

Human Services

- Area Agency on Aging
- At-Risk Youth and Family Services (At-Risk Youth).
- Community Services
- Department of Social Services (DSS)
- Health District (PWHD)
- Office on Youth
- Virginia Cooperative Extension (VCE)

I. INTRODUCTION/OVERVIEW OF ISSUE

Human Services has been a Strategic Goal for Prince William County (PWC) for the past three Strategic Plans. The current 2004-2008 Strategic Goal states that:

The County will provide efficient, effective, integrated, and accessible human services that support individual and family efforts to achieve independence and self-sufficiency. The County shall focus on leveraging state and federal funding and maximizing community partnership

Healthy and productive individuals and families are the foundation of the County's future. Prince William (PWC) human services agencies continue to make progress in their efforts to sustain positive outcomes and to augment these efforts with new strategies to improve the health and well-being of the community. In addition to sustaining and improving the current state of health in the community, the Human Services agencies are working to protect the community against emerging and re-emerging health threats.

Human Services are involved in promoting economic independence and social well-being of all individuals and families in the community, by protecting their safety, fostering their well-being, encouraging healthy and supportive communities, and addressing the needs of the most vulnerable populations. Human Services also protect the overall community's public safety by providing services to clients who are at-risk to themselves and others.

The outcomes that the community seeks in its current Strategic Plan impact both the quality of life for the individual and the quality of life for the community and include:

- Reducing homelessness
- Preventing suicides
- Reducing juvenile and adult drug and alcohol arrests
- Preventing child and adult abuse
- Keeping people from having to be served outside the community for mental health issues
- Preventing juveniles from re-offending
- Ensuring that children are born healthy

Focus group comments during the 2012 Strategic Plan development describe three primary concerns regarding Health and Human Services which are also shared by the Human Service agencies:

- More accessible health care for all residents, in particular, the need for affordable health care for those unable to afford health insurance,
- More affordable housing, and
- Continue services to vulnerable populations such as abused children, those with disabilities, the homeless, older adults, and those with substance abuse problems.

Visionary exercises with residents in the County for their preferred future in the year 2030 identified the following Human Service Issues¹:

- Affordable housing is integrated into all neighborhoods,
- Human Services are monitored, coordinated and delivered through a robust partnership between the County government, non-profit agencies and for-profit providers,
- Medical care is the best in the area featuring interconnected services accessible to those in need,
- Timely delivery of child abuse and prevention programs.
- Community accommodates ‘aging-in-place’ including senior centers, geriatric care management services and in-home and community-based services.
- Ample assisted living facilities are available for seniors and residents with mental and physical disabilities,
- Homeless shelters offer a variety of services, prevention programs, and housing transition programs to help assist individuals and families to return to independence, and
- Teens can access additional resources and activities beyond school hours.

In 2008, the Virginia State Board of Health chose the following public health issues to be addressed:

- Prevention and control of chronic diseases,
- Reduction of disparities in health care and health status,
- Improvement of Virginia Public Health Structure, and
- Improvement in the health and well-being of all Virginians.

The following analysis sections examine twelve segments of the Human Services service clientele. Those cross sections of the population include: (1) PWC General Population, (2) families and individuals with low incomes, (3) youth, (4) infants and toddlers experiencing developmental delays, (5) abused and neglected adults and youth, (6)

¹ Future Commission 2030 Report

substance abusers, (7) individuals with a mental illness, (8) individuals with mental retardation/developmental disabilities, (9) older adults, (10) at-risk youth and their families, (11) individuals who are detained and (12) homeless.

II. POPULATION

PWC Human Services agencies serve a broad spectrum of the population. At any one time, agencies and their non-profit partners are impacting the lives of children, adults and elderly in our community. Some of these clients may need long-term care and support. Others are facing crises that services can impact so that residents can move on to better and more productive lives.

PWC General Population

The Human Services agencies serve all ages, ethnicities, incomes, races, genders and educational levels. While the primary focus of Human Services work is on vulnerable populations, there also is a great deal of work dedicated to educating and preventing these situations from occurring. The trend in Human Services is a changing focus toward prevention and wellness education, job skills training, and life-skills training (more empowerment than vulnerability). PWC Human Services agencies serve families, adults, and youth with direct services and prevention, recreational, and educational programs for all PWC residents.

PWC is an increasingly diverse community. Customers speak a variety of different languages. The 2006 American Community Survey revealed that 29.2% of PWC residents speak a language other than English at home, including Spanish, Indo-European languages and Asian/Pacific Island languages. This is a significant increase from 9% in the 1990 Census. The County's racial and ethnic composition is outlined in Table 1 below.

Table 1: PWC's Racial Composition²

Race and Ethnicity					
	1990 % of Total	2000 % of Total	2003 % of Total	2005 % of Total	2006 % of Total
Reporting One Race					
White	83.3%	68.9%	64.6%	62.5%	59.7%
Black/African American	11.6%	18.8%	19.8%	19.4%	18.6%
Am. Indian/Alaskan Native	0.3%	0.4%	0.3%	0.8%	0.3%
Asian/Pacific Islander	3.0%	3.9%	5.4%	6.8%	7.6%
Other	1.7%	4.3%	7.4%	8.1%	10.9%
Reporting Two or More	N/A	3.6%	2.4%	2.4%	2.8%

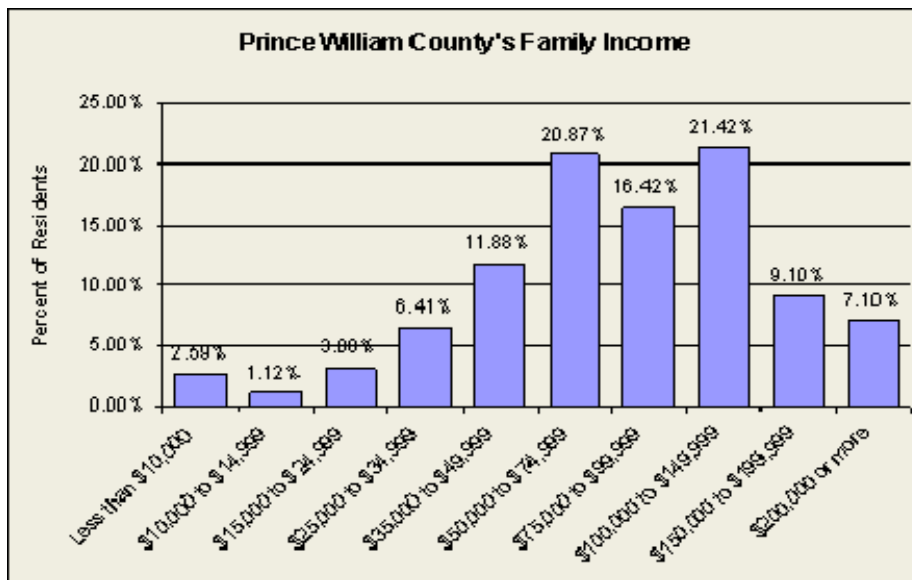
² U.S. Department of Commerce, U.S. Bureau of the Census, Census of Population and Housing 2000 Summary file

Race and Ethnicity					
	1990	2000	2003	2005	2006
	% of Total	% of Total	% of Total	% of Total	% of Total
Races					
Hispanic Origin (any race)	4.5%	9.7%	14.5%	18.9%	19.1%
Non-Hispanic Origin (any race)	95.5%	90.3%	85.5%	81.9%	80.9%

Income

The 2006 American Community Survey conducted by the United States Census bureau has reported that in 2006 the average household income in PWC was \$96,888 and the median household income was \$80,783. This survey also indicates that less than 25% of the households in PWC have an income of \$49,999 or less. Almost 2 in 5 households (37%) have a family income between \$50,000 and \$99,999. And the same number of residents, 37%, has an income of \$100,000 or more.

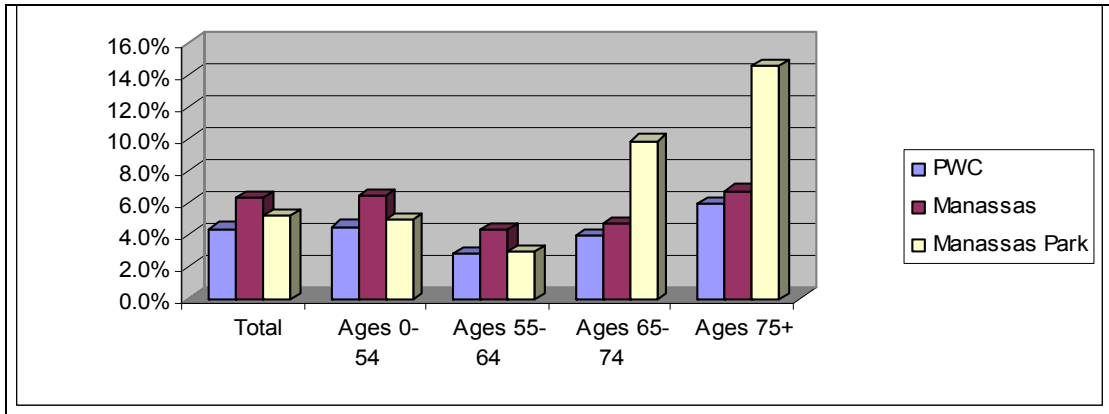
Figure 1: PWC's Family Income



The PWC poverty rate was 5.0% in 2005, which was well below the Virginia rate of 9.6% and the U.S. rate of 13.3%. This figure was an increase from a poverty rate of 4.6% in 2004³. Poverty is a major risk factor which may negatively affect the health, nutrition, education, and almost every other aspect of an individual's life.

³ Prince William Quarterly Demographic Fact Sheet, Fourth Quarter 2006

Figure 2: Population Below Poverty



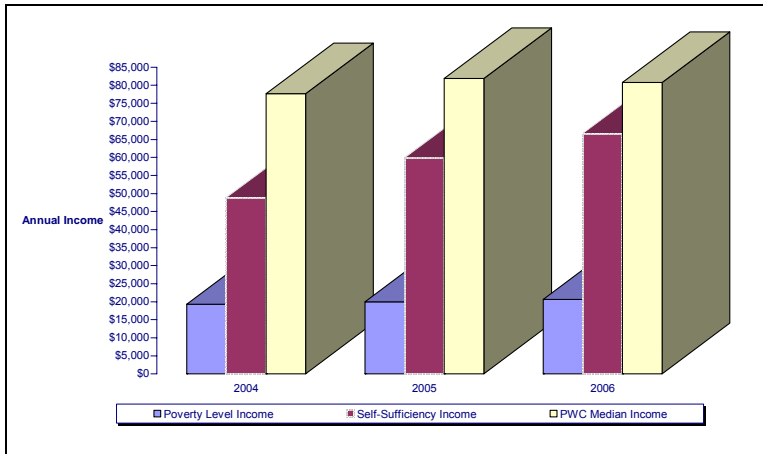
Another trend noted is the increasing economic disparity between families in poverty and the rest of the population in PWC. It is estimated that 17,235 of the County’s residents live at or below the poverty level. Of this, 7,148 are children under 18, which is 4.6% of the County’s current population. The population is expected to reach 416,785 in 2010. If 4.6% of the County’s 2010 population is poor, the expectation is continued growth in the demands on the Department of Social Services (DSS). At the same time, the overall poverty rate decreased in 2005 and was on the rise in 2006.

Table 2: PWC Poverty Rate

Year	2004	2005	2006
PWC Poverty Rate %	6.3%	4.6%	5.0%

The 2006 federal poverty guidelines state that a family of four earns less than \$20,615 a year. DSS reports that the Self-Sufficiency Standard which measures how much income is needed for a family of a given composition in a given place to adequately meet its basic needs-without public or private assistance, for a family of four in PWC was \$59,862 in 2006. Clearly, the economic differences between families living in poverty and the general population in PWC is significant, and these low income families are in need of a wide array of intensive services to move them towards the income to meet the self-sufficiency standard.

Figure 3: Income Gap in PWC



Age of Population

“A young community, PWC has six residents who are age 18 or under for every resident who is age 65 or older.”

While the population continues to grow, the makeup is slowly shifting. In 2000, approximately 33% of the population was under 20 years of age, and approximately 5% were over 64. By 2006, the percent of the population under 20 had dropped 2% and those over 64 had increased 1%; Prince William’s 2006 population differed dramatically from that of Virginia or the US, with a larger portion of the population under the age of 20 and a smaller portion over the age of 64.

Table 3: PWC Population Composition by Age⁴

PWC Population Composition by Age						
	2000 Population	% of 2000 Population	2002 Population	% of 2002 Population	2006 Population	% of 2006 Population
>20	92,483	32.9%	100,174	32.4%	111,901	31.3%
20 to 64	174,857	62.3%	193,827	62.6%	224,847	62.9%
65+	13,473	4.8%	15,435	5.0%	20,725	5.8%

Youth

The youth population, which covers birth through age 18, is 31.3% of the total PWC population. PWC has the third largest youth population in Virginia, following Fairfax County and the City of Virginia Beach. According to the U.S. 2000 Census, PWC had the second highest ratio of youth to elderly population in Virginia, with slightly more than six youths (under 18 years of age) for every elderly person (age 65 and over). The

⁴ U. S Department of Commerce, US Bureau of Census, Census 2000 Summary File 1; 2002 & 2006 American Community Surveys

City of Manassas Park had the highest ratio at just over 7 youths for every older adult, and the City of Manassas was third with just over 5 youths per elderly person. Statewide, the ratio is just over 2 to 1⁵.

PWC serves youth, from birth to 18 and even some programs serve to age 22, depending on the needs of the child and state and federal mandates. While the youth in PWC have issues similar to their adult counterparts, the services that they require are often different. These services are geared towards helping children develop the skills they need to live as healthy and functional adults. Most services to youth involve their family members and, therefore, are more extensive in nature. Youth services include case management and counseling services for: children who are victims of child abuse and neglect or who are at-risk for abuse and neglect; customers needing assistance with child care payments; youth at-risk of court involvement; developmentally delayed infants, those birth to age three, and those of school age; youth with mental health or substance abuse issues; brain injured children; hearing and visually impaired youth; those with communicable or chronic diseases; those in need of dental services; those with nutritional needs; and incarcerated youth.

