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[00:00:01] that. Thank you for that. He's like, let's go. Good morning, everybody. Welcome to the February 10th Health and Human Services Committee meeting. I'm actually very humbled and honored to be appointed as chair of this committee. Thank you to Chairman McKay for that. It's an area of profound interest to me, and so I'm honored to chair my first committee. First, I just wanted to say thank you to Supervisor Palczyk for her six years of dedicated leadership on the Health and Human Services Committee and the great work that you've done. You have led with compassion and purpose and never lost sight of the individuals and families that we seek to serve. And thank you, Chairman McKay, for your steadfast support as well. As some of you may know, Human Services has

[00:00:41] been a long passion of mine. I was appointed by then-Supervisor Cook to be on the CSB board. I was appointed by Governor Northam on the State Social Services Board, so I'm very, very excited to be here. I don't want to take up too much time. I wanted to direct the board really quickly to the two items that we'll be discussing today and then turn to Deputy County executive Chris Leonard to talk about the minutes from the October 7th meeting but the two items today are both board directed first as results of a panhandling survey that has had many conversations but most recently was results of some funding set aside you know in as a consideration

[00:01:16] item it's 2023 I believe and then the second item is a report on the post-secondary education funding that was a budget guidance from last year so with that I will first ask Deputy County Executive Chris Leonard to say a few words about any actions that took place since the October 7th meeting.

[00:01:31] Madam Chairman, before we turn to him, I just now have been told Supervisor Harrity is requesting to participate remotely in the Health and Human Services Committee meeting today, so at this time I would ask Supervisor Harrity if you could please state your name and general location for the record. If you're with us, Supervisor Harrity, could you state your name and general location for the record? Not there? Okay. Now being told is not there, so we may return to this at some point in time during the committee, but

[00:02:08] with that, we'll turn back to you. Thank you. Thank you, Chairman McKay. With that, I'll turn to Deputy County Executive. Please note the minutes from the October 7th HHS Committee meeting were provided. Do you have any words to say about actions taken for this meeting? Yes. Thank you, Supervisor Heiser. I just wanted to highlight the minutes from the last meeting. Obviously, we had a lot of discussion at the last meeting in October. There was a NIP memo that was sent out January 16th that went over some follow-up for that, and then I will also direct the board's attention to Brian's budget next week when he presents the budget. Both items, both the middle school after school program and the employee child

[00:02:45] care program will be discussed as part of the budget. And I will say that we've had some direct, really positive conversations with the superintendent on the middle school after school program, so I'm really hopeful that this budget cycle, at least around the middle school after school program is a little more orderly than maybe it was last year um so that uh and then i also wanted to take the opportunity i'm sorry madam chair but uh wanted to uh highlight as the board's aware the panino building is shut down we had extensive water damage we have contractors on site primarily that's a csb dfs and ncs building um it's closed

[00:03:21] for at least a week it may be longer probably will be longer but i wanted to reassure the board that We've moved to our assistance from a distance, and the board will recall that we use that pretty effectively as part of the pandemic response. So our staff, everybody that works in the building, has moved to that stance, assistance from a distance, and we're working very hard to ensure that we maintain operations and that our residents continue to get the programs and services that they need.

[00:03:50] So I just wanted to highlight that, too. That's a little breaking news. With that said, I'm going to turn this over to Urban Institute, who we were able to contract with to do our panhandling study. We have some slides.

[00:04:16] All right, thank you, and good morning to the board. My name is Per Moraris. I am a Senior Research Associate at Urban Institute's Housing and Communities Division. I'm joined today by my colleague, Paula Echebe, who is a Senior Research Associate in the Tax and Income Supports Division. Thank you for having us here.

[00:04:33] have been looking forward to sharing the results from the panhandling study that we conducted last summer so just to start the urban institute is a non-profit non-partisan social and economic policy research organization we are based in washington dc but we have researchers and projects throughout the country across a wide array of issue areas though paul and i are both fairfax county residents so this is a local project for us at urban we see ourselves as a research to impact institution. And

we believe that improving lives and strengthening communities requires practices and policies that work. So we partner with leaders, decision makers, and change

[00:05:11] makers by providing evidence, insights, and solutions to help drive impact. So we're grateful to the board for commissioning this study on panhandling. And we also want to acknowledge our partners at the Fairfax County Department of Housing and Community Development for supporting this work. And we'd like to take a moment to thank and acknowledge all the people we spoke with about their panhandling experiences. This study would not be possible without those conversations.

[00:05:40] On the side here, this is our research team. We formed a multidisciplinary cross-division research team. Paola and I are the co-principal investigators or co-leads. We had a team of bilingual Spanish and English-speaking research assistants, associates, and analysts across three different divisions. They supported data collection and analysis. We also sought the expertise of two urban colleagues, Samantha Batko, who is a senior fellow in the housing communities division and is the lead of the preventing and ending homelessness practice area, as well as Timothy Triplett, who is

[00:06:16] a senior survey methodologist. We wanted to start first with the key takeaways from our work. First is that the people we heard from through both surveys and interviews shared complex challenges social and physical challenges tied to health housing insecurity safety and social stigma the people many of the people we spoke with were not aware of resources that exist in the county and faced barriers associated with language technology access and transportation and our findings point to a strong demand for resources and support such as housing assistance, health

[00:06:55] care, employment opportunities, and access to basic needs and other supportive services. Before I turn it over to Paola to expand on those findings, I did want to take a step back and talk through the background for the project and our approach to the work.

[00:07:12] So about a year ago, the Fairfax County Department of Housing and Community Development engaged with us to conduct this exploratory study on the needs and experiences of individuals who panhandle in the county. The study focused on three main objectives. First, to describe the characteristics and experiences of a sample of individuals who panhandle in the county. Second, to identify the resources and services they want and need. And third, to offer recommendations that can help support the well-being of people who panhandle. Regarding the methods, between July and November

[00:07:48] 2025, we conducted field surveys and semi-structured in-depth interviews with people who panhandle. All the surveys and interviews were conducted in teams of two, with canvassing in particular occurring over several hours and at different times of the day across a period of almost two months. In total, 40 respondents completed the survey, which included up to 39 questions across six key domains. Panhandling experiences, feelings of safety, income sources and amounts, spending patterns, housing situation, and service needs and gaps.

[00:08:22] Following the survey period, we also conducted six in-depth follow-up interviews, each lasting between 45 to 60 minutes. These were with participants who volunteered to share more about their experiences with panhandling after completing the survey.

