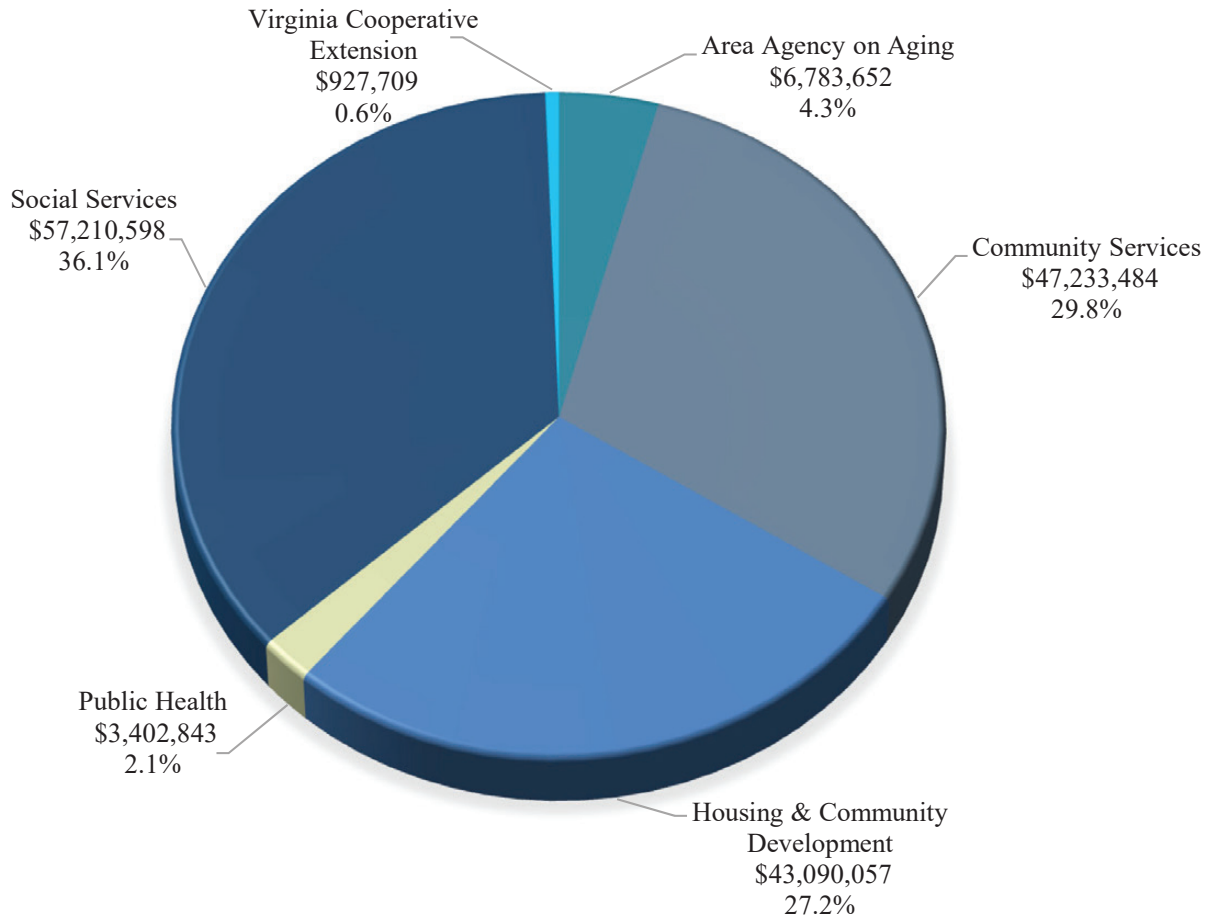


Human Services



Human Services Expenditure Budget: \$158,648,343



Average Tax Bill: \$4,177

Human Services accounted for \$209 and 5.01% of the average residential tax bill in FY20.

Department & Agencies

- ◆ Area Agency on Aging
- ◆ Community Services

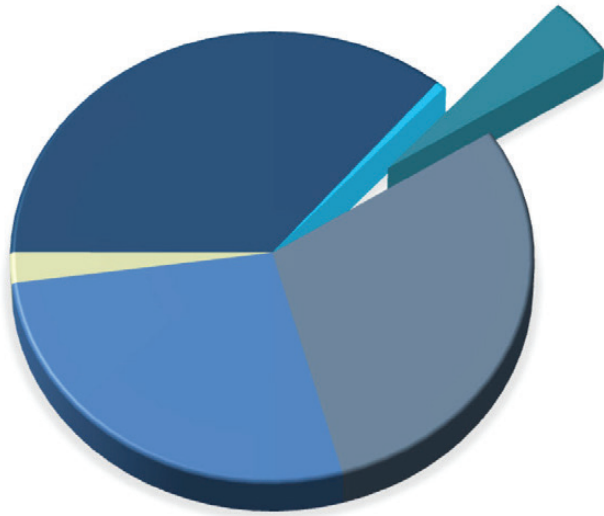
- ◆ Housing & Community Development
- ◆ Public Health

- ◆ Social Services
- ◆ Virginia Cooperative Extension

Area Agency on Aging

Mission Statement

The Area Agency on Aging will empower independence and enhance the quality of life and enjoyment of aging by offering a supportive network for older persons and their family caregivers through advocacy, education, coordination, and implementation of programs and services in the tri-jurisdictional area.



**Human Services Expenditure Budget:
\$158,648,343**

**Expenditure Budget:
\$6,783,652**



4.3% of Human Services

Programs:

- Home & Community Based Services: \$1,539,106
- Supportive Services: \$1,155,848
- Senior Centers: \$1,422,219
- Fiscal & Administration: \$2,666,479

Mandates

The Area Agency on Aging does not provide a state or federal mandated service. Some federal grants require certain activities be performed; however, these are not considered mandates since the County is not obligated to accept the grant funding.

Area Agency on Aging



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Home & Community Based Services	\$1,215,344	\$1,291,077	\$1,435,021	\$1,438,018	\$1,539,106	7.03%
Supportive Services	\$978,100	\$1,029,287	\$926,382	\$1,114,729	\$1,155,848	3.69%
Senior Centers	\$1,125,475	\$1,057,981	\$1,137,874	\$1,209,085	\$1,422,219	17.63%
Fiscal & Administration	\$2,071,734	\$2,088,663	\$2,146,994	\$2,393,871	\$2,666,479	11.39%
Total Expenditures	\$5,390,653	\$5,467,009	\$5,646,271	\$6,155,703	\$6,783,652	10.20%

Expenditure by Classification

Salaries and Benefits	\$2,244,478	\$2,322,748	\$2,241,917	\$2,243,281	\$2,387,591	6.43%
Contractual Services	\$2,126,345	\$2,133,309	\$2,321,913	\$2,521,803	\$2,900,410	15.01%
Internal Services	\$183,002	\$179,641	\$177,170	\$155,776	\$155,776	0.00%
Purchase of Goods & Services	\$818,459	\$821,271	\$895,841	\$1,223,844	\$1,328,875	8.58%
Leases & Rentals	\$10,268	\$10,039	\$9,429	\$11,000	\$11,000	0.00%
Transfers Out	\$8,101	\$0	\$0	\$0	\$0	0.00%
Total Expenditures	\$5,390,653	\$5,467,009	\$5,646,271	\$6,155,703	\$6,783,652	10.20%

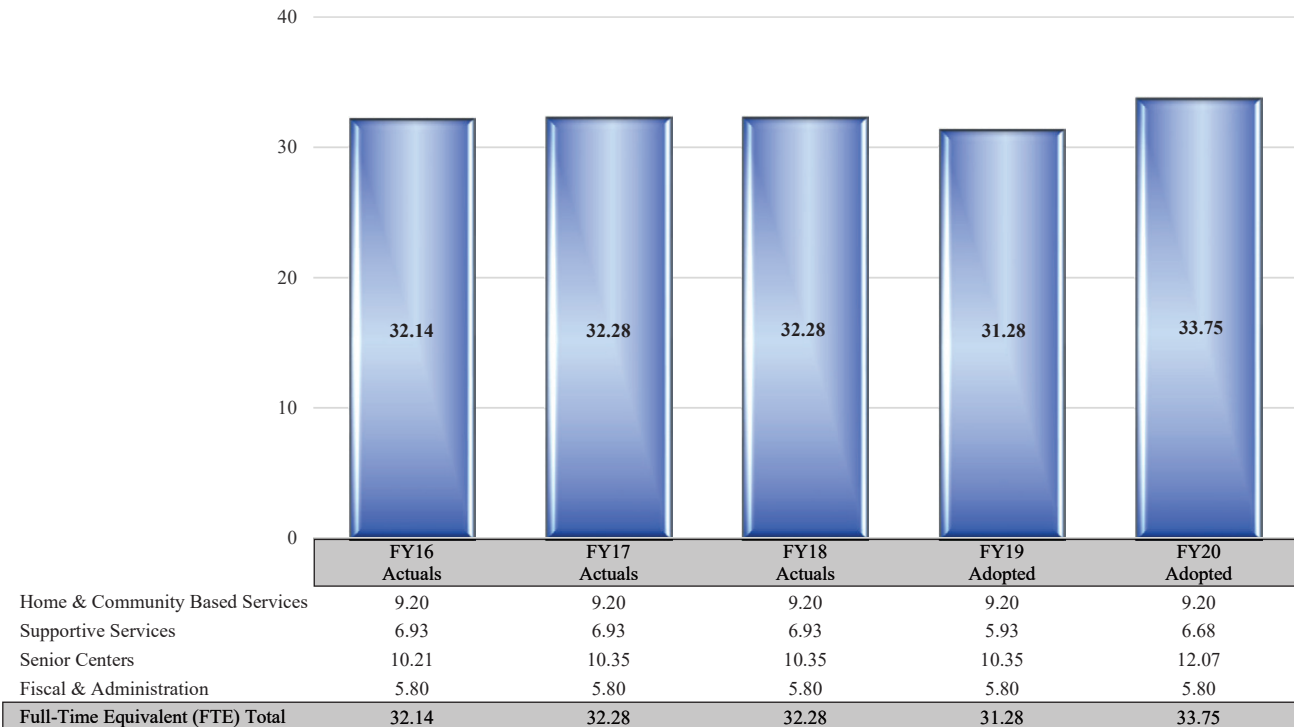
Funding Sources

Revenue from Federal Government	\$777,767	\$866,700	\$827,780	\$1,097,219	\$1,355,407	23.53%
Use of Money & Property	\$3,124	\$2,460	\$2,302	\$2,250	\$2,250	0.00%
Revenue from Other Localities	\$426,228	\$301,260	\$412,956	\$412,959	\$461,453	11.74%
Miscellaneous Revenue	\$44,769	\$48,439	\$97,116	\$88,942	\$88,942	0.00%
Non-Revenue Receipts	\$21	\$0	\$0	\$0	\$0	0.00%
Charges for Services	\$186,528	\$149,799	\$135,595	\$144,500	\$144,500	0.00%
Revenue from Commonwealth	\$380,914	\$389,184	\$398,800	\$423,639	\$416,003	(1.80%)
Transfers In	\$30,000	\$0	\$30,000	\$0	\$0	0.00%
Total Designated Funding Sources	\$1,849,351	\$1,757,842	\$1,904,548	\$2,169,509	\$2,468,555	13.78%
(Contribution to)/Use of Fund Balance	\$24,000	\$24,000	\$0	\$0	\$0	0.00%
Net General Tax Support	\$3,517,302	\$3,685,166	\$3,741,723	\$3,986,194	\$4,315,097	8.25%
Net General Tax Support	65.25%	67.41%	66.27%	64.76%	63.61%	

Area Agency on Aging



Staff History by Program



Future Outlook

No Wrong Door – As the Commonwealth of Virginia continues to expand the No Wrong Door network in the community, a person’s access to long-term services and supports will improve. The No Wrong Door study conducted by the County has identified key focus areas across all human services departments to improve access for all human services. A coordinated point of entry to human services will be critical to service delivery as the population continues to grow and people are living in the community with more complex social and health issues.

Changing Social and Recreational Needs – Prince William County (PWC) will have to determine how best to serve the social and recreational needs of a changing population of older adults. It is important that the senior centers continue to be a focal point in the community for the older adult population by serving meals and offering socialization and recreation in an environment specific for older adults. The new generation of older adults is seeking more diverse programming including classes which are catered specifically on reducing isolation and improving overall well-being. Healthier more engaged older adults within the community can mean less resources required in other sectors of local government. As the County’s Senior Centers age, this issue must be considered.

Growth of the Elderly Population – Currently approximately 12% of the population in the Prince William area is age 60 and older. By the year 2040, it is projected that approximately 20% of the population will be age 60 and older. Today, the average life expectancy is 78.8 years. If one lives to be 65, life expectancy is 84, and if one lives to be 75, life expectancy is 87. There will continue to be a greater divide between the healthy and wealthy and the health-compromised with low income (source: Centers for Disease Control). For this more complex group to stay in the community, they will need more coordinated services between medical professionals and the long-term services and supports provided by human services departments.

Area Agency on Aging

More Significant Needs of the Very Old – Persons over the age of 85 are the oldest cohort of older adults and the fastest growing cohort in America. The ability to live in the community with chronic disease(s) will be the biggest challenge as the model for long term services and supports shifts from an institutional model to one of more personal choice. In the future, longer waiting lists for services provided by the Agency will exist. Alzheimer’s disease, the aging of persons with intellectual/developmental disabilities, and the aging of their caregivers will require more multi-disciplinary approaches and the synthesis of expertise.

Elder Abuse & Financial Exploitation – The increase in the older adult population and the desire of all persons with disabilities to live in the community will most likely bring an increase in abuse and social isolation. All County departments will be affected by the demographic shift, and service silos will have to be removed as multiple departments serve the same customer. The ability to coordinate service among multiple County departments, share data, and keep it as simple as possible for the customer will require increased communication and referral through No Wrong Door.

General Overview

- A. **Reconciliation** – The FY2019 Budget was adopted prior to the receipt of final state and federal allocations. [BOCS Resolution 18-478](#), adopted September 4, 2018, reconciled the FY2019 Budget with the final state and federal allocations. A portion of this action carries into FY20, increasing Area Agency on Aging’s (Aging) revenues and expenditures by \$250,552. This will allow Aging to serve more people in the supportive services and home and community-based services programs with telephone reassurance, residential repair, and personal care services. The senior centers nutrition and health and wellness programs will be enhanced with an increase in staff, allowing these programs to provide recreation, nutrition, and health and wellness services.
- B. **Off Cycle Positions to Increase Service Levels at the Senior Centers** – On September 4, 2018, in [BOCS Resolution 18-478](#), the Board of County Supervisors authorized increasing the Agency’s FTE level by 1.8 FTEs. A Recreation, Socialization, and Activities Specialist (Wellness & Fitness Coordinator) at the senior center will address issues and improve the quality of life of older adults. To achieve this, an existing position was increased from 0.66 FTE to 1.00 FTE. To ensure fewer gaps in service delivery, 2 existing part-time cook positions were increased from 0.43 FTE to 0.66 FTE. Finally, 1.00 FTE, a Public Health Nutritionist, was approved. This position allows participants in the congregate and Meals on Wheels programs to have access to a registered dietician if they receive low scores on the nutrition screening instrument. Existing resources were used to establish/increase these FTEs, with no increase in local tax support.
- C. **Partial Shift of the Ombudsman from Human Rights to Aging** – The Ombudsman activity provides a voice to County residents in nursing homes and residential care facilities, investigating concerns raised by these residents and/or their families. A portion of the Ombudsman position must be separated from related activities within Aging’s budget, primarily the County’s contribution to Birmingham Green. To achieve this, in FY18, the Ombudsman position was moved out of Aging’s Supportive Services program and into the Human Rights Office. This position performs 25% of its duties for Human Rights and 75% of its duties for Aging. Therefore, 75% of the expenditures for this position were moved from Human Rights to Aging. The position’s total compensation of \$107,019 is now split 75% in Aging (\$80,264) and 25% in Human Rights (\$26,755). Additionally, a related supply budget of \$2,495 resides in Human Rights.

