. Prior Recommendations that Were Not Implemented

a. Restore 19 adult beds at Northern Virginia Mental Health Institute (NVMHI)

Justification

The Arlington Community Services Board (ACSB) is requesting that the 19 beds that were eliminated in the spring of 2010 be restored by the State. The loss of these 19 beds reduced the number of psychiatric beds at the state facility from 129 to 110. Thirteen of the nineteen beds were restored using one-time state funding. This funding will run out June 30, 2013 at the end of the current fiscal year. The need for state-funded, safety net beds in Northern Virginia is critical. Northern Virginia has fewer state-funded, as well as private hospital beds, per capita than any other region in the state. Psychiatric beds in Northern Virginia have been declining over the past several years. These reductions have caused a shortage of psychiatric beds during mental health emergencies. Lack of beds can result in releasing people from custody who meet criteria for detention and are a danger to themselves or others due to the lack of an appropriate hospital bed. To date, this practice has NOT occurred in Arlington due to the joint commitment of Arlington police and emergency services staff. However, as beds become scarcer, it is possible that this practice may begin to occur in Arlington due to increased burden on police and emergency staff.

In 2012, the General Assembly added budget language requiring a report on a long-term plan to ensure adequate bed capacity is available to serve individuals who require an inpatient bed for the treatment of acute mental illness in Northern Virginia. Actions to develop this report are currently underway.

Cost: \$1,400,000 in Northern Virginia

b. Implement Regional Crisis Intervention and Stabilization for individuals with mental health and mental health with co-occurring substance abuse issues

Children: *The ACSB supports the Virginia Association of Community Services Board's (VACSB's) recommendation for funding for 5 regional CSB/BHA pilot programs that will supplement the funding approved by the General Assembly in FY12.*

Justification

Reports issued by the Department of Behavioral Health and Developmental Services (DBHDS), the Comprehensive Services Act Office, the Commission on Youth, and various legislative studies have cited the

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

lack of Crisis Stabilization (CS) services for children in Virginia as a significant issue. In fact, acute psychiatric hospitalization is the only option available to the vast majority of children in this state who experience a mental health crisis. With new funding, the regions will develop/implement CS programs that meet the unique needs of their respective localities.

The programs will include one or more of the following components:

- o Child psychiatry services
- o Mobile crisis intervention and crisis stabilization services
- o Residential crisis stabilization services with variable lengths of stay depending on unique regional needs
- o Traditional "wrap-around" services and supports to maintain children in their homes

In 2012, the General Assembly allocated \$1.5 million the first year and \$1.8 million the second year from the general fund to provide regional funding for child psychiatry and children's crisis response services. Arlington, Fairfax and Alexandria CSBs partnered in July 2012 and submitted a proposal for a portion of the funding to provide mobile crisis intervention services for children and adolescents with the goal of ameliorating the crisis and keeping the child or adolescent functioning effectively in the community. Unfortunately, the proposal was not funded. The Arlington CSB is grateful for the statewide allocation of funding and the attention of the General Assembly members, however, the amount of funding allocated was not adequate to provide the extent or range of services that are needed across all regions. While 24% of the state population is under age 18, only 7% of mental health expenditures go to children. This project is an attempt to at least partially meet the needs of the 85,000 - 104,000 children and adolescents in Virginia struggling with a serious emotional disturbance (estimate of Voices for Virginia's Children in an April 6, 2011 report "Overview of Children's Mental Health Services.")

Cost: \$4,100,000 Statewide

Older Adults: *The ACSB supports the VACSB's recommendation for creation of a Geriatric Psychiatric System of Care in each region of Virginia at an average cost of \$2M per region.*

Justification

This funding will be used to provide services for older adults at the time of crisis in order to augment the effective use of the acute care resources in the least restrictive treatment environment. Additionally, this funding will provide a continuum with post-acute care services, including the Northern Virginia RAFT program, and will assist in the placement and adjustment into the home or a long-term care facility. The funds are needed to eliminate disparities in health care for older adults, increase the number of staff trained to provide community-based crisis prevention and stabilization for geriatric populations, and augment current CSB services in this area.

Cost: \$2,000,000 per Region

In addition, the ACSB requests \$100,000 in additional on-going funds for Northern Virginia's RAFT program to provide three additional beds at the ALF level. Demand includes a waiting list of 3 to 5 individuals who require the ALF level of care, but current funding is insufficient to provide the additional ALF beds.

Cost: \$100,000 in Northern Virginia

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

c. Allocate additional State resources to support community placements for individuals leaving the State training centers

Justification

Arlington now has 23 individuals in Northern Virginia Training Center (NVTC), 6 of whom are slated for discharge by June 30, 2013. Another 7 should be discharged by June 30, 2014 and the final 10 by June 30, 2015. Arlington's 9 residents of Central Virginia Training Center (CVTC) are scheduled to be discharged by June 30, 2020 - 4 of them in FY 2013. Capital funding for start-up costs is needed for residential services, and ongoing funding for operating expenses is needed for both residential services and day support services. Reimbursement is needed to implement the new requirement that CSB Support Coordinators conduct 30-day face-to-face visits with residents of community intermediate care facilities (ICFs) of 5 or more residents.