Elderly Population

PWC Human Services agencies serve the various constituencies in the population described as older adults; they are listed below:

- Independent Older Adults are those who are active, mobile and healthy. Some services begin at age 55, while others begin at age 60. In FY07, the Area Agency on Aging served a total of 13,404 with 8,131 health promotion, legal assistance, disease prevention, recreational, and congregate meal opportunities.
- Semi-Dependent Older Adults are those of any older age who need some assistance in order to remain in the community because of decreasing health and increasing frailty. Those becoming semi-dependent include individuals with beginning stages Alzheimer's disease. In FY07, the Area Agency on Aging served 80 persons in the Adult Day Care programs, 72 with In-Home service (personal care, homemaker and/or bathing), 21 with dental service, 247 with home renovation service through Project Mend-A-House, 356 with case management/care coordination, 223 with Meals on Wheels and 12,366 with information, assistance and referrals services. In addition, companion services were provided at no cost to the client by a DSS approved individual provider who assisted older adults at risk of abuse, who were unable to care for themselves without assistance, living at or near poverty and where there was no one available to provide the needed services.
- Dependent Older Adults are those older adults, primarily in the older age ranges, who no longer can safely remain at home alone. They generally are health and functionally impaired. In FY07 through the Area Agency on Aging, 2,612 were served with Long Term Care Ombudsman service in five

⁵ U.S. Census Bureau, Census, 2000.

nursing homes (total 600 beds) and 11 assisted living facilities (total 979 beds) located in the County. Ten assessments for auxiliary grant beds in assisted living facilities were completed. The Directors of Social Services and the Area Agency on Aging serve on the board of Birmingham Green which is located in PWC but operated and funded through a jurisdictional agreement with the jurisdictions of Alexandria City and Fauquier, Loudoun, and Fairfax counties. Birmingham Green has a 64-bed assisted living and a 180-bed nursing facilities. In April 2008, Willow Oaks, a 92-unit facility serving persons with disabilities and older adults, was opened for occupancy.

- Caregivers of Older Adults range from those simply seeking information through the Area Agency on Aging’s Information and Assistance office to assist in the care of an older relative either locally or nationally to those who are experiencing physical, economic, and emotional stress because of their care-giving duties. In FY07, 152 caregivers were served by the Area Agency on Aging’s annual Caregiver Conference, 98 were served with respite care (Adult Day Care and In-Home), and three support groups were active throughout the County.

According to the 2000 Census, PWC has the distinction of having the largest percentage growth of older adults in the state of Virginia. The growth in the area’s aging population (PWC, Manassas, and Manassas Park) in the past ten years, as reported in the 2000 Census. As indicated in Figure 2, older age groups have a higher incidence of living at or below poverty in Manassas Park but remain on the same pace in Manassas and PWC.

The Older Americans Act mandates that the Area Agency on Aging provide services targeted to those persons with the greatest economic need. The percentages of persons in poverty who receive these services are as follows:

Table 4 **From June 2007 to June 2008**

Service	Percentage of Program Recipients in Poverty
Caregiver Respite Care	46.15%
Personal Care	43.24%
Information and Assistance	35.34%
Care Coordination for Elderly VA	34.44%
Case Management	33.52%
Home Delivered Meals	33.51%
Legal Assistance	33.33%
Transportation	31.90%
Disease Prevention/ Health Promotion	21.63%
Congregate Meals	15.99%
Socialization/ Recreation	10.86%

A significant group of citizens in the Prince William area are the “baby boomers” who now serve as caregivers and will have a great impact on aging services in the future. The chart below indicates that the ratio of baby boomers to those 55+ surpasses these ratios in the areas of Northern Virginia neighbors.

Table 5: Baby Boomers (Age 35-54) Population in NOVA Region, 2006

	Total Population	Population Ages 55+	Population Ages 35-54	Ratio of Baby Boomers to 55+
Alexandria	136,974	30,036	47,528	1.58
Arlington	199,776	41,441	69,145	1.67
Fairfax	1,010,443	226,314	339,377	1.50
Prince William Area	357,503	52,173	118,876	2.28

Individuals with Special Needs

Mentally Ill Population

Mental illnesses are common across the population. An estimated 22 to 23 percent of all Americans ages 18 and older (more than one in five adults) suffer from a diagnosable mental disorder in a given year.⁶ When applied to the PWC population estimate for ages 18 and older⁷, the percent of population estimated to have a diagnosable mental disorder translates to from 60,300 to 63,041 people in PWC. Even though mental illness is widespread across the population, those most likely to require access to mental health related services through public agencies – those who suffer from a serious mental illness – is concentrated among a smaller proportion of the population. Individuals considered to have a “serious” mental illness (e.g., schizophrenia, bi-polar disorder, severe forms of depression) comprise 5.4% percent of adults⁸ translating to almost 15,000 people in PWC.

About one in five children and adolescents are estimated to have mental disorders with at least mild functional impairment and a sub-population of that group (5 to 9 percent of children ages 9 to 17) has more severe functional limitations related to their mental illness.⁹ It is expected these same estimates to hold true for PWC.

Regarding youth with mental health and substance abuse issues, changing trends in the last five to ten years include:

- The percentage of clients served with a high level of emotionally disturbance and/or multi-problems has increased,

⁶ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*—Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Chapter 2 citing the “Epidemiologic Catchment Area study of the early 1980s and the National Comorbidity Survey of the 1990s

⁷ Ibid. #9

⁸ Ibid. #9

⁹ Ibid. #9

- The percentage of clients served with co-occurring mental health and substance abuse issues as increased,
- The percentage of youth served who are on probation for criminal activity has increased, and
- The designer drugs developed and prescription drugs now utilized are increasingly more addictive, physically damaging and life-threatening. Providing secure residential treatment for youth with co-occurring disorders within the community would fill a gap in the continuum of care. It could decrease the length of residential placements and ease successful reentry into family and community.

The At-Risk Youth and Family Services program serves more than 400 youth ages birth through 17, sometimes as old as 22 depending on their foster care or special education status. The At-Risk Youth program is serving new types of clients such as children with non-English speaking parents and gang-involved children. Virginia Cooperative Extension (VCE) also serves the families of at-risk youth. Classes are also available in Spanish for families who do not speak English. Changing trends is best indicated by the increased numbers of youth who are identified as needing some level of assistance with mental health issues. The Group Home is seeing a dramatic increase in the number of gang involved youth in the population. In FY07, 26%¹⁰ of the youth served were gang involved. In FY08 YTD, 36%¹¹ of youth served were/are gang involved.

Mentally Retarded Population

Community Services has seen an increase in the number of clients with severe mental retardation and other handicaps. Community programs are further challenged to serve clients that pose significant behavioral issues that require an intervention plan to address. The local community has also seen an increase in private vendors that serve clients with mental retardation from Prince William and also recruit residents from other parts of the Commonwealth.

Homeless

The Housing and Urban Development's definition of "homeless," is defined as persons who reside in some form of emergency or transitional shelters, domestic violence shelters, runaway youth shelters, and places not meant for human habitation including streets, parks, alleys, abandoned buildings, and stairways. PWC houses three emergency shelter facilities for the homeless, two emergency domestic violence shelters, and an emergency winter shelter operating November through March. Two of the emergency shelters are county facilities while the remainder of the facilities is operated by non-profit agencies.

¹⁰ This statistic reflects youth identified by probation as gang involved and placed on the gang specialist probation officer.

¹¹ This statistic is likely to be underreported because many of the youth served are gang involved but are not on the caseload of the gang probation officers

The most recent Point-In-Time Count identified 614 homeless adults in PWC. The total homeless population served by PWC human service agencies includes families with children as well as single adults. Services are provided to homeless individuals who reside in shelters, in tents in the woods, or “on the street.”

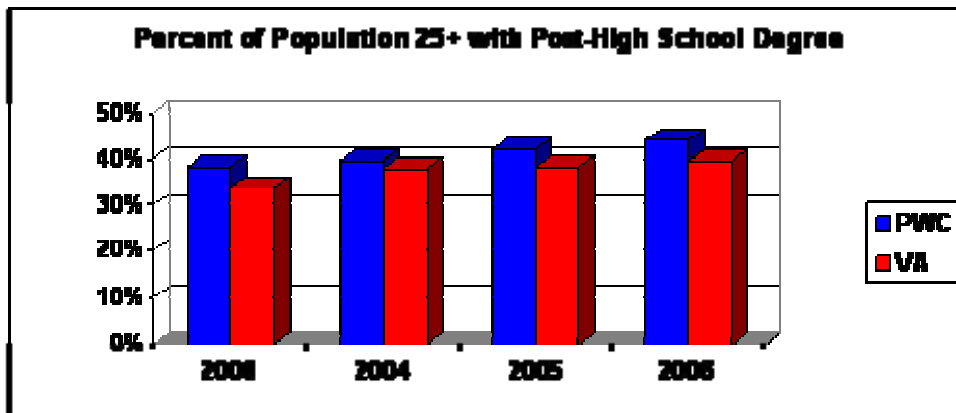
PWC’s demand for homeless services for families relative to services for individual homeless adults is the highest in the Washington Metropolitan region. Prince William has the highest percentage of persons in families who are homeless compared to the Met Washington region which includes Washington, D.C. and the Maryland suburbs (Homeless Enumeration for the Washington Metropolitan Region 2007 Report, Metropolitan Washington Council of Governments)¹². For example, while in Arlington County 70.3% of the homeless are individuals and 29.7% are persons in families, in PWC 67% of the homeless are persons in families compared to 32.7% of individuals.

PWC served more homeless persons in families than individuals. It is important to note that in the case of families, children are more adversely affected by the experience of homelessness. Often, children are dislocated from familiar surroundings, family, friends and sometimes their neighborhood schools. The children sometimes have to contend with the stigma associated with being homeless.

Education

With over 44% of the adult population holding some type of post-high school degree, Prince William’s population is well-educated.

Figure 4: Percent of Population 25+ with Post-High School Degree



Source: US Department of Commerce, US Bureau of Census, Census 2000 Summary File 3; 2004, 2005 & 2006 American Community Surveys

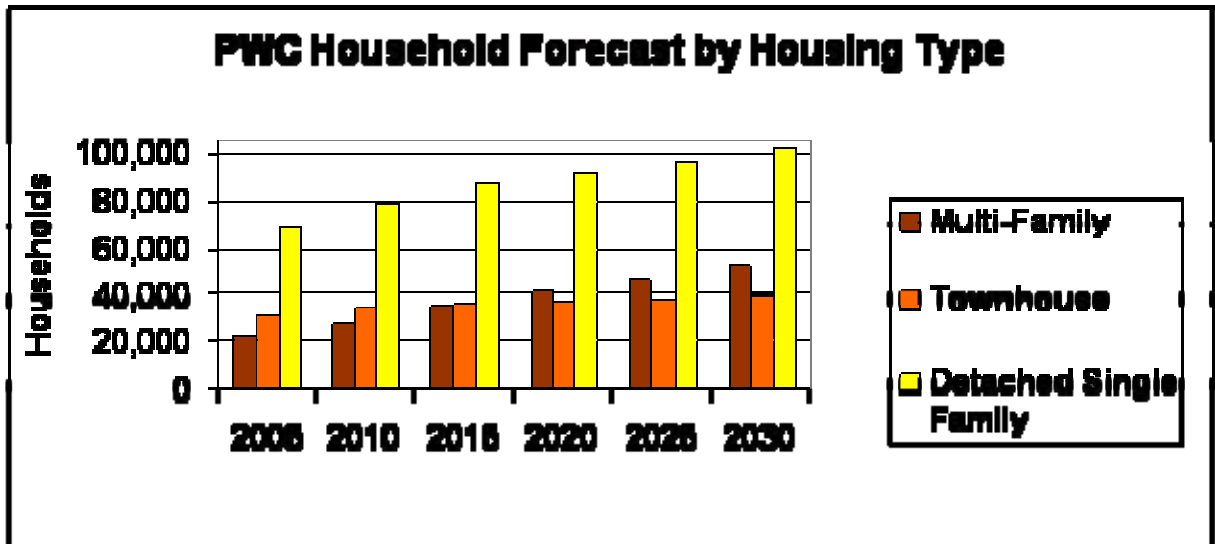
¹³ SEA Report Data

Families

Prince William is a community of families.

In 2006, 66% of the housing units in the U.S., 67% in Virginia, and 77% in PWC housed families.

Figure 5: PWC Household Forecast by Housing Type



Source: Metropolitan Washington Council of Governments Round 7.1

III. DESIRED RESULTS

Current Strategic Plan Community Outcomes

- Prevent homelessness from exceeding 1.60 per 1,000 population.

The increase in the number of homeless is reflective of the economic conditions in PWC. The percentage of persons who are in families is the highest in the region.

Table 6: Homelessness per 1,000 Population

FY03	FY04	FY05	FY06	FY07
1.60	1.57	1.50	1.37	1.70

- Prevent the suicide rate from exceeding 7.50 per 100,000 population.

Many of the consumers who seek Community Services' services are at risk for committing suicide due to the mental illness or substance abuse problems they are facing. They may be experiencing symptoms of depression and hopelessness; have suffered serious losses, such as, loss of family or of jobs; or have experienced some type of trauma, such as physical, sexual or emotional abuse. Many come to the County with past experiences of attempting suicide.

Table 7: Suicide Rate

FY03	FY04	FY05	FY06	FY07
6.2	4.5	7.3	5.4	5.2

- Prevent juvenile drug and alcohol arrests from exceeding 1.60 and 1.42, respectively, per 1,000 youth population.

Table 8: Juvenile Drug and Alcohol Arrests per 1,000 Youth Population

	FY03	FY04	FY05	FY06	FY07
Drugs	1.46	1.28	1.13	1.16	1.18
Alcohol	1.14	1.30	1.33	1.46	1.18

- Prevent adult drug and alcohol arrests from exceeding 5.35 and 14.97, respectively, per 1,000 adult population.

Table 9: Adult Drug and Alcohol Arrests per 1,000 Adult Population

	FY03	FY04	FY05	FY06	FY07
Drugs	5.29	5.20	4.88	5.23	5.38
Alcohol	14.76	14.28	13.48	13.73	14.14

- Prevent the number of founded cases of abuse, neglect, and exploitation of children from exceeding 2.0 per 1,000 population.

Children may be at risk of abuse and/or neglect for a variety of reasons including a family history of abuse and neglect, domestic violence, substance abuse, mental illness or lack of parenting skills and/or social networks. Additionally, the increase in the number of multiple cultures in the county has impacted the increase number of Child Protective Services (CPS) cases as different cultures have different understandings or definitions of abuse and neglect than is stated in Virginia child abuse and neglect policy.

Each year from FY01 to FY06 Prince William accepted more child protective service referrals per 1,000 population than all the comparison jurisdictions except Alexandria. This widening gap of service has placed a tremendous strain on a system that is providing services to the County’s most vulnerable residents.

Table 10: # of Founded Cases of Abuse, Neglect, and Exploitation of Children

FY03	FY04	FY05	FY06	FY07
1.40	2.25	1.59	1.89	2.03

- Prevent the number of founded cases of abuse, neglect, and exploitation of adults from exceeding 0.50 per 1,000 population.

Vulnerable adults are at risk of abuse and/or neglect for a variety of reasons including self neglect, inability to protect themselves due to physical or mental frailty, domestic violence, or mental illness.

The stresses associated with caring for an older adult or person with special needs in the home creates the potential for abuse and/or neglect. At times the Prince William Health District (PWHD) is contacted for placement screening secondary to evidence of neglect and/or abuse of an adult who requires medical and/or personal care assistance.

Table 11: # of Founded Cases of Abuse, Neglect, and Exploitation of Adults

FY03	FY04	FY05	FY06	FY07
.50	.53	.33	.42	.37

- Prevent the average length of State hospital stays from exceeding 52 days for mentally ill clients.

