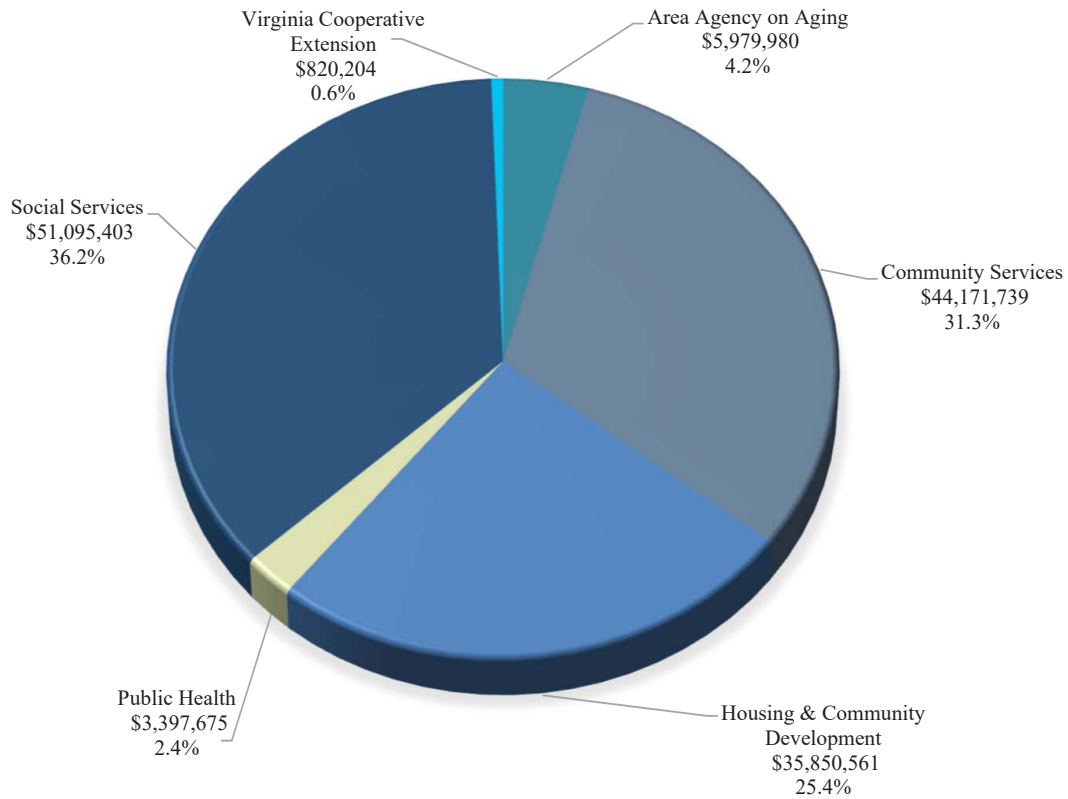


Human Services



Human Services Expenditure Budget: \$141,315,562

The chart above depicts each agency's operating budget only. It does not reflect capital project budgets that may be attributed to agencies.



Average Tax Bill: Human Services accounted for \$197 and 5.05% of the average residential tax bill in FY18.

Department & Agencies

- Area Agency on Aging
- Community Services

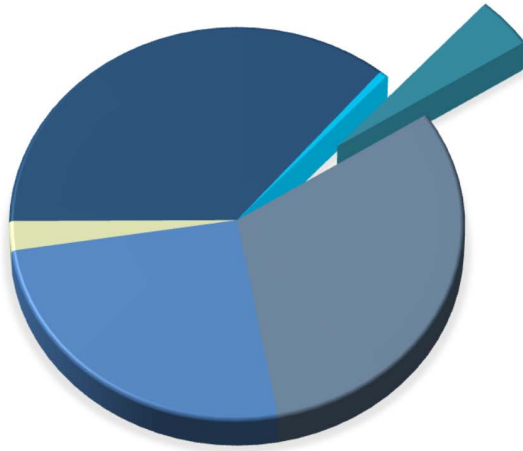
- Housing & Community Development
- Public Health

- Social Services
- Virginia Cooperative Extension

Area Agency on Aging

Mission Statement

The Area Agency on Aging (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:
\$141,315,562

Expenditure Budget:
\$5,979,980

\$

4.2% of Human Services

Program:

- Home & Community Based Services: \$1,359,395
- Supportive Services: \$1,227,808
- Senior Centers: \$1,215,770
- Fiscal & Administration: \$2,177,007

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	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Home & Community Based Services	\$1,163,809	\$1,265,347	\$1,215,344	\$1,325,638	\$1,359,395	2.55%
Supportive Services	\$992,921	\$947,037	\$978,100	\$1,377,195	\$1,227,808	(10.85%)
Senior Centers	\$1,040,813	\$1,031,451	\$1,125,475	\$1,201,193	\$1,215,770	1.21%
Fiscal & Administration	\$2,016,912	\$1,997,360	\$2,071,734	\$1,901,764	\$2,177,007	14.47%
Total Expenditures	\$5,214,456	\$5,241,195	\$5,390,653	\$5,805,790	\$5,979,980	3.00%

Expenditure by Classification

Salaries and Benefits	\$2,157,721	\$2,089,659	\$2,244,478	\$2,341,878	\$2,464,178	5.22%
Capital Outlay	\$16,683	\$0	\$0	\$0	\$0	0.00%
Contractual Services	\$2,005,328	\$2,205,357	\$2,126,345	\$2,221,051	\$2,259,738	1.74%
Internal Services	\$175,200	\$182,743	\$183,002	\$143,392	\$155,134	8.19%
Purchase of Goods & Services	\$834,177	\$743,066	\$818,459	\$1,230,198	\$1,231,659	0.12%
Leases & Rentals	\$9,346	\$9,072	\$10,268	\$11,000	\$11,000	0.00%
Reserves & Contingencies	\$0	\$0	\$0	(\$141,729)	(\$141,729)	0.00%
Transfers Out	\$16,002	\$11,299	\$8,101	\$0	\$0	0.00%
Total Expenditures	\$5,214,456	\$5,241,195	\$5,390,653	\$5,805,790	\$5,979,980	3.00%

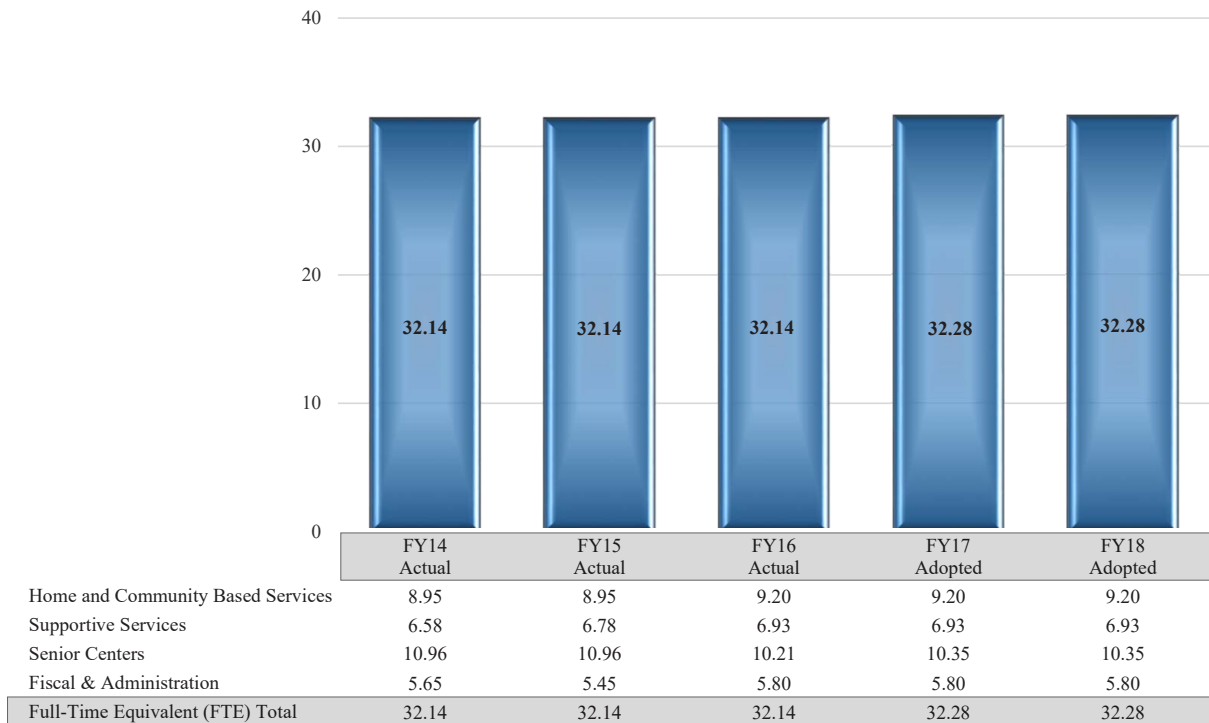
Funding Sources

Revenue from Federal Government	\$725,317	\$786,061	\$777,767	\$1,141,065	\$1,113,142	(2.45%)
Use of Money & Property	\$3,283	\$3,278	\$3,124	\$2,250	\$2,250	0.00%
Revenue from Other Localities	\$170,852	\$300,576	\$426,228	\$301,263	\$301,263	0.00%
Miscellaneous Revenue	\$43,765	\$71,170	\$44,769	\$48,942	\$48,942	0.00%
Non-Revenue Receipts	\$0	\$0	\$21	\$0	\$0	0.00%
Charges for Services	\$166,242	\$206,949	\$186,528	\$184,500	\$184,500	0.00%
Revenue from Commonwealth	\$349,758	\$350,786	\$380,914	\$399,575	\$386,354	(3.31%)
Total Designated Funding Sources	\$1,459,216	\$1,718,820	\$1,819,351	\$2,077,595	\$2,036,451	(1.98%)
(Contribution to)/Use of Fund Balance	\$24,000	\$24,000	\$24,000	\$24,000	\$8,132	
Net General Tax Support	\$3,731,239	\$3,498,375	\$7,218,213	\$3,704,195	\$3,935,397	6.24%
Net General Tax Support	71.56%	66.75%	133.90%	63.80%	65.81%	

Area Agency on Aging



Staff History by Program



Future Outlook

People are Living Longer - The average life expectancy today 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. People who retire at 65 will live another 20.5 years, on average. There will be a greater divide between the healthy and wealthy and the health-compromised with low income (source: Centers for Disease Control). In order 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 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 more personal choice. We will see longer waiting lists for services provided by Aging. 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.

No Wrong Door - The coordination between health care providers and Aging's long term services and supports will be critical, as will improving the local Human Services information and referral system so that people can receive current, appropriate information immediately and in a seamless manner. The No Wrong Door initiative needs to serve persons of all ages who need long term services and supports; age is less important than functional ability. Long term services, support systems and referral protocols do not need to be redundant and fractured.

Area Agency on Aging

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.

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. The new generation of older adults may seek out recreational centers that serve a mix of ages and offer more choices for physical and mental well-being than traditional Senior Centers. As the County's Senior Centers age, this issue must be considered. Meals in a congregate setting, as required by the Older Americans Act, are currently provided in the Senior Centers and may need to be provided differently and separately from recreational centers.

General Overview

- A. Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the Aging technology bill increases by \$11,742.
- B. Bluebird Bus Tours** - The Board of County Supervisors has historically appropriated \$24,000 from the Senior Tour Bus Replacement fund balance to support the Bluebird Tour program. That appropriation is reduced in FY18 to \$8,132, reflecting the available fund balance. This reduction brings the Bluebird Tour Bus activity total to \$38,132.
- C. Health and Disease Promotion Services** - Aging will contract with Project Mend-A-House to provide health and disease promotion services to community members age 60 and older, using funds provided through the Older American Act; these services were previously provided directly by the agency.

Budget Initiatives

A. Budget Initiatives

1. Increase for Birmingham Green – Fiscal & Administration

Expenditure	\$93,187
Revenue	\$0
General Fund Impact	\$93,187
FTE Positions	0.00

- a. Description** - This initiative funds the increase associated with the intergovernmental cost-sharing agreement for Birmingham Green, quality residential care facility for the frail elderly and disabled adults in Northern Virginia.
- b. Service Level Impacts** - Existing service levels are maintained.