Area Agency on Aging

D. Revenue Increase for Shared Services (City) Billings – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the Area Agency on Aging allocation is an increase of \$48,494.

Budget Initiatives

A. Budget Initiatives

1. Increase for Birmingham Green – Fiscal & Administration

Expenditure	\$274,725	General Fund Impact	\$274,725
Revenue	\$0	FTE Positions	0.00

a. Description – This initiative funds the increase associated with the intergovernmental cost-sharing agreement for Birmingham Green, a residential long-term care facility for the frail elderly and disabled adults in Northern Virginia. Growth in the elder population, causing an increase in PWC’s utilization, coupled with higher costs for providing long-term care has resulted in this increase. In FY18, Birmingham Green was home to 142 County residents.

b. Service Level Impacts – Existing service levels are maintained.

Program Summary

Home & Community Based (H&CB) Services

The H&CB Services program serves the most at-risk, frail, older adults in the Prince William Area with the Adult Day Healthcare and the Home Care Assistance Programs to help them remain in the community for as long as possible.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients reporting that H&CB services helped them stay in their homes	95%	97%	98%	98%	98%
Family care-givers who are better able to meet work or other family obligations	93%	90%	92%	93%	93%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Home Services	\$620	\$694	\$813	\$780	\$894
Home services clients served	135	125	162	130	150
Average days on waitlist for home services	111	90	38	90	45
Community Based Services	\$595	\$598	\$622	\$658	\$645
Community based clients served	56	56	52	60	55
Average days on waitlist for community based services	112	97	115	90	110

Area Agency on Aging

Supportive Services

The Supportive Services program provides a wide range of long-term support services such as Veteran Assistance, Medicare Counseling, Hospital Care Transitions, Caregiver Support, Assessment and Care Coordination, and Information to the public about Aging and Disability Services. This program provides citizens with information to make informed decisions about their service options within the Prince William Area.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients reporting that supportive services helped them stay in the community	98%	98%	100%	98%	98%
Clients reporting that services helped navigate the aging & disability network	100%	100%	97%	100%	100%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Information and Care Coordination	\$940	\$978	\$907	\$1,051	\$1,055
People receiving services	392	391	456	400	400
Information requests addressed	2,783	3,497	3,617	3,250	3,300
People served in supportive services	1,481	1,989	1,910	1,750	1,800
Medicare Counseling	\$38	\$51	\$19	\$64	\$101
People counseled for Medicare health insurance	1,548	2,201	1,215	2,000	1,700

Senior Centers

The Senior Centers program operates the Manassas Senior Center and the Woodbridge Senior Center, providing recreation, exercise, nutrition, health, and wellness programs for persons 55 and older. The programs serve to reduce isolation, promote health, and may prevent rapid decline from debilitating conditions.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Participants reporting that senior centers helped them stay in the community	95%	100%	100%	100%	99%
Meals on Wheels recipients stating that meals helped them stay in the community	98%	100%	99%	100%	99%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Senior Centers	\$1,125	\$1,058	\$1,138	\$1,209	\$1,422
Senior center participants	1,214	1,290	1,225	1,300	1,300
Meals served (congregate and Meals on Wheels)	52,395	49,774	57,949	55,000	58,000

Area Agency on Aging

Fiscal & Administration

The Fiscal & Administration program connects the delivery of services and the administrative support that plans, monitors, and accounts for those services. The Bluebird Tour program, Agency Volunteer Intake, and Birmingham Green are also managed in the Fiscal & Administration program.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
People served by community partners and contractual agreements*	1,342	533	1,652	1,350	1,450
County provides appropriate facilities & services for seniors & caregivers	89%	89%	89%	90%	90%

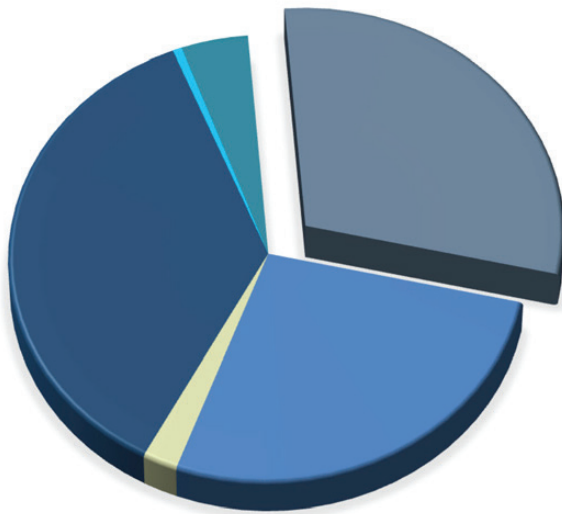
*FY17 data does not include people served by the Bluebird Tour Program

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Area Plan on Aging	\$606	\$661	\$640	\$684	\$682
FTE value of volunteer hours contributed	9	9	10	9	9
Birmingham Green	\$1,413	\$1,374	\$1,468	\$1,680	\$1,954
Bed days of County residents at Birmingham Green	26,031	28,870	29,152	-	33,000
County residents served in Birmingham Green facilities	135	133	142	135	-
Bluebird Tour Program	\$53	\$53	\$39	\$30	\$30
Tour participants	827	NR	1,084	850	950

Community Services

Mission Statement

Community Services is committed to improving the wellbeing of residents of Prince William County, the City of Manassas, and the City of Manassas Park who are affected by, or are at-risk of, developmental delays and disabilities, mental illness, and/or substance use disorders through the provision and coordination of community-based resources that respect and promote the dignity, rights, and full participation of individuals and their families.



**Human Services Expenditure Budget:
\$158,648,343**

**Expenditure Budget:
\$47,233,484**



29.8% of Human Services

Programs:

- Administrative Services: \$4,572,778
- Drug Offender Recovery Services: \$1,688,537
- Early Intervention: \$4,448,275
- Emergency Services: \$4,609,226
- Medical Services: \$3,326,822
- MH Day Support & Employment Services: \$1,957,036
- MH Residential Services: \$7,885,896
- ID Day Support Services: \$3,199,154
- ID Day Residential Services: \$872,243
- Youth Substance Abuse and Mental Health Services: \$3,615,731
- ID Case Management: \$4,468,977
- Mental Health Outpatient: \$4,155,603
- SA Adult Outpatient: \$2,433,206

Mandates

The County is mandated to establish a Community Services Board. Community Services is the single point of entry into publicly funded mental health, developmental and substance abuse services. Effective July 1, 2019, mandated Community Services Board services are to include (1) emergency services, (2) same-day mental health screening services, and (3) outpatient primary care screening and monitoring services for physical health indicators and health risks and follow-up services for individuals identified as being in need of assistance with overcoming barriers to accessing primary health services, including developing linkages to primary health care providers. Additional mandates related to inpatient, outpatient, day support, residential, prevention, early intervention, and other services are being revised by the state.

State Code: [37.2-500](#) (Effective until July 1, 2019, Purpose; community services board; services to be provided.), [37.2-504](#) (Community services boards; local government departments; powers and duties.)

Community Services



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Administrative Services	\$3,605,350	\$3,907,824	\$4,375,208	\$4,257,358	\$4,572,778	7.41%
Drug Offender Recovery Services	\$1,447,395	\$1,578,240	\$1,546,771	\$1,692,874	\$1,688,537	(0.26%)
Early Intervention	\$4,150,004	\$4,277,012	\$4,384,345	\$4,421,176	\$4,448,275	0.61%
Emergency Services	\$4,232,495	\$4,417,019	\$4,872,337	\$4,960,430	\$4,609,226	(7.08%)
Medical Services	\$2,530,067	\$2,613,693	\$2,627,369	\$3,419,892	\$3,326,822	(2.72%)
MH Day Support & Employment Services	\$1,714,260	\$1,720,504	\$1,858,630	\$1,937,165	\$1,957,036	1.03%
MH Residential Services	\$6,555,386	\$6,873,622	\$6,907,175	\$7,758,113	\$7,885,896	1.65%
ID Day Support Services	\$3,481,168	\$3,073,476	\$3,042,834	\$3,194,938	\$3,199,154	0.13%
ID Day Residential Services	\$783,879	\$624,537	\$750,207	\$837,537	\$872,243	4.14%
Youth Substance Abuse & Mental Health Services	\$3,188,081	\$3,102,509	\$5,694,385	\$3,547,900	\$3,615,731	1.91%
ID Case Management	\$3,422,270	\$3,067,837	\$3,368,301	\$4,025,332	\$4,468,977	11.02%
Mental Health Outpatient	\$3,320,178	\$3,499,836	\$3,746,459	\$3,813,800	\$4,155,603	8.96%
SA Adult Outpatient	\$1,854,294	\$1,853,657	\$1,799,015	\$2,417,908	\$2,433,206	0.63%
Public Safety Resilience Program	\$0	\$301,709	\$577,931	\$658,864	\$0	(100.00%)
Total Expenditures	\$40,284,827	\$40,911,475	\$45,550,964	\$46,943,288	\$47,233,484	0.62%

Expenditure by Classification

Salaries and Benefits	\$27,637,351	\$28,507,820	\$31,009,654	\$33,556,926	\$34,115,861	1.67%
Contractual Services	\$8,862,526	\$8,543,169	\$7,993,593	\$8,870,423	\$8,763,601	(1.20%)
Internal Services	\$1,711,674	\$1,838,050	\$2,071,117	\$1,857,416	\$1,860,425	0.16%
Purchase of Goods & Services	\$1,595,183	\$1,788,212	\$1,775,109	\$2,322,100	\$2,206,626	(4.97%)
Capital Outlay	\$70,595	\$49,864	\$0	\$110,383	\$80,000	(27.53%)
Leases & Rentals	\$147,694	\$159,693	\$172,323	\$196,274	\$177,206	(9.71%)
Debt Maintenance	\$24,258	\$24,258	\$24,258	\$24,258	\$24,258	0.00%
Depreciation	\$0	\$409	\$4,911	\$0	\$0	0.00%
Payments to Other Local Agencies	\$0	\$0	\$0	\$5,508	\$5,508	0.00%
Transfers Out	\$235,546	\$0	\$2,500,000	\$0	\$0	0.00%
Total Expenditures	\$40,284,827	\$40,911,475	\$45,550,964	\$46,943,288	\$47,233,484	0.62%

Funding Sources

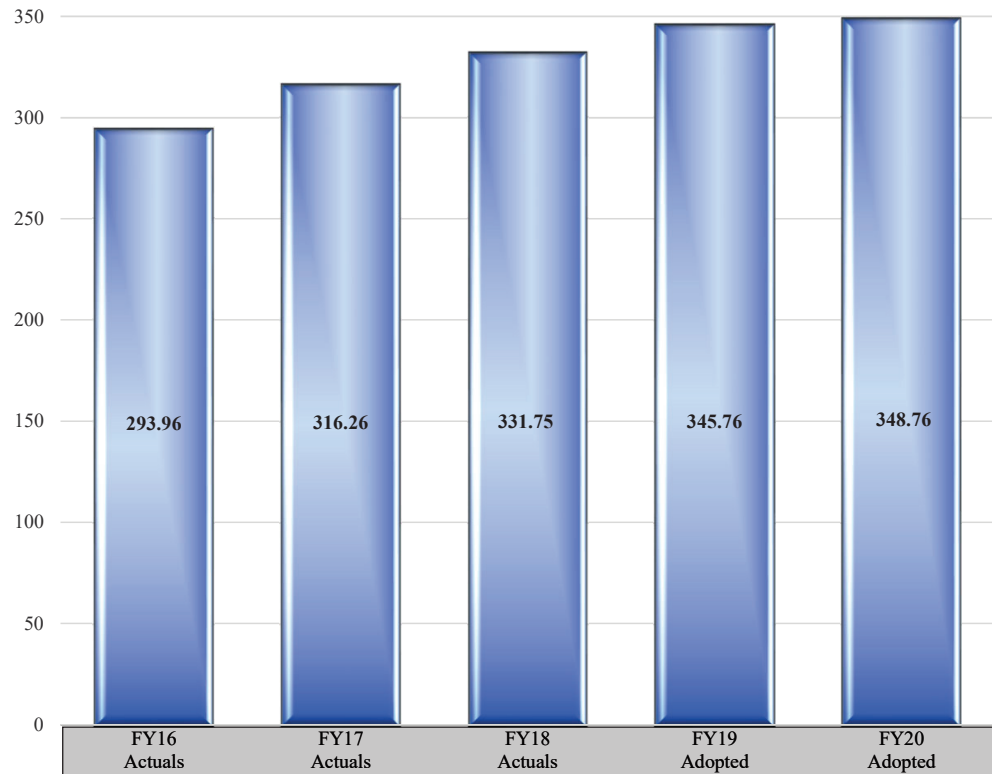
Revenue from Federal Government	\$2,769,336	\$2,852,852	\$2,730,656	\$2,816,356	\$2,945,963	4.60%
Use of Money & Property	\$0	\$0	\$12	\$0	\$0	0.00%
Revenue from Other Localities	\$2,765,044	\$2,455,532	\$2,957,904	\$2,957,901	\$3,389,454	14.59%
Miscellaneous Revenue	\$16,425	\$13,149	\$115,681	\$160,883	\$25,712	(84.02%)
Charges for Services	\$862,876	\$602,692	\$996,933	\$912,071	\$740,071	(18.86%)
Revenue from Commonwealth	\$15,662,431	\$16,274,850	\$18,754,462	\$17,209,439	\$17,366,610	0.91%
Total Designated Funding Sources	\$22,076,112	\$22,199,075	\$25,555,649	\$24,056,650	\$24,467,810	1.71%
Net General Tax Support	\$18,208,715	\$18,712,400	\$19,995,316	\$22,886,638	\$22,765,674	(0.53%)
Net General Tax Support	45.20%	45.74%	43.90%	48.75%	48.20%	

*In FY18, \$2.5M was incorrectly coded to Youth Substance Abuse & Mental Health Services program rather than Intellectual Disability Case Management program.