- For FY13, nine Arlington training center residents are proposed to discharge to community ICFs. One is proposed to discharge to an ID Waiver-funded group home and day support services. One-time start-up costs are estimated at \$4.8 million dollars. Ongoing expenses not reimbursable by ID Waiver are estimated at \$689,278.
- For FY14, 11 Arlington training center residents are proposed to discharge to community ICFs and one is proposed to discharge to an ID-Waiver funded group home and day support services. One-time start-up costs are estimated at \$4.8 million dollars. On-going expenses not reimbursable by ID Waiver are estimated at \$667,774.
- For FY15, 10 Arlington training center residents are proposed to discharge to community ICFs. One-time start-up costs are estimated at \$3.4 million dollars.

In addition, DMAS should institute Medicaid reimbursement for CSB monthly monitoring of community ICF residents, which has previously been only an annual expectation. (DMAS already reimburses community ICFs for case management.)

Cost: FY13 - \$ 4,800,000 one-time funds; \$689,278 ongoing funds in Arlington

Cost: FY14 - \$4,800,000 one-time funds; \$667,774 ongoing funds in Arlington

Cost: FY15 - \$3,400,000 one-time funds in Arlington

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

d. Merge the ID and DD Waivers and expand all Waiver services to individuals with developmental disabilities

Justification

Modify the merged ID/DD Waiver structure to allow for reimbursement for hours general supervision, including overnight supports, to meet the health and safety needs of recipients and adequately reimburse providers for all services. (Carried over from FY12 CSB recommendations to the General Assembly, and not yet addressed in the Department of Behavioral Health and Developmental Services (DBHDS) documents about transforming Waivers.)

Actions

- Support DBHDS and DMAS (Department of Medical Assistance Services) Waiver transformations contingent upon these questions and concerns being satisfactorily addressed:
 - What is the DBHDS justification for establishing two new Waivers – one with and one without congregate residential services? (The potential for cost savings is unclear, since full slot-holders use only services they want and need, with a requirement that the need be documented.)
 - Support the DBHDS proposal for needs-based Waivers and individual resource allocation using the Supports Intensity Scale (SIS) to justify needed services and levels of service, if higher rates are instituted for those with complex medical and behavioral needs.

Cost: Not known at this time

e. Support the Peer Model Recovery Program for youth and adults with substance abuse issues

Justification

The ACSB supports the VACSB's continued request for funding for Peer Recovery Support Services (PRSS) organizations in Virginia.

At the present time, there are only five state-supported Peer Recovery Support Services organizations for Substance Abuse clients in Virginia. Despite applying for state funding twice, Arlington was not awarded the grant and does not have a PRSS organization. Recovery support programs and services are grassroots, peer-provided services which have been shown to enhance long-term recovery and improve the overall outcomes for consumers with substance abuse. Because they are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

Additional funds will be used to ensure that peer-to-peer services are available at all CSBs including a minimum of one peer recovery support specialist, who will coordinate recovery coaching, mentorship and social support, as well as more instrumental support services such as transportation and assistance with securing jobs and housing. It is anticipated that the VACSB's request for an additional six state-supported PRSS organizations can be initiated within the next year. At a minimum, it is anticipated that an additional 2,400 consumers statewide would receive peer addiction recovery support services before, during and after their involvement with the formal treatment system. This is a top priority of the ACSB.

Cost: \$3,281,999 Statewide

II. New Recommendations

a. **Support the full expansion of Medicaid under the Affordable Care Act (ACA, also known as Healthcare Reform) in the Commonwealth**

Justification

On June 28, 2012 the Supreme Court, in a decision written by Chief Justice John Roberts, largely upheld the Affordable Care Act (ACA, also known as Healthcare Reform law). ACA expands Medicaid to reach all non-elderly, low income persons with incomes below 133% of the federal poverty level (FPL), which was \$24,352 for a family of three in 2010.

Under ACA, states have the option of providing more modest benefits to the "expansion" population. There are many questions still pending around the implementation of ACA.

Arlington's Medicaid Eligibility Unit has information from a study which predicted a doubling of Medicaid recipients (currently 10,195 in Arlington) under Healthcare Reform. **The increase relates to the fact that for persons with income under 133% of the federal poverty level, there will be no other requirements such as age, disability, etc.** Based on survey research conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 280 of these 10,195 may be expected to seek behavioral healthcare services. It is not known how many of these may already be CSB clients.

During FY 12, the Arlington CSB served 2,868 clients (unduplicated) with 2,185 of these clients reporting either no income or income levels that would make them financially eligible for Medicaid at the existing 80% of FPL. Currently, clients must meet both income and categorical criteria to be deemed Medicaid eligible, i.e. legal presence; child under 19; aged, blind, or disabled. In FY2012, only 25% of ACCSB clients met both the income and categorical requirements for Medicaid eligibility. The ACA establishes a threshold of 133% of FPL, streamlines the categories, and adds a new eligibility category for adults between ages 19-64 with legal presence. ACA also allows for a more limited range of benefits ("benchmark" or "benchmark equivalent" coverage) for this expanded population. **We project an additional 508 clients (unduplicated) in Arlington will fall into income levels between 81% - 133%. Though states may "opt out" of the implementation of ACA, if Virginia chooses to expand coverage to this new eligible population, additional people will receive Medicaid-funded services.**

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

The Arlington Community Services Board (ACSB) also supports the following Virginia Association of Community Services Boards' (VACSB) requests:

- b. Fund Integrated Primary Care and Behavioral Healthcare for people with Serious Mental Illness and Substance Abuse Issues by expanding the "A New Lease on Life" integrated pilot projects**

Justification

The Arlington Community Services Board in partnership with the Alexandria Community Services Board and the Alexandria Neighborhood Health Services, Inc. (ANHSI), is one of the nine pilot projects in the Commonwealth funded for three years to provide integrated primary care and behavioral health services. This funding will run out on June 30, 2013. The expansion of the projects statewide will cost of \$2,520,000 for the nine projects. The cost of Arlington's project is \$215,000.