During FY06, three long-term clients were released with a combined total of 3,800 days potentially skewing the data. It is noted that these three clients had extended stays due to their lengthy Not Guilty by Reason of Insanity (NGRI) commitment. In FY07, six long-term clients were released with a combined total of 11,028 days again potentially skewing the data. Due to NGRI commitments, four of clients discharged in FY07 had lengthy stays. Without these six discharges from long-term stays, the average length of stay would be 48 days. Lack of housing is a frequent barrier to more rapid discharges.

Programs are also re-hospitalizing a greater number of people. The rate of admission to state psychiatric facilities in FY04 was 33. In FY07 it rose to 73. Similarly, percentages of diversion from state psychiatric facilities dropped from 87% in FY04 to 69% in FY07.

In the Service Efforts and Accomplishments (SEA) report Community Services compares themselves to four other jurisdictions that are judged to be comparable to PWC in some way. A number of data elements are compared. Rate of admission to state psychiatric facilities is one area of comparison. According to the SEA report for FY04 PWC had the highest rate of admissions at 36.3. Fairfax County had a rate of 21.4, Chesapeake County, 12.7, Chesterfield County, 9 and Henrico County, 8.9.

The trends regarding hospitalization rates are worsening. Inpatient treatment is much more costly than outpatient treatment. It is also viewed as being in some ways detrimental to the individual in terms of their self image and reinforces the notion that they are not able to care for themselves and manage their illness. What is more desirable is to be able to provide sufficient supports in the community on an outpatient basis in order for individuals to remain in the community and be successful in their recovery.

Table 12: Average Length of State Hospital Stays

FY03	FY04	FY05	FY06	FY07
60	54	50	67	82

- Serve in the community no less than 92% of youth at-risk of out-of-home placement.

The ability to meet the safety and treatment needs of youth is impacted by changes in the County’s population and services. These changes include a wide variety of issues, such as: substance abuse, gang activity, school discipline, child abuse/neglect/abandonment, court orders for care, public agency service capacities, insurance health care treatment policies, etc. For the last four years, the goal was met, but barely. Critical to sustaining success is maintaining partnerships between public providers and with private providers. Through partnerships, there is sharing of information, pooling of resources, and working together on cases so families can stay intact and feel safe during treatment. By strengthening families, the county helps to ensure attainment of this goal.

Table 13: % of Youth At-risk for Out-of-Home Placement Served

FY03	FY04	FY05	FY06	FY07
89%	92%	96%	93%	93%

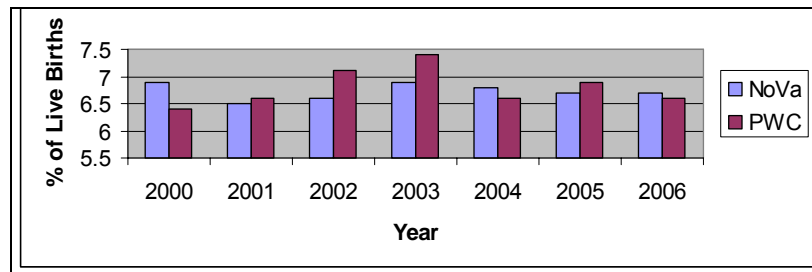
- Promote child health by preventing low birth weight from exceeding 6.5% of all births.

Table 14: % of Low Birth Weight Births in PWH

FY03	FY04	FY05	FY06	FY07
7.1%	7.4%	6.6%	6.6%	6.9%

Although low-birth weight as a percentage of all births has remained below the state level over the past five years, it has remained above 6.5%, and in general, higher than other Northern Virginia health districts. Access to affordable prenatal care for the uninsured continues to be a significant issue in the community.

Figure 6: Low-Birth Weight as a Percentage of Total Live Births Compared to the Region



Other Significant Performance Measure/Outcome Data

In addition to the Strategic Outcomes adopted by the Board, PWC's Human Services agencies also track a great deal of program data. This information is important to determine if programs are making a difference and if changes need to be made.

Child and Adult Abuse Measures

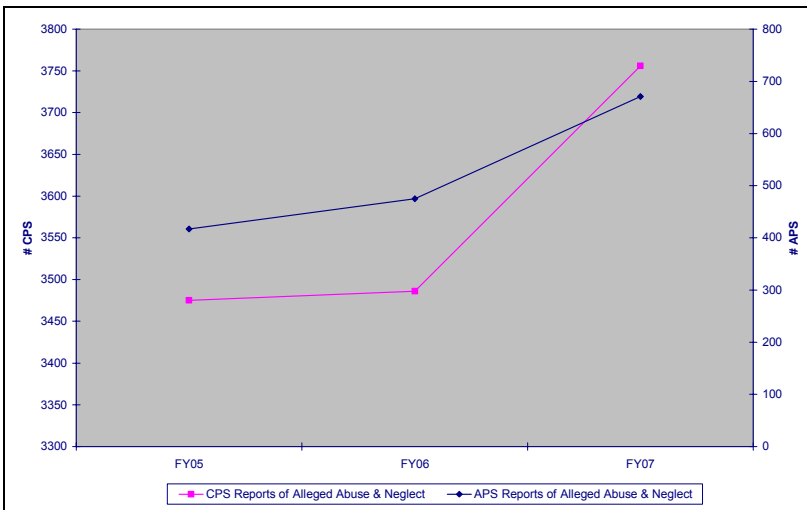
Table below reflects the increasing demand for services for abused and neglected children and adults.

Table 15: Increasing Demand for Services for Abused and Neglected Children and Adults

	FY05	FY06	FY07
CPS Reports of Alleged Abuse & Neglect	3,475	3,486	3,756
Founded CPS Cases per 1000 child population	1.59	1.89	2.03
Foster Care Children Achieving Permanency (Outcome Measure)	33	48	50
Families Served in Prevention & Assessment	210	312	473
APS Reports of Alleged Abuse & Neglect	417	475	671
Founded APS Cases per 1000 adult population	.33	.42	.37

While the number of founded cases of adult abuse and neglect has not increased, the number of reports has increased. Each of these reports must be investigated and this increasing number is reflective of the growth in the aging population in the community. There are differing theories regarding the increase in abuse complaints. There has been an increase in the number of mandated reporters and more efforts have been made to educate the community about adult abuse prevention. In addition, the overall population has increased.

Figure 7: Increase in CPS and APS Complaints



The SEA report indicates that from FY01 to FY06, PWC accepted more Child Protective Services (CPS) referrals per 1,000 children each year in the population than all of the comparison jurisdictions except Alexandria. In FY06, PWC handled a higher percentage of its accepted CPS referrals as CPS investigations and a lower percentage as family assessments than all of the comparison jurisdictions except Henrico. In FY06, 48 foster care children achieved permanency, compared with 40 in FY04 and 33 in FY05.

The number of serious child abuse and neglect cases is increasing.

- 162 protective orders were issued in CPS cases during FY07 compared to 115 in FY06. This is indicative of the serious nature of cases and requires more court involvement, family visits and continued case monitoring by CPS workers, Family Treatment workers and Foster Care workers
- There was an 18% increase in the number of children who were the subjects of valid CPS reports between FY03 and FY06¹³. In FY03 there were 1,762 children and in FY06 there were 2,077 who were the subjects of valid CPS reports.
- There was a 138% increase in the total number of children who were found to be abused or neglected or determined to be in need of services between FY03 and FY06¹⁴. In FY03 there were 316 children and in FY06 there were 752 children who were found to be abused or neglected or determined to be in need of services, which may be reflective of the increase in the number of youth in the community.

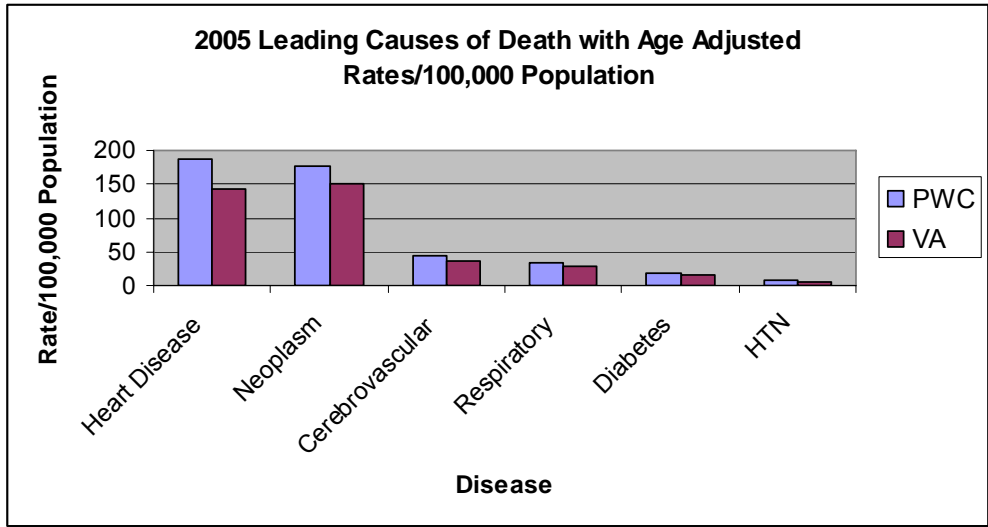
According to the SEA report, the number of founded adult abuse and neglect cases per 1,000 PWC adults (age 18 and older) was 49 percent higher in FY06 (0.42) compared with FY01 (0.28). This number was highest in FY04 at 0.53 founded cases per 1,000 adults in the county. According to the National Center on Elder Abuse, it is estimated that for every one case of elder abuse, neglect, exploitation or self-neglect reported to authorities, about five more go unreported.

Chronic Disease

Chronic disease rates for PWC are above VA rates for chronic diseases associated with leading causes of death. With increasing obesity among children and adults, PWC can expect to see an increase in rates of hypertension, diabetes, and heart disease. Without adequate prevention and treatment these death rates secondary to treatable chronic diseases will also rise.

¹⁴ SEA Report Data

Figure 8: 2005 Leading Causes of Death with Age Adjusted Rates/100,000 Population



Juvenile Crime

A Strategic Outcome measure for the Public Safety Strategic Goal is to:

- Attain a juvenile arrest rate not to exceed 15.0 per 1000 youth population per year.

Table 16: Juvenile Arrest Rate per 1,000 Youth Population^{15[1]}

	2004	2005	2006	2007
Arrest Rate	13.4	13	14.5	14.7

The desired outcome has been met throughout the current strategic plan time frame. This represents a significant decline in the arrest rate from previous years, where the arrest rate was at or above 20 per 1,000 youth. One disturbing trend has emerged: Juveniles have been arrested more frequently for violent crimes such as murder, aggravated assaults, rapes and robbery over the past 4 years.

Figure below depicts the changes in the number of juvenile arrests. Part One crimes include murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft.

Table 17: Juvenile Arrests Plus Part One Crimes¹⁶

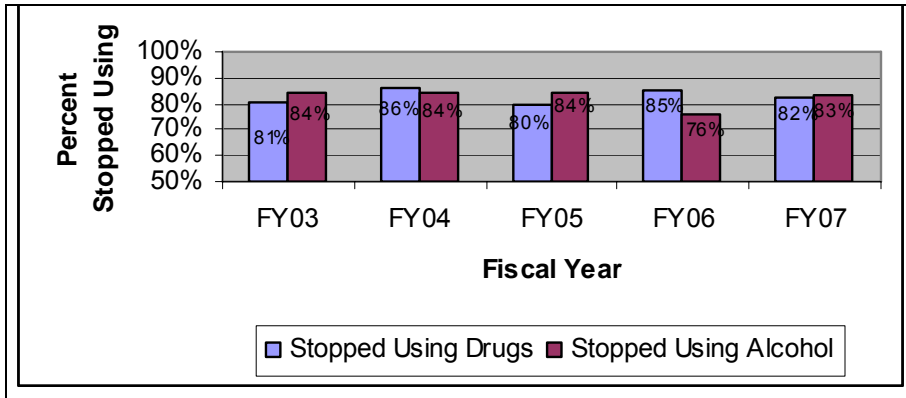
Year	Juvenile Arrests	Part I Crime Arrests
2005	1,386	280
2006	1,605	350
2007	1,615	335

¹⁶ PWC Police Department Annual Report 2006

Substance Abusers

The Community Services Adult Substance Abuse Program evaluates the efficiency/effectiveness of the program by measuring the number of clients who have successfully completed the program, who have successfully completed treatment; have improved in their overall functioning, and whether the client has stopped using alcohol and/or drugs.

Figure 9: Adult Substance Abuse



The New Horizons Program for youth with mental health and substance abuse problems tracks the following client outcomes:

- Teens that stop using illegal drugs
- Teens that stop using alcohol
- Teens that complete treatment
- Teens that complete treatment and improve in functioning

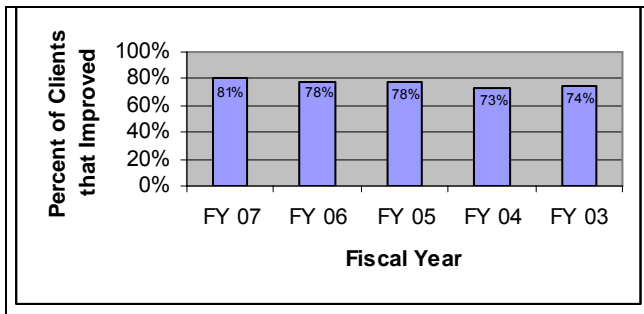
Table 18: Teens that Stopped Using Drugs and Alcohol

	FY03	FY04	FY05	FY06	FY07
Stopped Using Drugs	54%	54%	68%	68%	49%
Stopped Using Alcohol	57%	60%	72%	71%	51%

Individuals with Mental Illness

A Community Services outcome measure for mental health outpatient services is whether seriously mentally ill adults and seriously emotionally disturbed youths have improved in functioning as a result of services. There has been a slight increase in clients improving in functioning last year compared to the previous four years. Improvement is measured using the Axis V scale in the Diagnostic and Statistical Manual of Mental Disorder. Improvement is considered to have occurred if the client improves by at least 10 points on the scale. The chart below shows a gradual increase over the past five years.