Area Agency on Aging

Program Summary

Home & Community Based Services (H&CB)

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients reporting that H&CB services helped them stay in their homes	100%	97%	95%	99%	99%
Family care-givers who are better able to meet work or other family obligations	94%	93%	93%	95%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Home Services	\$653	\$698	\$620	\$718	\$722
Home Services clients served	122	130	135	130	140
Average days on waitlist for home services	-	78	111	70	100
Community Based Services	\$511	\$567	\$595	\$608	\$637
Community based clients served	46	55	56	50	60
Average days on waitlist for community based services	-	70	112	80	90

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 Information and Care Coordination to the public about Aging and Disability Services. This program provides citizens with information to make informed decisions about their services options within the Prince William Area.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients reporting that supportive services helped them stay in the community	100%	96%	98%	96%	98%
Clients reporting that services helped navigate the aging & disability network	95%	94%	100%	95%	100%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Information and Care Coordination	\$935	\$898	\$940	\$1,311	\$1,166
People receiving services	566	439	392	550	550
Information requests addressed	5,133	4,673	2,783	5,200	3,000
People served in Supportive Services	-	-	1,481	-	1,500
Medicare Counseling	\$58	\$49	\$38	\$66	\$61
People counseled for Medicare health insurance	2,069	1,916	1,548	2,000	1,700

Area Agency on Aging

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Participants reporting that Senior Centers helped them stay in the community	100%	100%	95%	95%	98%
Meals on Wheels recipients stating that meals helped them stay in the community	100%	100%	98%	98%	97%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Senior Centers	\$1,041	\$1,031	\$1,125	\$1,201	\$1,216
Senior Center participants	1,179	1,206	1,214	1,275	1,250
Meals served (congregate and Meals on Wheels)	54,571	55,968	52,395	56,000	56,500

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.

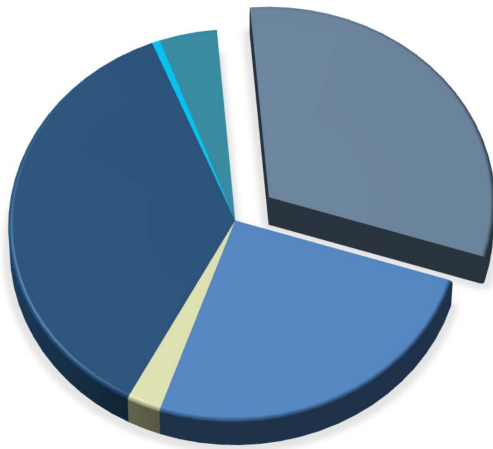
Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
People served by community partners and contractual agreements	1,086	1,280	1,342	1,300	1,350
County provides appropriate facilities & services for seniors & caregivers	88%	88%	89%	89%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Area Plan on Aging	\$634	\$530	\$606	\$473	\$671
FTE value of volunteer hours contributed	9	9	9	9	9
Birmingham Green	\$1,332	\$1,414	\$1,413	\$1,374	\$1,468
County residents served in Birmingham Green facilities	119	143	135	125	135
Bluebird Tour Program	\$51	\$54	\$53	\$54	\$38
Tour participants	730	794	827	825	825

Community Services

Mission Statement

We are committed to improving the quality of life for people with or at risk of developing mental disabilities and substance abuse problems and to preventing the occurrences of these conditions. We do this through a system of caring that respects and promotes the dignity, rights and full participation of individuals and their families. To the maximum extent possible, these services are provided within the community.



Human Services Expenditure Budget:
\$141,315,562

Expenditure Budget:
\$44,171,739



31.3% of Human Services

Program:

- Administrative Services: \$3,784,613
- Drug Offender Recovery Services: \$1,658,482
- Early Intervention Services: \$4,312,746
- Emergency Services: \$4,383,236
- Medical Services: \$2,975,114
- MH Day Support & Employment Services: \$1,810,694
- MH Residential Services: \$7,415,892
- ID Day Support Services: \$3,093,378
- ID Residential Services: \$794,928
- Youth Substance Abuse & Mental Health Services: \$3,603,941
- ID Case Management Services: \$4,150,154
- Mental Health Outpatient Services: \$3,839,931
- SA Adult Outpatient: \$1,925,681
- Public Safety Resilience Program: \$422,949

Mandates

The County is mandated to establish a Community Services Board to provide emergency services and, subject to the availability of appropriated state funds, case management services. Community Services is the single point of entry into publicly funded mental health, developmental and substance abuse services.

State Code: [37.2-500](#), [37.2-504](#)

Community Services



Expenditure and Revenue Summary

Expenditure by Program	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Administrative Services - CS	\$3,425,235	\$3,552,444	\$3,605,350	\$3,378,319	\$3,784,613	12.03%
Drug Offender Recovery Services	\$1,558,801	\$1,591,061	\$1,447,395	\$1,619,912	\$1,658,482	2.38%
Early Intervention	\$3,650,474	\$3,913,331	\$4,150,004	\$4,204,982	\$4,312,746	2.56%
Emergency Services	\$3,207,744	\$3,940,546	\$4,232,495	\$4,066,738	\$4,383,236	7.78%
Medical Services	\$2,369,864	\$2,344,931	\$2,530,067	\$2,781,694	\$2,975,114	6.95%
MH Day Support & Employment Services	\$1,678,298	\$1,660,200	\$1,714,260	\$1,712,559	\$1,810,694	5.73%
MH Residential Services	\$5,173,710	\$5,137,721	\$6,555,386	\$7,249,475	\$7,415,892	2.30%
ID Day Support Services	\$2,993,064	\$3,299,528	\$3,481,168	\$3,226,843	\$3,093,378	(4.14%)
ID Day Residential Services	\$747,106	\$762,441	\$783,879	\$783,736	\$794,928	1.43%
Youth Substance Abuse and Mental Health Services	\$3,074,614	\$2,911,148	\$3,188,081	\$3,091,229	\$3,603,941	16.59%
ID Case Management	\$3,532,586	\$3,015,680	\$3,422,270	\$3,283,716	\$4,150,154	26.39%
Mental Health Outpatient	\$3,101,583	\$2,999,897	\$3,320,178	\$3,799,388	\$3,839,931	1.07%
SA Adult Outpatient	\$2,151,332	\$1,973,857	\$1,854,294	\$1,911,372	\$1,925,681	0.75%
Public Safety Resilience Program	\$0	\$0	\$0	\$0	\$422,949	0.00%
Total Expenditures	\$36,664,411	\$37,102,785	\$40,284,827	\$41,109,964	\$44,171,739	7.45%

Expenditure by Classification

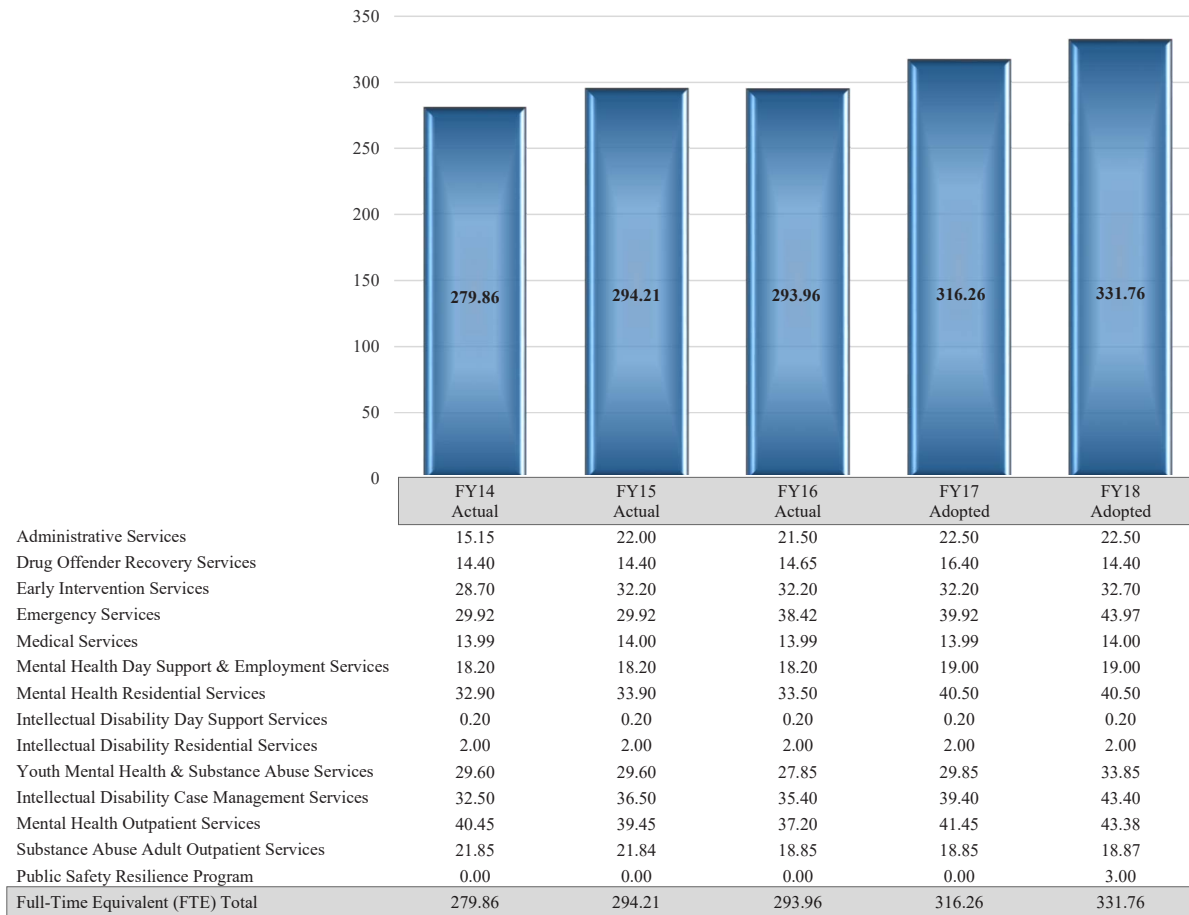
Salaries and Benefits	\$25,198,314	\$25,439,643	\$27,637,351	\$29,439,707	\$32,025,128	8.78%
Capital Outlay	\$0	\$0	\$70,595	\$80,000	\$80,000	0.00%
Contractual Services	\$7,178,811	\$8,144,856	\$8,862,526	\$8,831,985	\$8,825,276	(0.08%)
Debt Maintenance	\$24,258	\$24,258	\$24,258	\$24,258	\$24,258	0.00%
Internal Services	\$1,584,886	\$1,684,745	\$1,711,674	\$1,606,350	\$1,810,296	12.70%
Payments to Other Local Agencies	\$0	\$0	\$0	\$0	\$18,116	0.00%
Purchase of Goods & Services	\$1,594,517	\$1,566,775	\$1,595,183	\$1,893,577	\$2,136,785	12.84%
Leases & Rentals	\$149,335	\$159,413	\$147,694	\$178,482	\$196,274	9.97%
Reserves & Contingencies	\$0	\$0	\$0	(\$944,394)	(\$944,394)	0.00%
Transfers Out	\$934,289	\$83,096	\$235,546	\$0	\$0	0.00%
Total Expenditures	\$36,664,411	\$37,102,785	\$40,284,827	\$41,109,964	\$44,171,739	7.45%

Funding Sources

Revenue from Federal Government	\$2,627,983	\$2,814,127	\$2,769,336	\$2,713,908	\$2,731,345	0.64%
Revenue from Other Localities	\$2,463,021	\$2,819,333	\$2,765,044	\$2,734,045	\$2,734,045	0.00%
Miscellaneous Revenue	\$98,573	\$38,147	\$16,425	\$160,883	\$160,883	0.00%
Charges for Services	\$721,416	\$1,048,856	\$862,876	\$740,071	\$912,071	23.24%
Revenue from Commonwealth	\$13,866,500	\$13,617,428	\$15,662,431	\$15,891,635	\$16,963,392	6.74%
Transfers In	\$114,060	\$0	\$0	\$0	\$0	0.00%
Total Designated Funding Sources	\$19,891,553	\$20,337,890	\$22,076,112	\$22,240,542	\$23,501,736	5.67%
Net General Tax Support	\$16,772,858	\$16,764,895	\$18,208,715	\$18,869,422	\$20,670,003	9.54%
Net General Tax Support	45.75%	45.19%	45.20%	45.90%	46.79%	

Community Services

Staff History by Program



Future Outlook

The National Opioid Addiction Epidemic - Drug overdose is the leading cause of accidental death in the United States, with opioid addiction driving this epidemic. Opioids are a class of drugs that include prescription pain relievers, such as oxycodone, hydrocodone, codeine, morphine, and fentanyl, and the illicit drug heroin. Nationwide in 2014 there were 18,893 overdose deaths related to prescription pain relievers and 10,574 overdose deaths related to heroin (Centers for Disease Control, 2015). In order to combat opioid addiction, access to evidence-based residential and outpatient treatment is required. Community Services (CS) is challenged to meet the increased demand for outpatient, residential and medication assisted treatment given current resources. As future budgets are deliberated, the public health and safety outcomes related to a strong substance use treatment program should be considered.

Managed Care and Health Care Expansion Initiatives - A significant percentage of CS clients have critical and complex primary health care needs that go untreated for years due to the lack of insurance and access to physicians. CS has continued to evolve to meet new financial and regulatory requirements related to the Commonwealth's implementation of a managed care reimbursement model. CS continues to enroll eligible clients in the Governor's Access Plan (GAP) and has partnered with George Mason University's Mason and Partners (MAP) program to offer limited primary health care to a limited number with significant needs. CS

Community Services

recommends supporting expanded health care initiatives for low-income and disabled Virginians so that costs for serving existing clients without health insurance can be offset by new coverage options.