Community Services



Staff History by Program



	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Administrative Services	21.50	22.50	22.50	25.50	24.50
Drug Offender Recovery Services	14.65	16.40	14.40	14.40	14.40
Early Intervention	32.20	32.20	32.70	32.70	32.70
Emergency Services	38.42	39.92	43.97	44.47	47.47
Medical Services	13.99	13.99	13.99	14.00	16.00
MH Day Support & Employment Services	18.20	19.00	19.00	20.00	20.00
MH Residential Services	33.50	40.50	40.50	45.00	46.00
ID Day Support Services	0.20	0.20	0.20	0.20	0.20
ID Residential Services	2.00	2.00	2.00	3.00	3.00
Youth Substance Abuse and MH Services	27.85	29.85	33.85	33.85	33.85
ID Case Management	35.40	39.40	43.40	44.40	44.40
Mental Health Outpatient	37.20	41.45	43.38	42.38	44.38
Substance Abuse Adult Outpatient	18.85	18.85	18.87	21.87	21.87
Public Safety Resilience Program	0.00	0.00	3.00	4.00	0.00
Full-Time Equivalent (FTE) Total	293.96	316.26	331.75	345.76	348.76

Community Services

Future Outlook

System Transformation Excellence and Performance (STEP-VA) – The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has been implementing STEP-VA initiatives over the past three years. STEP-VA is designed to reform the behavioral health system by creating a uniform set of required services, consistent quality measures, and improved oversight in all Virginia communities. Mandated services, as delineated in state code have been expanded effective July 1, 2019. Community Services (CS) received \$270,000 in FY19 to begin same-day mental health screenings and supplemental funding for the additional mandates will be determined during the 2019 legislative process. In addition to mandating new services, STEP-VA impacts reporting activities (such as the implementation of Service Process Quality Management) and work processes (such as collaborative documentation).

Medicaid Expansion – Virginia’s Medicaid expansion aims to provide health insurance to 400,000 low-income residents. CS will collect additional Medicaid reimbursements as existing uninsured clients become Medicaid-eligible and clients covered under the Governor’s Access Plan (GAP) will be reimbursed at a higher rate. Conversely, Community Services Boards (CSBs) statewide will receive decreased state general fund revenues as an offset to the additional Medicaid reimbursements. DBHDS has calculated CS will lose \$238,384 in state funding in FY19 and \$642,112 in ongoing state funding beginning in FY20. At this time, CS anticipates these changes to be revenue neutral.

The National Opioid Addiction Epidemic – According to the Virginia Medical Examiner, fatal drug overdose continues to be the leading cause of unnatural death and accidental death in Virginia. Every 12 hours a Virginian dies from an opioid overdose. Opioids are a class of drugs that include prescription pain relievers, such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and the illicit drug heroin. The Prince William CSB catchment area saw emergency department visits for heroin overdose nearly double between 2015 and 2017. Emergency department visits for opioid overdose increased by 15%. Virginia’s 2017 fatal overdoses surpassed those of 2016 and fentanyl (Rx, illicit, and analogs) caused or contributed to death in over 50% of the state’s fatal overdoses. Prior to 2013, most fentanyl related deaths were due to illicit use of pharmaceutically produced fentanyl. Since 2016, most fatal fentanyl related overdoses have been due to illicitly produced fentanyl. In order to combat opioid addiction and reduce overdose deaths, immediate access to evidence-based intensive outpatient, medication assisted treatment (MAT) and, in some cases, residential inpatient treatment is required. CS is challenged to meet the increased demand for outpatient, residential, and MAT service, given current resources.

Developmental Disabilities (DD) and Waiver – The state continues to plan for the growing needs of individuals with developmental disabilities through DD Waiver services. The plan includes a focus on Employment First and Independent Integrated Housing options to increase employment and separate housing from services for waiver recipients. New services implemented in FY19 are Benefits Planning, Community Guides, and Peer Mentoring which aim to address barriers to employment, assist in exploration of community resources, including housing, and help build natural supports to foster greater connections to all that communities have to offer. Significant for Prince William County CS was the award of \$2.5 million dollars from DBHDS to support affordable options for those in the Department of Justice Settlement Agreement (waiver recipients or on the DD waiver waitlist) population to live in their own apartment with supports.

Joint Subcommittee – The Virginia General Assembly authorized a Joint Subcommittee to study mental health services in the Commonwealth during the 2014 legislative session and the committee has continued to meet to review the structure, financing, and services offered throughout the Commonwealth. Several topics include the availability of mental health resources available in jails, the continuation of state psychiatric facilities being over-capacity, and the disparity of funding and services provided by the CSBs. The September 5, 2018, meeting identified the following discussion items (1) should the funding formula for allocating state general funds be evaluated, (2) should the feasibility of consolidating the smallest CSBs be studied, and (3) should the capacity of DBHDS be strengthened to oversee the delivery of mental health services.

Community Services

Continuously Evolving Reporting, Billing, and Administrative Requirements – CS receives 51% (\$24 million) of its total revenues from outside sources, which include unrestricted state revenues, restricted state revenues, federal sources, Medicaid, Medicare, and other billable revenue sources. As federal and state budgets have not recovered from the recession, external revenue sources continue to implement process changes designed to improve results while decreasing costs. As a result, CS continues to be under increasing pressure to implement new reporting requirements and clinical procedures to continue to receive funding. Examples include the transition to six Medicaid managed care organizations and the implementation of a new reporting system—Service Process Quality Management.

General Overview

- A. Public Safety Resiliency Program Shift** – In FY17, the Public Safety Resilience Program was established per [BOCS Resolution 16-718](#). In FY19, the program was moved from CS to the Department of Fire & Rescue. A total of \$658,864 and 4 FTEs were reallocated. This program transfer has been implemented to better align the services provided by the Public Safety Resilience Program to the Public Safety Departments. The shift was necessitated to comply with state licensing requirements.
- B. Reconcile the FY19 Community Services Budget to the State Performance Contract** – Each year, CS completes a budget reconciliation to match revenue and expenditure adjustments that become known after the County’s annual budget is adopted, specifically the reconciliation of state and federal revenues to the state performance contract. In the FY19 Budget, there is a reclassification of \$238,384 in Medicaid Revenues. The FY19 reconciliation provided an increase in ongoing revenue support of \$86,665 to create 1 FTE, Systems Developer II, to support several information technology initiatives within CS. This item was approved by [BOCS Resolution 18-589](#). There is no impact on local general fund tax support.
- C. Implementation of Same Day Access** – [BOCS Resolution 18-381](#) transferred \$270,000 in on-going revenue support from DBHDS to create a total of four positions (4 FTE): one Therapist III, one Therapist II and two Administrative Support Assistant II. State funding was provided to support the Same Day Access program, which provides mental health and substance abuse assessments on the same day they are requested by the consumer without scheduling delay or waitlist.
- D. Primary Care Screening Funding** – [BOCS Resolution 19-185](#) transferred \$65,154 in one-time (in FY19) and \$129,607 in on-going revenue support from DBHDS to create a total of three positions (3 FTE): one Behavioral Health Licensed Practical Nurse and two part-time Behavioral Health Licensed Practical Nurses to comply with the state-mandated Primary Care Screenings. Primary Care Screenings requirements are in response to individuals with a serious mental illness being at higher risk for poor physical health outcomes largely due to unidentified chronic conditions. The additional mandates are consistent with the STEP-VA framework. Revenue support was based on uninsured mental health case management population census track data that identifies “Health Professional Shortage Areas”, and census track data on the Health Opportunity Index.
- E. Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, Community Services revenue increased \$431,553.

Community Services

Program Summary

Administrative Services

Administrative Services of CS includes Accounting and Procurement, Management Information Systems, Human Resources Management, and Leadership and Management Oversight. It is the responsibility of Leadership to work with the CSB, staff, and community stakeholders to ensure these services are effective and provide the best possible return on investment of tax dollars.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Change in fee revenue received from prior fiscal year	6.6%	13%	5.8%	5.3%	10.35%
Customers rating services as helpful	93%	89%	92%	92%	92%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Accounting & Procurement	\$1,297	\$1,630	\$1,657	\$1,224	\$1,254
Fees collected	\$5.7M	\$5.8M	\$6.2M	\$6.2M	\$6.8M
Management Information Systems	\$905	\$868	\$1,015	\$1,085	\$1,172
Customers rating services as helpful	93%	89%	92%	92%	92%
Human Resources Management	\$203	\$211	\$212	\$223	\$226
Leadership & Management Oversight	\$1,200	\$1,213	\$1,508	\$1,725	\$1,921
Total agency clients served	9,506	9,762	9,832	9,800	9,800

Drug Offender Recovery Services

Provides a comprehensive drug treatment continuum of care for offenders with the most severe drug dependence disorders. Avoid gaps in services that result in relapse and recidivism through close collaboration with the Adult Detention Center (ADC), MAT, and probation agencies. Services include assessments, individual and group therapy, case management, MAT, residential and jail-based treatment, and family support.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Criminal Justice clients who stop using drugs	35%	22%	52%	35%	40%
Drug Offender Rehab Module clients who do not return to the ADC within 3 years	74%	79%	70%	70%	70%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
ADC Services	\$946	\$993	\$1,029	\$1,010	\$1,032
Inmates treated in male and female dormitories	172	175	176	170	170
Community Criminal Justice Services	\$501	\$592	\$520	\$683	\$657
HIDTA clients served	65	66	64	60	60
Intensive case management clients served	64	131	212	80	125

Community Services

Early Intervention

Early Intervention services are provided by licensed and certified physical therapists, occupational therapists, speech-language pathologists, early childhood special educators, and service coordinators for infants and toddlers, birth to three years old, who have a diagnosed condition affecting their development, qualitative concerns with their development, or a delay of at least 25% in one or more developmental areas. Services are intended to help the child develop the necessary motor, communication, social-emotional, feeding, and play skills to be an active member of their family and community.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Early intervention services clients who do not require special education	54%	54%	55%	53%	53%
Children demonstrating improved acquisition and use of knowledge and skills	67%	63%	63%	65%	63%
Families report services helped their family to help their child develop & learn	90%	91%	80%	80%	80%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Assessment and Service Coordination	\$1,819	\$1,914	\$1,868	\$2,018	\$2,037
Infants, toddlers, and families served by assessment and coordination	1,274	1,351	1,438	1,300	1,350
Therapeutic and Educational Services	\$2,331	\$2,358	\$2,512	\$2,404	\$2,411
Infants, toddlers, and families served by therapeutic and educational services	1,097	1,115	1,190	1,100	1,150

Emergency Services

Serves as the point of entry for all behavioral health services within CS or within the statewide public sector. Services provided include comprehensive assessments for residents seeking CS services and state-mandated 24-hour crisis intervention services.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Cases diverted from inpatient treatment	49%	50%	49%	53%	53%
Emergency Services clients satisfied with services received	87%	97%	100%	93%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
CS Intake and Emergency Telephone Services	\$1,044	\$1,053	\$1,401	\$1,130	\$1,204
Access assessments completed	1,878	1,680	1,838	1,788	1,850
Emergency Services	\$3,188	\$3,367	\$3,472	\$3,830	\$3,406
Emergency Services clients served	3,149	2,914	3,147	2,988	3,000

Community Services

Medical Services

Provides psychiatric evaluations, medication, and assessments as to the need for medical follow-up to clients. Nursing staff maintain medication records and inventory and provide patient care as directed by psychiatrists. Medical Services also provides medical consultation to other staff regarding clients, as well as education about psychotropic medication to staff and clients.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Medical Services customers satisfied with services	87%	84%	87%	85%	87%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Medical Services	\$2,530	\$2,614	\$2,627	\$3,420	\$3,327
Total clients served by Medical Services	2,022	2,078	2,143	2,200	2,100

Mental Health Day Support & Employment Services

Provides psychosocial rehabilitation services and/or supported employment services to help persons with severe mental illness, cognitive disabilities, and/or co-occurring disorders improve their capabilities and quality of lives by providing meaningful opportunities to integrate in and contribute to their community of choice.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients who maintain employment for more than 90 days	80%	84%	84%	85%	83%
Psychosocial rehabilitation clients who maintain or improve functioning level	96%	92%	83%	95%	90%
Vocational Services clients reporting satisfaction with services	97%	95%	95%	96%	96%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Day Support Services	\$1,114	\$1,059	\$1,139	\$1,155	\$1,156
Clients served by day support services	123	119	119	124	120
Employment Services	\$600	\$651	\$712	\$783	\$801
Clients served by employment services	135	257	252	177	215

Community Services

Mental Health Residential Services

Assists adults with serious mental illnesses to remain as independent as possible in the community by providing clinical services to assist them in maintaining their level of functioning; or connect with vendors who provide 24-hour residential care for those adults who cannot remain outside of institutional settings without that level of support.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients successfully engaged in services and maintained in the community	98%	97%	97%	95%	95%
Clients expressing satisfaction with service provided	100%	95%	89%	95%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Supportive Residential In-Home Services	\$2,462	\$2,551	\$2,472	\$2,554	\$2,490
Clients served by supportive residential in-home services	115	115	130	125	130
Intensive Residential Services	\$758	\$772	\$765	\$817	\$817
Clients served in group homes	37	22	37	25	37
Crisis Stabilization Services	\$1,604	\$1,630	\$1,845	\$1,790	\$1,790
Clients served by crisis stabilization services	227	234	251	230	240
Intensive Community Treatment (ICT) Services	\$1,128	\$1,328	\$1,402	\$1,904	\$1,918
Clients served by ICT services	51	64	80	80	80
Young Adult Services (YAS)	\$603	\$588	\$420	\$693	\$871
Clients served in YAS	24	40	50	40	50

Intellectual Disability Day Support Services

Vendors provide services in the community to individuals with ID to include general day care or day program services to enable individuals to acquire, improve, or maintain functional abilities, or obtain competitive employment.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Program clients successfully maintained in the community	94%	95%	96%	95%	96%
Clients who are satisfied with program services	97%	97%	97%	98%	98%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Day Care Services	\$582	\$612	\$783	\$582	\$583
Clients served by day care services	89	89	76	89	80
Day Support Services	\$1,456	\$1,375	\$1,157	\$1,011	\$1,012
Clients served by ID day support services	53	43	36	55	44
Sheltered Employment Services	\$491	\$318	\$317	\$575	\$576
Clients served by sheltered employment services	11	4	4	4	4
Supported Employment Services	\$952	\$765	\$785	\$1,027	\$1,028
Clients served by supported employment services	102	93	86	100	87

Community Services

Intellectual Disability Day Residential Services

Adults with ID are provided support services that assist them in remaining as independently as possible in their community. For adults who cannot live independently, licensed vendors in the community who accept ID waivers provide 24-hour residential care to assist them with health care, skill development, and community integration.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Client family satisfaction	99%	97%	93%	94%	94%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Group Home Services*	\$162	(\$32)	\$203	\$120	\$120
Clients served by group home services	220	240	254	240	250
Supported Living Services	\$622	\$656	\$547	\$718	\$752
Clients served by supported living services	35	27	30	30	30

*FY17: \$151,000 included in Supported Living Services total instead of Group Home.