[00:08:40] The goal of these interviews were to help deepen and contextualize what we had learned through the survey and also allowed us to expand on the survey domains and explore additional issues

related to health and well-being and learn about their perceptions of panhandling. Both the survey and the interviews were available to be conducted in English and Spanish.

[00:09:01] On this slide are the surveying canvassing results. So to first identify survey canvassing areas, we focus on panhandling hotspots across the nine districts. These locations were identified with input from the Fairfax County Police Department as well as reports from community members in the county. And there are a few points I want to highlight about the survey results.

[00:09:27] The table on the left shows the distribution of identified hotspots by district along with the number of surveys we attempted. During our canvassing a period we approached 53 individuals and ultimately completed surveys with 40 people as I mentioned earlier. That was our target including having at least one respondent from each district. So we actually originally planned to canvas for up to four weeks, but decided to extend the data collection period to nearly two months in order to reach that goal. And you can see on the map or the table that most of the

[00:10:02] pre-identified hotspots are in three locations or three districts, Mount Vernon, Franconia, and Providence. And you'll notice that 17 of the surveys came from Mason District. So as I mentioned earlier, we made deliberate efforts to canvas on multiple days at different times and across a wide geographic area, ensuring that we pass through the hotspot areas. So the discrepancies that we observed between what was expected and what was actually represented likely stem from multiple external factors, including seasonal conditions such as extreme

[00:10:37] heat during the summer months, and changes in the environmental context between the time the hotspots were identified and when data collection actually occurred. So we do want to emphasize that the findings we're sharing today and those presented in the full report are purely descriptive.

[00:10:55] They reflect the characteristics and experience of the people we surveyed and interviewed and should not be interpreted as representative of all the people who panhandle in Fairfax County or elsewhere. So we'll have more details about the characteristics of the people that we did survey in the full report, which will be released later today on our website.

[00:11:14] And I'll turn it over to Paola now to share the findings. Thank you, Per. To understand people's experiences with panhandling, we ask questions about safety and daily experiences.

[00:11:30] Most respondents reported feeling safe in their daily lives and while panhandling. We also ask questions about duration and patterns of panhandling. Many respondents have been panhandling for a year or longer. Many also said they have lived in Virginia and other places, such as Florida, Houston, to name a few.

[00:11:49] Panhandling typically occurred during periods of high necessity, such as covering rent or living expenses. We also asked questions about economic drivers and income sorts. Limited or no employment income was the most common reason for panhandling.

[00:12:07] Most respondents reported annual incomes of under \$10,000, and panhandling was the primary source of income for most respondents. I actually want to highlight an anecdote about the time when we went canvassing with PEAR. One respondent shared with us that the reason for which they were panhandling was to cover the high costs related to the payments they were doing for the long-term stays at an hotel for his family of four.

[00:12:36] So that's just one example of some of the challenges our respondents were facing. Half earned less than \$51 per day from panhandling, while one-third earned between \$51 and \$100 with wide variation across participants.

[00:12:52] Panhandling income was primarily used for food, temporary shelter, or housing, clothing, and hygiene needs. Now moving on to housing instability and living conditions. And sheltered homelessness was the most common housing situation.

[00:13:10] That means that some of our participants were living in tents or cars. Most respondents have been living in their housing situation, including homelessness, for at least a year. Now moving on to health and service needs. We also ask questions in our in-depth interviews and survey about their health care needs to our participants.

[00:13:32] Many respondents reported managing a chronic health condition or living with a disability. One important thing to highlight about this is that many of our participants also share that they experience various access in health care due to perhaps not having services in multiple languages or lack of health insurance.

[00:13:51] Most have used food assistance and medical or mental health services in the past six months. Nearly half reported needing permanent housing assistance but have not been able to access it because of low awareness of services.

[00:14:07] One thing I also want to highlight here about the things that our participants shared with us was that many times, well, they emphasized that they will have live-receiving housing vouchers, at least that will have help with their housing situation at the time.

[00:14:23] More than one-third of survey respondents expressed interest in receiving outreach. Actually, that was the first, for many of the participants, that was the first time somebody approached them asking them about their well-being and housing situation on the street.

[00:14:40] Now, it's important to also highlight some of the perceptions of panhandling that participants shared with us. Participants emphasized that panhandling is often misunderstood as a choice. Even though most interviewees have worked for the majority of their lives and actually turned to panhandling only during sudden changes in their life situation.

[00:15:03] Interviewees also describe living in precarious conditions, such as sleeping in cars, eating infrequently, and managing serious health conditions. Now, I want to end this section of the presentation with this following quote. I wish people knew we're just people too.

[00:15:21] Everybody has things happen to them in their lives. I'm not a criminal. I'm not a bad person. A lot of people, they just need somebody to reach out and help them. I wish people knew that homeless people are just people too.

[00:15:37] Everybody has a story and everybody's story is different. Panhandlers are just people. An act of kindness can even, an act of kindness can save somebody's life. There were days I really didn't think I'd wake up the next morning, and someone would come up to me and give me \$20, and it would change my whole perspective.

[00:16:03] Now, I want to move on to the recommendations. One thing to highlight about our study is that it reveals critical gaps in access to shelter, housing, health care, employment, and information about

available services. So I will move on to some of the recommendations we're providing, such as expanding street outreach, particularly in-person engagement.

[00:16:26] As I said earlier, many participants shared with us that that was the first time somebody reached out to them on the street. So it will be important to dedicate more attention to that kind of interaction. A second recommendation is improving language access.