Changes in Intellectual Disability (ID)/Developmental Disability (DD) Waiver - Effective July 2016, the Commonwealth expanded the responsibilities of Community Services Board's (CSB) by designating persons whose primary diagnosis is a DD as a new CSB priority population. The Virginia General Assembly approved and the Department of Behavioral Health and Developmental Services implemented its re-designed and combined Medicaid ID and DD Waiver programs. CSBs are now required to determine eligibility and provide case management services, either directly or contractually, for persons whose primary diagnoses is a developmental disability. There is no capacity within CS existing ID Services to serve this new priority population. The increased number of individuals eligible for services and the increased responsibilities required under the new Medicaid Waiver program will require additional staff resources going forward.

Impact of Legislation to Virginia's Civil Commitment Laws - As a result of the past three Virginia General Assembly sessions, CSBs have been tasked with additional processes and documentation requirements in the execution of Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDOs), the utilization of an on-line Acute Psychiatric Bed Registry, the adoption of enhanced qualifications and supervision standards of emergency services staff, and the implementation of revised admission and discharge protocols to address the steadily increasing numbers admitted to state facilities. In addition to increased accountability requirements, there has been a steady increase in the number of persons requiring ECOs and TDOs. To ensure full compliance with this mandated service and to meet growing demand, additional qualified emergency services resources are needed.

Youth Mental Health and Substance Abuse Services - The number of children and adolescents in need of mental health and substance abuse services continues to increase. Through its New Horizons program, CS provides outpatient, intensive in-home, and school-based treatment services in addition to providing case management for eligible at-risk youth through as required by Virginia's Children's Services Act (CSA). In FY15 new state regulations required CSBs to provide intensive case management for those youth in need who are Medicaid eligible. CS absorbed this requirement within its existing staffing and expenditure authority. Given the increased demand for youth and increased state regulatory requirements, resources must be either reallocated or enhanced to address those youths with priority need.

General Overview

- A. **Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the Community Service technology bill increases by \$35,584.
- B. **Creation of Public Safety Resiliency Program** - [BOCS Resolution 16-718](#) transferred one Public Safety Therapist IV from the Fire & Rescue Department and authorized one Public Safety Resilience Program Division Manager and one Public Safety Therapist IV position, totaling \$422,949 in expenditure support for the development of a system of behavioral health care assistance specifically for public safety personnel.
- C. **Implementation of a Youth Mental Health Case Management Team** - [BOCS Resolution 16-870](#) created three Therapist II's and one Therapist III for implementation of a youth mental health case management team. The Virginia Department of Medical Assistance Services (DMAS) has mandated that youth receiving mental health services also receive case management services. On-going funding of \$339,890 is available through Medicaid to support these positions and associated expenditures.

Community Services

- D. **Reconcile the FY17 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 annual budget is adopted, specifically the reconciliation of state and federal revenues to the state performance contract. \$187,181 in ongoing revenue and expenditure support was identified through the FY17 reconciliation for medication and contractual services. This item was approved by [BOCS Resolution 16-714](#).
- E. **Adjustment for Early Intervention Services** - A part-time Early Intervention Specialist was eliminated and \$62,778 in contractual services was shifted to support the creation of a full-time Early Intervention Specialist to improve language accessibility services within the Early Intervention program. This item was approved by [BOCS Resolution 16-798](#).
- F. **Budget Shift** - \$7,163 has been shifted from supplies and services into the internal service series to support off-cycle computers purchased in FY17.

Budget Initiatives

A. Budget Initiatives

1. Add Three Case Management Service Coordinator II Positions – Intellectual Disabilities Case Management Services Program

Expenditure	\$264,735
Revenue	\$264,735
General Fund Impact	\$0
FTE Positions	3.00

a. **Description** - This budget addition provides three Service Coordinator II positions to assist intellectually disabled individuals and their families to access needed medical, psychiatric, social, educational, vocational, and other supports for living in the community. Revenue of \$130,000 from Medicaid is available to support these positions and \$134,735 is a one-time shift from contractual services. On-going funding support for these positions is available through Medicaid.

b. Service Level Impacts -

▪ Intellectual Disabilities Case Management Clients Served

<i>FY18 w/o Addition</i>	775
<i>FY18 w/ Addition</i>	865

2. Add Three Emergency Services Therapist II Positions – Emergency Services Program

Expenditure	\$185,352
Revenue	\$0
General Fund Impact	\$185,352
FTE Positions	3.00

a. **Description** - This budget addition provides three Therapist IIs for pre-screening Emergency Services clients. The Virginia State training and supervision requirements for pre-screening staff increased significantly, directly leading to a decrease in available Emergency Services staff being qualified to continue in their pre-screening roles.

Community Services

b. Service Level Impacts -

▪ **Emergency Services Clients Served**

FY18 w/o Addition | 2,937

FY18 w/ Addition | 3,037

3. Add Two Positions for Intellectual Disabilities Case Management Assessments – Intellectual Disabilities Case Management Program

Expenditure \$186,324

Revenue \$42,000

General Fund Impact \$144,324

FTE Positions 2.00

a. Description - This budget addition provides one Intellectually Disabled Services Coordinator III and one Intellectually Disabled Services Coordinator II to support a new state-mandated developmental disability assessments service.

b. Service Level Impacts - Existing service levels for case management clients will be maintained.

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Change in fee revenue received from prior fiscal year	1.9%	-0.6%	6.6%	-1.0%	3.0%
Customers rating services as helpful	97%	94%	93%	94%	94%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Accounting & Procurement	\$1,183	\$1,264	\$1,297	\$1,091	\$1,182
Fees collected	\$5.4M	\$5.4M	\$5.7M	\$5.2M	\$5.9M
Management Information Systems	\$863	\$961	\$905	\$938	\$1,078
Customers rating services as helpful	97%	94%	93%	94%	94%
Human Resources Management	\$189	\$101	\$203	\$211	\$219
Leadership & Management Oversight	\$1,190	\$1,226	\$1,200	\$1,139	\$1,306
Total agency clients served	8,818	8,949	9,506	9,040	9,500

Community Services

Drug Offender Recovery Services

Provide 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) and probation agencies. Services include assessments, individual and group therapy, case management, medication assisted treatment, residential and jail-based treatment and family support.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Criminal Justice clients who stop using drugs	45%	42%	35%	45%	35%
Drug Offender Rehab Module clients who do not return to the ADC within 3 years	74%	73%	74%	70%	70%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Adult Detention Center Services	\$975	\$1,017	\$946	\$987	\$998
Inmates treated in male and female dormitories	131	168	172	180	170
Community Criminal Justice Services	\$584	\$574	\$501	\$633	\$661
HIDTA clients served	73	63	65	65	60
Intensive case management clients served	43	77	64	80	80

Early Intervention Services for Infants & Toddlers with Disabilities

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Early intervention services clients who do not require special education	58%	56%	54%	53%	53%
Children demonstrating improved acquisition and use of knowledge and skills	68%	58%	67%	58%	58%
Families report services helped their family to help their child develop & learn	77%	87%	90%	77%	77%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Assessment and Service Coordination	\$1,588	\$1,693	\$1,819	\$1,890	\$1,977
Infants, toddlers and families served by assessment and coordination	1,129	1,256	1,274	1,100	1,250
Therapeutic and Educational Services	\$2,062	\$2,221	\$2,331	\$2,315	\$2,336
Infants, toddlers and families served by therapeutic and educational services	926	1,071	1,097	1,000	1,030

Community Services

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Cases diverted from inpatient treatment	61%	58%	49%	60%	56%
Emergency Services clients satisfied with services received	96%	95%	87%	94%	92%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
CS Intake and Emergency Telephone Services	\$453	\$1,123	\$1,044	\$1,168	\$1,083
Access assessments completed	-	1,807	1,878	1,807	1,843
Emergency Services	\$2,755	\$2,818	\$3,188	\$2,899	\$3,300
Emergency Services clients served	2,759	2,903	3,149	2,803	3,037

Medical Services

Provide 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Medical Services customers satisfied with services	90%	79%	87%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Medical Services	\$2,370	\$2,345	\$2,530	\$2,782	\$2,975
Total clients served by Medical Services	2,088	2,235	2,022	2,200	2,200

Community Services

Mental Health Day Support & Employment Services

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

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients who maintain employment for more than 90 days	92%	92%	80%	84%	84%
Psychosocial rehabilitation clients who maintain or improve functioning level	94%	99%	96%	90%	95%
Vocational Services clients reporting satisfaction with services	93%	98%	97%	94%	96%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Day Support Services	\$1,078	\$1,110	\$1,114	\$1,076	\$1,128
Clients served by day support services	122	125	123	131	124
Employment Services	\$601	\$551	\$600	\$636	\$682
Clients served by employment services	135	139	135	135	135

Mental Health Residential Services

Assist adults with serious mental illnesses to remain as independent as possible in the community by providing directly or contracting for a variety of levels of 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients successfully engaged in services and maintained in the community	96%	96%	98%	95%	96%
Clients expressing satisfaction with service provided	95%	98%	100%	95%	97%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Supportive Residential In-Home Services	\$2,381	\$1,996	\$2,462	\$2,467	\$2,486
Clients served by supportive residential in-home services	123	146	115	125	125
Intensive Residential Services	\$512	\$657	\$758	\$797	\$817
Clients served in group homes	25	25	37	28	30
Crisis Stabilization Services	\$1,604	\$1,610	\$1,604	\$1,772	\$1,714
Clients served by crisis stabilization services	199	132	227	150	200
Intensive Community Treatment (ICT) Services	\$677	\$673	\$1,128	\$1,600	\$1,786
Clients served by ICT services	78	50	51	61	75
Young Adult Services (YAS)	\$0	\$201	\$603	\$613	\$613
Clients served in YAS	-	-	24	-	40

Community Services

ID Day Support Services

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

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Program clients successfully maintained in the community	94%	99%	94%	95%	95%
Clients who are satisfied with program services	99%	98%	97%	98%	98%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Day Care Services	\$594	\$612	\$582	\$582	\$582
Clients served by day care services	115	87	89	90	89
Day Support Services	\$985	\$1,350	\$1,456	\$1,045	\$910
Clients served by ID day support services	50	56	53	56	55
Sheltered Employment Services	\$511	\$444	\$491	\$574	\$574
Clients served by sheltered employment services	24	15	11	20	15
Supported Employment Services	\$903	\$894	\$952	\$1,027	\$1,027
Clients served by supported employment services	109	102	102	109	120

ID Residential Services

Adults with ID are provided support services directly or by contract 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Client family satisfaction	90%	94%	99%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Group Home Services	\$122	\$122	\$162	\$120	\$120
Clients served by group home services	197	202	220	200	206
Supported Living Services	\$625	\$641	\$622	\$664	\$675
Clients served by supported living services	20	37	35	27	30

Community Services

Youth Mental Health & Substance Abuse (SA) Services

Provide 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients completing treatment who improve in functioning	74%	77%	72%	75%	75%
Clients satisfied with services	97%	98%	97%	95%	90%
Teen clients who stop using drugs/alcohol	74%	67%	0%	70%	65%
Grade point average improvements for HIDTA prevention clients	+0.57	+0.76	+0.90	+0.70	+0.70
Reduced school absences for HIDTA prevention clients	36%	42%	40%	36%	40%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
In-School SA Treatment Services	\$877	\$856	\$923	\$928	\$985
Clients served by In-School SA Treatment Services	1,022	963	1,111	1,100	1,100
Clinic-Based Mental Health Treatment and SA Treatment Services	\$644	\$614	\$694	\$712	\$1,092
Clients served by clinic-based MH and SA Treatment Services	453	465	454	450	450
In-Home Mental Health and SA Treatment Services	\$1,043	\$920	\$1,044	\$912	\$984
Clients served by In-home MH and SA treatment services	149	88	154	90	90
Prevention Services	\$510	\$520	\$526	\$538	\$543
Prevention activity participants (students and parents)	322	272	290	250	250

ID Case Management Services

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients successfully maintained in the community	99%	99%	97%	99%	98%
Clients and family members satisfied with services	91%	93%	94%	94%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Case Management Services	\$3,533	\$3,016	\$3,422	\$3,284	\$4,150
Clients served by ID case management services	652	762	798	846	865

Community Services

Mental Health Outpatient Services

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Seriously mentally ill clients completing treatment who improve in functioning	54%	54%	41%	55%	50%
Clients satisfied with services received	90%	99%	92%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Seriously Mentally Ill Adult and Family Services	\$3,102	\$3,000	\$3,320	\$3,799	\$3,840
Clients served by seriously mentally ill adult and family services	1,423	1,300	1,438	1,300	1,400

SA Adult Outpatient Services

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients who are substance free upon completion of treatment	86%	63%	63%	65%	60%
Customers satisfied with services received	95%	98%	99%	96%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Adult SA Services	\$2,151	\$1,974	\$1,854	\$1,911	\$1,926
Clients served by adult SA services	1,364	1,193	1,042	1,200	1,000

Community Services

Public Safety Resilience Program

Promotes resilience in public safety personnel through the provision of behavioral health and wellness promotion, crisis intervention, crisis support and behavioral health counseling services.