Figure 10: SMI and SED Mental Health Outpatient Clients that Improved in Functioning



Older Adults

The Area Agency on Aging tracks many outcomes. Examples follow for determining service success for helping persons to Age-in-Place. :

TABLE: 19 <i>Aging-in-Place Outcomes</i>	FY06	FY07
Meals on Wheels clients who report that meals have helped them remain in their homes	97%	98%
Family care-givers who report they are better able to meet work or other family obligations because of In-Home and Community-Based services	93%	100%
Case management plans successfully completed	93%	96%

At-Risk Youth and Their Families

Table: 20	FY 2006	FY 2007
<u>Unit costs per type of service:</u>		
o Community-based services	\$1,683	\$1,836
o Residential services	\$32,843	\$34,494
o Foster care services	\$4,089	\$3,952
o Unit cost of all services combined	\$12,294	\$13,773
<u>Recidivism any time within two years after case closure:</u>		
o Clients re-offending	14%	4%
o Clients detained	2.3%	2.8%
<u>Expulsion any time within two years after case closure:</u>		
o Clients expelled for substance abuse	1.3%	0.6%
o Clients expelled for physical or verbal violence	0.3%	0.6%
<u>Functional assessment score: percent of clients with improved scores upon case closure</u>	94%	90%
<u>Satisfaction surveys of case managers and clients:</u>		
o Case workers regarding timeliness of service plan approvals	97%	97%
o Parents regarding service delivery	95%	95%
<u>Collection of parental co-pay as a percentage of total cost</u>	1.59%	2.10%

Individuals Who Are Detained

The Pre-Dispositional Programs under the DSS include the Juvenile Detention Center, Molinari Juvenile Shelter, Outreach to Detention and Electronic Monitoring. These programs have a Critical Success Indicator that measure efforts to keep youth from re-offending while in their programs:

Table 21: Youth Participants who did not Re-offend While in Pre-Dispositional Program

FY03	FY04	FY05	FY06	FY07
98%	99.5%	92.3%	96%	92.5%

The Post-Dispositional Programs under the DSS include the Group Home for Boys and the Group Home for Girls. These programs have a Critical Success Indicator that measure efforts to have youth complete their programs:

Table 22: % of Youth Participants Who Complete Post-Dispositional Program

FY05	FY06	FY07
72.2%	69.8%	77.3%

Table 23: Drug Offender Recovery Program

	FY03	FY04	FY05	FY06	FY07
Released from DORM and do not return to ADC within 90 days	100%	96%	93%	96%	89%

The Community Services Drug Offender Recovery Program in the Adult Detention Center (ADC) tracks recidivism within 90 days for those that complete the DORM program while they are incarcerated. The vast majority of those who complete the program are not returned to the ADC within 90 days of their release.

Homeless

In addition to the aforementioned homelessness statistics, Community Services, DSS measures the clients who remain in their homes 180 days after receiving final assistance measure from the Homeless Intervention Program (HIP)

Table 24: HIP Clients who remain in their homes

Critical Measure	FY04	FY05	FY06	FY07
HIP Clients who remain in their homes	93.0%	93.3%	92.3%	94.7%

VCE measures program effectiveness in all of their programs. Examples include the financial and parent education programs shown below:

Table 25: Virginia VCE Program Effectiveness Measures

Program Effectiveness	FY03	FY04	FY05	FY06	FY07
Financial management participants maintaining economic stability as reported after three months	92%	91%	91%	82%	83%
Mortgage default clients not losing their home to foreclosure	99%	95%	100%	95%	70%
Participants adopting recommended parenting practices as reported after three months	98%	99%	99%	97%	96%
Parents in Juvenile Justice Parenting Program (JJPP) adopting recommended parenting practices as reported after three months	94%	99%	100%	95%	100%

Individuals and Families with Limited Income

The DSS measures its programs by outcomes called Critical Success Indicators. Since FY02, the Department has used a standard set of measures to evaluate the effectiveness of its programs. The trend in services to low income families has been increasing performance with a focus on timeliness of processing benefit applications and helping customers move off of public assistance through employment. In regard to serving low income families these critical success indicators include:

Table 26: Serving Low Income Families Success Indicators

	FY02	FY03	FY04	FY05	FY06	FY07
The average wage at placement for VIEW participants	\$8.64	\$8.66	\$8.87	\$9.26	\$9.74	\$9.83
The average monthly wage for VIEW participants – not adjusted for inflation	\$1,348.26	\$1,366.02	\$1,288.67	\$1,344.00	\$1,420.00	\$1,404.00
% of all employed VIEW participants will retain employment	77.0%	75.8%	75.0%	78.0%	77.0%	77.0%
% of all VIEW participants employed	74%	74%	74.0%	76.0%	75.0%	70.0%
98% of all Expedited Food Stamps applications will be processed on time	98.8%	99.4%	97.6%	97.1%	96.4%	98.1%
% of all Non-Expedited Food Stamps applications will be processed on time	96.9%	98.0%	97.1%	96.5%	98.1%	98.7%
94% of all food Stamp cases reviewed by the local department will have payment errors of \$10.00 or less	96.9%	96.5%	98.8%	100%	97.4%	100.0%
New benefits applications processed on time			95.4%	84.6%	90.9%	93.5%

In FY06, Prince William VIEW participants had a higher average monthly wage (as of June 30 each year) than any of the other jurisdictions. From FY01 through FY06, the average monthly wage, adjusted for inflation, declined for all of the comparison jurisdictions, including Prince William, except for Fairfax, which had a 7.6 percent increase. Among the other jurisdictions, Prince William had the smallest decline in monthly earnings with a 2.7 percent decrease.

Table 27: Average Monthly Earnings, Adjusted for Inflation as of June 30 for VIEW Clients¹⁷

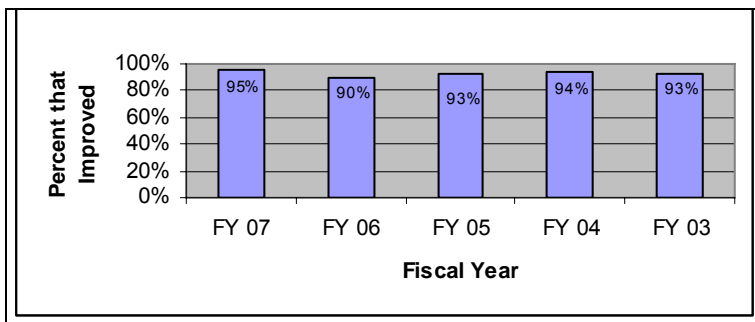
	Prince William	Alexandria	Chesterfield	Fairfax	Henrico	Loudoun
FY 2001	\$1,527	\$1,404	\$1,198	\$1,317	\$1,216	\$1,596
FY 2002	\$1,516	\$1,360	\$1,299	\$1,290	\$1,188	\$1,290
FY 2003	\$1,496	\$1,293	\$1,172	\$1,239	\$1,161	\$1,603
FY 2004	\$1,496	\$1,371	\$1,176	\$1,440	\$1,225	\$1,469
FY 2005	\$1,475	\$1,278	\$1,162	\$1,374	\$1,164	\$1,427
FY 2006	\$1,486	\$1,348	\$1,152	\$1,417	\$1,147	\$1,401
% change FY 01 to FY 06	-2.7%	-4.0%	-3.8%	7.6%	-5.7%	-12.2%

Substance Abusers

The Community Services Adult Substance Abuse Program has identified two trends over the past five years of data:

There has been a slight increase in clients improving in functioning last year compared to the previous four years. Improvement is measured using the Axis V scale in the Diagnostic and Statistical Manual of Mental Disorder. Improvement is considered to have occurred if the client improves by at least 10 points on the scale.

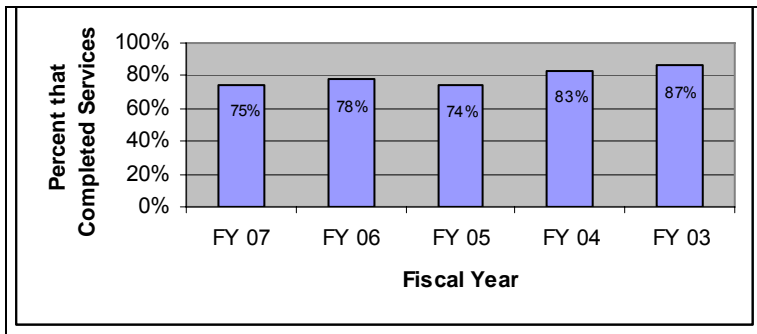
Figure 11: Adult SA Clients Completing Treatment That Improved in Functioning



Clients completing services has declined over the last five years. This trend may be related to an increase in co-occurring clients who have a higher drop out rate due to mental health crisis.

¹⁷ 2006 SEA Report

Figure 12: Adult Substance Abuse Clients Completing Services



The Community Services New Horizons Program for youth with mental health and/or substance abuse issues notes the following trends over the last five years of data. There has been a decrease in FY06 and FY07 in teens that completed treatment, teens that stopped using illegal drugs, teens that stopped using alcohol, and teens that improved in functioning. These trends are likely related to a shift in serving a higher percentages of seriously emotionally disturbed (SED) and high-risk for SED co-occurring disordered youth.

Individuals with Mental Retardation/Developmental Disabilities

It has been difficult to regulate case load size in response to increasing demands on mental retardation program case managers. The Virginia Office of the Inspector General's report indicates that case managers spend 60% of their time doing paperwork. While the state has had workgroups studying paperwork and is looking for ways to streamline it, it is doubtful that it will be lessened. The MRCM waiting list has grown and it is expected to continue to grow since staff has not been increased proportionately to the waiting list.

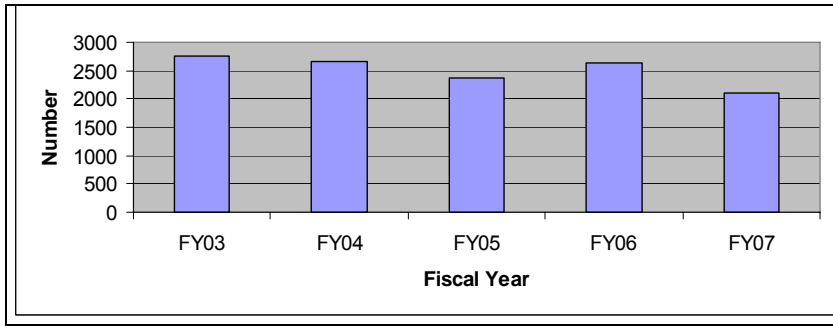
IV. THE STORY BEHIND THE TRENDS

EXTERNAL OPPORTUNITIES

Well Women Clinic Demand

The demand for Well Women's Clinic has decreased due to the decrease in the number of women qualifying for prenatal care. Currently, the waiting period for an appointment in Well Women's Clinic is less than two weeks. Most of the clients seeking these services are Spanish speaking and uninsured. PWHD does accept all income levels for women's wellness services.

Figure 13: Women's Wellness



Preventative Care Can Make A Difference

Providing timely, quality preventative care or chronic disease treatment can help avoid more serious health conditions. According to the *Kaiser Commission Report*, researchers estimate that a reduction in premature mortality of 10% to 25% could be achieved if the uninsured could gain continuous health coverage. Additionally, health coverage for the uninsured would decrease charitable care and lessen the burden of primary care and out-of-control chronic disease conditions in the emergency rooms at local hospitals, thus improving the health and vitality of the community. Lack of access to health care has a significant financial impact on community partners.

New Drug Treatments Available

Community Services has recently begun a pilot project with Suboxone, a medication for the treatment of opiate dependence. There are other new medications coming on market for drug dependence which will require staff to have the medical personnel and medication funding to manage the need for medication in conjunction with treatment, much as with the mentally ill population. Changes in focus are being driven by changes in the populations, new drug use epidemic patterns, and recent scientific discoveries in the research on addiction. DORS is well situated to respond to these changes with the exception of the need for medical services and medication.

Regional Mental Health Initiative for Persons 65+

A new mental health initiative that will have an impact on County Human Services is the Regional Older Adult Facilities Mental Health Support Program (RAFT). RAFT will provide intensive mental health services to residents who are age 65 and above. It will serve customers who require longer stays in a protective setting to be safe and to stabilize their psychiatric symptoms. RAFT will address the need to divert and discharge older adults from State Mental Health facilities.

Low Dropout Rates and High Continuing Education

The following chart shows the dropout rate for PWC Schools, grades 7 to 12, in the last seven years¹⁸.

Table 28: PWC School Dropout Rate

School Year	Dropout Rate
1999-2000	2.42%
2000-2001	3.62%
2001-2002	2.86%
2002-2003	2.07%
2003-2004	1.98%
2004-2005	1.71%
2005-2006	2.84%

Of the students graduating from PWC high schools in the 2006-2007 school year, 78.5% of students planned to continue their education. 73.7% of all students planned to attend a 2 or 4 year college, while 4.8% had other continuing educational plans, such as trade or technical school¹⁹.

Aging in Place

Because persons of all ages prefer to stay in their own homes rather than become institutionalized, service delivery trends are changing rapidly. Services that are in-home and community-based such as personal care and Meals on Wheels, Universally Designed dwellings, accessible and assisted transportation services are and will continue to be in demand. In anticipation of these demands, Federal and State Aging authorities are encouraging *Consumer Direction* and *Money Follows the Person*. These service delivery methods provide funds for individuals to purchase their own services based on their needs. It transitions government out of direct service delivery while supporting in-home and community-based services.

Medicare Health Insurance Counseling

Medicaid no longer pays for prescription drugs and thus Medicare Part D coverage is crucial for older adults and persons with disabilities. Persons on Medicaid are automatically put in a Part D plan, but it may not cover the prescriptions they have currently or in the future. Medicare counseling offered by the Area Agency on Aging through the VICAP (Virginia Insurance Counseling Assistance Program) funded by the Centers for Medicare and Medicaid Services is vital to many residents. Medicare Savings Plans and Medicare Part D plans can offer security to persons on Medicaid. The application process is long, rigid and state controlled.

¹⁸ Virginia Department of Education

¹⁹ PWC Schools, Office of Accountability School Data Profiles.

State Child Health Insurance Program (SCHIP)

Well child care is no longer provided at the PWHD other than dental services and immunizations because of the ability of children to get insurance through federal programs. Well child care is provided by the CHC, Family Health Connection, and Nova at the Sudley North Office, as well as in the private sector. Increased partnerships between the public and private sector has increased access to care for children in the county. In addition the PWHD would hope that insurance companies will make it more convenient for health care providers to provide immunizations for their patients, thus eliminating that barrier to care. The PWHD continues to see many children in Community Services’ immunization clinic whose parents state that they have health insurance, but it does not cover immunizations.

Connection Between Land Use and Health

Recent studies have shown that there is an opportunity to impact the health of the community through land use planning.

Table 29: Health Determinants Potentially Affected by Land Use Planning

Category	Examples of Health Determinants
Housing	<ul style="list-style-type: none"> • Adequacy, affordability, and accessibility • Stable housing • Quality and safety
Livelihood	<ul style="list-style-type: none"> • Secure employment • Adequate wages, income, benefits, and leave • Job hazards • Economic Diversity • Local owned businesses
Nutrition	<ul style="list-style-type: none"> • Food cost • Food quality and safety • Proximity of retail food resources
Air Quality	<ul style="list-style-type: none"> • Contaminants/pollutants in the outdoor air • Contaminants/pollutants in the indoor air • Exposure to environmental tobacco smoke
Water Quality	<ul style="list-style-type: none"> • Contaminants or infectious agents in drinking water • Safety of recreational water
Noise	<ul style="list-style-type: none"> • Intensity and frequency of environmental noise
Safety	<ul style="list-style-type: none"> • Rate of violent crimes • Rate of property crime • Rate of structural fires • Pedestrian hazards and injuries
Transportation	<ul style="list-style-type: none"> • Access to jobs, goods, services and educational resources • Proportion of trips that one can walk or bike • Total miles traveled in personal vehicle daily

Category	Examples of Health Determinants
Education	<ul style="list-style-type: none"> • Quality, proximity, and capacity of schools
Parks and open Space	<ul style="list-style-type: none"> • Quality, proximity and capacity of parks

Prenatal Care Provided by Non-Profit Partners

Two medical practices out of Prince William Hospital have agreed to take a limited number of uninsured women who are above income for the PWHD services, on a payment plan for prenatal and delivery services. In addition, Prince William Hospital has hired two bilingual case workers to help women apply for prenatal care services. The obstetric clinic at Potomac Hospital continues to see uninsured women who are over income for the PWHD on a sliding scale for routine prenatal care only.