[00:16:42] As I mentioned earlier, some of our participants shared that they face a lot of barriers due to language limitations. thankfully the county provides a lot of service a lot of information in English and Spanish but unfortunately fortunately that information exists primarily in electronic form so it will be good to combine this improvement of language access with an expansion of a street outreach their recommendation is to increase awareness of housing programs and as well as enhance access to affordable health care many of our participants as I said earlier share that they experience multiple various accessing health care due to language

[00:17:19] limitations as well as lack of health insurance now moving this kind of respect to the next quota I'm gonna say it in a Spanish first and then I'll provide a translation no me a no me record allotima this keby on doctor no macy does basis como no tengo seguro la última vez que fue en el dos me catorce y fue por la espalda y la pierna no voy regularmente tal vez a la sala de emergencias. I don't remember the last time I went to see a doctor. I've only been twice because I don't have insurance. The last time I went was in 2014, and I went back from my back

[00:17:58] and leg. I don't go regularly. If anything, I go to the emergency room. Following on to the more additional recommendations is to strengthen employment and benefit supports. Many of our participants also shared that they really wanted to work, but unfortunately, they were not able to access services that could allow them to seek employment. And finally, it will be good to build broader service networks. I want to highlight that it's no exaggeration that many of our participants were surviving with the bare minimum. And also, it will be to get a better outreach approach to this,

[00:18:37] it will be good to build networks with churches, with faith-based organizations, with outreach services, so I'll end this presentation with the following quote. I've been homeless a long time, and I just signed my lease through Pathways for Housing, and I move in on the first. It's amazing, especially after all this time. Street Sense Media is who helped me secure it. They got me safe, sober, and connected me to housing. Street Sense Media has played a huge role in helping change

[00:19:07] my life from really bad to really great. Thank you. Yes. Hi. Good afternoon. Good morning. My name is Tom Barnett. I'm the Deputy Director in the Department of Housing responsible for the Office to Prevent End Homelessness. I wanted to present two brief slides that sort of a response to the Urban Institute's findings and recommendations. Generally, the Department of Housing agrees with their principles and their recommendations. While there is some infrastructure

[00:19:41] to provide support staff concede that navigating the systems and being awareness are real challenges this fiscal year the county has provided significant investments in street outreach contracts in local non-profit organizations and these are new contracts two-thirds of the respondents to these surveys were in the areas under which we will have new vendors providing the outreach services these services are going to complement and support the implementation of these recommendations. In addition, the Department of Housing is hiring a new outreach and overflow

[00:20:16] specialist not only to respond to sort of the extreme heat and cold questions that have come up in recent years, but also better coordinate and manage the street outreach efforts around unsheltered homelessness. In terms of our next action steps, we will certainly improve language access in terms of written materials, but also in the language used by the outreach workers.

[00:20:42] We will be focusing on educating and connecting individuals not just to shelter, but housing and other services. And to do so, we work with partners normally as part of the county's health and human services system, including the Community Services Board, whose PATH outreach workers and the health department's homeless health care program work with our nonprofit providers to not only connect people to housing and shelter, but also promote access to behavioral and physical health care.

[00:21:11] We're also working with the Department of Public Works and Environmental Services on the Operation Stream Shield program, which has provided employment opportunities for people experiencing homelessness. And based on some preliminary conversations with their staff, we think there's some new referral pathways that we can create to increase access to those opportunities and increase the number of people that are participating in getting longer-term employment.

[00:21:35] Finally, with these outreach workers and this new specialist within our office, we're going to be promoting greater awareness in the community of the services and the connections between providers, both in the county and within local nonprofit community-based organizations, but also within the broader community, such as houses of worship and the businesses. And so we're hopeful that these will have positive impacts on the lives of people who are panhandling and experiencing unsheltered homelessness. Look forward to hearing your comments and questions today. Wonderful. Thank

[00:22:11] you very much and thank you for this i'm glad to be able to be on the board now as we bring the survey results back i have a long-standing conversation i found it very interesting that the primary income source 65 was panhandling and a lot of it was due to lack of access to housing or employment or some of those basic social services so i think your suggestion is addressing the root causes but also connecting to the services that we already have is a great idea one of the things i found very interesting is that many so they're living with a mental health or chronic health condition, but I'm wondering what the impact of some of the changes to the

[00:22:46] requirements for Medicaid access and the increased paperwork requirements and requirements around more frequent re-eligibility and eligibility checks is going to have on access to those who are unhoused or panhandling or housing insecure to continuing those services. That's something just to keep in mind going forward, as it's not just connecting the services, but making sure folks can maintain the service they have in this situation. So with that, I'll go ahead and turn to our chairman for remarks and then go. Yeah, thank you for the presentation. I mean, I think probably most of us here are looking at this saying there's no real surprises in here, um, for better or for

[00:23:22] worse. Um, I guess one of my questions is for the, for the folks who did the outreach and, and compiled the report, um, have you done this in other jurisdictions and do you see anything different here than what you might have seen in that work in other areas?

[00:23:41] This is our first study on panhandling. However, we did do a literature review of other studies that have happened in other jurisdictions. And I think our findings kind of align with what we saw in the research base as well. So I agree that there was nothing necessarily surprising with what we found. Okay. And I bring that up because, you know, here we live in a community that in a lot of ways is resource rich in

two ways. One in that we have a network of nonprofits and programs available to people if they understand those programs exist. But we also live in a community

[00:24:20] resource rich where our residents are generous and instinctively want to be helpful. And that's always the dilemma that we face in trying to tackle this issue because on one hand we want to drive people who have need to organizations that can help them with the need. And on the other hand, our residents want to, at the moment they see someone homeless, perpetuate panhandling as something that could be lucrative to them. And so I don't know where the middle is. I think

[00:24:57] probably in the staff's recommendation is where the middle is that we need to double down on those outreach efforts. I will just say that I know for a fact over many, many years, a lot of our nonprofit organizations have attempted to do outreach to people who were panhandling.

[00:25:15] And we haven't really seen a measurable difference in the number of people who are doing it today versus the number of people who were doing it when I know those activities were taking place. And so I don't know how transient this population is. And if that was part of the question or not, because if it is a very transient population, it's going to be very difficult to make those connections. And even when you do make those connections, you're moving on now to another group or individual who's come into that area. So do you get a sense of how transient this population is? And when I say transient, I mean, you know, maybe just moving from one area,

[00:25:55] the DMV or country to another, not within the county transient. We sort of touched on that, You know, when we asked in our survey, we asked how long they had been panhandling. And in interviews, we asked where they came from. So most people were from the area, had been in the area for a long time and had been panhandling for over a year.

[00:26:15] So we did not get the sense that it was a transient population. OK, so it's going to be interesting to see if, you know, some of that doubling down helps with this. And then my last question is the I was interested in the safety and daily experiences because as it said, most respondents reported feeling safe in their daily lives and while panhandling.