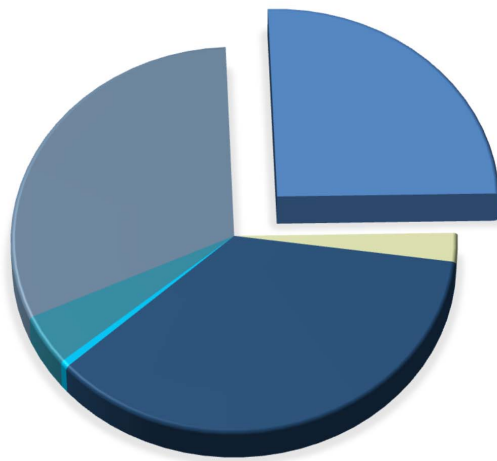
Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Response to emergency requests for services within one hour	-	-	-	-	100%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Public Safety Resilience	\$0	\$0	\$0	\$0	\$423
Number of behavioral health services provided	-	-	-	-	200
24-hr response to non-emergency service requests	-	-	-	-	90%

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:
\$141,315,562

Expenditure Budget:
\$35,850,561

25.4% of Human Services

Program:

- Community Preservation & Development: \$2,825,626
- Housing Finance & Development: \$1,249,088
- Housing Rental Assistance: \$31,754,203
- Affordable Housing Support: \$21,644

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	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Community Preservation & Development	\$2,130,992	\$3,363,047	\$2,105,144	\$2,496,422	\$2,825,626	13.19%
Housing Finance & Development	\$1,107,793	\$1,029,206	\$498,041	\$855,154	\$1,249,088	46.07%
Housing Rental Assistance	\$29,528,434	\$28,925,326	\$28,888,662	\$31,701,379	\$31,754,203	0.17%
Affordable Housing Support	\$16,445	\$650,037	\$26,450	\$5,069	\$21,644	326.97%
Total Expenditures	\$32,783,665	\$33,967,616	\$31,518,296	\$35,058,024	\$35,850,561	2.26%

Expenditure by Classification

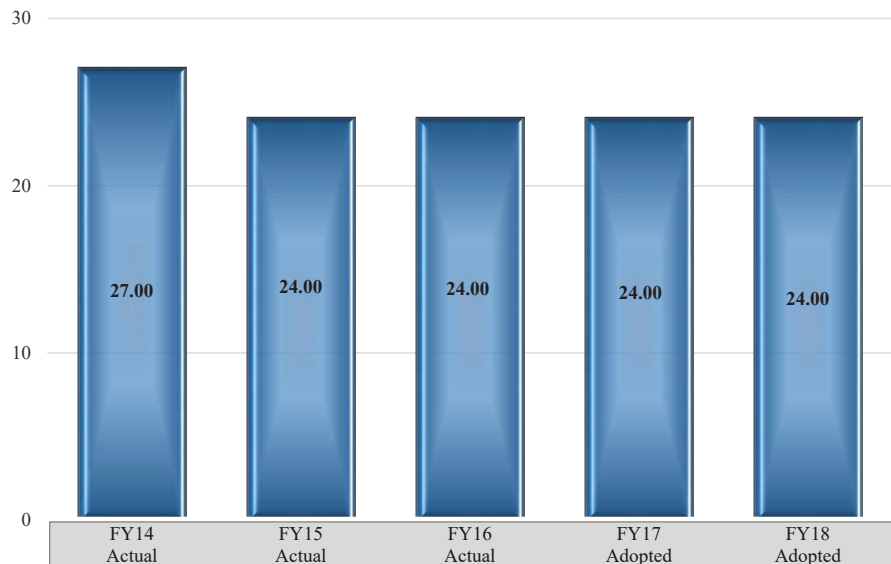
Salaries and Benefits	\$2,170,482	\$2,036,514	\$2,188,950	\$2,095,027	\$2,196,917	4.86%
Capital Outlay	\$75,000	\$0	\$0	\$40,000	\$0	(100.00%)
Contractual Services	\$1,719,001	\$2,990,696	\$1,459,971	\$1,506,977	\$1,912,505	26.91%
Internal Services	\$128,732	\$126,859	\$113,401	\$103,298	\$101,704	(1.54%)
Purchase of Goods & Services	\$28,585,864	\$28,708,248	\$27,592,172	\$31,119,233	\$31,451,330	1.07%
Leases & Rentals	\$26,795	\$27,128	\$26,619	\$42,482	\$39,232	(7.65%)
Transfers Out	\$77,791	\$78,171	\$137,183	\$151,008	\$148,873	(1.41%)
Total Expenditures	\$32,783,665	\$33,967,616	\$31,518,296	\$35,058,024	\$35,850,561	2.26%

Funding Sources

Revenue from Federal Government	\$27,369,833	\$25,573,680	\$26,756,201	\$27,193,420	\$27,796,957	2.22%
Use of Money & Property	(\$42,717)	\$2,122	\$12,114	(\$0)	(\$0)	0.00%
Miscellaneous Revenue	\$25,811	\$164,993	\$12,993	\$145,000	\$145,000	0.00%
Non-Revenue Receipts	\$4,439	(\$0)	(\$0)	(\$0)	(\$0)	0.00%
Charges for Services	\$5,436,086	\$5,397,864	\$5,354,602	\$7,698,190	\$7,887,190	2.46%
Transfers In	\$750,000	\$0	\$0	\$10,000	\$10,000	0.00%
Total Designated Funding Sources	\$33,543,452	\$31,138,658	\$32,135,910	\$35,046,610	\$35,839,147	2.26%
(Contribution to)/Use of Fund Balance	(\$831,913)	\$2,738,134	(\$673,716)	\$0	\$0	
Net General Tax Support	\$72,126	\$90,824	\$56,102	\$11,414	\$11,414	0.00%
Net General Tax Support	0.22%	0.27%	0.18%	0.03%	0.03%	

Housing & Community Development

Staff History by Program



Community Preservation & Development	4.09	4.33	4.32	4.13	3.59
Housing Finance & Development	1.11	0.92	1.23	1.68	1.06
Rental Assistance	21.74	18.69	18.38	18.10	19.28
Affordable Housing Support	0.06	0.06	0.07	0.09	0.07
Full-Time Equivalent (FTE) Total	27.00	24.00	24.00	24.00	24.00

Future Outlook

Increased Cost of Affordable Housing - Department of Housing and Urban Development (HUD) published the Fair Market Rents for FY17, with a substantial increase in rents for all bedroom units in Prince William County (PWC). Not only does this affect the cost tenants pay landlords, it affects the Housing Choice Voucher (HCV) Program. Under the program tenants typically pay 30% of their income towards rent and utilities and the difference is paid by the program. Increased rents mean increased program costs, translating to serving less people with the limited funds.

More than 8,400 Families Waiting for Affordable Housing - As the federal lawmakers continue to find solutions to balance the federal budget, all indication is that funding for affordable housing will decline or at best remain level. The largest impact from decreased funding levels is still anticipated with the HCV program providing rental assistance for low income families, many of whom are elderly and/or disabled. Office of Housing & Community Development (OHCD) has been able to invite elderly and disabled families from its waiting list to apply for assistance but anticipates being able to provide assistance to only 100 families.

HOME Investment Partnership Funds - HOME, funded through the federal Transportation, Housing and Urban Development appropriations bill, has been cut by over 50 percent since FY10. For FY16, HOME saw a modest boost in funding, but that level of funding is insufficient to address the critical nationwide shortage of affordable housing. HOME is a flexible block grant that provides states and localities critical resources to help them respond to their affordable housing challenges, including both rental and homeownership needs by targeting resources to low income families.

Housing & Community Development

General Overview

- A. Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the OHCD technology bill decreases by \$1,594.
- B. Transportation Grant** - Federal grant funds transferred to the Department of Social Services (DSS) for transportation of homeless individuals to local shelters and from shelters to local service providers will be reduced by \$15,000 in FY18, in accordance with the grant agreement.
- C. Reconciliation to Anticipated Federal Funding** - OHCD is operating under the federal continuing budget resolution. Actual FY18 allocations are not known at this time, but the following funding impacts are anticipated – an additional \$329,204 for Community Preservation & Development, an additional \$393,934 for Housing Finance & Development, and an additional \$52,824 for Housing Rental Assistance. Final reconciliation of the OHCD budget will occur once the FY18 federal budget is adopted.

Program Summary

Community Preservation & Development (CP&D)

CP&D administers two federal programs through HUD, the Community Development Block Grant (CDBG) program and the Emergency Shelter 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. OHCD operates seven (7) transitional housing units for families referred by local shelters.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Persons provided with housing and other related services - CDBG	529	993	2,399	630	1,021
Persons provided with homelessness prevention and emergency shelter	1,172	1,374	1,390	1,374	1,277
Families completing transitional housing program & moving to permanent housing	84%	100%	100%	75%	85%

Housing & Community Development

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Housing Rehabilitation	\$1,623	\$2,305	\$1,211	\$1,627	\$2,217
Substandard single-family housing units rehabilitated	17	18	15	17	15
Community Improvement & Housing Supportive Services	\$403	\$923	\$773	\$700	\$442
Persons provided with homelessness prevention and emergency shelter services	1,172	1,374	1,390	1,374	1,277
Improvement projects managed	11	10	12	10	10
Manage Transitional Housing at Dawson Beach	\$105	\$135	\$121	\$169	\$166
Homeless families served	7	7	11	7	7

Housing Finance & Development

PWC, including 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Federal & state funds for households to become first time homebuyers	\$729,000	\$781,000	\$116,000	\$781,000	\$350,000
Private mortgage financing generated on behalf of first-time homebuyers	\$1.0M	\$1.9M	\$781,000	\$1.9M	\$1.0M

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Homeownership Assistance	\$1,108	\$1,029	\$498	\$855	\$1,249
Families assisted to become first-time homebuyers	13	13	6	13	9
Affordable units added, with counseling to the families that rent/purchase units	-	20	17	20	14

Housing & Community Development

Rental Assistance

The Rental Assistance Unit manages the Housing Choice Voucher Program (HCVP), which is 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.

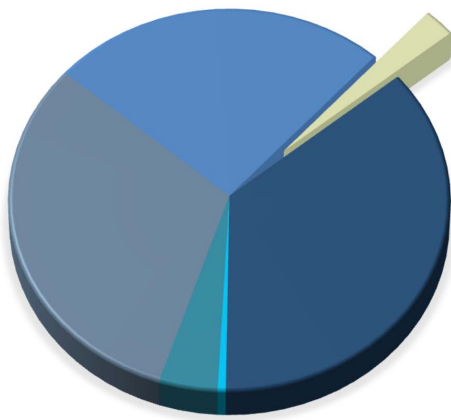
Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Eligible elderly and disabled persons in HCVP provided with rental assistance	41%	56%	44%	56%	45%
Family Self Sufficiency Grant families who successfully meet program goals	91%	92%	88%	90%	90%
Rental income paid to local property owners on behalf of families	\$23M	\$27M	\$27M	\$26M	\$29M
Annual HCVP performance evaluation score from HUD	100%	100%	98%	96%	98%
Families assisted by OHCD with low-income housing	2,668	3,142	5,910	2,600	3,000

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Housing Assistance Program Payments	\$5,218	\$4,983	\$4,828	\$7,416	\$7,453
Families provided with rental assistance	2,139	2,149	2,121	2,000	2,121
Housing Assistance Program Administration	\$24,310	\$23,942	\$24,061	\$24,286	\$24,301
Participant eligibility determinations	1,965	2,126	1,949	2,130	2,000
Families on the HVCP rental assistance waitlist	-	-	8,490	8,843	8,200

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:
\$141,315,562

Expenditure Budget:
\$3,397,675



2.4% of Human Services

Programs:

- Maternal & Child Health: \$774,014
- General Medicine: \$1,565,961
- Environmental Health: \$895,322
- 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 (PWHD). 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 for school entry); [32.1-254](#) (Vital Records—Death Certificates) and [3.2-6562.1](#) (Rabies Control)

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 ([Individual Sewage Disposal Systems](#)), Chapter 25.1 ([Swimming Facilities](#)), Chapter 30 ([Water Supply](#))

Public Health

Expenditure and Revenue Summary



Expenditure by Program	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Maternal & Child Health	\$1,139,424	\$1,139,424	\$774,014	\$744,634	\$774,014	3.95%
General Medicine	\$1,615,887	\$1,609,730	\$1,487,408	\$1,452,262	\$1,565,961	7.83%
Dental Health	\$149,205	\$149,205	\$134,247	\$130,630	\$0	(100.00%)
Environmental Health	\$857,588	\$863,298	\$797,672	\$841,987	\$895,322	6.33%
Administration/Emergency Preparedness	\$167,605	\$170,622	\$157,768	\$154,022	\$162,378	5.43%
Total Expenditures	\$3,929,709	\$3,932,279	\$3,351,109	\$3,323,535	\$3,397,675	2.23%