No Wrong Door

The Commonwealth's *No Wrong Door* initiative was brought closer to fruition last year when the General Assembly legislated Area Agencies on Aging as the lead agencies for this initiative also known as ADRC (Aging and Disability Resource Center). As an ADRC Pilot, the Area Agency on Aging is on the cutting edge for Information and Assistance service provision. Consumers will most likely be referred to Human Services agencies through 2-1-1, Virginia's new referral system. This will be complimented by Easy Access a state-wide virtual portal to ease service access and information sharing. The Medicaid application will be online as will the Uniform Assessment Instrument. Confidential agreements to share information between agencies are being finalized with the Attorney General's office so that a consumer will only have to tell their story once and service access will be swift. A statewide database for consumers and professionals called Virginia Navigator will also be an important part of this information network.

New Mental Health Funding from State

The Governor proposed and Legislature passed \$42 million biennium (2009-2010) increase for mental health service. Specifically to support changes to laws regulating commitment of people to psychiatric hospitals and subsequent discharge back to the community. The Governor and some Legislators used the term "first down payment to improve an under funded system," when describing the appropriation. This description gives citizens an opportunity to lobby the Governor and Legislature to follow through on subsequent "payments."

Strong Non-Profit Community Partners

The longstanding emphasis on public private partnerships, the complexity of Human Services customers problems and the recognition that a holistic approach to resolve those problems achieves the best outcome and lead Human Service staff to seek a variety of support services whenever possible. (For a more in-depth description of partners, please refer to Section V Partners.)

Council on Reform (CORE)

First Lady Anne Holton started a change initiative in Virginia's Child Welfare System with her For Keeps Initiative. The goal of this initiative is to:

- Strengthen the voices of foster care youth and parents,
- Identify permanent families and family connectedness for children in foster care and for children at risk of entering foster care,
- Champion efforts for family and community support to all children.

As a result of Ms. Holton's efforts, VDSS is embarking upon a reform of the child welfare system. There are 13 localities formed to work with state leadership and community partners to develop and implement strategies in their own communities to positively impact reform in child welfare services.

EXTERNAL CHALLENGES

Foreclosure Crisis

The crisis in the housing market has resulted in a huge spike in foreclosures. Increasingly high mortgage foreclosures in the PW area may lead to increases in calls for service from Human Services agencies. The data show that for the five-year average, 2002 through 2006, PW area averaged 173 foreclosures per year. In 2007, there were 3,344 – an increase of over 1,800%. Currently 47% of all homes for sale in PWC are bank-owned properties. Families are struggling to remain in homes they bought in the past several years. The robust housing market of a few years ago no longer exists. In addition, there are changes occurring in the immigrant population. Human Services agencies are looking for proactive solutions to serve an increasingly stressed community. Without those preventative measures, there is an expectation for increased crime and poverty. The demand for programs offered by Virginia Cooperative Extension (VCE) continues to grow. Requests for mortgage default counseling have skyrocketed while requests for budgeting, parenting, and nutrition education remain strong.

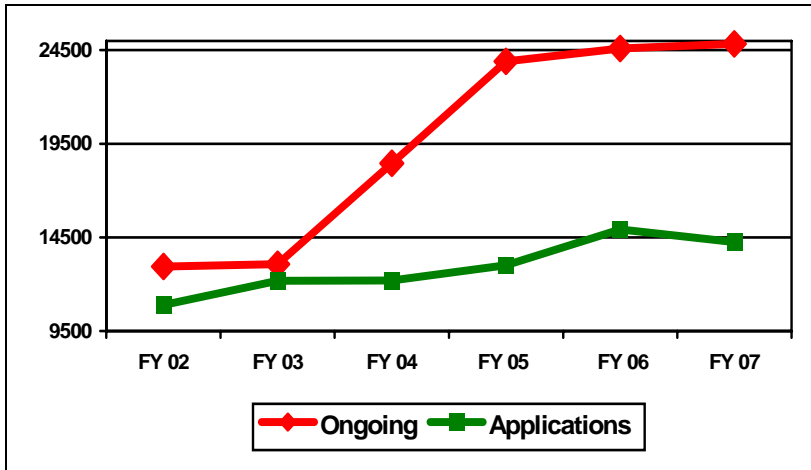
Changes in Mental Health Commitment Criteria

A trend of particular note is the broadening of the commitment criteria. Legislation recently passed by the Virginia General Assembly, HB 499 and SB 246, broadened the commitment criteria. The criteria changed from (the client) "presents an imminent danger to himself or others as a result of mental illness or is so seriously mentally ill as to be substantially unable to care for himself" to "there exists a substantial likelihood that as a result of mental illness the defendant will, in the near future: a) cause serious physical harm to himself or others as evidenced by recent behavior or any other relevant information or b) suffer serious harm due to lack of capacity to protect himself from harm or to provide basic human needs". Broadening the criteria will likely result in more people being brought in for evaluation and more people being detained.

Demand for TANF and Food Stamps Increasing

The DSS provides financial and medical assistance to eligible county residents for benefits under Temporary Assistance to Needy Families (TANF), Food Stamps (FS), Medicaid, Virginia Initiative for Employment Not Welfare (VIEW), Child Care, and Energy Assistance. Figure 14 contains Community Services’ statistics related to these programs for FY07.

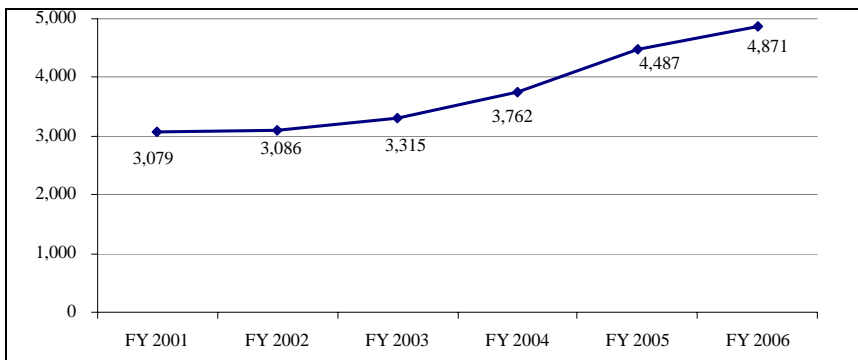
Figure 14: TANF, Food Stamps & Medicaid Growth (FY04-FY07)



For PWC in FY07, 1,918 applications for Temporary Assistance for Needy Families (TANF), formerly known as Aid to Families with Dependent Children, were processed. The number of Food Stamp applications was 5,764 and there were 6,565 Medicaid applications processed during this same time period. These numbers reflect a 31% growth in applications since FY02. The ongoing caseload for all three program areas; TANF, Food Stamps and Medicaid, has increased by 92% over this same time period²⁰

The number of individual receiving food stamps increased by 56.1 percent, while the county population increased by 25.9 percent, during the six-year period of 2001-2007.

Figure 15: Average Number of Households Participating in Food Stamp Program per Month (FY01-FY06)²¹



²⁰ PWC DSS

²¹ 2006 SEA Report

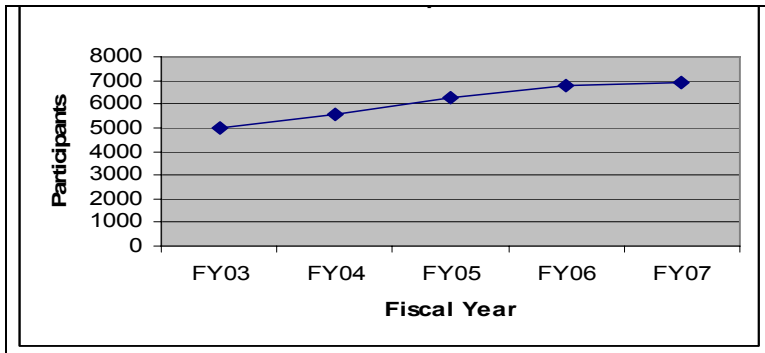
Demand for Child Care Assistance is Growing

DSS maintains waiting lists in the fee system child care program for low income working parents. The waiting list fluctuates based upon the number of families leaving and entering the program, but the most recent number on the waiting list is 425 families with 707 children as of March 31, 2008.

Demand for WIC Program Increasing

The Women, Infants, and Children (WIC) program is federally-funded through the PWHD. WIC provides nutrition education and nutritional food supplements to pregnant, post-partum, and breastfeeding women and their infants and children. Clients must fit the federal eligibility guidelines for the program, and any PWC resident that is income eligible may apply. Over the years, PWC has seen an increase in the number of participants in the program. Pregnant women are first priority and should be seen within ten days of applying for service. The waiting list for the other potential recipients is dependent upon the number of pregnant women who apply for services.

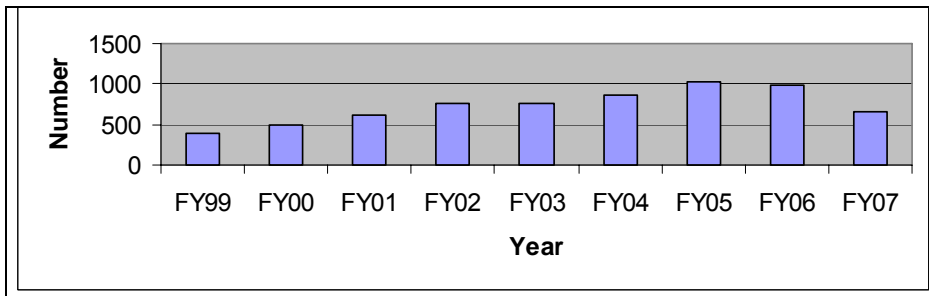
Figure 16: WIC Participants



Births in Health District/Prenatal Admissions

The total number of births to the PWHD residents has steadily increased from 4,640 in 1998 to 8,131 in 2006 (VDH, Health StatistiCommunity Services). Accordingly the number of prenatal admissions rose steadily through 2006. Drop-In prenatal clinic admissions was seen in 2007 due to a lack of resources (staffing and financial) to provide safe and adequate care for the increasing number of high risk pregnant women that seek care at the PWHD.

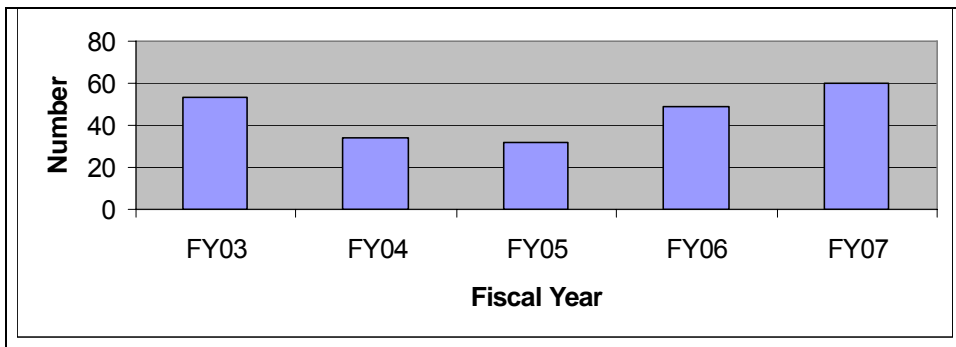
Figure 17: PWHD Admissions for Prenatal Care (FY99-FY07)



Increase in Tuberculosis Cases

Due to the changing demographics, Community Services, PWHD has seen an increase in the number of tuberculosis (TB) cases. All TB cases receive directly observed therapy (DOT) which requires an outreach worker or case manager to observe each client taking all doses of their medication. This course of medication lasts several months, often complicating the care of these clients is their many unmet social needs. For those with the disease who are fortunate to have a source of private medical care, the PWHD provides case management services to co-manage cases with the private provider. This ensures that the disease is adequately treated and reduces the risk of disease spread in the community. The PWHD has had a small increase in the number of drug-resistant cases which require more expensive medications. Also, the length of treatment for drug resistant cases is longer.

Figure 18: Tuberculosis Cases – DOT



Number of Uninsured Continues to Grow

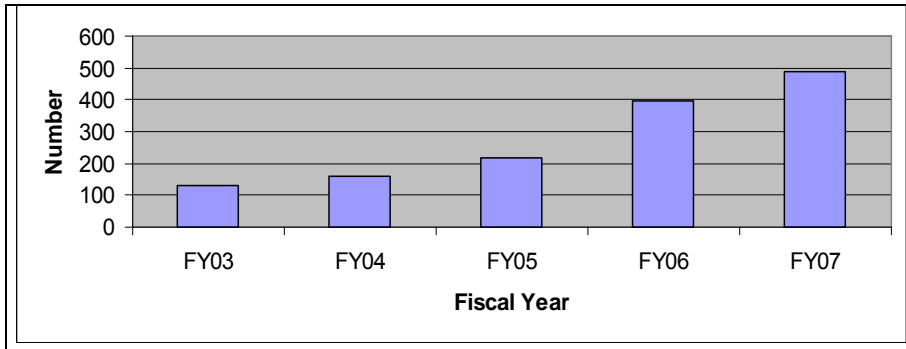
According to the Kaiser Commission Report (October, 2007), the number of uninsured continues to grow steadily. Between 2005 and 2006, 2.1 million people in the United States became uninsured; more than 700,000 are children; and 18% of the non-elderly U.S. population lacks health insurance. Employer-sponsored health care coverage continues to decline secondary to rapidly rising health care premiums and the economy. Enrollment in both Medicaid and state child health insurance programs (SCHIP) increased between 2000 and 2004 in response to the increased persons who qualified and improved program enrollment efforts. Residents with limited income run the highest risk of being uninsured - over 1/3 of the poor (200% of poverty) and 30% of the near poor (100 – 199% of poverty) lack health coverage. More than four out of five of the uninsured are working families.

Drop-In Deliveries are Increasing

Another significant change noted in the community is the increase in the number of drop-in deliveries experienced by Prince William and Potomac Hospitals over the last four years. Factors affecting this trend include the change in income eligibility levels at the PWHD, as well as, the increase in the number of uninsured women in the community. However, it is interesting to note that drop-in deliveries have been increasing steadily, even during the years that the PWHD was expanding services (FY03 through FY06).

This is an indicator of the increasing number of residents without insurance, thus, inadequate access to care.

Figure 19: Drop-in Deliveries in PWHD



High-Risk Births Among Women with Limited Resources

Access to high-risk obstetrical services is a significant issue for uninsured women. Fairfax Hospital is overwhelmed by women in their own community who require high-risk services. Therefore, they cannot provide Maternal Fetal Medicine (MFM) services for PWHD clients. This requires the Health District clients to travel to the University of Virginia (UVA) for MFM consults and sometimes even for deliveries. The Fairfax Hospital Neonatal Intensive Care Unit is almost always full, thus requiring Prince William Hospital and Potomac Hospital to transfer women needing MFM care to UVA by ambulance at a great financial cost.