[00:26:35] And so, you know, this is probably the number one concern for most people in our community is we have panhandlers who will enter the right-of-way, in some cases will aggressively pursue people and knock on windows of cars. We have panhandlers who will stand on very narrow rights-of-way, and we have had panhandlers who have lost their lives in the street by being hit by a vehicle. But your sense in talking to them is that they felt safe standing on the medians and that that was not an impediment to them at all. Yes. Overall

[00:27:13] many shared that they felt safe and I believe it's because of the familiarity with the area as well. They often go to the same spots to panhandle. Thus they have taken enough precautions and they already know what to expect for the day, how many hours they're going to spend on the day.

[00:27:33] They are very, in a way, it's part of what they're doing to just make it by. So it makes sense that they're also taking their own precautions to stay safe. Okay. And I'm just going to wrap up by saying, you know, the resources that we're putting into this moving forward in the staff's response, which I appreciate, you know, I would ask us to give some thought to, you know, how we can maximize those in a given area and see if they're working because I would sure love to see you know some metrics of you know here's how we have achieved some success with some individuals transitioning them out of panhandling

[00:28:11] and into you know something else that's more stable and in tandem with that you know where have the gaps been and where have we failed to do that and what are we missing because ultimately I think everyone's goal here would be to try to end this both for the people who are panhandling and give them better opportunities, but from the safety standpoint, I still remain very concerned about what's happening in the right-of-way and the difficulty that our public safety folks have in trying to deal with some really difficult cases.

[00:28:46] And I was the supervisor who got the call when a gentleman was sitting in the right-of-way panhandling and was killed, and nobody wants to take that call. and it was a right-of-way that was no wider than this desk in front of me that he was sitting in.

[00:29:02] And so I do think there is a public safety component here, but I would like us to focus on is there a geographic area, is there a demographic, is there some other subset that we can really put a lot of focus in to see if we can move the needle and make a difference in that area and then what are we missing and be able to measure that.

[00:29:22] Thank you, Chairman. Next we'll go to Supervisor Palachuk. Mr. Chair, Mr. Chairman. so much, Madam Chair, an excellent job on your first meeting. Thank you, muchas gracias, Paola. Really, really appreciate this as my training is in cultural anthropology. I really love that you were out there doing the interviews. And I would say, you know, I'm glad that we have research and that Urban Institute did that research with us because we've heard a lot of hearsay, right?

[00:29:50] Who is there? What are they doing? Why are they doing? Are they part of this network, right? And And I think it's really important to make sure that we have real data, real research, and then that we think about how we want to move forward from that. You know, our county has incredible programs, and we have a whole network of nonprofits we work with.

[00:30:11] But our county has also changed quite a bit, right, in the past 30 years. And so I think it's really important for us to continue to review, right, what still works and where are there gaps, right? whether it's the way development has changed, whether the way neighborhoods has changed, or really those of us who know how much the cost of living has changed, right, in the last 30 years and the ability to raise and maintain a family.

[00:30:35] So I really appreciate it. I really had no idea what this was going to bring back personally and really appreciate the stories that you were able to gather. My one ask would be that we haven't already. We take this back and we work with our chief equity officer as well as our HHS communities to understand what are the best ways that we and our staff would recommend that we tap into some of our existing programs, our existing partnerships, right, whether it's our faith communities.

[00:31:07] We have an incredible, right, hypothermia shelter program where we already have built trust, right? Because I think it's a big piece is people might be told this exists. But unless, especially if you've gone through a lot of trauma, right, and lost a lot, you're doing everything you can just to, you know, put your family first.

[00:31:27] And sometimes it is risking your life, unfortunately, just to put food on the table. so I find it really valuable to get this and to continue to dive more deeply and I would love our team to be able to do that and to me when we look at data and we look about continued research and metrics I have a sense that we really need to follow the individuals right follow people follow the families follow the story because

people aren't statistics right and we know when something is broken, it's broken differently for everyone, right? I think our Toms, our experts say

[00:32:04] this to us and our team, it's going to be a little bit different, right? So it's kind of like saying, okay, if you're in the middle and we can do these programs, you're going to work for everyone. But as we get to people who really may need a little bit more attention, understanding, support to help them be, right, productive, kind of like how some of our nonprofits do, whether it's a pathways or a home stretch is to really understand, you know, what that is. And then if that person moves out, if someone, I'm wondering what happens if someone else comes to that spot, right? And I think we're all wondering that, right? And I don't know that we're going to have that unless we have

[00:32:40] the full longitudinal qualitative and quantitative impact of this work. So I'm just, I'm really grateful. I know there are a lot of questions and we want to figure out how to continue to be effective. And I just think that we need to work with our partners and work across our agencies to figure out how do we ensure continued, you know, outreach and success in that work. But I'm just so grateful for the work that you've done. Thank you, Supervisor Palchuk. Supervisor Jimenez. Thank you so much, Madam Chair. And thank you to the Urban Institute for your presentation. And thank you for the county. A couple quick comments. So we had a health fair

[00:33:20] this weekend. And one of the things that we heard from the folks that showed up most commonly was access and how they were easily able to attend because we were out in the community. So access obviously is key. One real quick question. You mentioned to the Urban Institute that one of the things that made the panhandlers kind of feel safer was they had taken precautionary measures.

[00:33:44] When there's cars going like 40, 50, 60 miles an hour, I don't know what kind of precautionary measures you can take. So, I guess I'm just not understanding when they mentioned to you all overtaking precautionary measures, was there like, what does that mean? I'll highlight some things and then Per can elaborate. Essentially, it just means that they are, due to their familiarity, they go to these spaces five days a week, sometimes every single day. And when they say

[00:34:20] precautionary measures, they're just making sure, essentially telling us that they're familiar with the area. And thus, they're not exposing themselves to surprises, per se. So more of like, I guess, a personal safety in a way versus like the idea that there's an oncoming car coming. Yeah. Okay.

[00:34:41] Well, thank you. Thank you very much for your presentation. Thank you to the county for your recommendations and your thoughts on those recommendations. I would just add, Supervisor Jimenez, I would think that part of the answer is if you're at a place for five or six hours, you become desensitized to the risks that you're taking at that point.

[00:35:01] So I think that's what she's probably referring to in terms of same sites, five, six hours a day. Thank you, Supervisor Mendes. Supervisor Stork? Well, thank you, Madam Chair.