Youth Substance Abuse & Mental Health Services

Provides services to youth with mental health and/or substance abuse disorders in local high schools, outpatient clinic, and in-home. Services provided include assessment, individual, family, and group therapy, intensive in-home treatment, case management, and high intensity drug trafficking area (HIDTA) prevention.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients completing treatment who improve in functioning	72%	88%	67%	75%	75%
Clients satisfied with services	97%	98%	99%	90%	99%
Teen clients who stop using drugs/alcohol	0%	43%	57%	60%	60%
Grade point average improvements for HIDTA prevention clients	+0.90	+0.60	+0.70	+0.70	+0.70
Reduced school absences for HIDTA prevention clients	40%	40%	50%	40%	40%

Community Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
In-School SA Treatment Services	\$923	\$984	\$972	\$978	\$0
Clients served by In-School SA Treatment Services	1,111	1,162	961	1,100	-
Clinic-Based MH Treatment and SA Treatment Services	\$694	\$688	\$994	\$1,097	\$0
Clients served by clinic-based MH and SA Treatment Services	454	486	450	450	-
In-Home MH and SA Treatment Services	\$1,044	\$875	\$696	\$914	\$0
Clients served by In-home MH and SA treatment services	154	159	179	150	-
Behavioral Health Wellness Services	\$526	\$548	\$529	\$558	\$722
Prevention activity participants (students and parents)	290	317	280	250	280
Case Management	\$0	\$0	\$0	\$0	\$1,856
Clients served by case management	-	-	-	-	180
Outpatient Services	\$0	\$0	\$0	\$0	\$1,038
Clients served by outpatient	-	-	-	-	1,520

Intellectual Disability Case Management

Provides support and connections to community resources and services for individuals who have an intellectual disability and may need assistance accessing supports in the community.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients successfully maintained in the community	97%	97%	98%	98%	98%
Clients and family members satisfied with services	94%	95%	93%	92%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Case Management Services	\$3,422	\$3,074	\$5,868	\$4,025	\$4,469
Clients served by ID case management services	798	839	893	865	893

*In FY18, \$2.5M was incorrectly coded to Youth Substance Abuse & Mental Health Services program rather than Intellectual Disability Case Management program.

Community Services

Mental Health Outpatient

Provides outpatient case management and treatment services to adults with serious mental illness and their families. Services include individual, family, and group therapy, evaluations, case management, and medication management.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Seriously mentally ill clients completing treatment who improve in functioning	41%	30%	50%	50%	50%
Clients satisfied with services received	92%	98%	98%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Seriously Mentally Ill Adult and Family Services	\$3,320	\$3,499	\$3,746	\$3,814	\$4,156
Clients served by seriously mentally ill adult and family services	1,438	1,648	1,665	1,400	1,600

Substance Abuse Adult Outpatient

Provides outpatient treatment services to adults with substance use disorders and their families. Services include individual, family, and group therapy, evaluations, case coordination, and community referrals.

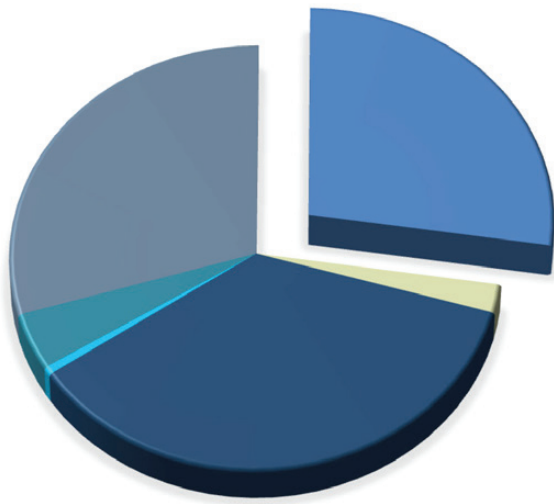
Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients who are substance free upon completion of treatment	63%	61%	80%	60%	75%
Customers satisfied with services received	99%	98%	98%	90%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Adult SA Services	\$1,854	\$1,853	\$1,800	\$2,418	\$2,433
Clients served by adult SA services	1,042	748	784	900	900

Housing & Community Development

Mission Statement

The Office of Housing & Community Development will develop affordable housing opportunities and neighborhood resources for low and moderate-income area residents by implementing appropriate policies and programs, which provide a safe and healthy environment in which to work and play.



Human Services Expenditure Budget:
\$158,648,343

Expenditure Budget:
\$43,090,057



27.2% of Human Services

Programs:

- Community Preservation & Development: \$4,670,119
- Housing Finance & Development: \$1,625,264
- Rental Assistance: \$36,700,072
- Affordable Housing Support: \$94,602

Mandates

The Office of Housing & Community Development does not provide a state or federal mandated service. Some federal grants require certain activities to be performed; however, these are not considered mandates since the County is not obligated to accept the grant funding.

Housing & Community Development



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Community Preservation & Development	\$2,105,144	\$1,750,997	\$3,225,917	\$4,546,983	\$4,670,119	2.71%
Housing Finance & Development	\$498,041	\$1,045,199	\$611,842	\$1,622,737	\$1,625,264	0.16%
Rental Assistance	\$28,888,662	\$29,030,184	\$28,760,463	\$36,900,320	\$36,700,072	(0.54%)
Affordable Housing Support	\$26,450	\$10,000	\$21,414	\$94,602	\$94,602	0.00%
Total Expenditures	\$31,518,296	\$31,836,380	\$32,619,635	\$43,164,642	\$43,090,057	(0.17%)

Expenditure by Classification

Salaries and Benefits	\$2,188,950	\$2,217,325	\$2,255,662	\$2,082,950	\$2,008,364	(3.58%)
Contractual Services	\$1,459,971	\$1,324,449	\$2,901,859	\$3,776,230	\$3,776,230	0.00%
Internal Services	\$113,401	\$122,134	\$122,542	\$101,704	\$101,704	0.00%
Purchase of Goods & Services	\$27,592,172	\$27,967,127	\$27,166,656	\$37,028,573	\$37,028,573	0.00%
Capital Outlay	\$0	\$32,005	\$0	\$0	\$0	0.00%
Leases & Rentals	\$26,619	\$22,676	\$24,043	\$40,732	\$40,732	0.00%
Transfers Out	\$137,183	\$150,664	\$148,873	\$134,454	\$134,454	0.00%
Total Expenditures	\$31,518,296	\$31,836,380	\$32,619,635	\$43,164,642	\$43,090,057	(0.17%)

Funding Sources

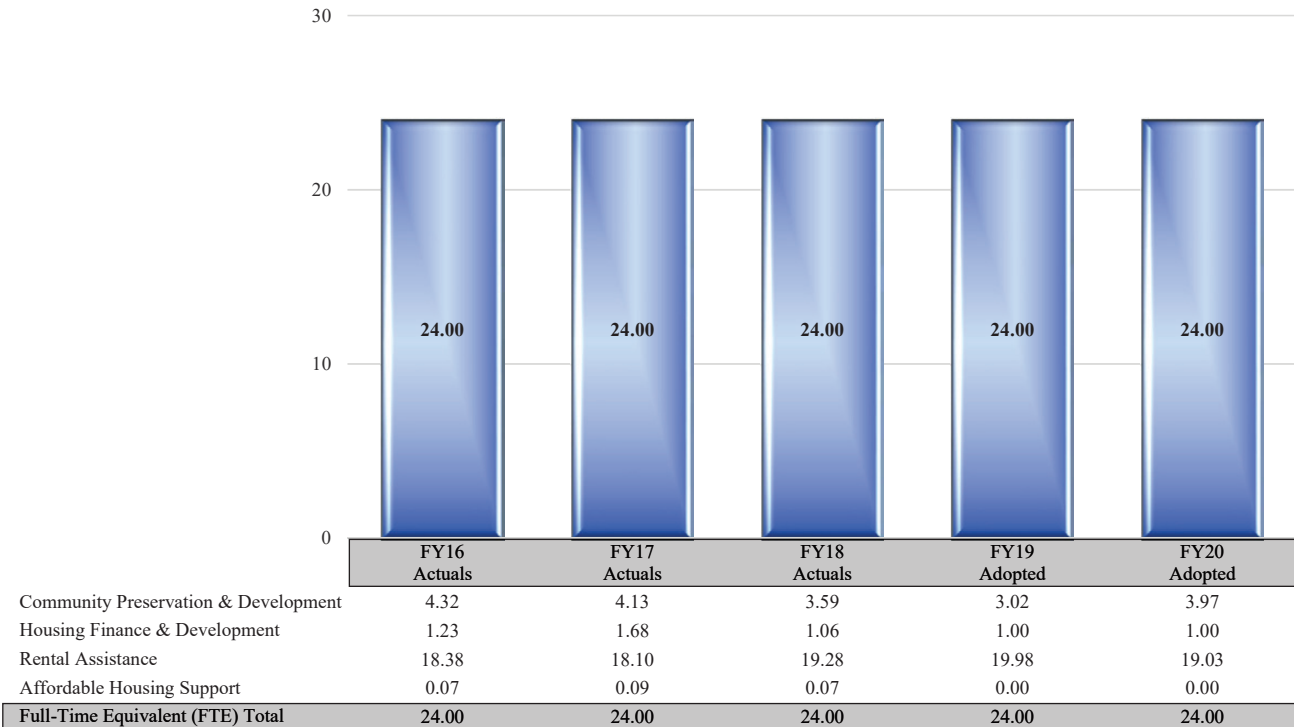
Revenue from Federal Government	\$26,756,201	\$26,906,742	\$29,358,254	\$34,954,940	\$34,954,940	0.00%
Use of Money & Property	\$12,114	(\$18,750)	(\$1,613)	\$0	\$0	0.00%
Miscellaneous Revenue	\$12,993	\$0	\$1,546	\$145,000	\$145,000	0.00%
Charges for Services	\$5,354,602	\$5,481,718	\$4,111,412	\$7,970,100	\$7,970,100	0.00%
Transfers In	\$0	\$10,000	\$10,000	\$10,000	\$10,000	0.00%
Total Designated Funding Sources	\$32,135,910	\$32,379,710	\$33,479,599	\$43,080,040	\$43,080,040	0.00%
(Contribution to)/Use of Fund Balance	(\$673,716)	(\$590,140)	(\$3,412,134)	\$0	(\$74,585)	
Net General Tax Support*	\$56,102	\$46,809	\$2,552,170	\$84,602	\$84,602	0.00%
Net General Tax Support	0.18%	0.15%	7.82%	0.20%	0.20%	

*FY18 includes a transfer from the general fund for a one-time \$2.5M state grant in [BOCS Resolution 18-388](#). Net general tax support is \$52,170.

Housing & Community Development



Staff History by Program



Future Outlook

Increased Cost of Affordable Housing – In the administration of the Housing Choice Voucher Program (HCVP), Small Area Fair Market Rent (SAFMR) established at the ZIP code level replaced the 50th percentile Fair Market Rents previously required for metropolitan areas with high concentrations of voucher families. SAFMRs are intended to provide families residing in low-poverty areas the opportunity to move to areas with higher rents, thereby making them affordable. Public Housing Authorities are required to use SAFMRs in establishing families’ payment standards. This new change in determining Fair Market Rents affects the amount tenants pay landlords and it affects the HCVP. HCVP tenants typically pay 30% of their income towards rent and utilities, with the difference covered by the program. Increased rents increase program costs, thereby reducing the number of people served.

More than 5,012 Families Waiting for Affordable Housing – The waiting list for the HCVP was last opened December 2010 with more than 8,500 applicants. Currently, there are approximately 5,012 applicants on the waiting list. It is anticipated that by FY20 that number will be under 2,000. As federal lawmakers continue to find solutions to balance the federal budget, all indications are that funding for affordable housing will decline or at best remain level. The largest impact from decreased funding levels is anticipated with the HCVP that provides rental assistance for low-income families, many of whom are elderly and/or disabled. The Office of Housing & Community Development (OHCD) anticipates assisting an additional 100 elderly and disabled families currently on its waiting list.

Home Investment Partnership Funds – The Home program, funded through the Transportation–Housing & Urban Development (HUD) appropriations bill, has been cut since FY10. However, in FY19 funding was slightly increased despite the president’s budget proposal to eliminate the program. Further funding cuts would be detrimental to local affordable housing opportunities.

Housing & Community Development

Program Summary

Community Preservation & Development

Community Preservation & Development administers two federal programs through the U.S. Department of HUD, the Community Development Block Grant (CDBG) program and the Emergency Solutions Grant (ESG) program. The County has a Cooperative Agreement with the Cities of Manassas and Manassas Park to conduct their housing and community development activities. A portion of the CDBG funds are set aside on a competitive basis to eligible outside agencies for specific eligible activities that meet CDBG National Objectives and further the Prince William Area's goals and objectives, as stated in the five-year consolidated plan. The largest portion of CDBG funds are devoted to housing rehabilitation activities of owner occupied low and moderate-income households. The ESG funding is provided to local shelters towards operating costs and programs to rapidly rehouse the homeless. Additionally, the Stewart B. McKinney Homeless Assistance Act of 1988 and the Base Closure and Realignment Act mandated that federal agencies make any usable surplus real property available to units of government and non-profits organizations for sheltering the homeless. The County received property under the Act in March 1994 with a 30-year deed restriction to use the property solely for serving the homeless. The OHCD operates seven transitional housing units for families referred by local shelters.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Persons provided with housing and other related services - CDBG	2,399	2,971	2,408	1,224	2,408
Persons provided with homelessness prevention and emergency shelter	1,390	1,728	1,491	1,728	1,491
Families completing transitional housing program & moving to permanent housing	100%	100%	66%	85%	66%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Housing Rehabilitation	\$1,211	\$1,519	\$2,874	\$4,081	\$4,175
Substandard single-family housing units rehabilitated	15	12	7	15	7
Community Improvement & Housing Supportive Services	\$773	\$147	\$298	\$265	\$265
Persons provided with homelessness prevention and emergency shelter services	1,390	1,728	1,491	1,728	1,491
Improvement projects managed	12	11	17	10	17
Manage Transitional Housing at Dawson Beach	\$121	\$85	\$54	\$201	\$230
Homeless families served	11	8	13	7	13

Housing & Community Development

Housing Finance & Development

Prince William County (PWC), along with the Cities of Manassas and Manassas Park through a Cooperative Agreement, receives an annual allocation of Home Investment Partnerships funding from HUD. The program objective is to provide decent affordable housing to low-income households; expand the capacity of non-profit housing providers; strengthen the ability of state and local governments to provide housing; and leverage private-sector participation. Federal funds are utilized for the First-Time Homebuyer Program, which provides down payment and closing cost assistance for residents of PWC and the cities of Manassas and Manassas Park. Also, at least 15% of the allocation is set aside for specific activities to be undertaken by a special type of non-profit called a community housing development organization that develops affordable housing for the community it serves.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Federal & state funds for households to become first-time homebuyers	\$116,000	1,963,000	\$532,350	\$600,000	\$532,350
Private mortgage financing generated on behalf of first-time homebuyers	\$781,000	\$922,000	\$216,000	\$1.3M	\$216,000

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Homeownership Assistance	\$498	\$1,045	\$612	\$1,623	\$1,625
Families assisted to become first-time homebuyers	6	17	4	12	4
Affordable units added, with counseling to the families that rent/purchase units	17	19	17	14	17

Housing & Community Development

Rental Assistance

The Rental Assistance Unit manages the Housing Choice Voucher Program (HCVP), a federally funded rental assistance program. Funding is provided through HUD to assist eligible low-income County residents with obtaining safe, decent, and affordable housing.