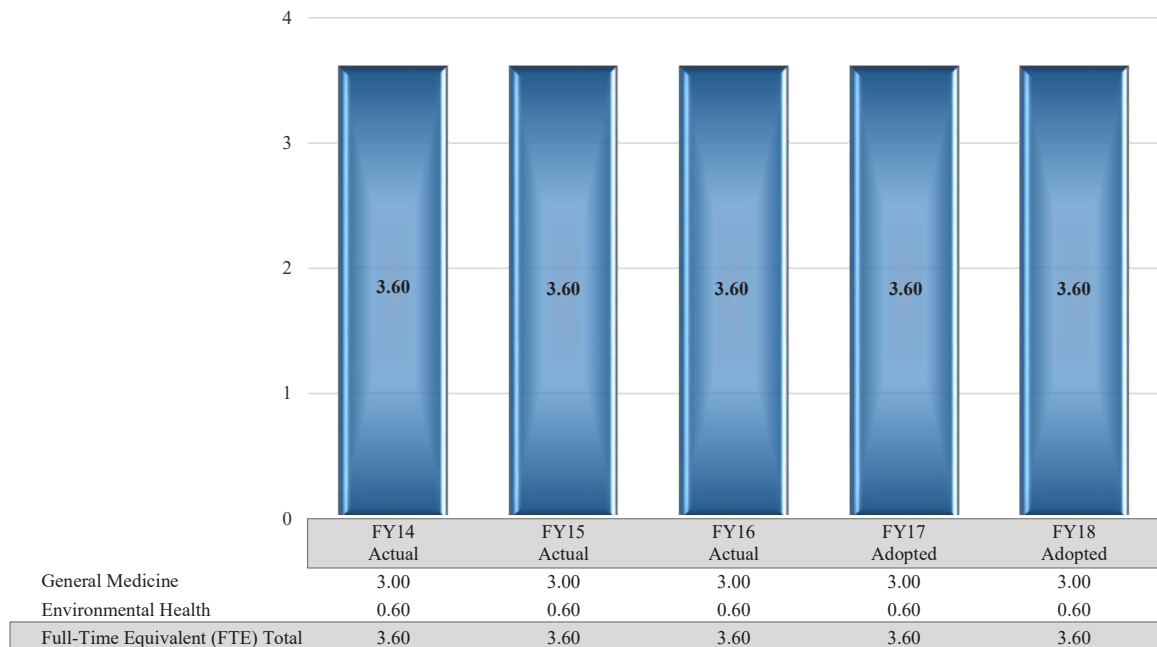
Expenditure by Classification

Salaries and Benefits	\$254,612	\$267,514	\$300,976	\$305,712	\$314,466	2.78%
Contractual Services	\$88	\$41	\$38	\$1,415	\$1,415	0.00%
Internal Services	\$42,876	\$45,050	\$39,028	\$31,627	\$33,435	5.41%
Purchase of Goods & Services	\$3,632,134	\$3,604,717	\$3,011,067	\$3,083,218	\$3,048,360	(1.14%)
Reserves & Contingencies	\$0	\$0	\$0	(\$98,437)	\$0	0.00%
Transfers Out	\$0	\$14,958	\$0	\$0	\$0	0.00%
Total Expenditures	\$3,929,709	\$3,932,279	\$3,351,109	\$3,323,535	\$3,397,675	2.23%

Funding Sources

Permits & Fees	\$176,746	\$171,987	\$184,825	\$176,746	\$176,746	(\$0.00)
Revenue from Other Localities	\$198,347	\$156,168	(\$81,756)	\$56,764	\$56,764	(\$0.00)
Revenue from Commonwealth	\$296,838	\$219,568	\$425,633	\$228,397	\$228,397	(\$0.00)
Total Designated Funding Sources	\$671,931	\$547,723	\$528,702	\$461,907	\$461,907	0.00%
Net General Tax Support	\$3,257,777	\$3,384,557	\$2,822,407	\$2,861,628	\$2,935,768	2.59%
Net General Tax Support	82.90%	86.07%	84.22%	86.10%	86.41%	

Staff History by Program



Future Outlook

Health Equity - PWHD will shift focus towards population health, understanding that where residents live, work, and play impacts their health and every resident deserves the opportunity to be healthy. Changing focus requires present staff to master new skills. When hiring new employees, the district will look for employees with different knowledge and skills that will support this vision of health equity. Additionally, the PWHD will need to develop a work environment that is more suitable to employees of the future.

Virginia's Well-Being Plan - Public Health offers services to the whole population in all of its diversity in culture, language, ethnicity, income, education, employment, age, and physical and mental health. Providing services to all our residents means public health practitioners need to understand not only traditionally what is considered healthcare, but also demographic, social, and environmental circumstances of the residents we serve, their cultural beliefs and values regarding health as well as their health needs. Additionally, there are many other factors that affect overall well-being that must be taken into consideration when developing public health interventions to include the social, political, economic, and physical environment of the people we serve.

Community Health Improvement Process - Public Health will facilitate an ongoing active community collaborative approach to assess and monitor population health outcomes, prioritize community health issues, and promote actions to improve related health outcomes. Additionally, Public Health will facilitate the development of a community health needs assessment and strategic community health improvement process that includes health care systems and community partners.

Nursing - PWHD has seen a shift in workload that supports a change in focus towards population health services. Within the Community Health Division, we continue to see an increase in the need to provide communicable disease screening, treatment, and prevention services to protect the health of the community. PWHD receives increasing reports from the private health care community of suspected or diagnosed communicable and/or vector borne diseases, requiring that more resources be allocated towards investigation and prevention of disease transmission. In FY16, the District received 1,484 reports of communicable diseases, a 32% increase from FY15. This number excludes reports of tuberculosis, suspected tuberculosis, sexually transmitted infections and Zika. In addition to communicable disease activities, PWHD continues to see an increase in referrals for nursing home and personal care screenings, a service that impacts the health and safety of our elderly and disabled populations and assures access to home or community based care for this vulnerable population. In FY16, the District received 1,037 referrals for screening, a 15% increase over FY15. While PWHD will continue to provide women's health services, Maternal and Child Health services will become more population based through programs targeted toward safe sleep for infants, injury prevention, and healthy lifestyle programs to ensure control of chronic diseases prior to pregnancy.

Changes in Onsite Sewage Program - Virginia Department of Health (VDH) continues to work with the private sector to develop appropriate implementation strategies for the upcoming potential changes in onsite sewage regulations. Additionally, VDH is developing standardized protocols and procedures to help with the implementation of these changes, and will have to develop new training for environmental health staff to support the need for new onsite knowledge and skills. Potential changes to various Virginia codes will require PWHD staff to refer customers and clients to licensed private sector septic system designers. Onsite program staff will spend more time on community assessment, field inspections, quality assurance, and programmatic oversight of existing onsite sewage systems, public health outreach and education, and enforcement. PWHD continues to face challenges in competing with other Northern Virginia health districts and the private sector in hiring licensed onsite Environmental Health Specialists. Licensing is a requirement for an Environmental Health Specialist to function independently.

Public Health

General Overview

- A. Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the Public Health technology bill increases by \$1,808.
- B. 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 VDH 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 FY17, State funding for PWHD was \$2,407,270, County match funding was \$1,969,585 and local support routed through the State was \$914,438. The County also provided an additional \$439,512 in local support for staffing, operations, and community partnerships above the amount included in the annual agreement. The City of Manassas and Manassas Park provide reimbursement to the County for services rendered based on a shared services agreement with the County. Total FY17 State and County budgeted expenditures for the PWHD were \$5,730,805, with the County providing a total of \$3,323,535.
- C. Elimination of Dental Program** - Public Health discontinued operation of its Dental Health program at the end of FY16. Funding in the amount of \$130,630, previously allocated for the Dental Health program, has been redirected to provide additional support to the General Medicine and Environmental Health programs.
- D. Transfer of Resources** - In FY18, Community Partner funding in the amount of \$38,059 is being reallocated from the Northern Virginia Family Services (NVFS) HealthLink Program to the NVFS Securing Emergency Resources through Volunteer Efforts (SERVE) Program. This funding became available because NVFS has discontinued the HealthLink Program. Funds are being transferred to the Department of Social Services, the host agency for NVFS SERVE.
- E. Budgeted Agency Savings** - Annual funding for Public Health is contracted with the State. Therefore, budgeted agency savings in the amount of \$98,437 have been transferred out of the Public Health Department and redistributed to other general fund departments.

Public Health

Program Summary

Maternal & Child Health

This program improves the health of women and children in the PWHHD by assessing their needs and assuring that quality services are accessible. This is accomplished through program monitoring and evaluation, public and customer education, consultation and training, and building and maintaining public/private partnerships. 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Reproductive age females with documented multivitamin w/folic acid consult	26%	45%	48%	47%	50%
Women with a positive pregnancy test linked to prenatal care	-	-	-	-	90%
Infants born with late/no prenatal care per 1,000 live births	46.2	35.5	38.5	-	35.5
Children born in PWC with low birth weight	6.6%	7.5%	6.9%	6.5%	6.5%
Infant deaths per 1,000 live births	6.0	4.5	5.0	5.6	5.6

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Prenatal Care	\$689	\$689	\$464	\$446	\$464
Women served with prenatal care	278	277	262	280	0
Women with positive pregnancy test linked to prenatal care	-	-	-	-	285
Women's Wellness	\$402	\$402	\$310	\$299	\$310
Women served in women's wellness clinics	1,493	1,291	1,031	1,300	1,040
Women, Infants and Children (WIC)	\$49	\$49	\$0	\$0	\$0
Participants in the WIC program at the end of the fiscal year	8,198	8,638	8,052	8,900	8,500

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 PWHHD.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Pre-admission nursing home screenings completed within 30 days	-	62%	85%	-	90%
Patients completing tuberculosis preventive therapy treatment	90%	87%	73%	90%	90%
Vaccine-preventable disease cases per 100,000 population	11	11	10	11	10
Newly diagnosed HIV cases per 100,000 population	12	7	10	10	10
Participant attendance at core sessions of National Diabetes Prevention Program	-	-	65%	60%	60%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Sexually Transmitted Disease and AIDS Services	\$285	\$285	\$247	\$240	\$247
Persons seen for sexually transmitted disease services	1,435	1,265	1,216	1,400	1,400
Persons served by AIDS drug assistance services	172	129	84	-	-
HIV clients linked to medical care	-	91%	90%	93%	93%
Other Communicable Disease Services	\$919	\$925	\$926	\$902	\$1,039
Patients receiving tuberculosis preventive therapy	169	159	155	170	170
Suspected tuberculosis follow-ups	166	78	73	90	90
Chronic Disease Services	\$116	\$116	\$116	\$113	\$116
Persons screened for nursing home pre-admission and personal care services	590	636	678	650	700
Primary Health Care Services	\$296	\$284	\$198	\$198	\$163
Clients served by community partners	5,527	4,434	4,048	4,833	3,585

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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Food establishments in PWC without founded complaints of food borne illness	99%	100%	100%	98%	98%
Septic tank owners in compliance with Chesapeake Bay Preservation Act	73%	72%	73%	75%	75%
Discharge sewage systems in compliance with state regulations	54%	67%	65%	-	-
On-site sewage applications completed within 15 days	95%	93%	95%	95%	95%
Founded health and safety menaces corrected	89%	89%	90%	90%	90%
Humans potentially exposed to rabies	563	520	505	550	550
Swimming pools in compliance with County code requirements	85%	87%	85%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
On-site Sewage System Permits and Maintenance	\$224	\$233	\$234	\$227	\$264
New on-site sewage applications completed	147	115	125	120	125
Septic tank pump-outs assured	10,940	10,763	10,959	11,000	11,200
Water Supply Protection	\$64	\$64	\$64	\$63	\$64
Well samples collected for bacterial contamination	129	127	60	-	-
Repairs to on-site systems (remedial and preventive)	253	276	255	300	300
Inspection Services	\$400	\$397	\$353	\$412	\$423
Food establishment inspections	1,580	1,727	1,636	2,100	2,100
Swimming pool inspections	453	410	201	400	400
Environmental Complaint Investigations	\$97	\$97	\$96	\$92	\$94
Total environmental complaints investigated	250	280	286	270	300
Rabies Control	\$73	\$73	\$50	\$48	\$50
Animal quarantines completed	540	408	456	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.