[00:35:18] I know that we all have been long awaiting this study because it's such a huge part of at least the Richmond Highway Corridor, but it's a huge part of what we all, I think, face. the number one issues that we hear from people is about panhandling usually we hear it on the other side which is somebody's uncomfortable or they feel like they're being put upon and and to some degree that happens we know that and then the dangerous if you will risky behaviors or something we all we all have seen the the mother

and a couple kids out in the median and and we just know that that is just a huge and horrible accident waiting to happen so that i really

[00:35:58] appreciate that we're doing this, but I think we need to go even more, and I think I'm hearing that in the recommendations, too. First and foremost, I have to admit I'm very disappointed with the number of surveys that we were able to do. Any particular, I mean, it just, I know the surveys, but the actual individual responses were really where I thought we would get the most kind of in-depth and better sense of why are you out here, in a sense, and why we can project some of that but i think we were trying to find out more as well as how to to minimize or prevent this and

[00:36:33] we know that the relationship and the ratio of housing to job creation and fairways county is adequate that's why this board has been spending so much time on that but if you could just give me some sense of why those in-depth conversations why there were so few um so we originally budgeted for 40 surveys and eight follow-up interviews and that was just what the budget allowed and then when we attempted to do outreach to the individuals who are interested in participating in surveys or in interviews we had a lot of trouble reaching it back out to them you know

[00:37:11] they were busy during the day for various reasons and then the phone numbers that they provided us didn't work or cut offline so we yeah that was part of the reason we had to extend the data collection period also was to try to find people to interview. So eventually we were able to get really good conversations with six people.

[00:37:32] I think with additional funding, we would be able to, you know, do more. And I think that's, I agree where the interviews are really, where you find out a lot about what their situation is. What's there. What's really the core. Did you reach out to Rising Hope or the folks at the shelter or did you have any conversation with the folks who really are on the front lines of this work? Yeah, I might let Paola respond to that. We didn't reach out to those two organizations in particular, but we did do some outreach to community organizations to find people.

[00:38:11] So in terms of outreach, I actually talked to a couple of churches, including the Padua. I talked to the people that work with the food bank, so I talked to the people who organize the food banks at the churches, and they gave us some understanding of what are some of the challenges.

[00:38:42] Also, we don't report those statements in the final publication. Some of the things they share is that many are struggling with housing. Many are having to understand similar things that people share during the interview.

[00:38:57] The United Community, Lord Community Action Commission, Rising Hope, Good Shepherd Housing, any of those organizations that you all connected with or spent time talking with? That was not necessarily part of our scope, but those organizations did come up in our conversations with people who are panhandling.

[00:39:21] I think, you know, one of our findings was that there was a lack of awareness of existing resources, but we did run into some people who were aware of resources. There was one individual who declined to speak to us because of their past experiences with resources or access to resources.

[00:39:41] So, you know, I think what I guess I'll emphasize, you know, our findings are representative of the people who we spoke to, But there's a broad range of experiences and, you know, reasons for why people are out there. I'm not denying that the core of what you have here is accurate or appropriate.

[00:40:00] I just, I think there would have been maybe value, maybe there's some other insights. But I strongly support the recommendations, strongly support the next action steps. My question is, and I talked to a number of folks who have been service providers in Richmond Highway Corridor, people who have spent decades there and really got their input as to what do we think about, what should we look at differently, and those are kind of some of their comments.

[00:40:28] In particular, Region 1 and the numbers, about 50% of the numbers of areas were identified were along Richmond Highway, and that's huge, and it didn't seem that the resources maybe matched that, particularly the medical teams, I think, are divided up among the four regions, And we absolutely need, I think, that look and understanding better.

[00:40:53] Neighborhood health is a huge part of our community. They've been doing a great job. But they've only been there for really fully active and had county contracts for about five years, I think. So those are opportunities. I mean, the folks that just tromp around in the woods and connect and do that, I think those are real opportunities.

[00:41:11] The community itself, about two weeks ago at the very beginning of this cold wave, I literally went out and I went to the shelters and talked to folks, and they were doing just an amazing job, volunteers as well as others. But we all recognize that the numbers of volunteers and support that we've had pre-COVID and now post-COVID has just dramatically changed.

[00:41:33] And we had a great conversation, Tom, I think a couple days after I was out there, and you all recognize that. I think all of us understand that we need to do a better job maybe reaching out. We have a number of churches that used to do hypothermia shelters in our community that don't do it now.

[00:41:51] I mean, I don't know. But when you have hypothermia shelters that are at their peak two weeks ago, and you don't really know where else these folks can go, other than I know the county is committed to making sure that they have a warm, safe place with food.

[00:42:08] And then the other piece of that is we know that Hispanic outreach is a huge part of not only in the Richmond Highway Corridor and many others, and that we can probably do more language-wise to make that easier. I know Farsi is still one-on-ones that we don't have language interpretation services.

[00:42:25] At least that's what I understand from my staff, and that's probably something we need to look at. And the trust piece of that and some of the anti-immigrant kind of comments and issues that are coming out now make it even harder. But I know that the community, the Richmond Highway community, is deeply committed.

[00:42:43] I mean, they started many of these not-for-profit organizations, you know, 50, 60 years ago, and because they believed in making sure people had a safe place to stay and food to eat. And so I think we can do more to bring those communities and create better partnerships and do better outreach.

[00:42:59] But in the end, we know our communities are getting frustrated with folks who are walking out in the middle of the highway and rush hour. You're not sure why they're there other than they're there and having quick reaction teams and other kinds of supports to minimize. Supervisor Stork, I think Mr. Barnett and Mr. Leonard and I will come back to you with some observations. Looking at the report, I don't know if that was the goal of this report. This report was there to provide you with some feedback of why the folks were there, and we will get to you in everything you just said. We wrote

[00:43:38] down. We'll get to you on that as well. We've had some great conversations the last couple weeks too and I know that that's and we know that having a new service provider in the corridor I think will also enable us to do more and better work. So again thank you. Also one of the highlights. Thank you Brian for saying that. I just wanted to make sure that everybody knows those groups that you talked about when we talk about our action steps from the county and you've all heard me say this before there is no safety net in Fairfax County without our robust community-based organization And so all of those folks will be part of this.

[00:44:09] So when I'm saying and when Tom's saying our next action steps and how we're responding, we're responding in whole with those very same partners that you're talking about. So I just wanted to make sure that I gave you guys that reassurance. Thank you. And we're up to time because we've got one more item too.

[00:44:24] So we still have a couple more speakers to go. So Supervisor Lusk. Thank you very much. I'll quickly go and note, really appreciate the survey and the discussion here today. and we'll acknowledge that the way that you've presented this really humanizes those individuals.