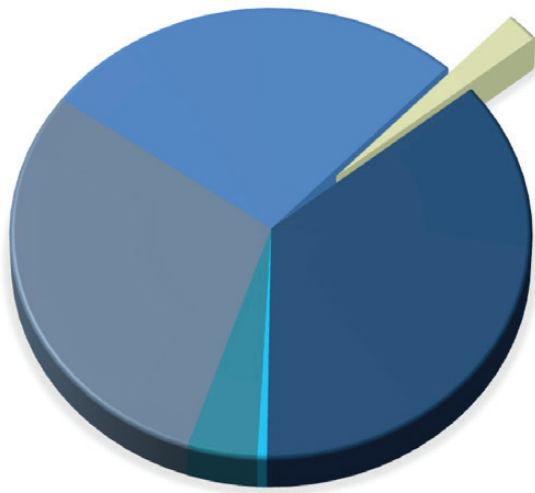
Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Eligible elderly and disabled persons in HCVP provided with rental assistance	44%	67%	61%	67%	61%
Family Self Sufficiency Grant families who successfully meet program goals	88%	90%	80%	90%	90%
Rental income paid to local property owners on behalf of families	\$27.0M	\$27.0M	\$26.8M	\$29.0M	\$29.0M
Annual HCVP performance evaluation score from HUD	98%	100%	100%	98%	98%
Families assisted by OHCD with low-income housing	5,910	3,806	5,749	5,910	5,749

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Housing Assistance Program Payments	\$26,846	\$27,096	\$26,728	\$35,009	\$34,973
Families provided with rental assistance	2,121	2,041	2,008	2,121	2,008
Housing Assistance Program Administration	\$2,042	\$1,935	\$2,033	\$1,891	\$1,727
Participant eligibility determinations	1,949	2,150	2,532	2,150	2,532
Families on the HVCP rental assistance waitlist	8,490	8,477	5,012	8,200	2,000

Public Health

Mission Statement

The Prince William Health District is dedicated to promoting optimum wellness, preventing illness, responding to emergencies, and protecting the environment and health of our residents.



**Human Services Expenditure Budget:
\$158,648,343**

**Expenditure Budget:
\$3,402,843**



2.1% of Human Services

Programs:

- Maternal & Child Health: \$309,685
- General Medicine: \$2,033,584
- Environmental Health: \$897,196
- Administration/Emergency Preparedness: \$162,378

Mandates

Each year Prince William County enters into a Local Government Agreement with the Virginia Department of Health. Services rendered based on this agreement are provided by the Prince William Health District. State mandated services provided on behalf of Prince William County by Prince William Health District include childhood immunizations, pre-school physicals for school entry, rabies control, and vital records—death certificates.

The Board of County Supervisors has enacted additional local mandates for which Prince William Health District has responsibility.

State Code: [32.1-46](#) (Childhood Immunizations), [22.1-270](#) (Pre-school physicals examinations); [32.1](#) (Health) and [3.2-6562.1](#) (Rabies exposure; local authority and responsibility plan)

County Code: [Chapter 3](#) (Amusements), [Chapter 8](#) (Environmental Protection), [Chapter 10](#) (Concession Stands at Youth Activities), [Chapter 12](#) (Massage Establishments), [Chapter 22](#) (General Environmental and Nuisances/Health and Safety Menaces), [Chapter 23 Article III](#) (Individual Sewage Disposal Systems), [Chapter 25.1](#) (Swimming Pools, Spas and Health Clubs), [Chapter 30](#) (Water Supply)

Public Health



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Maternal & Child Health	\$774,014	\$774,014	\$774,014	\$774,014	\$309,685	(59.99%)
General Medicine	\$1,487,408	\$1,519,620	\$1,444,601	\$1,569,991	\$2,033,584	29.53%
Dental Health	\$134,247	\$0	\$0	\$0	\$0	0.00%
Environmental Health	\$797,672	\$911,567	\$907,368	\$896,087	\$897,196	0.12%
Administration/Emergency Preparedness	\$157,768	\$156,102	\$160,966	\$162,378	\$162,378	0.00%
Total Expenditures	\$3,351,109	\$3,361,304	\$3,286,949	\$3,402,469	\$3,402,843	0.01%

Expenditure by Classification

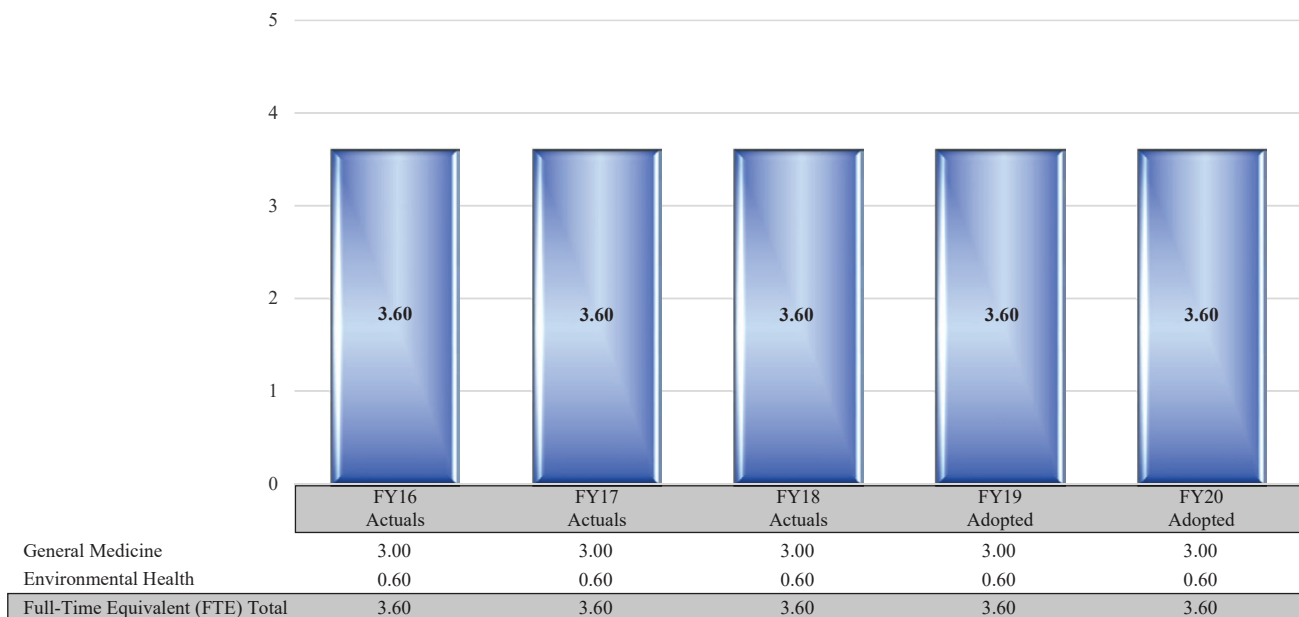
Salaries and Benefits	\$300,976	\$271,625	\$193,907	\$276,304	\$271,634	(1.72%)
Contractual Services	\$38	\$0	\$0	\$1,415	\$1,415	0.00%
Internal Services	\$39,028	\$43,459	\$43,849	\$33,435	\$33,435	0.00%
Purchase of Goods & Services	\$3,011,067	\$3,046,219	\$3,049,193	\$3,091,315	\$3,096,359	0.16%
Total Expenditures	\$3,351,109	\$3,361,304	\$3,286,949	\$3,402,469	\$3,402,843	0.01%

Funding Sources

Permits & Fees	\$184,825	\$197,600	\$152,129	\$176,746	\$176,746	0.00%
Revenue from Other Localities	(\$81,756)	\$56,772	\$79,728	\$79,716	\$96,407	20.94%
Non-Revenue Receipts	\$0	\$33,519	\$0	\$0	\$0	0.00%
Revenue from Commonwealth	\$425,633	\$148,904	\$435,467	\$228,397	\$228,397	0.00%
Total Designated Funding Sources	\$528,702	\$436,795	\$667,324	\$484,859	\$501,550	3.44%
Net General Tax Support	\$2,822,407	\$2,924,509	\$2,619,625	\$2,917,610	\$2,901,293	(0.56%)
Net General Tax Support	84.22%	87.01%	79.70%	85.75%	85.26%	



Staff History by Program



Future Outlook

Environmental Health Services – The Prince William Health District (PWHD) plays a vital role in protecting the health of County residents at the population level. Therefore, local health departments have several statutory responsibilities, to include enforcing laws that protect the health of the public.

Effective systems for sewage disposal is one of the most important methods to protect the health of County residents and environment. Properly disposing of sewage has proven throughout history to protect populations from serious infectious illness, a dramatic public health victory that has saved millions of lives.

Environmental Health Onsite Sewage program is going through many changes from the legal perspective, privatizing some services, therefore allowing Environmental Health Specialists to focus on establishing education programs for septic system owners, and instituting preventive and corrective action steps for non-functional septic systems or contaminated wells. These changes will allow Public Health to focus more on measures that will protect and undoubtedly contribute to community safety.

Life Expectancy and Where We Live – Health is not only impacted by healthcare. Research has shown that healthcare only accounts for approximately 10-20% of health outcomes. Poor health outcomes lead to shorter life expectancies. Access to affordable, high-quality healthcare is helpful, but does not guarantee good health. Personal health behaviors such as substance and tobacco use, physical inactivity, and unhealthy diets are estimated to account for only 40% of deaths from chronic diseases like diabetes and heart disease.

Other factors contribute to health such as housing, geographic location, education, job opportunities, public safety, transportation, and the environment or neighborhood that one lives in. These other factors known as social determinants of health, impact life expectancy. PWHD will continue to educate and work with community partners to address these factors to ensure all residents have equal opportunity to live long and healthy lives.

Community Health Services – Consistent with public health services all over the country, PWHD continues to see a shift in workload that supports a change in focus toward population health services. Within the Community Health Division, there is an ongoing need to provide communicable disease screening, treatment, and prevention services to protect the health of the community. PWHD receives increasing reports of suspected or diagnosed communicable and/or vector-borne diseases from the private health care community, requiring the district to allocate more resources toward education, investigation, prevention of disease transmission, and case management. Additionally, there is growing concern as more drug resistant bacteria is seen, for example, gonorrhea, tuberculosis, and E. coli, which makes education and prevention efforts that much more important.

In addition to communicable disease activities, PWHD continues to work with the Department of Social Services to conduct nursing home and personal care screenings in compliance with Virginia code that requires completion within 30 calendar days of referral receipt. This service affects the safety of elderly and disabled populations and assures access to nursing home or community-based care for these vulnerable populations. The demand for this service remains high, a trend expected to continue. PWHD will continue to provide some individual clinical services, including the Women, Infants, and Children (WIC) program, to improve the health of the community through programs targeted toward maternal health and healthy birth outcomes, safe sleep for infants, injury prevention, and healthy lifestyle programs to ensure control of chronic diseases as well as communicable disease prevention and treatment. PWHD has seen an increasing need for behavioral health services. PWHD is working with George Mason University and has implemented Virginia-Screening, Brief Intervention and Referral to Treatment (VA-SBIRT) into PWHD clinics. VA-SBIRT is a program that screens for substance and tobacco use and depression and offers clients who screen positive brief intervention and referral to treatment when needed. PWHD found one of every two people screened were positive for risky alcohol and/or drug use, one of every three people screened were positive for tobacco use, and one of every ten people screened were positive for depressive symptoms. Due to the number of positive screening results, PWHD will continue to integrate this program into PWHD clinical care services.

Public Health

General Overview

- A. FY2019 Public Health Funding** – The Commonwealth of Virginia partners with localities to provide public health services through a cooperative arrangement. Currently, the cooperative budget is funded 55% by state funds and 45% by County matching funds. The County enters into an annual agreement with the Virginia Department of Health to provide the 45% funding necessary to operate PWHD. The County also provides local support above the match amount for certain local optional services. In FY19, state funding for PWHD was \$2,523,754, County match funding was \$2,064,890, and local support routed through the state was \$819,133. The County also provided an additional \$518,446 in local expenditure budget support for staffing, operations, and community partnerships above the amount included in the annual agreement. The cities of Manassas and Manassas Park provide reimbursement to the County for services rendered based on a shared services agreement with the County. Total FY19 state and County budgeted expenditures for the PWHD were \$5,926,223, with the County providing a total of \$3,402,469.
- B. Budget Shift from Prenatal Care to Communicable Disease** – Due to changing healthcare resources in the community, the PWHD is no longer providing direct patient prenatal care. With community organizations providing direct patient prenatal care services, PWHD is able to reallocate these funds because there are providers and clinics in the County that adequately provide direct patient prenatal care for these clients. As the County population increases, PWHD is receiving an increasing number of reportable and emerging communicable disease referrals. Therefore, the \$464,329 budgeted in the Maternal & Child Health program, Prenatal Care activity has been shifted to the General Medicine program, Other Communicable Disease Services activity in order to respond to this growing responsibility.
- C. Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the Public Health allocation increased \$16,691.

Public Health

Program Summary

Maternal & Child Health

This program improves the health of women and children in the PWHD by assessing their needs and assuring that quality services are accessible. PWHD accomplishes this through program monitoring and evaluation, public and customer education, consultation and training, and building and maintaining public/private partnerships. Integration of substance use and depression screening into PWHD clinical services helps to ensure healthy birth outcomes and improves women's health. The WIC program is provided through non-local funding. These services assure the implementation of evidence-based practices, as well as capacity building and strengthening of the local infrastructure to meet the health needs of women and children. The client base for this program is the population at large.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Infants born with late/no prenatal care per 1,000 live births	38.5	49.3	NA	35.5	35.5
Children born in PWC with low birth weight	6.9%	7.4%	NA	6.5%	7.0%
Infant deaths per 1,000 live births	5.0	4.1	NA	5.6	5.6

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Prenatal Care	\$464	\$464	\$464	\$464	\$0
Women with positive pregnancy test linked to prenatal care	-	30	-	180	-
Women's Wellness	\$310	\$310	\$310	\$310	\$310
Women served in women's wellness clinics	1,031	1,097	894	1,040	900
Women, Infants, and Children (WIC)	\$0	\$0	\$0	\$0	\$0
Participants in the WIC program at the end of the fiscal year	8,052	8,121	7,296	8,500	7,500

Public Health

General Medicine

The General Medicine program improves the health of the community by monitoring, investigating, controlling, and reporting the spread of communicable diseases including tuberculosis, vaccine preventable diseases, sexually transmitted diseases, and other communicable diseases, especially emerging diseases of public health significance; collaborating with community partners to assess and address environmental strategies and system changes that will prevent chronic diseases, encourage healthy lifestyles, and improve access to care for persons with health disparities; and working with County agencies and community partners to ensure that persons requiring nursing home placement or in-home personal care services are screened and referred to the appropriate service. The client base for this program is the entire population of the PWHD.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Pre-admission nursing home screenings completed within 30 days	85%	89%	86%	90%	90%
Patients completing tuberculosis preventive therapy treatment	73%	74%	88%	90%	90%
Vaccine-preventable disease cases per 100,000 population	10	14	11	10	10
Newly diagnosed HIV cases per 100,000 population	10	10	12	10	10
Non-vaccine preventable reportable conditions/100,000 population	65.4	92.4	95.0	-	95.0
Diagnosed chlamydia cases/100,000 population	366.6	423.0	424.4	-	450.0
Diagnosed gonorrhea cases/100,000 population	45.6	72.6	77.4	-	75.0