Studies indicate that up to 75% of people with a serious mental illness (SMI) have a co-occurring, chronic physical health problem. In fact, preventable cardiovascular disease poses a greater threat of death for people with SMI than suicide. The life expectancy of a person with mental illness is 25 years lower than the general population. Co-located and integrated primary care medical services and mental health services for people with SMI has been shown to improve attainment of some cardiovascular risk goals among certain populations with SMI. Through a successful grant-funded pilot partnership with the Alexandria Neighborhood Health Services, Inc. (ANHSI - a Federally Qualified Health Center) and the Arlington / Alexandria CSBs, over **900** unduplicated clients with SMI and /or substance use disorders have received primary health care services in the same facility as they see their mental health or substance abuse therapist, making access to quality, integrated care available.

Project Outcomes (January – June 2012)

- 138 patients seen in the Arlington and Alexandria primary care clinics were diagnosed with hypertension, a leading risk factor in heart disease. Of those patients, 62% met the goal of having a normal blood pressure reading after 6 months of care.
- 135 patients seen in the 2 facilities were diagnosed with diabetes. Of those patients, 43% in Arlington and 28.5% in Alexandria met the goal of having an HBA1c level (a lab test that shows the average level of blood sugar (glucose) over the previous 3 months) of less than 7 (the threshold level for diabetes) after 6 months of care.

Cost: \$2,520,000 statewide

Cost: \$450,000 Arlington CSB / Alexandria CSB / ANHSI Project

Cost: \$215,000 for Arlington portion of the project

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

c. Include funding in the DMAS budget to increase the reimbursement rate for Early Intervention Targeted Care Management from \$132 per month to \$175 per month

Justification

The Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act or IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, from birth through age 2 years, and their families. In Arlington, this program is called the Infant Toddler Connection of Arlington / Parent-Infant Education (PIE) Program.

The Virginia Part C office, which administers the IDEA funds to localities, is currently projecting a significant shortfall of funding for FY13 and has informed local programs that there are no additional funds available for FY13. During the past three years localities have benefitted from the State Part C program's distribution of ARRA funds (American Recovery and Reinvestment Act of 2009 aka "Stimulus Money") to local programs and also from additional State and Federal funds that have been allocated to local systems to address funding shortfalls. The Arlington Part C Program uses state and federal funds and other revenue to pay for contracted services for children in the PIE program.

Arlington's PIE program received additional state and federal funds in FY 11 and FY 12 from the Virginia Part C office (including IDEA funds) to address its funding shortfall as follows:

- FY11: \$197,121
- FY12: \$89,969

The total state and federal funds allocated to Arlington for FY12 with the additional Part C funds was \$823,659. Arlington needs at least \$823,659 in FY13 to operate its Infant Toddler Connection of Arlington / PIE program effectively. With the elimination of the ARRA funds, the state and federal funding allocation for FY13 in Arlington is \$685,382 and expected additional revenue available for Part C services is \$67,000 with total funding of \$752,382 available for contracted services - this leaves a shortfall of \$71,277 in Arlington.

Increasing the Early Intervention Targeted Case Management Rate to \$175 will bring additional revenue to Arlington estimated at \$41,280, thereby reducing the potential gap in funding to \$29,997 and will help to ensure children receive needed services.

Cost: \$71,277 in Arlington (shortfall with no change in the reimbursement rate)

Cost: \$29,997 in Arlington (remaining gap in funding if reimbursement rate is increased)

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

- d. Provide funding for expanded Triage / Assessment / Treatment and Referral Centers (TATRC – often known as Emergency Mental Health Crisis Intervention Centers (CIC) or Police Drop Off Centers)

Justification

The Arlington Community Services Board has been working for several years to expand and improve the response to those individuals in Arlington experiencing a mental health crisis. The goal is always to provide the most effective Crisis Stabilization services as possible in the least restrictive, least disruptive manner and to divert individuals in crisis, wherever possible, away from the justice system where far too many of them end up. Assisting people to function in the community is the highest priority. **A comprehensive TATRC / CIC would provide a safe venue where police officers could hand over individuals who appear to need psychiatric help rather than incarcerating them.**

The need for emergency mental health services in Arlington is significant. In FY12, Arlington's Emergency Services provided care to 2,229 individuals in mental health crisis. These crisis interventions resulted in multiple successful outcomes to prevent further crises, including:

- 141 voluntary hospitalizations
- 238 involuntary and court voluntary hospital admissions
- 50 individuals who were diverted from hospitalization through admission to the ACCESS program
- 23 individuals who utilized Arlington's Office-based Crisis Stabilization services

In addition to the individuals seen in Emergency Services, there were 396 seriously mentally ill inmates in the Arlington County Detention Facility over the course of 2011, (16-35% of the inmate population at any given time), and the urgency of reducing this number has set jail diversion as a county priority. In FY12, 19 individuals were diverted from jail.