[00:44:47] And I think in some cases, they are not. I would ask if there's a way for us to maybe get some materials that we can maybe, I'd like to include in my newsletter that talks about what this survey and recommendations are, but then gets to some of the quotes here, which I think really are important.

[00:45:11] And as a person who just spent time at Rising Hope at a hypothermia shelter, Regina in my office is there with me as well, and we got to do the point-in-time surveys, and most of the folks who responded, we have no income.

[00:45:29] They have no income. And, you know, it is a significant problem. So I appreciate, Tom, the points that you were making about, you know, Operation ScreenShield and helping give opportunities to some of the individuals so that they can raise and garner income.

[00:45:54] And I noticed that you had said there was some opportunity for those numbers to increase. So it might be of interest to me to know kind of how many people were serving through the program today And then what do you project would be the extension and growth of that over time?

[00:46:10] And then I'll maybe raise a little bit of a challenge here is that we should think about other entities that can help provide similar type opportunities. And I know we talk about strengthening employment and, you know, having a vehicle for that, having that infrastructure already set is going to be really important.

[00:46:33] And I would say if there's something that we as board members can do, and I certainly want to be participatory in this, thinking about if there are employers who are willing to hire individuals who are, you know, in these situations, acknowledging that every single person that's a panhandler might not be able to work.

[00:46:55] Let me be clear, those who are able to work, acknowledging that they need a job, helping them do that is going to be very important and necessary as they become hopefully self-sufficient. And I do appreciate this recognition of helping them get to other benefit supports too.

[00:47:15] So with that, I'll conclude my remarks and just acknowledge that this is an issue that my daughters have talked to me about. And to the point that the chairman made, our residents who are

panhandling are sometimes in rights of way that are three feet wide, three feet wide. And cars are zooming by. They are putting themselves at significant risk. And we do want to make sure that nothing happens to them. So thank you very much. Thank you very much. With that, I'm going

[00:47:54] turn back to Chairman McKay for Supervisor Herity. Yeah, and we tried this earlier. I'm going to try it again. We don't normally do this. We do it at the very beginning of the meeting. So for participation remotely, I would ask people at the very beginning of the meeting to be ready so that we can have a record of you participating remotely and being able to participate throughout the committee meeting. And so I'm going to try this again because I'm told that Supervisor Herity is connected and would ask that he be allowed to participate remotely in the Health and Human Services Committee meeting today. Supervisor Herity, can you state your name and general

[00:48:28] location for the record? Pat Herity, Annabria Island, Florida. We can't hear him. You've got to be kidding me. That's a tech knock. Come on, guys. I'm on. It needs to be audible. Can you hear me? Can you hear me? It needs to be audible to us. Why? Okay. We'll try it again

[00:49:04] later then. Okay. I'm here. Jeff, can you hear me? Thank you. That was actually our last speaker, our last question on this. We've got one more topic, so I want to thank you for your work and thank you for the follow-up as well. And when you're looking at language access, I encourage you to look at mental health and disability communication access as well. So again, thank you for your work. Thank you for the results on this very important topic. We're going to move on from there to our next topic today, which is the budget guidance on the post-secondary education program update. So, we'll give a minute to switch out staff. Thank you again.

[00:49:42] Thank you, everybody.

[00:50:05] So, the second item on the agenda today discusses the proposed elimination from last year on the CSB's post-secondary education funding in the self-directed program. As you may ultimately recall, the board last year approved partial funding to accommodate currently enrolled families for one year while directing staff and budget guidance to return HHS committee meeting prior to the next budget cycle to provide an update on the efforts around these services So I'll turn that over to Chris Leonard or to dr. Barbara Wadley young acting director of CSB to continue from there

[00:50:37] Thank you. Thank you and good morning to the Board of Surveys. Thank you for having us here with you to speak on this This is a reminder of the directive which the chair already spoke about The board directive focuses on reducing funding needs for employment and day services which has been a priority of the CSB for many years the agency particularly this service division has made significant strides with reducing costs to the county particularly through Medicaid waiver maximization and parity and parity of service costs with

[00:51:15] Medicaid reimbursement rates where possible in negotiations with community providers we're also very focused on ensuring that individuals in post secondary education programs transition into viable alternative options by July 1, 2026.

[00:51:32] And forgive me, I meant to also introduce Kevin Lafin. He's our division director for employment and day services with the CSB. And the next page, the community services board's post-secondary education program is a relatively small program within the CSB's employment and day Services Division. It's managed under our self-directed services umbrella. Self-directed services allows participants

who do not have Medicaid waivers to manage their own specific budgets and to choose available service providers that can support their needs and interests for

[00:52:09] employment or meaningful day services. There's a total of, just for reference, 1,300 individuals served in employment and day services for individuals with developmental disabilities. 556 individuals are served in a self-directed services program, and 40 of those individuals are receiving post-secondary education services at this time.

[00:52:33] A bit of background on the program. The post-secondary education program was originally intended for one-to-one support of individuals with developmental disabilities on college campuses through tutoring combined with employment readiness.

[00:52:49] It's now the costliest program, and there are other less costly support options for self-directed services program participants, including tutoring and companion care. Most individuals in self-directed services are on the priority one wait list for Medicaid waivers.

[00:53:06] High school grads are designated a high priority status by the Department of Behavioral Health and Developmental Services. Once individuals receive a waiver, they transfer to a waiver services provider. and this can be challenging for some, particularly if the provider is not eligible for Medicaid waiver funding. This is why our teams focus on waiver parity and provider eligibility for Medicaid waiver participation where possible. Cost containment considerations that we've

[00:53:40] undertaken in the past year or more are presented here. The first is sunsetting the post-secondary education program. We've held admission in FY26, identified and worked with alternative providers in anticipation of an increase in their services to post-secondary education families who may choose to work with them. Seven tutoring service providers have been identified as viable options for parents and individuals, which participants explore and self-select. Companions vary by family as they're also self-selected. Some utilize provider agencies and others seek and select

[00:54:18] interested individuals at their discretion. Families are aware of the expectation to transition by July 1, 2026, and a team is confident that this will occur. The second consideration is to cap the level of support for post-secondary education-like services. The average cost of self-directed services is currently \$7,575 per participant versus \$15,543 per post-secondary education participant. We would seek the cap costs at the average self-directed services program average.