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Sexually Transmitted Disease and AIDS Services	\$247	\$247	\$247	\$247	\$247
Persons seen for sexually transmitted disease services	1,216	1,484	914	1,400	1,400
HIV clients linked to medical care	90%	93%	83%	94%	94%
Other Communicable Disease Services	\$926	\$996	\$918	\$1,000	\$1,459
Patients receiving tuberculosis preventive therapy	155	78	78	150	150
Suspected tuberculosis follow-ups	73	129	119	130	130
Reportable conditions investigated	-	1,776	1,939	-	1,950
Positive Sexually Transmitted Infections (STI) reports received	-	-	-	-	1,000
Chronic Disease Services	\$116	\$116	\$116	\$116	\$116
Persons screened for nursing home pre-admission and personal care services	678	677	676	700	700
Primary Health Care Services	\$198	\$160	\$163	\$206	\$211
Clients served by community partners	4,048	3,041	2,943	3,585	2,732

Public Health

Environmental Health

This program enforces state and local codes and regulations designed to protect the public health and safety of all residents of and visitors to the Prince William area. This is accomplished by enforcing regulations pertaining to food, food establishments, day care facilities, hotels, summer camps, campgrounds, swimming pools, private wells, onsite sewage disposal systems, and other environmental health laws. Regulatory activities include permitting, inspections, testing, monitoring, and legal action when voluntary compliance is not achieved.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Food establishments in PWC without founded complaints of food borne illness	100%	99%	99%	98%	98%
Septic tank owners in compliance with Chesapeake Bay Preservation Act	73%	77%	76%	80%	80%
On-site sewage applications completed within 15 days	95%	95%	95%	95%	95%
Founded health and safety menaces corrected	90%	90%	95%	95%	95%
Humans potentially exposed to rabies	505	527	787	550	550
Swimming pools in compliance with County code requirements	85%	85%	90%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
On-site Sewage System Permits and Maintenance	\$234	\$276	\$271	\$264	\$266
New on-site sewage applications completed	125	124	152	125	135
Septic tank pump-outs assured	10,959	10,910	10,729	11,500	11,000
Water Supply Protection	\$64	\$64	\$64	\$64	\$64
Repairs to on-site systems (remedial and preventive)	255	206	236	300	300
Inspection Services	\$353	\$427	\$427	\$423	\$423
Food establishment inspections	1,636	1,841	1,761	2,100	2,100
Swimming pool inspections	201	41	47	400	400
Environmental Complaint Investigations	\$96	\$95	\$95	\$94	\$94
Total environmental complaints investigated	286	284	276	300	300
Rabies Control	\$50	\$50	\$50	\$50	\$50
Animal quarantines completed	456	402	701	500	500

Public Health

Administration/Emergency Preparedness

The Administration/Emergency Preparedness program integrates state, regional, and local jurisdictions' public health emergency preparedness plans to respond to terrorism and other public health threats. In addition, this program supports the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health and health care emergencies. The client base for this program is comprised of all residents of Prince William County and the Cities of Manassas and Manassas Park.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Community events during which all hazards preparedness education is provided	10	23	29	15	15
Customers reporting that they received the information or services they needed	99%	99%	98%	98%	98%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Leadership and Management Oversight/Emergency Preparedness	\$158	\$156	\$161	\$162	\$162
Deployable Medical Reserve Corps volunteers	384	375	435	425	435
Emergency response exercises conducted in collaboration with outside partners	3	13	8	8	8
State and County fees for services collected	\$983K	\$1M	\$937K	\$1M	\$1M

Social Services

Mission Statement

Enhance the quality of life in Prince William County by affording individuals and families the support, protection, and safety necessary to enable them to build self-reliant lives.



**Human Services Expenditure Budget:
\$158,648,343**

**Expenditure Budget:
\$57,210,598**



36.1% of Human Services

Programs:

- Protective Services: \$5,912,746
- Family Support Services: \$7,121,390
- Benefits, Employment & Child Care: \$13,966,944
- Homeless Services: \$3,397,396
- Juvenile Services: \$7,722,512
- At-Risk Youth & Family Services: \$16,267,841
- Director's Office: \$2,821,768

Mandates

Prince William County is required by the state to establish a local board of social services to provide foster care, adoption, adoption assistance, child-protective services, domestic violence services, adult services, adult protective service, or any other service mandates adopted by the State Board of Social Services. The Department of Social Services provides these mandated services.

State Code: [63.2-1503](#); Title 22 (Virginia Administrative Code (VAC)) [40-705](#); Title 22 VAC [40-730](#) (Child Protective Services), [32.1-330](#), [63.2-1602](#) and [63.2-1804](#) (Adult Care), [63.2-319](#), [63.2-900](#), [63.2-903](#), [63.2-905](#), [63.2-1105](#), [2.2-5211](#) (Prevention & Assessments and Family Treatment), and [63.2-905](#) (Foster Care), [63.2-217](#), [63.2-319](#), [63.2-611](#), [63.2-616](#)

Social Services



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Protective Services	\$3,904,267	\$4,081,421	\$4,408,209	\$4,615,616	\$5,912,746	28.10%
Family Support Services	\$8,175,660	\$8,202,924	\$8,363,658	\$8,237,880	\$7,121,390	(13.55%)
Benefits, Employment & Child Care	\$10,695,202	\$10,901,957	\$11,986,808	\$12,223,025	\$13,966,944	14.27%
Homeless Services	\$2,219,586	\$2,428,949	\$2,807,240	\$3,064,040	\$3,397,396	10.88%
Juvenile Services	\$5,874,962	\$7,152,490	\$7,235,271	\$7,718,256	\$7,722,512	0.06%
At Risk Youth & Family Services	\$9,714,422	\$11,628,506	\$15,025,885	\$13,580,124	\$16,267,841	19.79%
Director's Office	\$2,367,165	\$2,528,866	\$2,841,544	\$2,560,021	\$2,821,768	10.22%
Total Expenditures	\$42,951,265	\$46,925,112	\$52,668,614	\$51,998,962	\$57,210,598	10.02%

Expenditure by Classification

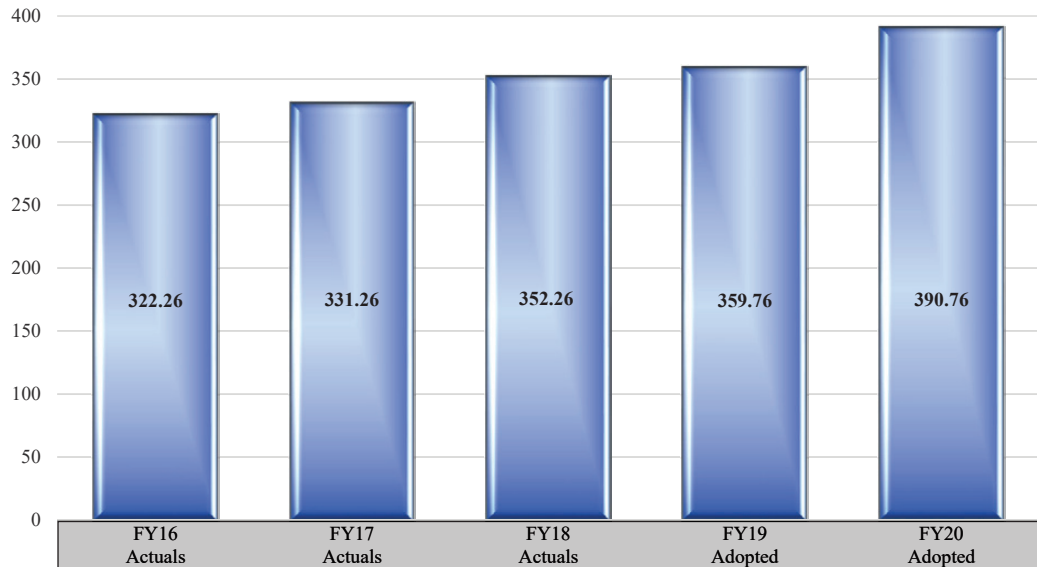
Salaries and Benefits	\$24,929,103	\$25,775,091	\$27,317,983	\$28,505,606	\$31,420,001	10.22%
Contractual Services	\$1,790,143	\$1,900,300	\$2,110,419	\$2,205,803	\$1,695,686	(23.13%)
Internal Services	\$1,268,773	\$1,414,737	\$1,575,937	\$1,259,408	\$1,349,821	7.18%
Purchase of Goods & Services	\$14,247,745	\$16,739,407	\$21,061,786	\$19,684,178	\$22,468,193	14.14%
Capital Outlay	\$9,196	\$577,514	\$70,667	\$85,316	\$85,316	0.00%
Leases & Rentals	\$66,655	\$58,923	\$72,684	\$95,694	\$95,694	0.00%
Transfers Out	\$639,651	\$459,140	\$459,140	\$162,957	\$95,887	(41.16%)
Total Expenditures	\$42,951,265	\$46,925,112	\$52,668,614	\$51,998,962	\$57,210,598	10.02%

Funding Sources

Revenue from Federal Government	\$12,884,379	\$13,489,221	\$14,793,410	\$12,603,128	\$13,594,043	7.86%
Fines & Forfeitures	\$0	\$0	\$50	\$0	\$0	0.00%
Revenue from Other Localities	\$936	\$109,887	\$16,140	\$16,141	\$0	(100.00%)
Miscellaneous Revenue	\$221,109	\$213,204	\$157,130	\$44,900	\$44,900	0.00%
Non-Revenue Receipts	\$1,141	\$0	\$0	\$0	\$0	0.00%
Charges for Services	\$1,137,308	\$662,067	\$871,728	\$951,258	\$951,258	0.00%
Revenue from Commonwealth	\$11,618,193	\$14,525,790	\$14,970,741	\$16,274,213	\$18,742,398	15.17%
Transfers In	\$310,803	\$329,559	\$327,768	\$318,730	\$318,730	0.00%
Total Designated Funding Source	\$26,173,868	\$29,329,727	\$31,136,967	\$30,208,370	\$33,651,329	11.40%
Net General Tax Support	\$16,777,396	\$17,595,385	\$21,531,647	\$21,790,592	\$23,559,269	8.12%
Net General Tax Support	39.06%	37.50%	40.88%	41.91%	41.18%	

Social Services

Staff History by Program



	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Protective Services	41.60	46.60	47.00	46.00	55.00
Family Support Services	44.93	44.93	44.53	48.53	40.53
Benefits, Employment & Child Care	130.00	134.00	141.00	142.00	161.00
Homeless Services	3.80	4.80	9.80	9.80	20.80
Juvenile Services	72.83	72.83	81.83	86.33	86.33
At-Risk Youth & Family Services	6.00	6.00	6.00	6.00	6.00
Director's Office	23.10	22.10	22.10	21.10	21.10
Full-Time Equivalent (FTE) Total	322.26	331.26	352.26	359.76	390.76

Future Outlook

Foster Care Policy Changes – Recent changes in state legislation, Virginia Kinship Guardianship (VKG), and federal legislation, the Families First Prevention Act (FFPA), will have significant impacts on how the Family Support Services (FSS) division within the Department of Social Services (DSS) provides service delivery to foster children and families. The FFPA requires localities to find alternatives to and limit the placement of children in residential treatment facilities. The FFPA was also enacted to minimize the possibility of misdiagnosing children in foster care with mental illnesses, which can lead to unnecessary placements in residential treatment facilities. Additionally, the Virginia General Assembly passed the VKG legislation, which is intended to increase the placement of foster children with family relatives. Recent changes to foster care policy at the state and federal level will have significant impacts on FSS as new policy guidelines are interpreted and implemented locally.

Adult Protective Services (APS) Increased Workload – By the year 2020, persons 60 years of age and older are expected to increase to 74,090, which will be almost 16% of the County's projected population of 470,000 residents. The percentage of persons over 60 years of age and older in Prince William County (PWC) has nearly doubled since 2000. In addition, a recent review conducted by the Department for Aging and Rehabilitative Services indicated that the number of APS cases in PWC have increased 41% in the past 3 years (from 862 in FY15 to 1,213 in FY18). Along with the growth in the County's aging population, implementation of a Coordinated Entry System (CES) by DSS for persons experiencing homelessness has resulted in more referrals for adults who are medically fragile and in need of temporary or permanent housing. With the projected increase

Social Services

in persons over the age of 60 and the implementation of the CES, DSS expects workload increases will continue in APS, which will require additional staff to conduct APS investigations of abuse and neglect and resources to provide sheltering solutions for vulnerable adults. Court-appointed guardians are increasing and DSS is required to provide financial and service delivery oversight. With the increase in the disabled and aged population, more persons are seeking long-term care Medicaid which requires APS staff to provide a face-to-face assessment.

Public Benefits – Over the past six years, the number of Medicaid eligible clients in the County has increased by 31% (from 54,774 in 2012 to 71,810 in 2018) and is expected to increase to approximately 97,000 by 2022, due to annual growth and the expansion of Medicaid in Virginia. Although additional staff were added in FY19, DSS anticipates the Benefits, Employment & Child Care (BECC) division will continue to struggle with meeting mandated processing timelines (new applications and renewals) and are at a continued risk of receiving annual audit findings for error rates due to high caseloads and strict processing deadlines.

Homeless Services Data Driven Decisions – Working with the community to achieve reduced homelessness with the goal that homelessness be rare, brief, and nonrecurring, requires a large collaborative and engaged network of service providers and advocates. Benchmarking current outcomes and setting desired future outcomes based on data cannot be done solely within County government. The US Department of Housing and Urban Development (HUD) and the Virginia Department of Housing and Community Development (DHCD) are moving rapidly to improve outcomes and set strict program requirements. Forthcoming changes may be difficult to make and will require local non-profit agencies' leadership buy-in with resolution to improve their capacities. This is necessary for the Prince William Area to receive increased funding from HUD and DHCD.

Special Education Private Day School (SPED) and Residential Services Increased Need and Costs – Due to the increase in the number of students in PWC, 25% since 2007-2008, the need for and the costs of SPED are increasing. At an average cost of \$80,000 per child per year, available funding quickly dries up. This is coupled with increased costs for residential services due to extreme behavioral and medical health diagnoses and/or substance misuse disorders experienced by youth served in Community Services, DSS, Juvenile Court Services Unit, and Schools.

Emergency Management Mass Sheltering Needs – DSS serves as the lead agency for Mass Sheltering and does not have dedicated funding to cover costs associated with sheltering a few in hotels or a lot in staff-operated shelters when Red Cross assistance is unsustainable, and an incident requires the activation of the Emergency Operations Command. As the population increases, buildings age, and weather prediction varies, DSS may not be able to operate mass sheltering without additional financial assistance.

Juvenile Services Transformation – As the Virginia Department of Juvenile Justice transforms Juvenile Justice in the Commonwealth, PWC needs to transform its concepts about brick and mortar. A campus concept allowing efficiencies in staffing, laundry, and food service while also incorporating service delivery that is transformative for juveniles is in the planning stages. This will require a change in current service delivery where the Juvenile Detention Center, Molinari Shelter for Youth, and Pre-trial Supervision programs are in three different locations.

Director's Office Oversight Changes – Federal and state oversight has increased significantly over the past few years. In FY16, DSS had 11 audits and in FY18, there were 24 audits. Sufficient quality assurance oversight of programs will require additional staffing because of increased caseloads due to population increases. One can no longer assure quality while also completing the increased quantity of work. Compliance in financial oversight and federal mandates will also require additional staffing.