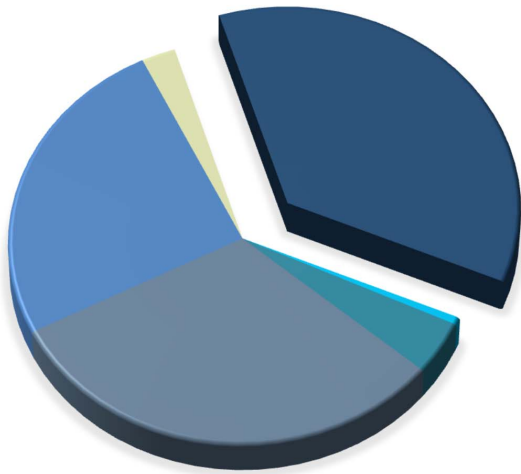
Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Community events during which all hazards preparedness education is provided	25	15	10	20	10
Customers reporting that they received the information or services they needed	97%	98%	99%	98%	98%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Leadership and Management Oversight/Emergency Preparedness	\$168	\$171	\$158	\$154	\$162
Public Health events that require emergency response plan activation	4	2	3	-	-
Medical Reserve Corps volunteers	598	663	419	-	-
Deployable Medical Reserve Corps volunteers	396	425	384	496	425
Emergency response exercises conducted in collaboration with outside partners	2	2	3	2	3
State and County fees for services collected	\$843,515	\$950,485	\$983,111	\$1.0M	\$1.0M

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:
\$141,315,562

Expenditure Budget:
\$51,095,403



36.2% of Human Services

Program:

- Protective Services: \$4,935,764
- Family Services: \$7,798,970
- Benefits, Employment & Child Care: \$11,712,951
- Homeless Services: \$3,047,186
- Youth Residential Services: \$7,263,518
- At-Risk Youth & Family Services: \$13,667,564
- Agency Administration: \$2,669,448

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](#); 22 Virginia Administrative Code (VAC) [40-700](#); [22 VAC 40-705](#); [22 VAC 40-720](#); [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), [2.2-5211](#) 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	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Protective Services	\$3,348,947	\$3,600,373	\$3,904,267	\$4,267,646	\$4,935,764	15.66%
Family Support Services	\$7,547,393	\$7,894,089	\$8,175,660	\$7,964,855	\$7,798,970	(2.08%)
Benefits, Employment & Child Care	\$9,704,016	\$10,520,555	\$10,695,202	\$11,182,659	\$11,712,951	4.74%
Homeless Services	\$1,791,100	\$1,995,268	\$2,219,586	\$2,457,794	\$3,047,186	23.98%
Youth Residential Services	\$5,254,071	\$5,523,659	\$5,874,962	\$6,323,479	\$7,263,518	14.87%
At Risk Youth & Family Services	\$6,432,610	\$8,645,912	\$9,714,422	\$8,670,951	\$13,667,564	57.62%
Social Services Agency Administration	\$3,609,817	\$2,648,085	\$2,367,165	\$2,556,523	\$2,669,448	4.42%
Total Expenditures	\$37,687,955	\$40,827,941	\$42,951,265	\$43,423,906	\$51,095,403	17.67%

Expenditure by Classification

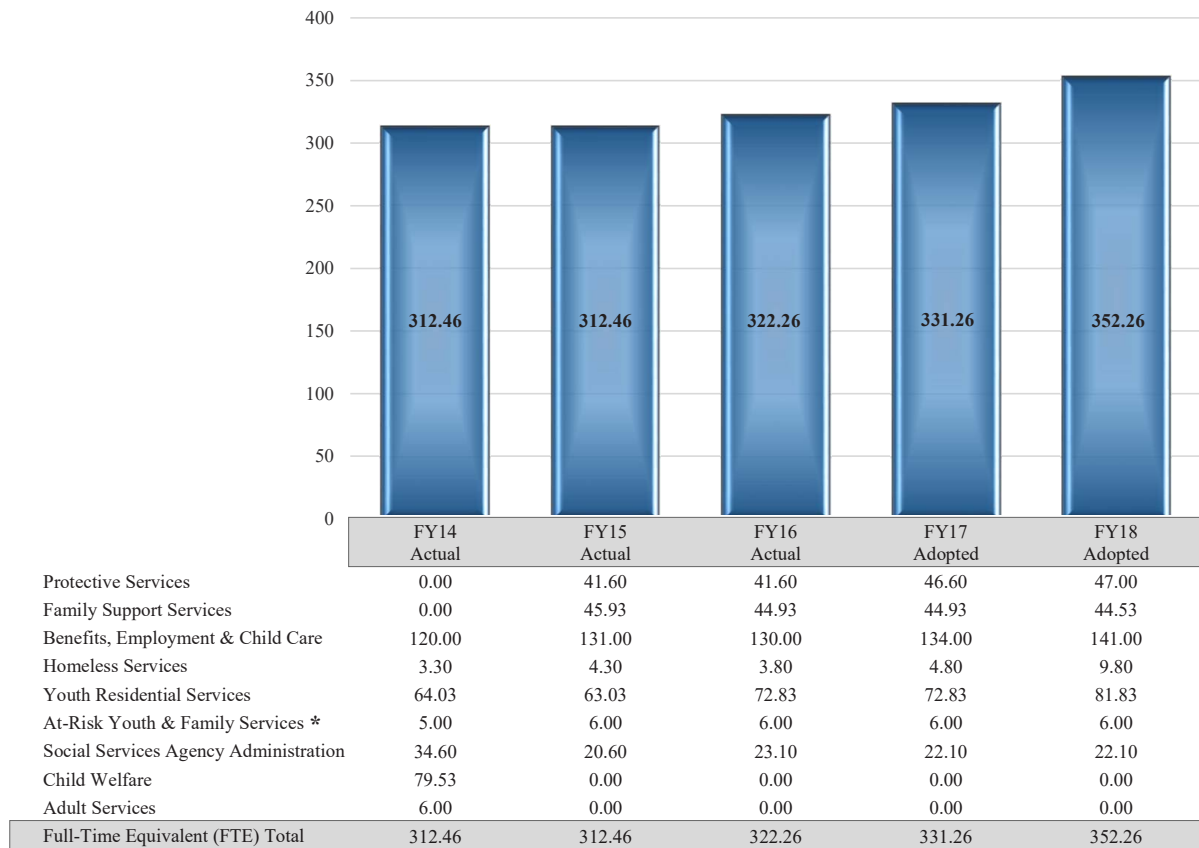
Salaries and Benefits	\$23,408,476	\$23,781,179	\$24,929,103	\$26,828,269	\$28,956,310	7.93%
Capital Outlay	\$57,899	\$72,953	\$9,196	\$95,316	\$85,316	(10.49%)
Contractual Services	\$1,576,321	\$1,544,838	\$1,790,143	\$2,077,847	\$2,064,525	(0.64%)
Internal Services	\$1,230,795	\$1,287,819	\$1,268,773	\$1,097,290	\$1,235,628	12.61%
Purchase of Goods & Services	\$10,566,277	\$13,434,708	\$14,247,745	\$13,773,168	\$19,237,995	39.68%
Leases & Rentals	\$60,099	\$61,445	\$66,655	\$95,694	\$95,694	0.00%
Reserves & Contingencies	\$0	\$0	\$0	(\$1,039,205)	(\$1,039,205)	0.00%
Transfers Out	\$788,088	\$644,998	\$639,651	\$495,527	\$459,140	(7.34%)
Total Expenditures	\$37,687,955	\$40,827,941	\$42,951,265	\$43,423,906	\$51,095,403	17.67%

Funding Sources

Revenue from Federal Government	\$11,039,714	\$11,983,380	\$12,884,379	\$11,040,342	\$12,196,987	10.48%
Revenue from Other Localities	\$25,340	\$15,684	\$936	\$12,180	\$12,180	0.00%
Miscellaneous Revenue	\$125,102	\$157,632	\$221,109	\$55,900	\$44,900	(19.68%)
Non-Revenue Receipts	\$0	\$2,583	\$1,141	\$0	\$0	0.00%
Charges for Services	\$1,227,593	\$1,077,186	\$1,137,308	\$951,258	\$951,258	0.00%
Revenue from Commonwealth	\$8,933,749	\$10,277,264	\$11,618,193	\$11,771,676	\$16,027,896	36.16%
Transfers In	\$266,271	\$274,109	\$310,803	\$329,903	\$327,768	(0.65%)
Total Designated Funding Source	\$21,617,770	\$23,787,837	\$26,173,868	\$24,161,259	\$29,560,989	22.35%
Net General Tax Support	\$16,070,185	\$17,040,104	\$16,777,396	\$19,262,647	\$21,534,414	11.79%
Net General Tax Support	42.64%	41.74%	39.06%	44.36%	42.15%	

Social Services

Staff History by Program



* Prior to FY16, At Risk Youth and Family Services (ARYFS) was a stand-alone department and was not part of the Department of Social Services (DSS). The FTE count above includes the totals for both ARYFS and DSS for all fiscal years.

Future Outlook

Public Assistance Benefits/Employment/Child Care - Statewide, the eligibility and enrollment processes for public assistance benefits continue to be modernized. To be in sync within Prince William County (PWC), benefits teams are undergoing a Quality Improvement initiative to redesign the benefits process. Conversion of all programs to one state system, the Virginia Case Management System (VaCMS), occurred as of January 1, 2017. Increasing external partnerships to assist employment activities for adults receiving Temporary Aid for Needy Families (TANF) is being explored and expected to expand in FY18. More than 1,500 working families whose incomes are 185% or below the federal poverty levels are currently on the waiting list for subsidized child care.

Protective Services (Child, Adult, and Prevention) - Recognizing the factors that can lead to potential child abuse is critical in preventing abuse from occurring. One such factor is the need for fathers in families at risk of abuse/neglect to receive training and to experience appropriate father-child activities. The Fatherhood Initiative will need to increase its community reach and the number of community partners in order to expand its cultural competency due to demographic changes within PWC. Adult Foster Care (Alternative Caregiver Program for Adults) became operational in FY17. The first step was to recruit alternative caregivers who will welcome adults into their homes. We plan to be fully operational in FY18.

Social Services

Family Support Services (Foster Care, Family Treatment, Adoption) - The Commonwealth's Fostering Futures Program which changes the approach in supporting youth turning 18 and aging out of foster care became operational July 1, 2016. This coupled with the need for more foster families taking children over the age of 12, is shifting the focus to older youth in foster care. To address this need, marketing materials attracting families for older youth are being used. Some youth in foster care are experiencing longer stays in expensive residential facilities due to difficult behavioral issues which may result from mental illnesses, trauma and/or substance abuse. Treatment for these youth is challenging not only because of the expense, but also because of the dearth of local service providers. More local service providers are needed so that youth can stay closer and may be able to receive treatment while with foster families.

Homeless Services - The Prince William Area Continuum of Care (PWA CoC) recently hired a Homeless Services Consultant to conduct an analysis of the homeless services provided by the PWA CoC. The report noted several areas for service improvement, including providing emergency shelter beds for single males during the non-winter months, and separating the single male population from families with children in existing shelter areas. Further collaboration within the CoC is needed to address these issues. Another service improvement the report identified is the need for a coordinated entry system so that persons who are homeless may find housing without a need for a waitlist. Additionally, services focusing on preventing homelessness and diverting persons who are at risk of homelessness need to be strengthened. The redesign of the Bill Mehr Drop-In Center, completed in January 2017, will provide a more robust program to provide supportive services from a holistic approach and begin to meet some of the prevention and diversion needs identified in the aforementioned report.

No Wrong Door - As mentioned in "Homeless Services" above, a coordinated entry system for persons who are or at risk of being homeless is needed. Coordinated entry is needed throughout Human Services. The local citizenry should be able to access services efficiently whereby all local service providers know where needed services are provided. Persons with complex needs requiring more than one agency should not have to call multiple numbers and be required to tell their story multiple times. A good start would be for more coordination among public human services agencies and the development of a coordinated entry system that would include a uniform consent to exchange information and a consolidated assessment.

At-Risk Youth - The Juvenile Detention Center (JDC) began an assessment in FY17 to discern if the building is in need of renovation or replacement. All programming in local juvenile justice activities is shifting from security to evidence-based treatment practices as prescribed by the Virginia Department of Juvenile Justice (DJJ). This includes the implementation of the Community Placement Program at the JDC which began in FY17 and will keep youth in DJJ custody local at the JDC.

General Overview

- A. Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the Department of Social Services (DSS) technology bill increases by \$63,888.
- B. Budget Shift** - \$35,363 has been shifted from other services into the internal service series to support computer upgrades made during FY17.
- C. Transportation Grant** - Federal grant funds received through the Office of Housing and Community Development which provide transportation for homeless individuals to local shelters and from shelters to local service providers will be reduced by \$15,000 in FY18.

Social Services

- D. **Roll FY17 DSS Budget Reconciliation into FY18** - PWC adopted its FY17 budget prior to the County receiving its final FY17 budget allocation from the Virginia DSS. Each year the County must adjust its DSS budget ([BOCS Resolution 16-688](#)) 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 FY17 reconciliation results in a \$685,106 revenue and expenditure budget increase in FY18. The resolution also authorized the creation of 7.5 full-time equivalent (FTE) in FY17. These 7.5 FTE are included in the FY18 DSS FTE count. There is no general fund tax support.
- E. **Community Placement Program (CPP)** - In June 2016, the Board of County Supervisors authorized the DSS to establish a Memorandum of Understanding with the Virginia Department of Juvenile Justice to create a CPP at the PWC Juvenile Detention Center to serve juveniles closer to their home communities. This resolution ([BOCS Resolution 16-537](#)) results in a \$760,000 revenue and expenditure budget increase in FY18. The resolution also authorized the creation of 9 FTE in FY17. These 9 FTE are included in the FY18 DSS FTE count. The CPP will begin operations in June 2017. There is no general fund tax support.
- F. **Transfer of Resources** - In FY18, Community Partner funding in the amount of \$38,059 is being reallocated from the Northern Virginia Family Services (NVFS) HealthLink Program to the NVFS Securing Emergency Resources through Volunteer Efforts (SERVE) Program. This funding became available because NVFS has discontinued the HealthLink Program. Funds are being transferred from Public Health, the host agency for NVFS HealthLink. Additionally, NVFS is combining their SERVE Program with their Housing Continuum Services Program.
- G. **Increase Budgeted Revenues** - Based on actual revenues received in prior years, the federal revenue budgeted for DSS has been increased by \$630,000.
- H. **Contractual Cost Increase** - \$15,308 has been shifted from other services to cover an increase to the contractual costs charged for operating the Hilda Barg Homeless Shelter.