[00:54:54] Moving to the third item, where possible, we would work with providers to establish rates that are on par with Medicaid waiver reimbursement. They're often our best benchmark to avoid having inconsistent rates for waiver and non-waiver service providers. It also supports smoother transitioning for self-directed services program participants when they receive a waiver. Advancing services reimbursed by waiver and the final item of sunsetting services not reimbursed by waiver are being considered, though these will take considerable time to do, particularly for

[00:55:33] smaller agencies that are challenged by Medicaid administrative requirements. Some agencies overcome those administrative challenges by partnering or merging with larger waiver providers, and some of them consider their options to grow and expand to benefit from economies of scale.

[00:55:55] We're assisting providers to explore all possible options, which is something we do for new providers and ongoing providers at all times. And the final slide is essentially a reiteration of the actions taken. The team spent the past first two quarters of FY26 working with existing tutors and companion

providers to ensure their readiness to expand to support current post-secondary education program participants. They've also worked with post-secondary education providers on reducing

[00:56:31] costs without drastically reducing hours of support to current participants, and that's been a significant challenge. We have made some headway collectively in working with the post-secondary education providers to become Medicaid waiver eligible, and we're actually happy to announce that both are in varied stages of doing so at this time.

[00:56:54] In the interim, families, again, are aware via service contracts, ongoing supports from our support teams to become more familiar with the other services and to seek out other providers, and they're in various stages of doing that at this time.

[00:57:16] And that is all we have for you. Happy to answer any questions you may have. Thank you. I'll take my comments at the end after listening to my colleagues. We'll start with Sharon McKay. Yeah, thank you. Thank you for the presentation and progress. I guess I just have one question, and that is the quote-unquote lower-cost providers that we're working with.

[00:57:36] Can you help us understand what makes them lower-cost providers? Is it a difference in the service they're delivering to customers? Is it a programmatic shift? Is it a contractual one? Help me understand what makes them lower-cost providers.

[00:57:54] We have, so there are a number of tutoring service agencies that are able to provide one-to-one costs at a lower rate, as well as companion service providers that provide costs at a lower rate than two providers in particular of post-secondary education services.

[00:58:16] I think probably tutoring and companion services have greater competition, So rates are, you know, remain competitive, whereas the other two post-secondary education providers provided new services, established their budgets consistent with, you know, their expenses, and, you know, over time, they've just not been able to maintain a level of competition with those that provide tutoring and companion services.

[00:58:49] Okay. I think that's helpful because it's not necessarily a wholesale change in the quality of the programs that people will be getting. That's not what makes them more affordable. It is other things. And so I just wanted to point that out. And then lastly, for those watching at home, we should have said this at the beginning, but of course Barbara is acting director because for anyone who's watching that didn't know, Daryl Washington, of course, has been appointed as the commissioner of Virginia's Department of Behavioral Health and Developmental Services, which is a great thing for all of us here in Fairfax County, and we congratulate him on that appointment. And so I just want to make that clear for anyone who might not have gotten

[00:59:29] that memo yet. Thank you. Thank you. Supervisor Behrman? No real questions, just a note of appreciation for what you did here because, you know, last year there were lots of concerns about ending the program and the feeling among some parents that it was abrupt. And the fact that we took some extra time, we worked with the parents, we worked with the service providers, um, to fix a problem, make it more cost-effective, cost-efficient, um, but also work with the people

[01:00:03] who, who depend on these services, um, is, is really a, a big thing, a good thing, and nice work. Thank you. Thank you. Thank you. Vice Chair Smith? I just want to make sure I understand terms because this isn't my day-to-day work, right? And so you talk about tutoring services and companion services. So in

my mind, I'm thinking, are these tutoring services just in general for people? Are they focused on people with disabilities? And then how does that compare to companion

[01:00:40] services? So our programs are specific for individuals with developmental disabilities. So tutoring, of course, would be for individuals who have that support need. And companions, support with travel support with preparation for coursework support with just readiness for the for the day so that so those are the significant distinctions tutoring is specific to coursework or yeah mostly specific to coursework yes and companion it's like Barbara said maybe helps you get ready

[01:01:17] for some of those things tutoring would be more the academic piece of it but the companion was you know we have individuals that utilize companion to help navigate, you know, on campus and so on and so forth. So do the tutoring services, when they have those, would they go onto campus with them too, or it was separate from the campus experience?

[01:01:38] It varies by individual more often than, even though these other programs were campus-based, it wasn't support in a classroom so much as review of coursework. Okay. And so you talk about these providers, and you're trying to help them get Medicaid waivers.

[01:01:59] And so my understanding is you said they're smaller companies, and it's kind of hard to get the hurdles or what they need. If you could just explain that to me. Sure. It's Medicaid waiver eligibility. Right. So the waivers are issued by the state.

[01:02:14] There's a whole selection advisory committee for that, but it is preparing agencies to become eligible for Medicaid waiver. And we do have some small providers who have that capacity. It's a bit daunting for those who are unfamiliar with the process.

[01:02:31] But we do have a pretty wide community of providers and support coordination staff who are supportive of agencies who are interested in pursuing that. It takes a while to get used to. There's some adjustments in your infrastructure in terms of billing and things like that.

[01:02:52] That takes some getting used to if you've never experienced it. So those are the biggest hurdles for them, how to comply with the regulations. Yeah. Okay. Thank you so much. I appreciate it. Thank you. Next, we have Supervisor Alcorn.

[01:03:08] Thank you, Madam Chair. So similar to my colleague, this is something I have to get back up to speed every time it comes up. But what is the budget, overall budget amount that is kind of in play here?

[01:03:26] How much money are we trying to save? I believe that I have it here. Is it in the hundreds of thousands? It's in my notes. No, it was \$621,716. All right. Thank you. Give or take. Give or take. All right. That's helpful.

[01:03:42] And I'm just curious, for the PSE program, it's there. Have we been measuring outcomes, you know, in terms of employment, in terms of – for our existing program? Supervisor Alcorn, we have worked very closely with the four, really, or three post-secondary education programs to try to get, you know, some longitudinal data about what you're exactly talking about.

[01:04:11] I will tell you back in the day when we looked to pilot post-secondary education, I was a huge proponent of, you know, this will be kind of a return on investment. Hopefully people will get education, maybe move on to services that don't require, you know, county funding. We have not seen that come to fruition as much as we would have hoped.