TANF Reauthorization

In addition, TANF reauthorization is requiring DSS to serve more hard-to-serve clients. Hard-to-serve means that there are complex and multiple barriers to becoming employed such as mental health issues, disabilities as well as lack of education and transportation. It is very challenging to find child care for customers with children from age 12-18 months. The policy requires more TANF recipients to participate in the VIEW program and set much stiffer standards as to their participation in work activities. This change has increased the work of existing employment staff.

New Medicaid Consumer Directed Care Waiver for Young Children

The number of young children with special needs requesting preadmission screening for personal care services has significantly increased. In FY07, PWHD and DSS have received approximately 20 referrals per month for these services. Thus far in FY08, almost 76% of those requesting services through the personal or consumer directed care waiver are young children with special needs. This is an example of an unfunded mandate.

Teen Violent Crime

According to a Kids Count in Virginia special report, "Children and Violence," every 4 ½ hours in Virginia, a juvenile is arrested for a violent crime. Teenagers are two-and-a-half

times more likely than adults to be victims of violence. Approximately 275 Virginia youth are hospitalized for assaults each year.

Teen Pregnancy

While the teen pregnancy rate is declining, there is an increase in the number of younger teens who are becoming pregnant. DSS has seen a significant increase in the number of teen parents (age 10-19) served in the DSS Bridges program. In FY06, 200 teens were served and that number grew to 292 in FY07. So far through May of FY08, there are 305 pregnant teens being served. The demand for services for pregnant teenage girls in foster care varies depending on the individual needs of children and represents less than 2% of the total foster care population.

Most pregnant teens can be served through the Department of Social Service and the Prince William Health District programs. These girls most often can remain in the home and community while receiving services such as the DSS Bridges program.

The need to serve pregnant teenagers through a residential facility has been very limited. Pregnant teens that need residential services are those who have serious mental health and/or behavioral issues, delinquent issues or lack family supports and therefore cannot remain in the home. In the past when a pregnant teenager is identified as needing an out home placement (residential services) the child is then referred to a facility such as Jackson Field House which accepts pregnant teens and their newborn child. The residential facility provides mental health, infant/parent interaction skill building and independent living services. However, the numbers of pregnant teens that have needed these services has varied over the years and has been few. The DSS Bridges program has made 9 referrals FY07 and 5 referrals through May, FY08 of pregnant teenagers for residential services. These referrals are placed and funded by parents. Department of Social Services Foster Care program has only identified two pregnant teenagers as needing a residential placement in FY07 and one pregnant teenager through May, FY08.

Growth in the number of pregnant teens creates challenges to providing services without any additional resources. With more middle school and even elementary school children becoming pregnant, the need for different types of services is required. In FY 07 DSS served four middle school pregnant teens in the prevention program and in FY 08 through May, four elementary and six middle school pregnant teens were served. Children having children are not prepared to parent because they themselves have not fully developed cognitively and physically. Teen parents, their parents and the newborn child should be served in an effort to prevent child abuse and neglect as well as to prevent the need for foster care placements. These services should be provided in a supportive home-like environment in the community where they have access to family and community systems.

Teen pregnancy severely limits the prospects of teen parents in the areas of education, employment, and lifetime earnings. Children of teenage parents are more likely to encounter health, learning, and behavioral problems, and suffer other difficulties related

²⁴ 2003 Virginia KIDS COUNT Data Book

3,475 in FY05 to 3,756 in FY07. Most significant to note is the increase in founded child abuse complaints to 2.03 per 1,000 child population. Even one founded case is too many. Families who are dealing with one or more stressors may be more susceptible to abusing or neglecting children. County programs are seeing more families with multiple problems which require more extensive services, which results in an increase in the number of serious child abuse and neglect cases. If a CPS complaint turns out to be invalid, then the family may be referred to prevention and assessment services resulting in the increase in the numbers in these areas.

Alcohol Abuse Amongst Youth

Alcohol abuse and alcohol dependence are not only adult problems; they also affect a significant number of adolescents and young adults between the ages of 12 and 20, even though drinking under the age of 21 is illegal. The average age when youth first try alcohol is 11 years for boys and 13 years for girls. According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.

Youth Drug Related Incidents in PWC

According to the Virginia Department of Education's Annual Report, "Discipline, Crime and Violence," 171 drug-related incidents occurred in PWC Schools in the 2005-2006 school year. The PWC Police Department indicates that 115 juveniles were arrested for possession of marijuana in 2007, which was an increase from 105 in 2006. In 2005, 100 juveniles were arrested for possession of marijuana, which was a decrease from 107 in 2004. Additionally, 12 minors were arrested for driving under the influence in 2005, a decrease from 18 in 2004. Lastly, 56 juveniles were arrested for liquor law violations and 73 for public drunkenness in 2005.

Dual-Diagnosed Persons Needing Services

In the Adult Substance Abuse Program, there has been an increase in individuals coming in for services who have both a substance abuse and mental health disorder. These individuals create a greater demand for case management services, crisis intervention, and medication management. In response to this increase, the Substance Abuse Program has recently tailored its services to become more co-occurring capable with all services and have added more specific groups for consumers with co-occurring disorders.

Increase in Aging-In-Place

The number of older adults who would like to remain in their homes, thereby *Aging-in-Place* is increasing. This causes requests for Information and Assistance, In-Home and Community-Based services, transportation, financial planning/management, Meals on Wheels, Medicare counseling, Medicaid and affordable housing to increase. This upward trend is expected to continue as the population of vulnerable and older adults grows in the County and as the population of developmentally delayed adults grows in the County.

Increasing Mental Health Needs of the Elderly

Referrals to Community Services should also continue to occur to address the mental health needs of the older adult population. In FY07, Community Services provided mental health services to 485 adults aged 55 and older. There is one geriatric case manager and with the increase in the number of older persons expected in the future, more will be needed.

Alzheimer's Disease Increasing

The US Congressional Task Force on Alzheimer's Disease reports that one in 10 persons over the age of 65, and nearly half of those over 85 have Alzheimer's disease. The latter segment, 85+ will increase nearly 30% by 2030 causing increased service needs in adult day care, in-home service and caregiver support.

More Grandparents Raising Grandchildren

The number of grandparents raising grandchildren is rising. These family caregivers face unique challenges financially and emotionally. Often they are placed in the position of raising their grandchildren suddenly due to illness, death, incarceration, addiction or other extreme conditions experienced by their grandchildren's parents. US Census figures show a 63.5% increase in the number of grandparents raising grandchildren in PWC, from 1,667 to 2,725 between 2004 and 2006.

Rise in Obesity and Obesity-Related Diseases

There is increasing obesity among children as determined by the INOVA Health System sponsored report *2007 PRC Child & Adolescent Obesity Survey*. Prince William has a ranking of 3rd in the Northern Virginia region behind Alexandria and Arlington in regards to the prevalence of childhood obesity.

As noted previously, increasing rates of obesity leads to increasing rates of chronic diseases including diabetes. The number of diabetes deaths per 100,000 is increasing again after a two-year decrease in 2003 and 2004. In general, the rates are higher than other Northern Virginia communities. Adult obesity and access to care are two main issues that are affecting this trend. Even with health insurance, the testing needs for glucose control are expensive and not covered by insurance.

State Mandates for Infant/Toddler Care

Part C mandates that a service plan (Individual Family Service Plan or IFSP) be developed for all eligible children within 45 days of referral. The EI program has worked very hard to meet this mandate over the years as referrals have steadily increased. Part C also mandates that the child receive his first intervention session for any discipline called for on the IFSP within 21 days of the parent's signature on this document. This mandate has been especially difficult for the program to ensure with regional and state-wide shortages of qualified pediatric providers and the growth of the county's population, which has resulted in an average of 7% increase in EI service hours provided over the last seven years. Another goal of the state and federal government is for the local EI system

to serve an increasing number of birth to one year old infants and birth to three year old infants and toddlers each year (.65% and 2.05% respectively for FY06, see tables below).

Communicable Diseases Increasing

The number of emerging and communicable diseases is increasing in the community, requiring more resources directed to this area. Examples of this include:

- PWHD has seen a rise in the number of community-acquired MRSA cases, a change from when this infection was mostly associated with hospitalization or procedures,
- The potential for a pandemic influenza outbreak has shifted significant resources toward planning and preparedness activities, and
- The number of reportable diseases in the community has increased requiring more public health follow up and surveillance.

Increasing demand for reporting

In the name of accountability, state and federal reporting requirements have become excessive and increase every year. More reporting of what was done and how and when and why has taken away time to interact with clients, plan for services, and provide all services. These additional administrative requirements are imposed with no addition of administrative resources or support.

Infant mortality

Is a measure of the health status of a community. Virginia's infant mortality rate places the state at 32nd in the nation. In March of 2007, Governor Kaine awarded the PWHD a one-time funding grant, *Saving the Babies*, to reduce the number of infant deaths in the first year of life. The PWHD was selected based upon data which indicated that there had been a rise in the number of infant mortality cases over several years were higher than other Northern Virginia health districts. African American women in the community have a disproportionately higher infant mortality rate than any other race regardless of level of income or education.

State and Federal Budget Cuts

The Budget Reduction Act of 2005 targets reductions to Medicaid eligibility. Should these changes take place Virginia Medicaid reimbursement would decrease for Mental Health, Mental Retardation and Aging services. DSS received cuts in general relief (-\$293), Department of Juvenile Justice (-\$64,473 in juvenile confinement and -\$22,425 in financial assistance) and the Comprehensive Services Act (-\$194,072).

Unfunded State and Federal Mandates

Emergency Preparedness and Training is a current focus with demands for plans but no funding for staff time. Aging's Long-term Care Coordinating Council mandate is not funded. This task is satisfied by the PW Commission on Aging and the Agency's

Caregiver Conference without reimbursement for staff time. Medicaid Consumer Directed Waiver processing is mandated but not funded resulting in staff time being diverted from primary mission. PWHD Public Health Assessment required by the Centers for Disease Control recently took significant time from PWHD and PWC staff, at least 12 hours to attend, without staff time reimbursement.

Medicaid Funding in Virginia

Kaiser Family Foundation ranks Virginia funding of its Medicaid Program at 42nd out of 50, and our average per capital income is 6th in the nation. The result is many individuals and families with low income cannot access this insurance program and thus cannot access medical and dental services or mental health and mental retardation services. The impact on PWC and its medical partners include significant levels of charity care; rates of payments below the cost of service; pressure to subsidize care. The larger cost to the community results from delayed medical interventions that could in many instances reduce or eliminate acute medical treatment costs.

Psychiatric Hospital Beds

The Northern Virginia Community Service Boards hospitalize voluntary and committed patients in State hospitals as well as private psychiatric hospitals. The Department of Mental Health, Mental Retardation, and Substance Abuse Services pays the cost of these hospitalizations. During FY02 and FY03 three Northern Virginia hospitals closed or reduced their psychiatric beds which reduced the total available by 48 beds. This resulted in patients being sent to hospitals in Richmond and Tidewater. The impact on patients is that they are taken to locations where family, friends, and Community Services' therapists are not easily accessible during their hospitalization. The impact on the system of care includes: Community Services staff spend 2-8 hours trying to locate beds; Police or Sheriff Department staff provide an equal amount of time "guarding" the person; and the Sheriff staff then transporting the person regularly requiring overtime pay. The change in psychiatric commitment criteria beginning July 1, 2008 allows Magistrates and Special Justices to hospitalize people who are judged to be a substantial risk (rather than imminent risk) of harming themselves or others. This change means more people are likely to be hospitalized. Any level of increase will result in longer periods for finding beds; trips out of the region; and worst case scenario, no beds.

Change in Matching Rates for At-Risk Youth

State legislature created changes to the local match rate for At-Risk Youth as follows: Community-based services from 34.14% to 17.07% and Residential services from 34.14% to 42.68%. The overall impact is an expected increase in program costs of \$294,000 in local funds.

INTERNAL STRENGTHS

Strong, Dedicated Staff

PWC Human Services agencies (like other County agencies) are fortunate to have skilled staff who are dedicated to their jobs and the customers they serve. The 2006

Organizational Survey shows that 88% of County staff are satisfied to work for the County, 95.6% think their jobs make a difference, and 98% are familiar with our Vision. This is so important in jobs such as Human Services that can be very stressful and where employees can suffer from burn-out.

Staff Training

The PWC University's School of Continuous Quality Improvement has provided staff with tools to improve processes that can result in lasting improvements to efficiency and effectiveness. For example, the DSS used quality improvement methodology to improve the processes related to children in foster care achieving permanency. The results have been effective. The number of foster care children who achieved permanency was 48 in FY06, up from 40 in FY04 and 33 in FY05. Another example is that Community Services analyzed the intake process and decided to establish a group orientation procedure. The change reduced the mental health outpatient "no show" rate for intake from 55% to 22%, which significantly improved customer service and efficiency.

Assistance to Residents with Limited Resources

The DSS provides financial and medical assistance to eligible county residents for benefits under Temporary Assistance to Needy Families (TANF), Food Stamps (FS), Medicaid, Virginia Initiative for Employment Not Welfare (VIEW), Child Care, and Energy Assistance.

Prenatal Care at PWHD

Low-income families can seek routine prenatal care, Women's Infant and Children (WIC) nutrition program, Healthy Families, Early Head Start, and dental care from the PWHD. Routine prenatal clinic provides care for women who are at or below 133% of the federal poverty level.

SAC Program

As the population changes, the county continues to offer services to county elementary schools through the PWC School Age Care (SAC) program. The program offers before and after school child care to students in many of the county's elementary schools. Since the year 2000, the SAC program has kept pace with the PWC School systems' construction program. Each time a new elementary school has opened, a SAC program has been in place to welcome the children, serve them breakfast and send them to class ready-to-learn.

Virginia (VCE) Programs

The Family Stability Division of Virginia VCE provides education to equip parents to strengthen family relationships and raise and nurture children to develop life skills in communication, choice making, leadership, and citizenship. VCE impacts this community outcome through its parenting, nutrition, financial and 4-H programs. All programs are designed to be prevention or early intervention in nature.

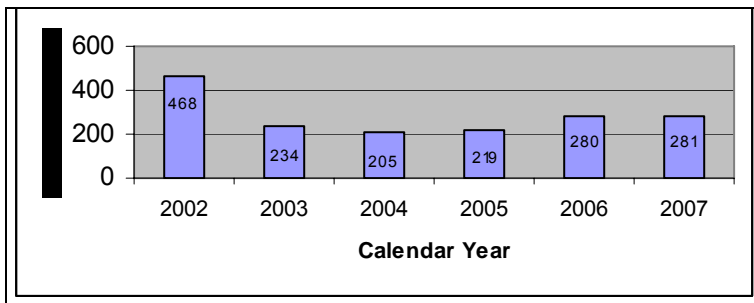
Police Department Gang/School Response

Gangs and gang-related crime also continue to be a serious issue in PWC. In the 2005-2006 school year, PWC Schools reported 59 gang-related incidents²⁷. PWC Police participate in local and regional activities to monitor and prevent gang-related activity. There are 23 county police officers assigned full time as resource officers in public schools. They work closely with the School Board and Risk Management to ensure the safest possible environment for the county's students, including providing Gang Intervention classes.