Budget Initiatives

A. Budget Initiatives

1. Increase Funding for Mandated Private Day School Placements – At-Risk Youth & Family Services (ARYFS)

Expenditure	\$5,000,000
Revenue	\$3,293,000
General Fund Impact	\$1,707,000
FTE Positions	0.00

a. **Description** - The initiative provides increased funding to the ARYFS program. These funds are needed to cover increased mandated residential and special education private day school placements. The increased expenditures will be partially offset by state funding.

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

Social Services

2. Homeless Coordinated Intake and Direct Services

Expenditure	\$445,640
Revenue	\$75,040
General Fund Impact	\$370,600
FTE Positions	5.00

a. **Description** - The initiative provides increased funding to the Homeless program. These funds will be used to create a centralized, coordinated intake process to serve persons who are homeless or at risk of becoming homeless by providing a single point of entry system. This initiative also provides increased funding to Community Partners to provide rapid rehousing, permanent supportive housing, and homeless prevention. Additionally, classes will support persons in need of improving employment practices, budgeting, and other life skill areas. The increased expenditures will be partially offset by federal and state funding.

Community Partner	Contribution
Action in the Community through Service (ACTS)	\$29,173
Transitional Housing BARN	\$29,173
Catholics for Housing	\$29,173
Northern Virginia Family Services (NVFS) - SERVE Shelter	\$58,348
Streetlight Community Outreach Ministries	\$29,173
Total	\$175,040

b. **Service Level Impacts** - An effective coordinated intake system will reduce the number of new homeless cases, reduce length of time households experience homelessness, and reduce shelter waitlists. It is estimated that 77 additional persons will be provided rapid rehousing and permanent shelter services. An additional 100 persons will receive prevention and life skill training to prevent homelessness.

Program Summary

Protective Services

Protective Services has two mandated programs, Child Protective Services (CPS) and Adult Protective Services (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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Repeat adult abuse and neglect cases	1%	1%	1%	3%	2%
Repeat child abuse and neglect cases (same child) *	1%	1%	4%	2%	4%

* Data collection method used to capture this measure has changed which led to an increase in the FY16 Actuals and the FY18 Adopted percentage.

Social Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
CPS Investigations	\$2,898	\$3,105	\$3,251	\$3,585	\$3,631
Reports of alleged child abuse/neglect received by CPS	4,515	4,686	4,575	4,725	4,600
CPS complaints investigated & assessments completed	2,296	2,445	2,621	2,550	2,650
Founded CPS cases	430	410	432	429	445
Average number of days to complete CPS investigations and assessments	55	56	60	53	53
APS Investigations	\$451	\$495	\$654	\$683	\$786
Reports of alleged adult abuse/neglect received by APS	672	697	888	740	740
APS complaints investigated	478	503	562	550	550
Founded APS cases	135	176	140	200	150
Average number of days to complete APS investigations and assessments	55	50	50	49	46
Adult Care	\$537	\$519	\$461	\$497	\$519
Incapacitated adults in the guardianship program	389	410	424	400	450
Medicaid long-term care assessments - Adults	402	527	532	500	560
Medicaid long-term care assessments - Children	184	188	139	180	180

Family Support Services

Family Support Services provides mandated services that include foster care, treatment, and adoption. Children needing foster care and families needing treatment for being at risk of the ability to maintain family unification are usually first identified by Child Protective Services (Protective Services Division). The well-being and safety of children are the priority of the program and efforts are made to keep families unified.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Repeat child abuse and neglect cases (same child) *	1%	1%	4%	2%	4%
Children in foster care finding permanent homes	41%	32%	79%	39%	39%

* Data collection method used to capture this measure has changed which led to an increase in the FY16 Actuals and the FY18 Adopted percentage.

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Foster Care	\$5,122	\$5,349	\$5,603	\$5,372	\$5,536
Children served in custodial foster care	169	137	163	125	170
Authorized foster care families	85	104	92	100	98
Family Treatment	\$1,030	\$983	\$1,016	\$961	\$1,087
Families served in family treatment services	232	201	225	180	219
Prevention and Assessments	\$859	\$1,042	\$1,096	\$1,134	\$1,176
Families served in prevention and assessments	227	208	442	180	455
Clients served with Promoting Safe & Stable Families (PSSF) funding	291	632	817	675	800

Social Services

Benefits, Employment & Child Care

The Benefits, Employment & Child Care Division (BECC) is a multi-dimensional program whose primary focus is promoting self-reliance and prevention of dependency on public assistance. The administration of programs including SNAP (formerly Food Stamps), Medicaid, Temporary Assistance for Needy Families (TANF), Virginia Initiative for Employment Not Welfare (VIEW), and Child Care Assistance contributes to family stabilization. The program serves PWC's residents with the lowest incomes in meeting their basic needs as they move toward achieving economic success.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
TANF participants engaged in work activities	52%	44%	42%	51%	47%
Medicaid cases reviewed within State mandated time frames (State mandate is 97%)	98%	94%	99%	97%	97%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Employment Services	\$1,507	\$1,264	\$1,086	\$1,244	\$1,435
Persons served in VIEW	1,029	793	709	800	800
Benefits & Child Care	\$7,958	\$9,006	\$9,349	\$9,680	\$9,914
New applications processed annually (TANF, SNAP and Medicaid)	31,999	31,438	26,273	30,000	27,000
Average number of cases managed per month (TANF, SNAP and Medicaid)	37,651	37,605	37,599	50,000	38,000
Fraud Investigations (SNAP, TANF, Child Care)	\$239	\$250	\$260	\$259	\$364
Fraud investigations completed	400	393	268	400	300
Funds recovered and returned to federal/state	\$523,000	\$397,000	\$611,168	\$350,000	\$500,000

Homeless Services

Homeless Services provides contract monitoring for the Hilda Barg Homeless Prevention Center (HPC), a 30-bed shelter for families and single adults that offers comprehensive services including case management, job readiness, mental health counseling, and medical referrals. Homeless Services directly operates the Winter Shelter, a 48-bed overnight shelter open November 1 - March 31 for single adult men and women, that provides safety from extreme winter weather. The Bill Mehr Drop-In Center is operated year-long six days a week. This program provides case management, benefits eligibility, mental health/substance abuse counseling, and partners with community programs to aide in improving life skills and employment prospects. Administrative and financial oversight of the Prince William Area Continuum of Care is another activity in this program.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Utilization of Winter Shelter when temperature is < 32 degrees	81%	74%	85%	77%	80%
Utilization of HPC	81%	84%	87%	81%	85%
Point in time homeless count	445	409	400	390	390

Social Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Overnight Care	\$1,791	\$1,995	\$2,220	\$2,458	\$3,047
Substance abuse weekly group attendance	172	110	100	150	110
Referrals for mental health services to Community Services	4	3	17	10	10
Referrals for benefits	31	21	21	30	30

Youth Residential Services

Youth Residential Services offers the community a balanced approach in providing public safety, accountability, and successful completion of court-ordered programs for at-risk youth. Services range from secure incarceration at the JDC, non-secure residence at the Molinari Juvenile Shelter to home-based supervision through the Pre-Trial Supervision program which also includes electronic monitoring.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Juvenile Pretrial Supervision clients re-offending while in the program	2%	3%	2%	6%	2%
Molinari Juvenile Shelter Services clients re-offending while in the program	0%	3%	2%	3%	3%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Secure Detention	\$3,621	\$3,940	\$4,239	\$4,647	\$5,561
Juveniles admitted into Secure Detention	791	703	642	726	712
Juvenile Pretrial Supervision	\$410	\$394	\$353	\$395	\$406
Juveniles admitted into pretrial supervision	167	171	171	186	186
Molinari Juvenile Shelter Services	\$1,223	\$1,190	\$1,283	\$1,281	\$1,296
Juveniles admitted	202	189	194	206	200

Social Services

At-Risk Youth & Family Services

ARYFS is a locally managed interagency program created by the state's Comprehensive Services Act for At-Risk Youth and Families (now known as 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 Child Protective Services, 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	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Clients with improved functional assessment score upon case closure	53%	61%	63%	60%	65%
Parents/guardians participating in inter-agency meetings satisfied with services	99%	99%	97%	95%	95%
Clients remaining reunified with their families after six months	100%	100%	98%	95%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Community-Based Services	\$3,000	\$4,158	\$4,414	\$1,992	\$6,962
Youth served in community-based services	721	610	428	660	500
Residential Services	\$1,768	\$2,625	\$3,576	\$4,336	\$4,340
Youth served in residential services	108	95	104	105	110
ARYFS Foster Care	\$1,283	\$1,516	\$1,362	\$1,963	\$1,964
Youth served in foster care	169	137	163	125	170
ARYFS Administration	\$383	\$348	\$363	\$380	\$402

Social Services

Agency Administration

Provide overall leadership, financial management including state and federal grant monitoring, personnel functions, and information technology services for DSS.

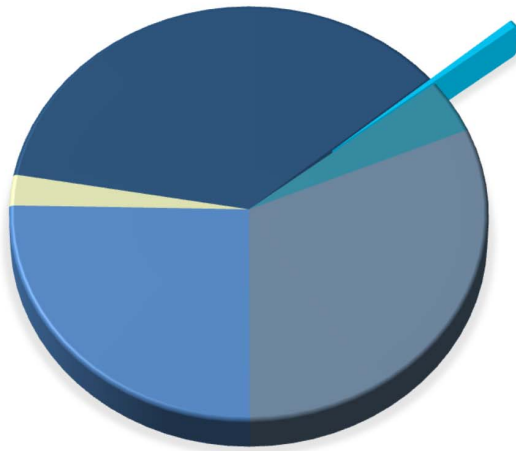
Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
I can easily access facilities and services provided by DSS (community survey)	89%	89%	-	90%	-
Appropriate facilities & services provided for economically disadvantaged people	-	-	75%	-	75%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Social Services Director's Office	\$0	\$1,024	\$560	\$847	\$890
Technology Support	\$0	\$229	\$264	\$366	\$387
Personnel Support	\$0	\$305	\$304	\$318	\$333
Fiscal Support	\$3,575	\$1,066	\$1,091	\$1,026	\$1,060

Virginia Cooperative Extension

Mission Statement

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



Human Services Expenditure Budget:
\$141,315,562

Expenditure Budget:
\$820,204

\$

0.6% of Human Services

Program:

- Nutrition Education: \$9,110
- Environment & Natural Resources: \$201,908
- 4-H Education: \$101,567
- Parent Education: \$202,872
- Financial Education & Housing Counseling: \$304,747

Mandates

Virginia Cooperative Extension, an arm of Virginia Polytechnic Institute and State University (Virginia Tech), 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: Section [3.2-503](#)

Virginia Cooperative Extension

Expenditure and Revenue Summary



Expenditure by Program	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Adopted	FY18 Adopted	% Change Budget FY17/ Budget FY18
Nutrition	\$30,874	\$25,508	\$32,725	\$31,064	\$9,110	(70.67%)
Environment & Natural Resources	\$181,532	\$188,351	\$187,523	\$180,191	\$201,908	12.05%
4-H Education	\$127,869	\$131,151	\$84,456	\$103,838	\$101,567	(2.19%)
Parent Education	\$210,147	\$217,616	\$220,499	\$172,378	\$202,872	17.69%
Housing & Financial Education & Counseling	\$334,844	\$297,588	\$328,685	\$302,998	\$304,747	0.58%
Total Expenditures	\$885,266	\$860,214	\$853,888	\$790,471	\$820,204	3.76%