[01:04:29] Okay. So we have been measuring, I guess. We've sought to, but we've not been successful in achieving data. Okay. And I guess it relates to my question. we're going to the lower cost service providers, are they measuring outcomes as well? Would that be part of, you know, that effort? So many do. We've not, we've not requested that. We don't get as directly involved in satisfaction with the service between families and the service providers

[01:05:07] because they self-select their providers. So if they're satisfied with the services that are being provided to their family member. We don't tend to assert ourselves. Our primary concern, we are concerned about outcomes. We are concerned that service providers are providing what they say they provide in a quality way.

[01:05:34] But our first observation, of course, was the fact that we were paying a great deal more money than the general community to access like services. So as a question we ask, we're required by Medicaid and we apply the same practices to our non-Medicaid recipients regarding satisfaction with service delivery each year. Okay. Yeah, that's helpful. And I guess maybe you just described, I know we pay for a lot of things that Medicaid doesn't reimburse for. I know that. And so this

[01:06:10] is just one of those things that we've been doing that, is it because of the maybe disproportionate cost? Is that what got the attention or was it what you just said and why we were looking at this? Because honestly, I want us to keep paying for a lot of the stuff that Medicaid doesn't pay for, a lot of really critical services. I guess, how do we get to this as a target?

[01:06:35] Again, I think mostly just because we realized that individuals who were participating in PSE were paying almost twice the cost for fewer hours even than the 19 other individuals who are currently receiving tutoring and companion services, and they're getting more hours of tutoring service.

[01:06:57] Okay. All right. Thank you very much. Appreciate that. Thank you. Supervisor Stork? Supervisor Alcorn did a great job of asking questions I was thinking about and particularly recognized the outcomes piece of this because in the end, that's really what our objective is, is how can we do more for developmentally disabled kids and young adults and enable them to be more effective and successful adults.

[01:07:26] So I'm looking for that as well, and I realize there is that balance because giving families an opportunity to, to some degree, individualize or customize the needs for their family makes sense. But I'm looking for some way of kind of having comparability, and definitely we have to look at the cost comparisons of those services.

[01:07:49] So, again, thank you very much for the presentation. It's very helpful. Thank you. I will take a turn, and I appreciate the information, and this is an area that I, you know, is a passion of mine and a long-term interest in something I talked about on the CSB board.

[01:08:07] So here's kind of what I see here. As I understand what the additional costs and potentially not a lot of people being served by it, the need to look for streamlined funding. This is a large-scale problem that crosses government entities, and I think coming straight off the school board to here, I can sort of well speak to this.

[01:08:27] The issue is the students who qualify for self-directed services because they are the ones who are on the Medicaid waiver wait list. And the issue is that the ones who get on the Medicaid waiver wait list traditionally, by the way, the state runs this by the way, the eligibility by some of our presumptions, by our

biases, all of the pieces that go into the qualifications for Medicaid waivers leave out at the qualification stage many of the students who should qualify and could be college bound.

[01:08:55] So the reason the numbers are low is because of the lack of understanding of neurodivergence and the fact that you can be college-bound and still need companion or other Medicaid waiver services. So the pool of people is low.

[01:09:12] That is a school issue. That is a school issue that has been a failure because of lack of inclusion, and that is shown by the state data that the school system has failed the indicators for inclusion for 20 years in a row. That is not a county issue. That is a school issue.

[01:09:27] Having said that, that is why I think you're seeing the low numbers and the increased cost, because the pool is the wrong pool. The concern that I have with looking at Medicaid waiver providers, and I mentioned this to you, is that traditionally, because the pool of those who qualify for Medicaid waivers have not traditionally been the pool of students who are college-bound, while they certainly do meet students where they are, they traditionally have not provided college-level tutoring services.

[01:09:59] They may have a one-off here and there. And I remember questioning the companies about this when I was on the CSB board and the providers. So they don't necessarily have the expertise to provide college-bound tutoring services. I'm not saying the ones who were doing it had that. I don't know the companies that were doing it.

[01:10:15] But I would say if we're going to go down this route, you need to be really careful about ensuring the service providers that we are paying for or providing are actually appropriate for college-bound support, whether it's on campus or not on campus.

[01:10:30] That is my greatest area of concern here because the providers aren't used to doing that. And at the end of the day, I think we want to try to plug the gaps in in an effective and efficient way that Medicaid isn't covering, especially in Virginia, because I think Virginia is still like 47th in the nation providing supports for adults with disabilities.

[01:10:49] So I want to be careful that we're not just saying, oh, the Medicaid waiver providers can do this because they say they can because they haven't traditionally been on a whole scale basis. It's because they haven't needed to because they haven't had that population. That's my concern about this. I'm not necessarily saying we don't sunset this program, but there's a lot of oversight that's needed, especially because of Medicaid waiver providers.

[01:11:12] The burdens of paperwork, which is already very onerous, which is why you need support coordinators just to help them with the paperwork, is going to get worse. And I know that the challenge on the CSB board is going to get stronger as well for the families but also for the providers. So I just have concerns that we're putting on them something that they're not traditionally used to doing.

[01:11:30] on a whole-scale basis because they haven't had the population to do it with. And I'll stop there, but that is my main concern about this. So we did follow up when you and I had an opportunity to speak about that, and I thought it was an incredibly valid point.

[01:11:50] We reached out to our current providers just to confirm and compare between the post-secondary education providers and the tutors and the tutors that we're using, and there is a broad range.

[01:12:08] They hire college students to provide the services, and they provide training to a lot of the students, the current PSE providers. And our tutoring agencies actually do the same. They do have a broad range of college students and college grads of all ages.

[01:12:28] as they wanted to be clear to specify that, that have that, you know, college-based, college campus experience to support individuals with developmental disabilities. And, of course, they also try to recruit for the number of individuals that, you know, come into their agencies to make sure that they have the background to support individuals with neurodivergence or other developmental disabilities.

[01:12:57] I would agree with you that there's more work to do for sure. We have looked into, our agency provides intro and advanced developmental disability training, as does our regional office. So there are ongoing conversations that we can certainly have around provider development to make sure that they're providing the quality services that our individuals need.

[01:13:22] That was just my only ask, is to make sure the providers are sort of held to making sure that they actually provide hiring this people are great but what how are they training them specifically around college access right just because you went to college you may not know what it takes for someone with a development disability to access college and I'll leave it at that but that is my one concern about the quality the services they'll get from Medicaid waiver eligible providers with that I see nobody else so we will take our lunch break this meeting is adjourned thank you very much



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