The first step in addressing the problem has been tackled via establishing a Crisis Intervention Team (CIT) - specialized mental health training for law enforcement officers - and establishing a TATRC / Crisis Intervention Center (CIC). The TATRC / CIC currently operates 75 hours a week, with Emergency Service clinician's on-call the remaining 93 hours to conduct emergency assessments. After hours, clinicians meet clients and police officers at the local hospital. While this still ensures that individuals in crisis have access to emergency services, it creates a longer waiting time for everyone involved, particularly when the individual is being detained involuntarily, a scenario that accounted for over half of the CIT calls during the 2011 calendar year. **A fully functional, around the clock TATRC / CIC drop-off center would reduce wait times, get officers back on the road in a timely manner, and better serve this population.**

Service needs have steadily increased over the past four fiscal years from 1560 emergency assessments in FY09 to 2229 people assessed in fiscal year 2012 - a 70% increase. The loss of psychiatric hospital beds and

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

shrinking mental health service budgets has contributed to the increasing demand for services. The effectiveness of prompt crisis intervention and treatment is reflected in the fact that nearly 54% of those brought to Emergency Services in lieu of arrest in FY11 and FY12 were still in treatment 90 days after their initial assessment. These individuals represent successful jail diversion efforts on the part of officers, emergency service staff and subsequent providers.

Cost: \$58,724,800 statewide

Cost: \$2,936,240 in Arlington

e. Expand the critical core service of Intensive Case Management

Justification

Case management is a nationally recognized service and a required and essential component in all effective community-based mental health systems of care. Case management is the key function that determines a client's needs, links clients to needed services and generally makes the mental health system work for each individual. If the caseloads are too high, case management is not effective. The caseloads for the Arlington adult mental health teams are chronically greater than the national standard and the highest for any Arlington CSB team, in part due to continued increases in clients served. The addition of 3 case manager FTEs (Mental Health Therapist II) is needed to bring caseloads to the standard.

CSBs in Virginia currently provide case management services to individuals with serious mental illness. These services include assessing the needs of the individual across all domains in life, actively engaging the client to establish goals that will enable them to live a meaningful life in the community, and designing a comprehensive service plan to achieve the stated goals. Case management is an active service that involves constant monitoring to insure that the clients are able to meet their desired goals. However, many individuals with serious mental illness need an intensive level of case management due to their psychiatric condition. Unfortunately, CSBs in Virginia are often unable to provide intensive case management services to these individuals due to resource limitations. As a result, these clients often experience psychiatric relapse and require hospitalization.

In response, the CSBs are requesting funding to provide intensive case management services to individuals with serious mental illness who have been assessed and found to need this level of care. As a result of this service, clients will achieve greater psychiatric stability and there will be a corresponding reduction in the demand for acute inpatient services.

Cost: \$2,400,000 statewide

Cost: \$255,000 in Arlington

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

f. Provide funding for Housing Services and Supports for seriously mentally ill adults in the community

Justification

A majority of Arlington CSB's clients with serious mental illness are low-income and unable to afford housing in Arlington without financial assistance. Generally, a household is required to pay 30% of the total income for housing costs. For households at this level of income, that is \$371.70 per month. This is nowhere near the cost to rent an affordable 1 bedroom apartment in Arlington which is \$1100/month.

There are several types of supported housing choices in Arlington for people with disabilities who are unable to live independently without financial support. Each housing option has a waiting list (see below). **Permanent Supportive Housing (PSH)** consists of supported, independent, scattered-site apartments that are funded by local and federal funding streams. **Assisted Living Facilities** are 7 to 8 person, co-ed homes with a mix of shared and private rooms. There is a counselor available 24 hours per day with an awake, overnight staff. Staff provides assistance with activities of daily living, medication management, with meal preparation, scheduling medical and psychiatric appointments and making arrangements for transportation to appointments. **Group Homes** are multi-person homes. There is a counselor available during waking hours and there is an emergency cell number for overnight emergencies. Staff provides assistance with increasing independent living skills and medication management. Residents are encouraged to live as independently as possible and to practice living skills to prepare them to transition to greater independence. **Transitional Homes** consist of 90 day transitional housing for up to 4 individuals per house. Residents must be able to live independently - there is no on-site supervision. **Intensive Supported Living Services (ISLS)** is an apartment-based program with recovery-oriented housing-related support services for seriously mentally ill adults who are able to live independently, but who require some level of support in working on their recovery goals and in maintaining stability in the community. Services are individualized and are based on the individual's strengths, needs, and preferences. The **Townhomes** is a transitional housing program for young adults who are able to live semi-independently and who need a period of time (up to 2 years) to enhance readiness for permanent housing. The program is housed in two 3-bed, gender specific, townhomes. There is no live-in supervision, however support is provided by a full-time and a part time support services worker. Active case management, including support, is provided. Each client holds a lease with Community Havens and completes an application for a housing grant ("project based" must be written on the front of the application). Oversight and monitoring of the property is carried out by Permanent Supported Housing Staff.