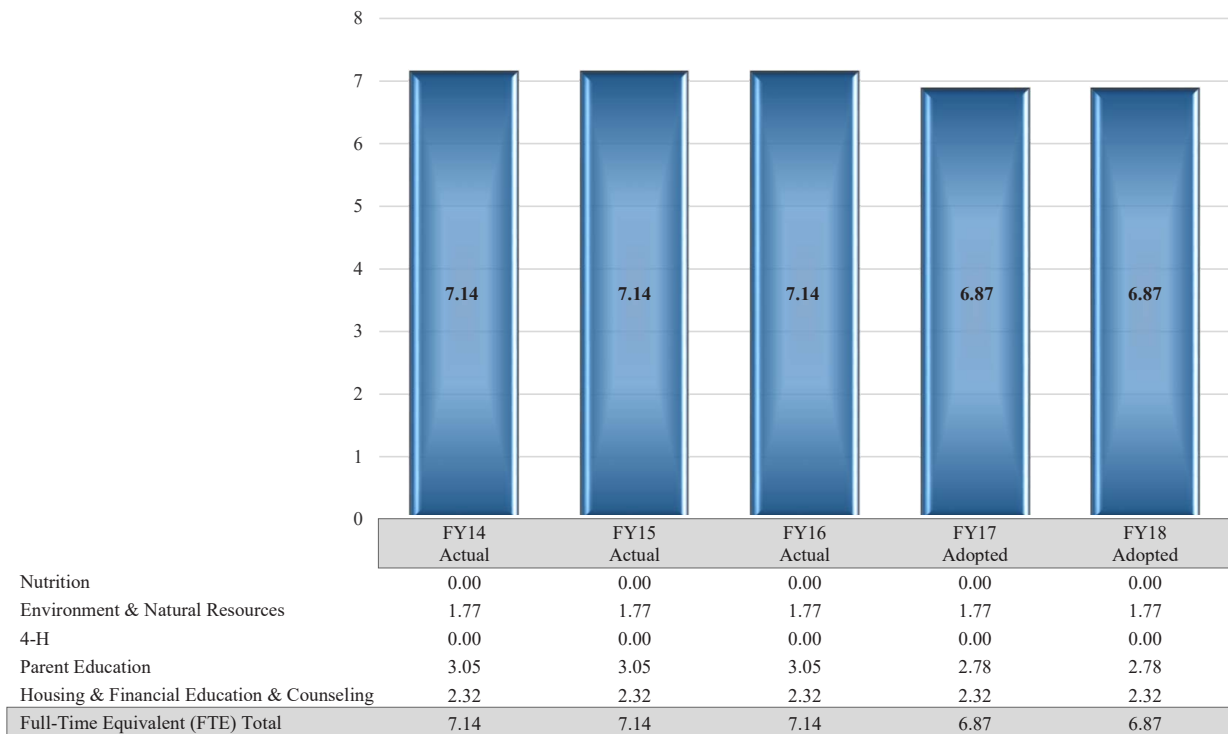
Expenditure by Classification

Salaries and Benefits	\$730,154	\$717,212	\$746,081	\$692,417	\$703,652	1.62%
Contractual Services	\$0	\$224	\$756	\$1,650	\$1,650	0.00%
Internal Services	\$88,063	\$81,929	\$85,431	\$77,335	\$80,833	4.52%
Purchase of Goods & Services	\$67,048	\$60,849	\$21,620	\$39,234	\$54,234	38.23%
Reserves & Contingencies	\$0	\$0	\$0	(\$20,165)	(\$20,165)	0.00%
Total Expenditures	\$885,266	\$860,214	\$853,888	\$790,471	\$820,204	3.76%

Funding Sources

Revenue from Other Localities	\$97,564	\$94,200	\$125,832	\$89,322	\$89,322	0.00%
Miscellaneous Revenue	\$26,153	\$13,315	\$0	\$0	\$0	0.00%
Charges for Services	\$16,445	\$15,835	\$15,280	\$10,000	\$10,000	0.00%
Revenue from Commonwealth	\$134,045	\$198,298	\$140,965	\$118,000	\$118,000	0.00%
Transfers In	\$322,084	\$330,624	\$295,772	\$267,022	\$267,022	0.00%
Total Designated Funding Sources	\$596,291	\$652,272	\$577,849	\$484,344	\$484,344	0.00%
Net General Tax Support	\$288,975	\$207,942	\$276,039	\$306,127	\$335,860	9.71%
Net General Tax Support	32.64%	24.17%	32.33%	38.73%	40.95%	

Staff History by Program



Virginia Cooperative Extension

Future Outlook

4-H - 4-H strengthens and promotes healthy youth development to give young people the capacity to act as responsible citizens and agents of community change. By understanding the complex experiences that youth face and promoting high quality youth leadership development, 4-H helps youth meet the challenges of adolescence and transition to adulthood. Through youth-adult partnerships, the 4-H program connects youth and adults to their communities, preparing them for work and life. The 4-H program is designed to engage youth and adults in intentional, experiential, and inquiry-based learning while providing emerging research to highlight positive youth development. 4-H provides valuable life skill building opportunities for the youth in Prince William County (PWC) who are ages 17 and younger.

Parent Education - National data indicates that families with children under 18 comprise 28.4% of the PWC population and 66% of children under six have all parents working. The average commute is 39 minutes one way to work. These long commutes limit parents' time with their children. This, coupled with long work hours and the changing economy, adds additional 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 add more stress to the family. Prince William Virginia Cooperative Extension (VCE) offers 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 our community.

Nutrition Education - Health, wellness and nutrition education for youth and adults are crucial topics as evidenced by the VCE 2013 Situation Analysis Survey of community needs. Healthy meals and snacks, access to local food, stretching food dollars, and clean water were topics of high importance to respondents. Working with other public health agencies on collaborative programming is a priority. As the population ages there will be more chronic nutrition-related diseases including the consequences of uncontrolled diabetes, heart disease, cancers, and osteoporosis. Teaching good nutrition, cooking skills, and physical activity to children, teens, young families, middle aged adults, and senior citizens will cumulatively result in healthier individuals and communities.

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 assists PWC in meeting the Phase II Watershed Implementation Plan goals. In the future VCE expects an increase in requests for community garden and school garden assistance and technical assistance with the Home Owners Association (HOA) for new and aging landscapes, managing storm water runoff in older neighborhoods, and the need for identification and control recommendations regarding invasive pests and plant problems.

Financial Education and Housing Counseling - In June 2016, the Federal Reserve Household Economic Survey showed that 47% of American households said they would not be able to handle a \$400 emergency without borrowing money or selling something. County households still face underemployment and are seeking new tools to manage their money, decrease debt, increase savings, and improve their personal financial habits. There is also a growing need for financial literacy reaching K-12 students and an increase in outreach efforts to underserved populations and the Hispanic community. The Financial Education & Housing Counseling program expects to see increases in requests for personal financial counseling, which experts predict will grow especially in the area of credit restoration counseling, and financial education. To meet growing demands for housing counseling and education seminars, VCE plans to seek new partnerships, find additional funding sources, and create new collaborations for growing the depth of our services.

Virginia Cooperative Extension

General Overview

- A. Internal Service Fund (ISF) Technology Budget** - The County annually allocates all technology costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include phone, radio and computer support, business systems support, GIS, web services, capital equipment replacement, and administration. In FY18, the VCE technology bill increases by \$3,498.
- B. Print Shop Charges** - The FY18 budget includes a \$15,000 increase to cover print shop charges erroneously removed during the development of the FY17 budget.
- C. Elimination of an Extension Agent** - Facing FY18 budget reductions, Virginia Tech has eliminated one Extension Agent position (a State FTE) serving PWC. This agent provided oversight to VCE's Nutrition and Parent Education programs and the staffing reduction causes service reductions in the Nutrition program. The following nutrition education activities will not be offered in FY18:
- Living Well with Diabetes
 - Child Care Provider Training
 - Canning classes
 - Health Fairs led by Master Food Volunteers
 - Master Food Volunteer-led clinics at farmers' markets

Supplemental Nutrition Assistance Program education (SNAP-Ed) will continue with the remaining state nutrition employees. Chef's Club will continue in the middle schools under the leadership of the 4-H program, with the FY18 County funding remaining in the Nutrition program. The FY18 County funds previously used to support the Extension Agent are shifted to the Parent Education program to support a temporary program manager. During FY18 the County will work with VCE to determine how to best support the County's priorities, anticipating that Virginia Tech will restore the Extension Agent in the FY19 budget.

Program Summary

Nutrition Education

The Nutrition Education program provides Supplemental Nutrition Assistance Program (SNAP) education for low income families, individuals, and youth and Chefs Clubs in all PWC middle schools.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Survey respondents report the adoption of a healthier lifestyle	-	-	100%	-	-
SNAP education program participants improving nutritional intake	94%	97%	100%	90%	95%
Living Well with Diabetes participants with decreased hemoglobin A1c	40%	41%	84%	20%	-
Food safety participants with increased knowledge measured by pre/post-tests	-	-	-	70%	-

Virginia Cooperative Extension

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Nutrition Education	\$31	\$26	\$33	\$31	\$9
SNAP education (formerly Smart Choices Nutrition Education Program) participants	251	501	1,301	1,200	1,200
Other nutrition education program participants	504	574	561	300	-
Nutrition Education volunteers	62	32	25	-	-
FTE value of volunteers (nutrition education)	-	-	0.5	0.5	-

Environment & Natural Resources (ENR)

ENR provides educational programs that raise awareness and change behaviors, emphasizing best management practices for sustainable landscape management and water quality protection. Educational activities include classes, hands-on demonstrations, the BEST Lawns lawn education program, and stormwater education conducted by staff and Master Gardener volunteers. Audiences include agricultural producers, the green industry, pesticide applicators, homeowners' associations, citizens, non-profit organizations, and County agencies.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Participants reporting that they adopted recommended water quality practices	87%	98%	100%	85%	85%
Number of urban nutrient management acres	65	84	70	-	-
Environmental ed participants with new knowledge measured by pre/post tests	-	-	-	85%	85%
BEST Lawn clients implementing practices that improve water quality	-	-	-	70%	70%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Environment and Natural Resources	\$182	\$188	\$188	\$180	\$202
Environmental education participants	1,067	1,220	2,064	1,200	2,000
Environmental education volunteers	176	195	179	-	-
Site visits for stormwater management education & community & school gardens	26	20	15	25	20
Calls received through the Horticulture Help Desk	1,820	1,490	1,493	1,000	1,000
Best Lawns urban nutrient management plans written	212	-	281	250	250
Annual acres covered by Best Lawns nutrient management plans	65	84	70	75	75
FTE value of volunteer hours (ENR)	9	7	7	7	7

Virginia Cooperative Extension

4-H

4-H assists youth and adults working with those youth, to gain additional knowledge, life skills, and attitudes that will further their development as self-directing, contributing, and productive members of society. PWC 4-H provides youth aged 5-19 with life skill learning opportunities through the delivery models of 4-H community clubs, camps, and in-school and after-school programs. The 4-H Safe at Home, Safe Alone program provides youth with self-care skills needed when parents decide to leave youth home alone. The 4-H Healthy Eating, Active Living program addresses the need for proper sleep, diet, and active living.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Parents reporting that 4-H youth acquire valuable life skills	98%	99%	90%	-	-
Healthy Eating Active Living youth with new knowledge measured by pre/post tests	-	-	-	70%	70%
Safe at Home, Safe Alone youth with new knowledge measured by pre/post tests	100%	100%	94%	70%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
4-H Youth Education	\$128	\$131	\$84	\$104	\$102
Youth enrolled in 4-H camps and clubs	803	706	1,555	700	700
Youth enrolled in 4-H special interest programs	71,103	58,531	54,556	50,000	50,000
Community service hours contributed by 4-H youth and adults	-	-	-	7,000	7,000
FTE value of volunteer hours (4-H)	-	-	9.6	10.0	9.6

Parent Education

The Parent Education programs serve all families in our community. Staff and volunteers facilitate classes throughout the community for parents of young children, school-aged children, and teens. In addition, VCE offers a program 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, PWC Schools, the Juvenile Court Services Unit, Community Services, and a number of non-profits. Programs are available in English and Spanish.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Participants able to use class information to improve their family situation	98%	97%	97%	-	-
DSS clients with no founded abuse/neglect case 1 year after program completion	100%	100%	99%	95%	100%
At-risk families who don't enter foster care within 1 year of program completion	100%	100%	100%	95%	100%
Youth without criminal charges 1 year after parents complete JJPP class	-	-	79%	75%	75%

Virginia Cooperative Extension

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Parent Education	\$210	\$218	\$220	\$172	\$203
Participants completing Systematic Training for Effective Parenting (STEP)	259	247	227	230	230
Participants completing When Families Get Angry (WFGA)	75	73	59	80	75
Participants completing Juvenile Justice Parenting Program (JJPP)	18	23	78	90	75
Parent Education volunteers	18	23	25	-	-
FTE value of volunteer hours (parent education)	-	-	0.4	0.4	0.4

Financial Education & Housing Counseling

Financial Education & Housing Counseling promotes improved personal financial behaviors through research-based classes, counseling, or coaching to develop sound financial practices for improved economic stability. Our Master Financial volunteers lead financial literacy educational programs and offer one-on-one coaching, advising clients on accepted best practices for improved personal financial decision making. Our programs help citizens reach affordable, stable housing goals, including pre-purchase planning, steps to avoid foreclosure, and appropriate options for refinancing or reverse mortgage choices. We help our community members reach their affordable home-ownership goals.

Key Measures	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Participants report adopting a spending & savings plan	50%	85%	80%	-	-
One-on-one counseling clients reporting an improving financial situation	-	-	-	75%	75%
Mortgage default clients not losing their homes to foreclosure	96%	-	97%	90%	90%
Clients with increased knowledge measured by pre/post-tests	-	-	-	85%	85%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY14 Actuals	FY15 Actuals	FY16 Actuals	FY17 Adopted	FY18 Adopted
Financial Education and Housing Counseling	\$335	\$298	\$329	\$303	\$305
Families completing Home Ownership Seminar Series	161	143	194	-	-
Housing counseling participants	255	251	304	-	-
Households receiving housing counseling	-	-	-	200	200
Clients completing First Time Homebuyer Track	-	-	-	35	35
Clients attending financial literacy class	109	-	529	375	450
FTE value of volunteer hours (financial education)	-	-	0.8	0.7	0.8