Social Services

General Overview

- A. **Medicaid Expansion** – In FY19, PWC was allocated \$1,339,186 in state funding for staff and operations necessary to address the anticipated increase of 13,500 Medicaid eligible applicants ([BOCS Resolution 18-457](#)). This resolution also authorized the creation of 18 FTE positions in FY19. These 18 FTEs are included in the FY20 DSS FTE count. This increase will require \$207,000 in general fund tax support in FY20 due to decreased state funding. Based on a review of actual revenues received by DSS in prior fiscal years, general fund revenue has been increased within other DSS programs to provide this support.
- B. **Change to In-House Management of Homeless Shelter** – In FY19, the contract for operation of the Hilda M. Barg Homeless Prevention Center (HPC) was discontinued. DSS assumed operation of the HPC ([BOCS Resolution 18-508](#)). This resolution authorized the creation of 11 FTEs in FY19. These FTEs are funded by shifting the funding for the vendor contract to maintain day-to-day operations at the HPC. No additional general fund tax support is required.
- C. **Roll FY19 DSS Budget Reconciliation into FY20** – PWC adopted its FY2019 Budget prior to the County receiving its final FY19 budget allocation from the Virginia DSS. Each year the County must adjust its DSS budget ([BOCS Resolution 18-597](#)) to reflect the actual allocations awarded from all sources. If the funding adjustments are recurring, they are rolled forward into the subsequent fiscal year as part of the annual budget process. The FY19 reconciliation results in a \$261,066 revenue and expenditure budget increase in FY20.
- D. **Activity Realignment** – The Prevention and Assessments activity has been moved from the Family Support Services program to the Protective Services program to better match the activity with program goals. Therefore, program totals in these areas on the DSS Expenditure and Revenue Summary for FY16 through FY19 will differ from the totals on the associated program pages.
- E. **Budget Shift** – Community Partner funding of \$30,048 is reallocated from Benedictine Aid and Relief for Neighbors (BARN) Rapid Re-Housing to extend hours at the Overnight Shelter. This funding became available because BARN will no longer be providing Rapid Re-Housing services.
- F. **Budget Shift** – \$234,801 in budgeted salary lapse has been transferred from the At-Risk Youth & Family Services (ARYFS) program to the BECC program due to the higher number of FTEs in BECC.
- G. **Revenue Decrease for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the DSS allocation decreased \$16,141.

Social Services

Budget Initiatives

A. Budget Initiatives

1. Increase funding for Mandatory Private Day School Placements – At Risk Youth & Family Services (ARYFS)

Expenditure	\$2,500,000	General Fund Impact	\$850,000
Revenue	\$1,650,000	FTE Positions	0.00

a. **Description** – This initiative provides increased funding to the ARYFS program. These funds are needed to cover increased mandated residential and SPED placements. The number of private day school placements has more than tripled since FY14. The increase in expenditures will be partially offset by state funding.

b. **Service Level Impacts** – Private day school placements will be appropriately funded.

2. Increase staff for investigations and guardianship cases – Protective Services

Expenditure	\$169,035	General Fund Impact	\$80,326
Revenue	\$88,709	FTE Positions	2.00

a. **Description** – This initiative provides increased funding to the APS activity. The number of persons over 60 in PWC has doubled since 2000 and the number of APS cases has increased by 41% in the last three years. Additionally, since the coordinated entry process became fully operational, there has been an increase in demand for placements of vulnerable adults that cannot reside in homeless shelters.

b. **Service Level Impacts** –

▪ **Average Number of days to complete APS investigations**

FY20 w/o Addition | 60

FY20 w/ Addition | 50

▪ **Span of control for guardianship cases**

FY20 w/o Addition | 1:600

FY20 w/ Addition | 1:300

▪ **Span of control for Medicaid long-term case assessments**

FY20 w/o Addition | 1:525

FY20 w/ Addition | 1:263

3. Human Services Coalition – Director’s Office

Expenditure	\$150,000	General Fund Impact	\$150,000
Revenue	\$0	FTE Positions	0.00

a. **Description** – This initiative establishes funding for the Human Services Coalition community partner. This coalition addresses the Wellbeing Goal within the PWC Strategic Plan by increasing cooperation and coordination between faith-based, not-for-profit and private sector partnerships to address human service needs, to include a countywide faith-based community coalition.

b. **Service Level Impacts** – Improve coordination and cooperation between agencies within the County to address community human services needs.

Social Services

Program Summary

Protective Services

Protective Services has two mandated programs; Child Protective Services (CPS) and APS. CPS screens and investigates allegations of abuse/neglect of children under the age of 18 and provides prevention services to raise community awareness of abuse and neglect. APS screens and investigates allegations of abuse/neglect/exploitation of disabled or older adults. APS activities include monitoring public guardianships for incapacitated adults and home visits to determine eligibility for Medicaid-funded long-term care in conjunction with the local health district.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Repeat adult abuse and neglect cases	1.00%	3.00%	0.04%	3.00%	1.00%
Repeat child abuse and neglect cases (same child)	3.80%	1.60%	1.90%	3.00%	-

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
CPS Investigations	\$3,251	\$3,413	\$3,643	\$3,749	\$3,797
Reports of alleged child abuse/neglect received by CPS	4,575	4,547	5,115	4,500	4,700
CPS complaints investigated & assessments completed	2,621	2,475	2,380	2,500	2,500
Founded CPS cases	432	328	350	400	400
Average number of days to complete CPS investigations and assessments	60	65	65	50	45
APS Investigations	\$654	\$668	\$739	\$737	\$912
Reports of alleged adult abuse/neglect received by APS	888	882	786	800	750
APS complaints investigated	562	505	588	525	575
Founded APS cases	140	164	206	175	200
Average number of days to complete APS investigations and assessments	50	75	60	60	50
Adult Care	\$83	\$81	\$96	\$129	\$131
Incapacitated adults in the guardianship program	424	468	581	500	600
Medicaid long-term care assessments - Adults	532	474	542	500	525
Prevention and Assessments	\$1,096	\$1,088	\$1,109	\$1,134	\$1,073
Families served in prevention and assessments	442	431	546	460	550

Social Services

Family Support Services

FSS provides mandated services that include foster care, treatment, and permanency. The well-being and safety of children are the priority of the program and efforts are made to keep families unified.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Repeat child abuse and neglect cases (same child)	3.8%	1.6%	1.9%	3.0%	-
Children in foster care finding permanent homes*	79.0%	72.0%	51.0%	75.0%	55.0%
Title IV-E (foster care) case and financial error percentage	-	-	28.0%	-	<5.0%

*Definition of permanency has changed to include children that return home, relative placement, and adoptions

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Foster Care	\$5,603	\$5,683	\$6,062	\$6,067	\$6,079
Children served in custodial foster care	163	149	181	155	165
Authorized foster care families	92	85	124	118	125
Family Treatment	\$1,016	\$941	\$886	\$1,037	\$1,043
Families served in family treatment services	225	214	225	213	220

Benefits, Employment & Child Care

BECC staff determine initial eligibility and ongoing renewals for public benefits. Programs include Child Care subsidies, Energy Assistance, Medicaid, Refugee Resettlement, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Virginia Initiative for Employment Not Welfare (VIEW). The program serves PWCs residents with the lowest incomes in meeting their basic needs as they move toward achieving self-sufficiency.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
TANF participants engaged in work activities (state target is 50%)	42%	40%	44%	51%	51%
New medicaid applications processed within state mandated time frame (45 days)	-	77%	89%	85%	85%
SNAP benefits issued w/financial errors (positive error rate). State target 3%	4%	26%	7%	-	3%
SNAP cases processed correctly per policy (negative error rate). State target 2%	39%	61%	37%	-	2%
Title IV-E (foster care) case and financial error percentage	-	-	28.0%	-	<5.0%

Social Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Employment Services	\$1,086	\$1,155	\$1,360	\$1,351	\$1,699
Persons served in VIEW	422	352	344	380	360
Benefits & Child Care	\$9,987	\$10,157	\$10,865	\$10,872	\$12,268
New applications processed annually (TANF, SNAP, and Medicaid)	26,273	32,260	32,415	30,000	-
Medicaid annual renewals 30 days overdue	-	564	37	<100	<35
New Medicaid applications pending more than 45 days	-	159	68	<75	<50
Clients served - SNAP (unduplicated count)	42,238	37,373	37,535	-	39,000
Clients served - TANF (unduplicated count)	3,896	3,248	3,600	-	3,600
Clients served - Medicaid (unduplicated count)	63,840	64,445	69,854	-	75,000

Homeless Services

Homeless Services is a multi-faceted program that has the key responsibilities of operating US Department of Housing and Urban Development mandates: the Continuum of Care (CoC), the Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Additionally, the Division directly operates the Bill Mehr Drop-In Center (DIC) and the Hilda Barg Homeless Prevention Center (HPC), while serving as contract administrator for the Overnight Shelter.

CoC responsibilities include coordination of CoC meetings, grant writing, financial oversight, HMIS data integrity, and performing grant and contract monitoring duties.

The CES was launched in March 2018. CES Information & Referral Specialists are responsible for operating the call center and assisting constituents with eviction prevention services and assisting persons who are currently homeless with accessing emergency shelter and other community services.

The DIC is operated year-long, six days a week. This program partners with community programs to aide in improving life skills and employment prospects.

The HPC is a 30-bed emergency shelter open 24/7/365 for families and single adults that offers case management toward a goal of exiting to permanent housing.

The Overnight Shelter is a year-round emergency shelter program that provides shelter to 48 single adult males and females, open daily from 6:00 p.m. to 7:00 a.m.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Utilization of HPC	87%	78%	92%	81%	87%
Point in time homeless count	400	400	374	390	380
Two-year sustainment of permanent housing	94%	92%	100%	86%	80%
Utilization of Overnight Shelter	-	-	100%	87%	95%

Social Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Coordinated Entry Services	\$2,173	\$2,380	\$2,667	\$3,010	\$3,342
Substance Abuse (SA) weekly group attendance (1)	100	81	44	97	-
Referrals for mental health services to Community Services	17	37	157	19	120
Drop-In Center	\$46	\$50	\$141	\$54	\$56
Number of clients served at Drop-In Center (2)	-	6,459	1,279	6,400	1,250

1) The Drop-In-Center will not have scheduled substance abuse (SA) meetings. More persons will have access to insurance, therefore; they will be able to receive SA services from other providers.

2) FY18 actuals & FY20 target are only unduplicated clients.

Juvenile Services

Juvenile Services provides court-ordered juvenile offenders with pro-social engagement to enhance their safety and accountability. Services range from secure detention at the Juvenile Detention Center, non-secure residence at the Molinari Juvenile Shelter, and home-based supervision through the Pre-trial Supervision program which also includes electronic monitoring.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Juvenile Pre-trial Supervision clients re-offending while in the program	2.00%	2.00%	1.17%	2.00%	1.50%
Molinari Juvenile Shelter Services clients re-offending while in the program	2.00%	1.10%	2.00%	2.00%	1.50%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Secure Detention	\$4,239	\$5,332	\$5,527	\$5,727	\$5,691
Juveniles admitted into Secure Detention	642	593	404	645	450
Juvenile Pre-trial Supervision	\$353	\$366	\$353	\$418	\$375
Juveniles admitted into pre-trial supervision	171	205	223	186	220
Molinari Juvenile Shelter Services	\$1,283	\$1,453	\$1,354	\$1,573	\$1,656
Juveniles admitted	194	213	198	200	204

Social Services

At-Risk Youth & Family Services

ARYFS is a component of the Commonwealth's Children's Services Act. ARYFS serves as a funding resource for the following public agencies in need of additional services for their clients: (1) DSS for CPS, Foster Care, and Adoption Services; (2) School Division for Special Education, Alternative Education, and Student Services; (3) Juvenile Court Services Unit for Probation and Parole; (4) Community Services for mental health treatment needs.

All ARYFS clients struggle with severe disorders and/or dysfunctional families and most have behavioral health diagnoses requiring professional treatment services. All service plan decisions require a collaborative review and approval by a multi-disciplinary Family Assessment and Planning Team (FAPT) staffed by previously listed public agencies, a private provider representative, and a parent representative.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Clients with improved functional assessment score upon case closure	63%	70%	82%	65%	75%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Community-Based Services	\$4,414	\$6,413	\$8,736	\$6,962	\$9,493
Youth served in Special Education Private Day School (SPED)	59	94	110	126	142
Non-SPED youth served	369	411	391	387	372
Residential Services	\$3,576	\$3,606	\$4,774	\$4,240	\$4,410
Youth served in residential services	104	118	139	130	143
Foster Care	\$1,362	\$1,237	\$1,107	\$1,964	\$1,988
Youth served in foster care	163	149	181	149	165
ARYFS Administration	\$363	\$372	\$410	\$414	\$376
Total youth served (unduplicated)	446	510	531	500	520

Social Services

Director's Office

Provides overall leadership, financial management including state and federal grant monitoring, personnel functions, and information technology services for DSS. The Office engages the advice of the appointed DSS Advisory Board. The Director is the appointed Board member for the organizational entities known as Birmingham Green. Oversight is provided by seven state departments within three Secretariats. Emergency Management duties for Mass Sheltering are also a part of this office.

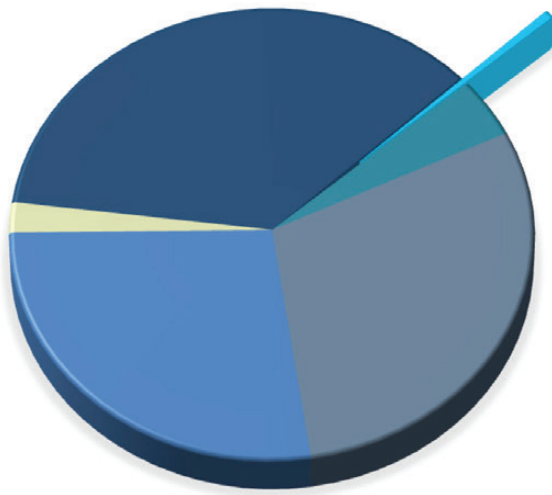
Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
County services for people who are economically disadvantaged (Comm. Survey)	75%	75%	80%	75%	80%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Social Services Director's Office	\$708	\$701	\$948	\$908	\$1,074
Technology Support	\$264	\$349	\$386	\$382	\$379
Personnel Support	\$304	\$308	\$372	\$347	\$395
Fiscal Support	\$1,091	\$1,170	\$1,136	\$924	\$974

Virginia Cooperative Extension

Mission Statement

Virginia Cooperative Extension helps lead the engagement mission of Virginia Polytechnic Institute and State University, the Commonwealth's land grant university. Building local relationships and collaborative partnerships, Virginia Cooperative Extension helps people put scientific knowledge to work through learning experiences that improve economic, environmental, and social well-being.



**Human Services Expenditure Budget:
\$158,648,343**

**Expenditure Budget:
\$927,709**



0.6% of Human Services

Programs:

- Nutrition Education: \$8,510
- Environment & Natural Resources: \$286,946
- 4-H Education: \$118,042
- Parent Education: \$184,890
- Financial Education & Housing Counseling: \$329,320

Mandates

Virginia Cooperative Extension operates under a state mandate to inform the County when agricultural conditions warrant the declaration of a disaster and to provide assistance and information regarding disaster relief programs.