PWC Curfew Law

Another response to teen crime and violence is the Juvenile Curfew Law. In July 1999, the Prince William Board of County Supervisors adopted a permanent curfew ordinance. Yearly survey results show significant citizen support for the curfew. In PWC, it is unlawful for anyone 17 years of age or less to be or remain in any public place between 11:00 p.m. and 5:00 a.m. Sunday through Thursday and 11:59 p.m. and 5:00 a.m. Friday and Saturday in PWC. The chart below shows the number of curfew-related arrests from calendar year 2002 through 2007²⁸.

Figure 20: # of Curfew-Related Arrests Per Calendar Year



Juvenile Detention Center Education Program

The Juvenile Detention Center has the opportunity to make a difference in young people's lives through its educational program. Many youth who come to the Juvenile Detention Center or JDC have experienced problems at school. The JDC offers GED preparation where youth spend most of their school day with a GED instructor working on those skills necessary to prepare them for the GED test. Over the past three years, approximately 25 youth have obtained their GED through this program.

Early Intervention Program

Is a federally-mandated system of supports and services for infants and toddlers, birth to age three, and their families. The Community Services Early Intervention Program serves infants and toddlers from birth to three years old who meet the following eligibility criteria: a 25% delay, atypical development, or a diagnosis with a high probability of resulting in delays. The Early Intervention program provides service

²⁷ Virginia Department of Education's "Discipline, Crime and Violence

²⁸ PWC Police Department

coordination (SC), physical therapy (PT), occupational therapy (OT) and speech therapy (ST), vision (VT) and services for hearing impaired children, parent training, and education services (ED) among others to eligible children and their families. Early Intervention has had an average of seven percent growth in clients each year over the past seven years.

Child and Adult Abuse Programs

The DSS is the designated receiving agency for all reports of child and adult abuse and neglect. These reports are screened and investigated by staff from the Child Protective Services Intake/Investigations and Adult Services/Adult Protective Services Team. Because of this mandate and the possible level of risk to vulnerable children and adults, the Department can not maintain a wait list for these services. Child and Adult Protective Services are provided on a 24-hour a day basis.

The expectations of these adults and children are that the county will help them to be safe and protected from their abusers. In addition, the PWC community expects that the government will do everything it can to ensure that adults and children do not suffer from repeated abuse.

Foster Care Services

The DSS is also the designated provider of foster care services. Children in foster care are in the legal custody of the DSS. There is also no wait list for foster care services. The adult and child programs are serving new types of clients including younger children who present with developmental delays and with serious physical challenges. There has been an increase in the number of Medicaid long-term care assessments completed from 167 in FY06 to 186 in FY07 as more children are presenting to be assessed as the population of older and vulnerable adults continues to grow in the county.

Community Services Drug/Alcohol Programs

All persons over the age of 18 who are experiencing a problem with alcohol/drug use and individuals who also may have a mental health problem, known as a co-occurring disorder are served by the county through the Community Services Adult Substance Abuse Program. The Adult Substance Abuse Program has specialized services for women and women with children to address their specific treatment needs. In addition, during FY07 Community Services treated 81 older adults ages 55+ for substance abuse related problems.

Mental Retardation Case Management (MRCM)

MRCM serves clients diagnosed with an intellectual disability, as confirmed by a psychological and IQ score of 69 or below. While the majority of individuals with MR served by Community Services are 18 and older, children also are referred and served if there is a current need that can not be addressed through the school system or other generic services and the program has capacity. MRCM coordinates the care for the clients with mental retardation or developmental disabilities and the community partners provide residential, day support, and other services.

The High Intensity Drug Trafficking Area (HIDTA) Prevention program

HIDTA prevention program offers community-based prevention and early intervention services to at-risk youth and their families in the Georgetown South community to reduce juvenile delinquency, drug abuse, truancy, and gang involvement and to increase pro-social behavioral choices and school performance.

Juvenile Justice Parenting Program

Virginia VCE also serves at-risk youth and their families through the Juvenile Justice Parenting Program. Parents in this program already have a child either involved with the courts or at risk of court involvement. Through participation in the JJPP, parents are better equipped to address the issues facing both the family and their youth. Only 18% of those reached three months after completion of the program report additional court involvement. Although there is no waiting list for this service, the needs of these youth and their families have become more complex and serious, requiring more follow-up by staff.

The Community Support Drug Offender Recovery Services (DORS) program

provides substance abuse treatment for adult offenders through on-site partnerships with criminal justice agencies (Adult Probation and Parole, Criminal Justice Services, and the Adult Detention Center). The DORS program added a Spanish-speaking prevention specialist and quadrupled the number of Spanish speaking families in the High Intensity Drug Trafficking Area (HIDTA) Prevention program as demographic shifts occurred in the neighborhood. There has been a sizeable influx of gang activity and violence in Georgetown South over the past two years. The program has added evidence-based, gang-prevention curricula to the HIDTA group, and is working with the gang interventionist at the Juvenile Court Services Unit and police to try to intervene in this alarming pattern.

Juvenile Justice Residential services are provided to youth involved with the juvenile court system through the Juvenile Detention Center (JDC), Group Home for Boys, Group Home for Girls, and Molinari Juvenile Shelter through the county's DSS. The JDC serves all youth who are legally ordered to it. It provides a myriad of services including safe and secure detention, education, recreation, social learning, and necessary mental health counseling and services provided by full-time mental health therapists provided by Community Services New Horizon Program. It appears that the continuing increase is in the population that has "mental health issues". This is the most dynamic trend that juvenile detention has seen – not only in PWC but throughout the Commonwealth. Referrals for the Group Home for Boys have been stemmed almost exclusively from the juvenile court system. The behaviors and crimes for which the youth are being referred are becoming significantly more serious and dangerous. In FY07, 94% of the youth served at the Group Home were on probation and entered the Group Home as a direct result of criminal behavior. In FY08 YTD, 100% of the youth served are in the program were/are on probation and entered the program as a direct result of criminal behavior. In FY07, 13% of the youth served were placed in lieu of a state commitment to a juvenile state facility. In FY08 YTD, that statistic has increased to 24%.

Table 30: Youth Residential Services Numbers Served

Youth Residential Services Numbers Served	FY06	FY07
Juvenile Detention Center	727	785
Outreach to Detention	227	278
Electronic Monitoring	56	88
Molinari Juvenile Shelter	302	231
Group Home for Boys	27	31
Group Home for Girls	34	31

Serving Mentally Ill Homeless Population

Many of the homeless have untreated mental illness or substance abuse disorders. In recognition of this, the federal government – through grants to states – has encouraged outreach to the homeless mentally ill. Since 2003, the Community Services homeless outreach program, known as PATH, has worked with adults with serious mental illness who reside in shelters, in tents in the woods, or “on the street” and who are not engaged in services for serious mental illness. Individuals served by this program frequently have lost their homes as a direct result of their mental illness (e.g. have been evicted for behaviors, such as hoarding, related to their psychiatric symptoms) or because their illness interfered with their ability to maintain a sufficient income to make their rent or mortgage payments.

Triage Conducted

With limited resources Community Services should serve the most vulnerable clients with mental health issues – that is seriously mentally ill (SMI) adults and seriously emotionally disturbed (SED) youth. Community Services should be serving these individuals when they present at the earliest stage of their illness – before they have significant chronic functional impairments. Unfortunately as the demand for service has increased, significant waits have resulted in triaging wait lists and the necessity to first serve those in greatest crisis – those deemed most likely to pose a risk to themselves or others. However, some of the risks might be circumvented if services could be made available before there was escalation to the point of crisis. Similarly, Community Services should provide community-based support services to the seriously mentally ill not only after they have become homeless but before their symptoms results in loss of their homes.

Homeless Intervention Program (HIP)

Is a unique housing counseling program designed to help clients to achieve and maintain self-sufficiency and prevent homelessness. The program is designed to provide short term rental or mortgage assistance to individuals and families experiencing financial problems due to an unavoidable crisis. The number of individuals served in FY07 reflected a change in philosophy from funding source. Staff now spends more time with each participant to stabilize their living situation. Assistance was also given for six

months rather than two months as in years past. Results have been positive with 95% of HIP clients remaining in their homes for 180 days after receiving final assistance.

Programs to Prevent Adult Abuse

Each year Adult Protective Services staff from DSS gives several presentations throughout the year on such topics as “Adult Protective Services in VA” and “Responsibilities for Mandated Reporters.” In May 2008, the five-member Social Worker Team planned special projects and activities for Adult Abuse Prevention Month including four group presentations to 20 family caregivers and 45 other members of the public. In 2007, nine presentations were given to 134 and in 2006, ten presentations were given to 175. The Area Agency on Aging assists with Auxiliary Grant applications for assisted living residences which may decrease incidences of family abuse by removing the older adult from the hostile situation. Additionally, the Agency gave 55 informational presentations to 1,722 people in July 2007 – March 2008 stating how to report elder abuse and how to navigate Medicare including low-income subsidies and programs.

Structured Decision Making Serving At-Risk Youth

Response time and timeliness of the delivery of service is a key component to successfully working with vulnerable children and adults. Child Protective Services utilizes a best practice model to screen calls called Structured Decision Making or SDM. The SDM screening tool is a validated process that is being piloted in several localities throughout the state. This process also allows for more consistency in screening calls. Information provided by the caller is entered directly into the On-line Automated Services Information System, (OASIS), the state computer system for recording and tracking information about child welfare cases. Valid complaints are sent to the CPS Supervisor for assignment to a CPS Worker. Valid complaints may be assigned as an investigation of family assessment under the differential response system.

Safe Water and Food

In spite of the growing number of homes and food establishments in the community over the last five years, the food and water supply continues to remain relatively safe. The number of septic tank owner complaints with Chesapeake Bay Preservation Act continues to increase. A greater number of personnel resources have shifted to food establishment safety, as well as complaint investigation, as the housing market has continued to slow down. This, however, does not negate the need for septic system inspections as older systems fail and need to be replaced.

Agency Cooperation

PWC government has an established congenial working relationships between agencies and programs. Various departments and staff routinely meet to identify problems and to combine resources. Human Services agencies have a functional network that provides flexibility to address systemic problems and to solve new problems. For example, within the At-Risk Youth and Family Services program, monthly meetings are held with representatives of the following stakeholders: Community Services, Court Services Unit, DSS, PWHD, PWC Schools, Virginia VCE, private providers, and parents. Weekly

meetings are held at the Area Agency on Aging with Community Services, DSS (PWC, Manassas and Manassas Park) and the PWHD regarding services to older adults. In addition, an Adult Protective Services social worker and PWHD nurse are co-located at the Agency. The Agency recently partnered with Fire & Rescue to check smoke detectors in the homes of Meals on Wheels participants (Woodbridge area). 66% of the detectors were not in operation and were corrected on the spot.

Senior Wellness

The Area Agency on Aging is trending towards wellness programs at the senior centers and senior day programs such as the new “Stand Tall, Don’t Fall” program funded through a Virginia Department of Health grant. Potomac Hospital provides volunteer nurses for wellness activities at the Woodbridge Senior Center. The Senior Center nurse provides health education programs that are well attended. New federal dietary standards are causing menu changes for Meals on Wheels and congregate lunches emphasizing improved nutrition.

At-Risk Youth Five-Year Budget Plan

The Five-Year Plan supports the growth of At-Risk Youth’s demand for direct service activities, with particular emphasis on serving more foster care children in home settings and on reducing the length of stay for residential placements. The annual cost increase is \$472,362 (\$161,264 is PWC, \$311,098 is supporting revenue).

Strong Public/Private Partnership with Youth for Tomorrow (YFT)

DSS and YFT are partnering to provide services for At-Risk Youth by involving YFT in group home placement decisions by forming a Joint Admissions Review Committee (JARC). Bringing these two groups together better utilizes facilities and services located in PWC with the ultimate goal of meeting the needs of at-risk youth.

Psychiatric Staffing

Community Services added one new psychiatrist in FY06 and will add another in FY09. The addition of the FY06 funded position improved first time appointments within 21 days by 12%; increased after hours medical consultation to seven days per week; and reduced case loads of the existing psychiatrists from 450 to approximately 350 per physician. The improvements have been challenged by increasing rates of new referrals as well as individuals being seen by emergency services staff.

Assisted Transportation Demands

Customers are increasingly affected by a lack of available transportation. The Area Agency on Aging recently conducted five public meetings in which 185 older adults and their caregivers noted this as their number one concern.

Utilization Management for At-Risk Youth

According to state records that compare utilization management data between localities from FY03 to FY07, PWC At-Risk Youth is the routinely the most efficiently managed program of all seven NOVA localities. The measures are “unit cost” and “unit cost rank.”

INTERNAL WEAKNESSES

Budget Constraints

With the downturn in the economy that is mentioned in the external challenges above, comes budget constraints for the County. This contributes to the challenge facing the BOCS Community Services as they balance the demand for services with the willingness to pay taxes. Unfortunately, many Human Services programs are costly as they serve complex problems faced by families and individuals.

Dental Care

Preventive and treatment dental services for Medicaid eligible children and eligible uninsured children are also provided at the PWHD. To a lesser extent, dental care is provided to senior citizens without access to other dental services but increasing expense caused the per person cap to be raised from \$500 to \$750 and less people to be served in FY08. The need for services has grown, and appointment wait time is averaging 22 days. Several times a month depending upon volunteer dentist availability, the Free Clinic will provide emergency dental care for acute conditions. Studies have clearly shown the link between dental health and other diseases such as heart disease.

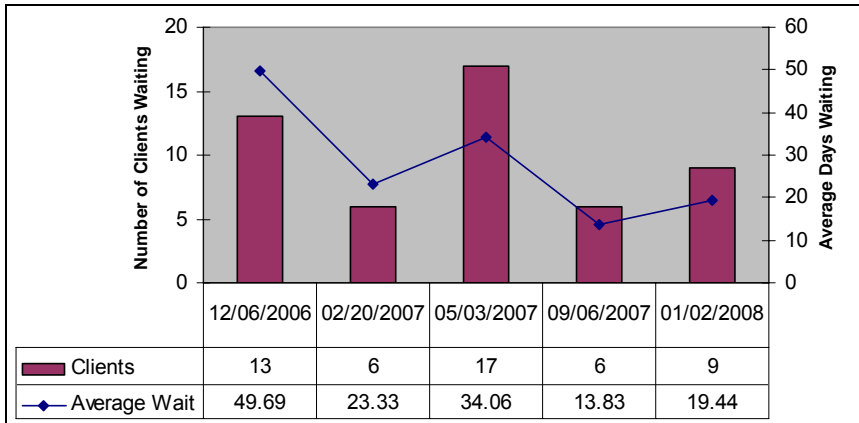
Hiring Qualified Staff

A trend being seen in Early Intervention is that physical therapy programs now graduate at the doctoral level, making it more difficult to attract physical therapists who want to work in the early intervention field and at the county pay rate. There is already a shortage of “pediatrically-trained” physical therapists, and speech therapists can also be very difficult to hire at times.