Permanent Supportive Housing

Placements: 142 clients (as of the beginning of July 2012)

Waiting List: 26 clients

**Arlington Community Service Board's Specific FY 13 Recommendations
To the Virginia General Assembly**

August 31, 2012

Assisted Living Facility/Group Homes

Placements: 29 clients

Waiting List: 10 clients

Transitional Housing

Placements: 8 clients

Waiting List: 12 clients

In-home Intensive Supportive Living

Placements: 70 clients

Waiting List: 7 clients

Townhomes

Placements: 6 clients

Waiting List: 1 client

Cost: \$8,000,000 statewide

Cost: \$200,000 in Arlington

- g. Ensure sufficient Discharge Assistance Plan (DAP) funding to assist with discharges from the state psychiatric hospitals, especially for discharges for people on the Extraordinary Barriers List (EBL)**

Justification

There are currently 10 people on the Extraordinary Barriers List (with an average of 12 people in FY12) who require the following:

- ICRT+ (Intensive Community Residential Treatment with behavioral supports) – 2 clients
- Returning to family and needing specialized outpatient mental health services – 1 client
- Apartment with PACT support – 2 clients (paid with client fees, Housing Grant, Medicaid)
- Mary Marshall ALF – 1 client with private pay
- Specialized ALF placement – 2 clients with SSI and Auxiliary Grant
- ID/MH placement – 1 client with ID Waiver
- ID/MH placement in community with supports – 1 client with Waiver

Cost: \$8,000,000 statewide

Cost: \$200,000 in Arlington

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

III. Other Recommendations

The Arlington CSB is requesting that the General Assembly make efforts to strengthen mental health and substance abuse services for children involved in the state's juvenile justice system in several ways as detailed in the following sections. The August 2004 report "Child and Adolescent Special Populations Workgroup: Final Report and Recommendations to the Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Restructuring Policy Advisory Committee" noted that *children with behavioral health disorders who are involved in the juvenile justice system are not adequately served.* Other research has shown that 66% of juvenile offenders have at least one diagnosable mental disorder. Further, 94% of youth entering detention have a history of drug use. Due to the failure to diagnose children's mental disorders soon after onset, too many young people only receive a diagnosis after encounters with law enforcement or becoming court involved. *Specifically, the Arlington CSB is requesting the following:*

a. Study the use of seclusion / isolation and/or restraint in Children's Psychiatric, Juvenile Detention or Juvenile Justice facilities

Justification

Seclusion / isolation and restraints cause mental illness in children who otherwise would not have developed it, and exacerbates these conditions in those who already have Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI). Is seclusion, isolation and/or restraint used in the Department of Juvenile Justice system or in the detention homes in Virginia? On a visit to the local detention home, children were confined to their rooms for up to weeks at a time. Further, the rooms had very limited natural light owing to the frosted glass on the windows. This proposal calls for an examination of these practices statewide along with proposed alternatives.

Cost: Unknown

b. Funding for Virginia to offer Multi-Systemic Therapy more widely

Justification

Multi-Systemic Therapy (MST) is evidence-based and highly effective at keeping chronic juvenile offenders from further court involvement. Adaptations of MST have also demonstrated efficacy with psychiatric and substance abusing juveniles, those with problem sexual behavior and those subjected to child abuse and neglect. It is short-term (6 months or less) and highly effective with all these populations, reducing incarceration, psychiatric hospitalizations and days of school missed. In short, MST is shown to be effective with the most difficult to treat children and the length of treatment is short (6 months). It allows children to remain in their homes and communities. With the availability of MST, juvenile court judges would be less likely to send children into detention. This proposal focuses on Multi-Systemic Therapy (MST) capacity building.

Cost: \$2.5M (to include training and statewide licensure, and to oversee and fund local MST services)

Arlington Community Service Board's Specific FY 13 Recommendations To the Virginia General Assembly

August 31, 2012

c. Seal/expunge children's juvenile court records and remove their records from national databases for non-violent offenses after some number of years without further trouble

Justification

Virginia's children with juvenile adjudications that would be felonies if tried in adult courts are saddled with a juvenile record that is never sealed and is reported to national crime registry databases. Young adults whose youthful offenses occurred years prior are hampered in job searches, military enlistments and college admissions because of these records. Yet research shows that there is a direct correlation between staying out of trouble and the amount of time that passes since the offense. Youth who commit crimes and then maintain good conduct, are less likely to engage in criminal activities as the length of time from the offense increases.

A December 2011 op-ed in the New York Times by noted criminologist Al Blumstein makes the case for expunging records for adult offenders:

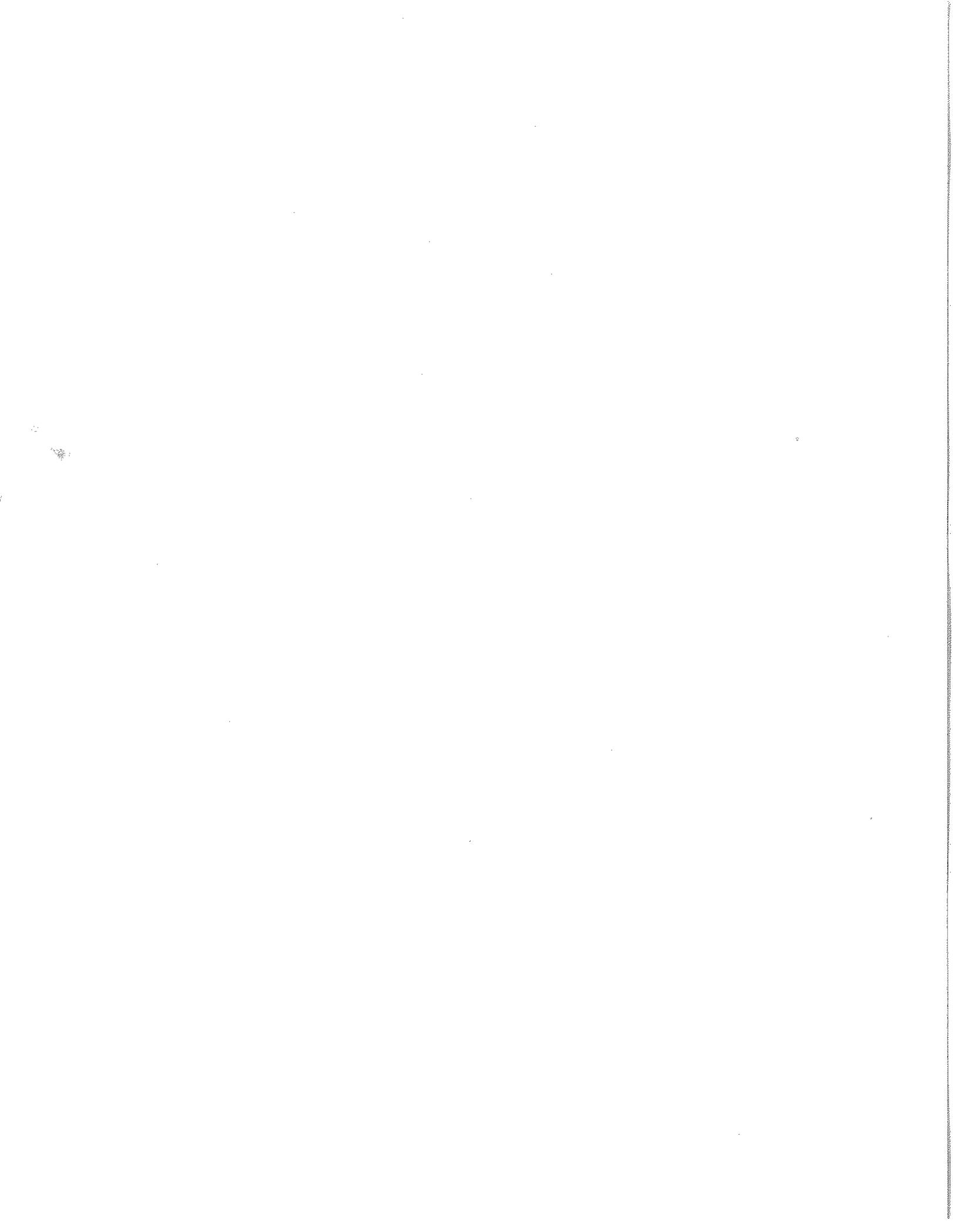
"A stunning number of young people are arrested for crimes in this country, and those crimes can haunt them for the rest of their lives. In 1967, President Lyndon B. Johnson's Crime Commission found that about half of American males could expect to be arrested for a non-traffic offense some time in their lives, mostly in their late teens and early 20s. An article recently published in the journal Pediatrics shows how the arrest rate has grown — by age 23, 30 percent of Americans have been arrested, compared with 22 percent in 1967. The increase reflects in part the considerable growth in arrests for drug offenses and domestic violence."

"The impact of these arrests is felt for years. The ubiquity of criminal-background checks and the efficiency of information technology in maintaining those records and making them widely available have meant that millions of Americans — even those who served probation or parole but were never incarcerated — continue to pay a price long after the crime. In November the American Bar Association released a database identifying more than 38,000 punitive provisions that apply to people convicted of crimes, pertaining to everything from public housing to welfare assistance to occupational licenses. More than two-thirds of the states allow hiring and professional-licensing decisions to be made on the basis of an arrest alone. In April 2011 Attorney General Eric H. Holder Jr. urged state attorneys general to review laws and policies "to determine whether those that impose burdens on individuals convicted of crimes without increasing public safety should be eliminated."

"It is well established that the risk of recidivism drops steadily with time, but there is still the question of how long is long enough. By looking at data for more than 88,000 people who had their first arrest in New York State in 1980, and tracking their subsequent criminal histories over the next 25 years, we estimate the "redemption time" — the time it takes for an individual's likelihood of being arrested to be close to that of individuals with no criminal records — to be about 10 to 13 years. We also found that about 30 percent of the first-time offenders in 1980 were never arrested again, in New York or anywhere else."

Such a compelling case for expunging or sealing the records of adults should make us look even more seriously at doing the same for children's records, particularly non-violent first offenders who commit no further crimes after a period of time. After all, a key goal of juvenile court is rehabilitation of the child. It is hard to do this when a child's record affects his or her ability to gain employment, enter college or serve in the military.