State Code: [Title 23.1-2610](#) (Duties of the Service, the Program, and the Station)

Virginia Cooperative Extension



Expenditure and Revenue Summary

Expenditure by Program	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted	% Change Budget FY19/ Budget FY20
Nutrition Education	\$32,725	\$27,160	\$8,510	\$8,510	\$8,510	0.00%
Environment & Natural Resources	\$187,523	\$195,233	\$206,507	\$249,820	\$286,946	14.86%
4-H Education	\$84,456	\$79,878	\$84,420	\$115,429	\$118,042	2.26%
Parent Education	\$220,499	\$155,219	\$156,471	\$220,242	\$184,890	(16.05%)
Financial Education & Housing Counseling	\$328,685	\$333,483	\$344,104	\$327,081	\$329,320	0.68%
Total Expenditures	\$853,888	\$790,974	\$800,012	\$921,082	\$927,709	0.72%

Expenditure by Classification

Salaries and Benefits	\$746,081	\$681,582	\$656,625	\$781,657	\$788,284	0.85%
Contractual Services	\$756	\$1,845	\$10,392	\$9,650	\$9,650	0.00%
Internal Services	\$85,431	\$80,939	\$83,942	\$80,833	\$80,833	0.00%
Purchase of Goods & Services	\$21,620	\$26,608	\$49,053	\$48,942	\$48,942	0.00%
Total Expenditures	\$853,888	\$790,974	\$800,012	\$921,082	\$927,709	0.72%

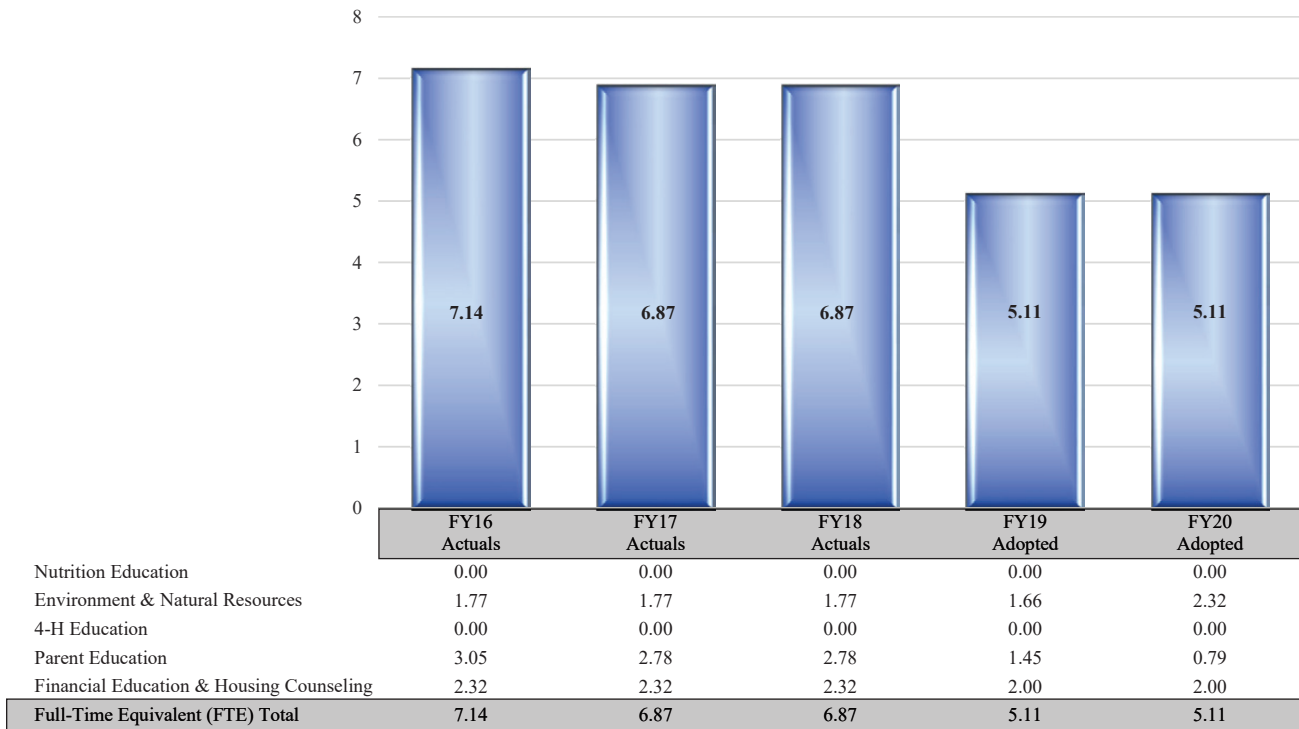
Funding Sources

Revenue from Federal Government	\$0	\$55,565	\$49,447	\$42,000	\$42,000	0.00%
Revenue from Other Localities	\$125,832	\$89,316	\$99,816	\$99,834	\$142,314	42.55%
Charges for Services	\$15,280	\$17,525	\$16,700	\$10,000	\$10,000	0.00%
Revenue from Commonwealth	\$140,965	\$94,913	\$99,058	\$91,626	\$91,626	0.00%
Transfers In	\$295,772	\$267,022	\$267,022	\$267,022	\$267,022	0.00%
Total Designated Funding Sources	\$577,849	\$524,341	\$532,043	\$510,482	\$552,962	8.32%
Net General Tax Support	\$276,039	\$266,632	\$267,969	\$410,600	\$374,747	(8.73%)
Net General Tax Support	32.33%	33.71%	33.50%	44.58%	40.39%	

Virginia Cooperative Extension



Staff History by Program



Future Outlook

4-H – With an increased focus on retention of senior 4-H youth nationally, 4-H will continue to offer leadership training for teens and adults through experiential learning activities in order to strengthen youth-adult partnerships. Adults provide a place where youth feel safe, both physically and emotionally, while youth provide adults with an outlet to teach, mentor, and learn. Trainings and workshops in life skills development will be offered in the areas of public speaking, presentations, garment construction and consumerism, record keeping, parliamentary procedure, club leadership, food preparation, and talent discovery. Preparation for competitions, workshops, and leadership positions will provide youth the opportunities to form friendships with people who are close to them geographically, but with whom they may not interact on a daily basis, and also with peers and adults beyond the County whose paths they may never otherwise have crossed. These friendships and associations will further their development as self-directing, contributing, and productive members of society.

Parent Education – National data indicates that families with children under the age of 18 comprise 28.4% of the Prince William County (PWC) population, and 66% of children under the age of six have all parents working. The average commute is 39 minutes one-way to work, and these long commutes limit parents’ time with their children. This, coupled with long work hours and the changing economy, adds stress on the family. In addition, 31% of grandparents in the County are living with and responsible for their grandchildren. While parents may or may not be in the home, differing parenting styles can also add stress to the family. Virginia Cooperative Extension (VCE) continues to offer classes to support these busy parents and grandparents in raising healthy children who will contribute positively to the community and eliminating abuse and neglect in the community. Staff and volunteers work to educate key stakeholders and the public that these services are available.

Virginia Cooperative Extension

Nutrition Education – Based on the January 2017 U.S. Department of Agriculture (USDA) Food and Nutrition Service report, there are 39,267 households receiving Supplemental Nutrition Assistance Program (SNAP) benefits in PWC. This includes 30,983 families, with 30–50% living below the poverty level. SNAP educators are seeking additional community collaborators and venues so they may continue to assist SNAP recipients to stretch their food dollars, choose healthy foods, shop smarter, and keep their food safe. SNAP educators have added a physical activity component in addition to teaching good nutrition and cooking skills to their clientele.

Environment and Natural Resources – Staff and Master Gardener volunteers provide horticultural and agricultural technical assistance and educational programs that address water quality issues. Providing certified nutrient management plans and working on a regional level to provide educational programs for pesticide applicators and the green industry assist PWC in meeting their Municipal Separate Storm Sewer System (MS-4) permit goals. VCE anticipates continued requests for educational classes from homeowners' associations (HOAs), garden clubs, and the PWC libraries. Additionally, VCE anticipates requests for technical assistance with community and school gardens, houses of faith, and HOAs for new and aging landscapes, managing storm water runoff in older neighborhoods, and the need for identification and control recommendations regarding invasive pest and plant problems.

Financial Education and Housing Counseling – The May 22, 2018 Federal Reserve Survey of Household and Economic Decision Making showed that 41% of American households said they would not be able to handle a \$400 emergency without borrowing money or selling something. There are new financial tools available to help residents manage their money, decrease debt, increase savings, and improve their personal financial habits. There is a growing need for financial education reaching K-12 students and to increase outreach efforts to underserved populations and the Hispanic community. Experts are predicting a large increase in demand for Financial and Credit Counseling in the next three years. VCE's Financial Education & Housing Counseling program plans to grow services in order to meet increased demand.

General Overview

- A. **Position shift from Parent Education to Environmental & Natural Resources program** – One part-time administrative assistant position (0.66 FTE) was moved from the Parent Education program to the Environmental & Natural Resources program. The total amount of the shifted position is \$30,728.
- B. **Revenue Increase for Shared Services (City) Billings** – The shared services billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. Updated shared services billings for VCE results in an increase of \$42,480.

Virginia Cooperative Extension

Program Summary

Nutrition Education

The Nutrition Education program is federally-funded via the SNAP Education grant. The goal of the grant is to provide nutrition education and obesity prevention programs for SNAP participants and other eligible limited-resource families. Educational collaborative programming involves groups of adults and groups of youth who enroll in a series of classes involving two to eight sessions per series. Comprehensive and short-term nutrition education are offered at human services offices, homeless shelters, retail stores, free clinics, pregnancy centers, farmers markets, health centers, food pantries, schools, churches, after-school programs, low-income housing communities, Head Start, and parent meetings.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
SNAP education program participants improving nutritional intake	100%	100%	87%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Nutrition Education	\$33	\$27	\$9	\$9	\$9
SNAP education (formerly Smart Choices Nutrition Education Program) participants	1,301	1,373	-	1,200	-
SNAP education families (formerly participants) enrolled in program	-	-	370	-	155

Environment & Natural Resources

Environment & Natural Resources (ENR) provides educational programs that raise awareness and change behaviors, emphasizing best management practices for sustainable landscape management and water quality protection. Activities conducted by staff and trained Master Gardener Volunteers include educational classes and hands-on demonstrations, “Ask a Master Gardener” clinics at local garden centers and the Farmer’s Markets, the Extension Horticulture Help Desk, an outdoor classroom called the Teaching Garden, Plant a Row produce collections at local Farmer’s Markets, school and community garden site visits and technical assistance, and stormwater education. Building Environmentally Sustainable Turf (BEST) Lawns, part of the Virginia Healthy Lawn program, utilizes Master Gardener volunteers who measure and soil test turf and landscape areas, and staff provides certified nutrient management plans as a result. Audiences include citizens, agricultural producers, local school systems, the green industry, pesticide applicators, homeowners’ associations, non-profit organizations, and County agencies.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Participants reporting that they adopted recommended water quality practices	100%	95%	96%	85%	90%
Environmental ed participants with new knowledge measured by pre/post tests	-	89%	87%	85%	85%
BEST Lawn clients implementing practices that improve water quality	-	69%	84%	70%	70%

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Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Environment and Natural Resources	\$188	\$195	\$207	\$250	\$287
Environmental education participants	2,064	4,181	4,980	2,000	4,000
Site visits for stormwater management education & community & school gardens	15	47	136	25	50
Calls received through the Horticulture Help Desk	1,493	1,547	1,980	1,400	1,500
BEST Lawns urban nutrient management plans written	281	300	244	250	250
Annual acres covered by BEST Lawns nutrient management plans	70	69	83	75	75
FTE value of volunteer hours (ENR)	7	8	7	7	7

4-H Education

4-H is a positive youth development program designed to engage young people in intentional, productive, and constructive ways, while recognizing and enhancing their strengths. Youth-adult partnerships are shown to be one of the most effective ways to engage both youth and adults in meaningful activities which contribute to positive youth development. Youth involved in positive, meaningful, respectful relationships with adults have been shown to improve skills and simultaneously strengthen the organizations to which they belong. 4-H is a research-based experience that includes a mentor, a hands-on project, and a meaningful leadership opportunity that empowers young people with the skills to lead for a lifetime. Delivery modes are varied but are mainly focused on in-school and after-school programs, school and community clubs, and 4-H camps.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Safe at Home, Safe Alone: pre/post test measures on staying home alone safely	94%	99%	90%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
4-H Youth Education	\$84	\$80	\$84	\$115	\$118
Youth enrolled in 4-H camps and clubs	1,555	1,431	1,842	850	850
Youth enrolled in 4-H special interest programs	54,556	64,083	12,420	55,000	12,000
Community service hours contributed by 4-H youth and adults	-	8,357	8,339	7,000	8,000
FTE value of volunteer hours (4-H)	9.6	19.3	6.9	15.0	7.0

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Parent Education

The Parent Education programs serve all families in the community. Staff and volunteers facilitate classes throughout the community for parents of young children, school-aged children, and teens. In addition, VCE offers the Juvenile Justice Parenting Program (JJPP) to parents of adolescents who are either court-involved or at risk of court involvement, and a program for parents who are addressing issues of anger in the home. Facilitators also hold classes at the Adult Detention Center for participants in the Drug Offender Rehabilitation Module (DORM) program, at transitional housing facilities and shelters for homeless families. VCE accomplishes this by working collaboratively with the Department of Social Services (DSS), PWC Schools, the Juvenile Court Services Unit, Community Services, and a number of non-profits. Programs are available in English and Spanish.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
DSS clients with no founded abuse/neglect case 1 year after program completion	99%	100%	96%	100%	100%
At-risk families who don't enter foster care within 1 year of program completion	100%	100%	100%	100%	100%
Youth without criminal charges 1 year after parents complete JJPP class	79%	81%	91%	75%	75%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Parent Education	\$220	\$155	\$156	\$220	\$185
Participants completing Systematic Training for Effective Parenting	227	234	153	230	230
Participants completing When Families Get Angry	59	67	63	75	75
Participants completing JJPP	78	54	35	75	75
FTE value of volunteer hours (parent education)	0.4	0.4	0.4	0.4	0.4

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Financial Education & Housing Counseling

The Financial Education & Housing Counseling program promotes improved personal financial behaviors through research-based curriculum and financial counseling to develop sound financial practices for improved economic stability. VCE's Master Financial Educator volunteers lead programs on Money Saving Strategies; Improving Credit; Getting Ready for Taxes; Financial Recovery and more. VCE is a U.S. Department of Housing & Urban Development (HUD) certified counseling agency, offering one-on-one counseling and proven best practices for better financial decision-making. The First-Time Homebuyer program outlines steps to reach homeownership, including pre-purchase planning, steps to avoid foreclosure, and credit improvement. The counseling team includes HUD approved credit counselors, foreclosure mitigation counselors and the area expert on reverse mortgage options. The program helps the community reach their financial and affordable home-ownership goals.

Key Measures	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
One-on-one counseling clients reporting an improving financial situation	-	94%	100%	75%	75%
Mortgage default clients not losing their homes to foreclosure	97%	97%	98%	90%	90%
Clients with increased knowledge measured by pre/post-tests	-	96%	79%	85%	80%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY16 Actuals	FY17 Actuals	FY18 Actuals	FY19 Adopted	FY20 Adopted
Financial Education and Housing Counseling	\$329	\$334	\$344	\$327	\$329
Households receiving housing counseling	-	368	216	200	200
Clients completing First Time Homebuyer Track	-	65	61	35	35
Clients attending financial literacy class	529	562	482	450	450
FTE value of volunteer hours (financial education)	0.8	0.8	0.8	0.8	0.8