Cost: Unknown



ENVIRONMENT AND ENERGY CONSERVATION COMMISSION
c/o Department of Environmental Services
2100 Clarendon Blvd., Suite 801
Arlington, VA 22201

July 30, 2012

The Honorable Mary Hynes, Chairman
Arlington County Board
2100 Clarendon Blvd.
Arlington, VA 22201

Re: Legislative Agenda for the 2013 General Assembly

Dear Chairman Hynes:

Thank you for the early opportunity to present the Environment and Energy Conservation Commission's priorities for Arlington County's legislative agenda for the 2013 General Assembly legislative session. We've provided three priority recommendations that will encourage economic growth through investments that advance creation of green jobs, lower long-term costs to the Commonwealth, and improve the quality of life for all of Virginia's citizens. Our recommendations will allow Arlington to move forward implementing its goals to improve energy efficiency, lower its greenhouse gas emissions and improve water and air quality. By pursuing these recommendations Arlington will continue to be a leader on energy and water issues in the Commonwealth.

In general, we urge creation and expansion of incentives to advance energy security through expansion of renewable energy and improvements to energy efficiency.

Recommendation 1: Support changes to Virginia's net metering laws to increase the market for alternative, low carbon energy sources, making them more affordable in Virginia.

The County should support changes to net metering laws that will result in expanded sustainable development and make alternative energy more affordable in Arlington and the rest of the Commonwealth. Terry Kilgore, a Republican from Southwestern Virginia, has proposed changes to Virginia's net metering laws and could be a good person to approach about co-sponsoring such legislation and creating bi-partisan support. Critical changes needed to Virginia's code include:

a) Increase or remove the limit on rated generating capacity of customer-generators for which net-metering is available.

The limit on generating capacity of customer-generators for which net-metering is available is 1% of an electric distribution company's adjusted Virginia peak-load

forecast for the previous year. Increasing the limit on generating capacity would encourage investment in power generation in Virginia, diversify its sources of power, and increase its energy security. An increase in the limit would also bring Virginia in line with standards in California (5% limit) and New Jersey (no limit), two states where the market for alternative energy has been successful.

b) Raise the limit on system size eligible for net-metering.

The current limits are set at 20 kilowatts (kW) for residential systems and 500 kW systems for businesses. Changing the limit to at least 2,000 kW for both would put Virginia among the best states for net metering.

c) Clarify language governing utility purchases from net metering sellers.

HB 129 brought by Republican Terry Kilgore clarifies the definition of net metering sellers as well as the exemption for purchases from net metering sellers. This bill passed the House but was continued to 2013 by the Senate Committee on Commerce and Labor. The effect of these clarifications would be to promote on-site renewable electricity generation in Arlington and other parts of Virginia, thereby supporting small businesses and jobs in the solar energy industry.

Recommendation 2: Request the legislature to direct the state to adopt the 2012 International Energy Conservation Code (IECC), which was completed in 2010.

It is up to individual states (or local jurisdictions where unencumbered by a Dillon-style rule) to adopt the IECC code via legislation. The IECC is the national model energy code, published by the International Code Council (ICC) and updated every three years through a public participation process. The IECC contains comprehensive provisions for all buildings, residential and commercial, and, according to the Energy Efficient Codes Coalition, is “often adopted by jurisdictions as the single comprehensive energy efficient building code... It is the only model energy code that serves as the basis for federal tax credits for energy efficient homes, energy efficiency standards for federal residential buildings and manufactured housing, state energy code determinations, and qualification for FHA and other government-backed mortgages.” Failure to adopt current codes means that Virginia’s new buildings are wasting energy and putting Virginia at a disadvantage when occupants are looking for low operational costs associated with energy consumption. (Maryland has already adopted the 2012 IECC code.)

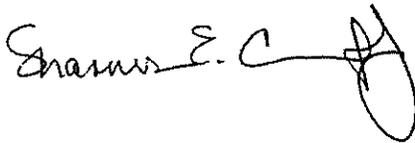
Recommendation 3: Oppose efforts by the State to withdraw from the Interstate Commission on the Potomac River Basin and support legislation to restore full funding of the Interstate Commission.

The Interstate Commission, composed of representatives of the federal government, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia, protects, conserves and enhances the water and associated land resources of the Potomac River basin and its tributaries. One of the first organizations with a congressional mandate to

consider water resources on a watershed basis, the Commission is often held up as an example of an effective and innovative governance structure. We believe that cooperative efforts organized around watersheds are essential to address the region's water quality and other challenges. The decision to reduce Virginia's budget by eliminating financial support of the Commission will render the interstate watershed approach moot and leave Virginia out of any deliberations. Virginia should continue its membership in the Commission and restore its funding.

Again, thank you for the opportunity to provide our input on the County's legislative agenda for 2013, and for your consideration of these recommendations. We look forward to learning how our proposals may be incorporated in the County's legislative package.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Cunniff". The signature is written in a cursive style with a large, stylized initial "S" and "C".

Shannon E. Cunniff
Chair



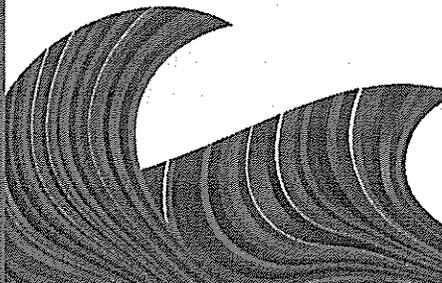
2013 state legislative platform

LEGISLATIVE PRIORITIES

- ◆ **Protect vulnerable adults by criminalizing financial exploitation against them.** Make it a crime to knowingly take advantage of the property or financial resources of a vulnerable older adult and others who lack capacity to manage financial affairs, with the intent to deceptively or improperly deprive the adult of its use.
- ◆ **Adopt the national visitability standards into the Statewide Building Code.** Promote accessibility of new single-family homes.
- ◆ **Safeguard the rights of beneficiaries in the Demonstration for Integrated Care for Medicare-Medicaid Enrollees [managed care for dual eligibles].** Include procedural safeguards such as:
 - a clear opportunity to “opt-out”
 - plain information in the language of the beneficiary
 - a managed care ombudsman, and
 - consumer representation on advisory groups.

BUDGET PRIORITIES

- ◆ **Fund home and community-based services through Area Agencies on Aging.** Include \$425,000 for FY 2012 - 2013, and \$400,000 for FY 2013 - 2014 for a total of \$825,000 in the Biennial Budget to ensure continued services so Virginians can live in their preferred communities.
- ◆ **Build a quality long-term care workforce.** To build a quality, cost-effective workforce that will help Virginia’s older adults and people with disabilities live at home and in the community, increase Medicaid reimbursement rates to achieve a living wage, provide access to sick days and affordable health insurance, and fund advanced training programs.
- ◆ **Restore home and community-based services for over 3,000 older adults and people with disabilities by returning the long-term care Medicaid eligibility threshold for people who would otherwise be in a nursing home from 267% to 300% of SSI.** Home and community-based assistance with activities of daily living enables older Virginians to remain independent in the home of their choice while saving Virginia taxpayers money from unnecessary institutionalization.



2013 state legislative platform

CONTINUING CONCERNS

- ◆ Support the Northern Virginia RAFT program (Regional Older Adult Facilities Mental Health Support Team) in providing community-based care for older adults with severe mental illness.
- ◆ Ensure that nursing home residents receive notice of the right to return to a nursing home following a hospital stay; and that notice of any involuntary discharge is provided to the long-term care ombudsman program.
- ◆ Appropriate funds for adequate local and state long-term care ombudsman staffing levels, bolstering ombudsmen advocacy for Virginians receiving long-term care services.
- ◆ Support the Virginia Public Guardianship Program for vulnerable at-risk adults through funds for local public guardian and conservator programs.
- ◆ Improve voting access by enhancing accessibility for people who may need assistance registering and/or casting a ballot, and by enacting no-excuse absentee voting.
- ◆ Promote “livable communities” to provide opportunities for people of all ages to carry out their lives when, where, and how they choose.
- ◆ Increase the monthly Assisted Living Auxiliary Grant and make it state-funded, eliminating local 20% share.

NVAN includes the Commissions on Aging and Area Agencies on Aging of Alexandria, Arlington, Fairfax, Falls Church, Loudoun, and Prince William, as well as a number of regional service and advocacy organizations.

Contact NVAN

Northern Virginia Regional
Commission, 703-642-0700,
www.Novaregion.org

Or to request this information in an
alternate format, call 703-324-5403
or TTY 703-449-1186.



ARLINGTON COUNTY URBAN FORESTRY COMMISSION
2700 S. Taylor St., Arlington, VA 22206

July 22, 2012

The Honorable Mary Hynes
Chair
Arlington County Board
2100 Clarendon Blvd., Suite 300
Arlington, VA 22201

Subject: Legislative Agenda for the 2013 General Assembly

Dear Madame Chair:

At its meeting of June 28, 2012, the Urban Forestry Commission (UFC) discussed your call for input to the County Board as it considers its priorities for the 2013 General Assembly session. We offer the following three suggestions for your consideration.

As you noted, there have been major budget cuts at the state level in recent years. Two of the agencies that have been hit hard by these cuts are the state Department of Forestry and the Extension Service. Northern Virginia is often given short shrift when forestry and extension funds are allocated, because it is largely urban or suburban. However, as our most recent storm demonstrated, the proper care of our urban forest can have immense financial effects and can greatly affect the quality of life of residents of Arlington and neighboring jurisdictions. The Extension Service also provides extremely valuable services relating to trees and invasive species, and cutbacks in recent years have reduced staff to a level where requests by residents seeking assistance cannot be met in a timely manner. One important project in which these agencies have been engaged is the development of green corridors and green infrastructure in northern Virginia, efforts imperiled by recent cuts in funding.

In our legislative letter for the 2012 General Assembly session, UFC recommended legislation on the licensing of arborists. Our proposal would recommend that the state establish procedures for licensing arborists and require anyone who accepts compensation for tree care services to be licensed. This could significantly reduce damage to trees on private property resulting from work by unqualified tree crews. We have learned through discussions with others that Fairfax County and Falls Church may also be interested in such licensing. We urge the County Board to approach Arlington's delegation to see if any of its members would be willing to serve as patrons for such legislation in the upcoming session.

In this year's session, Delegate Patrick Hope introduced legislation on invasive species. After discussions with state officials in the Department of Agriculture and Consumer Services, Del. Hope withdrew his legislation to give the Department time to explore non-legislative approaches to addressing the great damage that invasives are causing in our County and state. UFC urges the County Board to contact Del. Hope, ascertain the status of the Department's response to his previous legislation, and support any legislation that he puts forward on the subject of invasives in the upcoming legislative session.

We thank the Board for its inclusive approach to developing a legislative agenda. We would be happy to work with the Board to further develop any of these three suggestions.

Sincerely,

A handwritten signature in cursive script that reads "Dean F. Amel". The signature is written in dark ink and is positioned above the typed name.

Dean Amel, Chair