Wait List for Adult Substance Abuse Services

Community Services maintains waiting lists for the adult substance abuse program. The chart below shows the waiting list from December 2006 through January 2008.

Figure 21: Substance Abuse Adult Programs Wait StatistiCommunity Services



Impact of Mental Health Issues on Public Safety Staff

The increase in individuals in need of mental health inpatient services and the need to transport to more distant facilities because of the decrease in local capacity has resulted in additional law enforcement staff hours and mileage on vehicles used in transporting these persons. In FY07 the Sheriff’s Office handled 843 transports, an increase of 54% from FY06. FY06 to FY07 there was a 63% increase in staff-hours and a 58% increase in miles driven. These numbers are expected to increase in July with changes that are being made to mental health legislation.

Demand for Weather Related Sheltering

Every year DSS is asked to provide shelter to the homeless during extreme heat conditions without financial resources to pay for this service. The Area Agency on Aging also opens its Senior Centers for extreme heat conditions without financial resources and therefore does not serve on the weekends. DSS Winter Shelter is opened limited hours which often need to be extended without financial resources.

Wait Lists for Mental Health Services are Increasing

Community Services maintains waiting lists for all programs that provide ongoing services to individuals with mental illness and these wait lists are increasing in size and length of waiting time:

- In December 2006, the average wait time for youth and family services was nine days, while in January 2008 families had to wait for 80 days to receive these services.
- In December 2006, the waiting list for family support was 104 compared to 106 in January 2008, however, the length of time to access service increased by 25 days.

- There is currently a waiting list of 11 youth for New Horizon’s clinic-based services and 40 youth for home-based services.
- The Community Services Vocational Services program currently has 17 people on the wait list, the longest of which has been waiting 261 days. A client that began receiving services this year had waited 465 days.
- The waiting list for supportive living services has averaged between 45 and 60 individuals at any one point in time, and most individuals remain on the waiting list for a year or more.
- The following charts show waiting list statistics for Community Services for outpatient mental health services through the Mental Health Family Support and Mental Health Youth and Family programs for the time frame of December 2006 through January 2008.

Figure 22: Mental Health Family Support - SMI Wait Statistics Community Services

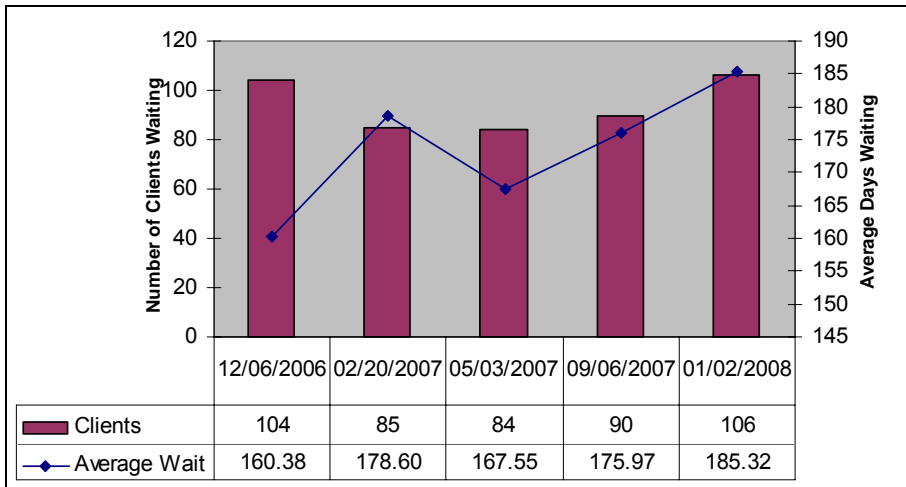
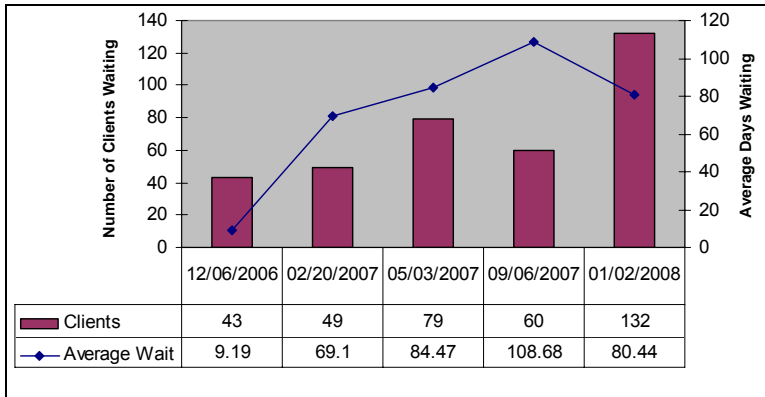


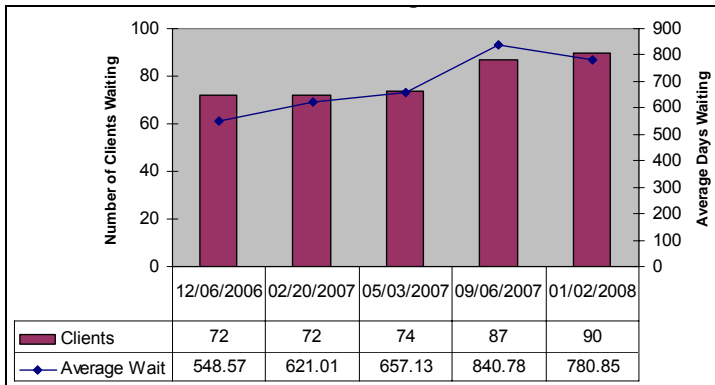
Figure 23: Mental Health Youth and Family Wait Statistics Community Services



Wait Lists for Mental Retardation Services is Growing

The Community Services Mental Retardation Case Management program currently has over 80 applicants waiting to be assigned a case manager and approximately 50 additional applicants that are being screened to determine eligibility for service. The chart below shows the waiting list data from December 2006 through January 2008.

Figure 24: Mental Retardation Case Management Wait Statistics Community Services



Need for In-home Care for the Elderly

The Area Agency on Aging is unable to provide in-home care and community-based service to some older adults due to lack of resources. In FY07, 48 older adults did not receive home care assistance or received fewer hours than their assessed need required. Eight individuals in FY07 could not be served at the Senior Day Programs (adult day care) and two individuals were transported by caregivers across county to attend the Senior Day Program where space was available. Transportation needs continue to remain unmet for these individuals with about 200 per month going without requested service.

Homeless Turned Away from Shelters

Homeless shelters do not maintain waiting list. However, the demand relative to need is evident in the numbers who are “turned away.” For example, the Homeless Prevention

Center was able to serve only 20% of the calls for admission last year; consequently 1,339 people were refused for lack of space.

Turn-away from shelters and transitional housing programs measure the unmet need for services. Below are the most recent statistics Community Services has for the number of people turned away who were in need of help. It should be noted the 2007 numbers are for only the first quarter and do not include the winter months.

July 06 through June 07:	Shelters	4,286
July 07-Oct.07:	Shelters	1,102

Prenatal Care over Capacity

In FY06 the PWHD was beyond its capacity to provide prenatal care. In order to deal with building capacity issues and to shorten the time for entry into prenatal care to an acceptable time, PWHD was forced to serve only the women with limited resources who were at 166.6% of federal poverty level (A income on the state's eligibility scale). However, this increased the number of drop-in deliveries at each hospital in FY07 (drop-in deliveries FY06 - 399; drop-in deliveries FY07 – 498. In August (FY08) the Health District increased its level of service to include women at 133% of poverty level and below (A and B income), as well as, all uninsured women with high-risk pregnancies, including pregnant teens. Despite this increase in service, the hospitals continue to see a large number of women who drop-in and deliver.

County Spending on Services

When looking at the SEA report, for example, PWC spent the least amount of money per capita from FY01 to FY04 for mental health, mental retardation, and substance abuse services. The county spent \$55 compared to Henrico County at \$74, Chesterfield County at \$83 and Fairfax County at \$110.

Lack of Day Services for Mentally Retarded Clients

Without necessary day services, clients will be left home alone. For more capable clients the risks are that independence skills fostered through school will be lost or reduced. Boredom and lack of structure will place more capable client at risk for engaging in behaviors that could put them in conflict with the law. Less capable clients will be at direct risk of abuse and exploitation. In many families, both parents work. Without day and other services, parents may have to quit work which will lead to increased financial and other stress on families. The DSS will be challenged to respond to increasing number of complaints to respond to lack of services for clients. They will not have service options to assist families. Without adequate funding, it will be difficult to attract competent service providers.

Those That Are Served May Not Pay

One of the dichotomies of human services is that many times those that receive services are not the ones who pay the bill for these services with taxes. This creates conflicts and issues. An example is at Aging's adult day care where people with limited resources are

subsidized by PWC tax support, while others pay full price and yet others are reimbursed by Medicaid.

Caseloads

Not maintaining a staffing pattern that reflects the growth in the population has negatively affected the amount and quality of work that can be performed by Human Services staff. The lack of a Human Services staffing plan is a weakness because there is a need for a formula to add Human Services staff in order to keep up with the population growth. The increasing volume of work with a lack of adequate staffing has not worked.

24-Hour Mental Health Residential

PWC Community Services does not directly operate 24-hour group homes. Services are provided outside of the County by non-profit organizations. The lack of this service being available locally continues to be an important part of the community mental health continuum missing in PWC.

Services for Pregnant Teens

Resource Mothers is a state-funded case management service for pregnant teens, PWHD provides prenatal care for all PWHD teens that are not insured for maternity services. PWHD provides education, diagnosis, treatment and follow-up for teens suspected of having or being exposed to sexually transmitted diseases. The number of Chlamydia cases increased in 2007. Data collected from the community via the mandatory disease reporting system indicates that 18.6% of persons with Chlamydia were pregnant and 12.5% were teens. Of those women affected gonorrhea in 2007, 10.5% were pregnant and 21% were teens. Proper treatment of these diseases reduces the risk of premature labor in pregnant women.

DSS prevention (Bridges Program) provides CPS and Foster Care prevention services for pregnant teenagers who have been identified as a high risk for abusing or neglecting their child. Because there has been an increase in the number of pregnant teenagers in PWC, the most pronounced need is to keep pace with providing services to this growing population. Another need, although not as pronounced, is a need to provide residential, independent living and parenting skill development to pregnant teenagers. The DSS Bridges Program refers pregnant teens outside of PWC to receive these services. There were four referrals in FY 06; nine referrals in FY 07 and five referrals through May in FY 08. The foster care program has also referred pregnant teens outside of PWC for similar services.

V. PARTNERS

PWC is facing an economic downturn similar to the rest of the nation. This has caused an increase in requests for all human services as previously outlined in this document. The community partners have always worked to fill the gaps that government could not meet yet they too have experienced a decrease in resources which contributes to widening

the gap. The scenario below exemplifies how the county human services agencies and the private sector collaborate to meet the client’s needs.

The PWHD is only one agency in the unique PWC public health system. This local public health system (LPHS) is comprised of public and private partners that engage in activities that affect the public’s health. The LPHS identifies specific health issues confronting the community and how these issues are affected by behavioral, physical, environmental, social, and economic conditions. A large part of the LPHS is the strong partnership that exists among local human services departments.

It is evident from previous sections of this document that human services provides a wide range of programs that crosses all economic and educational levels. The strength of local networks provides complimentary services without duplication. The frequent referrals among county agencies ensure that clients’ needs are being assessed, if not always met. This communication also helps to identify gaps in the system, identify other partners, and facilitate partnerships to help fill those gaps. The following table describes the many partners of PWC’s human services agencies and how they help the county achieve positive outcomes for PWC residents.

Partners	
<p>Government Agencies – State and Federal</p>	<ul style="list-style-type: none"> • MoU with Quantico Marine Corps Base to provide Child Protective Services to children on the military base and to review all cases of abuse/neglect that involve military personnel and their families. • Federal and State agencies such as the Centers for Disease Control (CDC) and the Virginia Department of Health provide consultation on communicable disease outbreaks, including tuberculosis. VDH provided funding to the Area Agency on Aging for an injury prevention program. • All levels of government have partnered to develop and implement emergency preparedness plans. Funding from the CDC and the Urban Area Security Initiative (UASI) allowed PWHD to hire contractors to coordinate the Medical Reserve Corp, a special needs outreach worker, and a special needs planner. • Medicaid and State Child Health Insurance Program provide medical insurance for certain groups of low income. • Metropolitan Council of Governments (COG) and National Association of Counties (NACO) facilitate the development of regional approaches to common problems that cross jurisdictional boundaries. • Northern Virginia Mental Health Institute is the state inpatient psychiatric facility that serves Northern VA region. Only people who will require a longer inpatient stay and who have very complicated cases to NVMHI. • Virginia Department for the Blind and Vision Impaired (DBVI) receives referrals to assist visually impaired county residents with appropriate services based on their needs.

Partners	
	<ul style="list-style-type: none"> • Virginia Department for the Deaf and Hard of Hearing provides assistance and resources to residents based on their need. • Virginia Housing Development Authority provides housing education and counseling through VCE. • United States Administration on Aging, the Centers for Medicare and Medicaid Services, the National Council on Aging, the National Association for Area Agencies on Aging, the Alliance of Information and Referral Systems and the Virginia Department for the Aging provides funding and best practices to the Area Agency on Aging.
Schools	<ul style="list-style-type: none"> • Comprehensive Child Study through PWC Schools – The purpose of this group is to identify students who may be in need of a number of services including: education assistance, mental health services, social services, court services, or other services. • Area school jurisdictions are currently implementing wellness and health promotion programs to combat obesity. • Northern Virginia Community College School of Nursing conducts a primary care clinic in space provided by PWHD. • George Mason University School of Nursing utilizes PWHD as a clinical rotation site for nursing students completing their community health experience. In exchange for preceptor services, PWHD staff have been able to participate in GMU sponsored courses and training. Social work students do bachelor and graduate level practica at the Area Agency on Aging. • Graduate level Social Work students from Virginia Commonwealth University do graduate level practica at Community Services, DSS and the Area Agency on Aging. • The Community Services MRCM program serves on the Intra-Agency Transition Council which meets monthly to regarding transitioning students. • MRCM works with the schools and the Virginia Department of Rehabilitative Services (DRS) to conduct an annual Transition Fair for students exiting from school. • Community Services New Horizons partners with the PWC high schools to have therapists work directly in the schools. • PWC, Manassas City, and Manassas Park Public Schools' Preschool Special Education Program have members on the EI Local Interagency Coordinating Council; the EI program transitions children from Early Intervention to special education preschool. • The PWC School's emphasis to create and provide extensive special education classes is more than most school districts in Virginia and is a major reason why the county is able to serve a high percentage of at-risk youth in the community.

Partners	
Hospitals	<ul style="list-style-type: none"> • Health promotion education – Prince William Hospital Wellness Center, Potomac Hospital Department of Community Education • Prince William Hospital and Potomac Hospitals work with the PWHD to provide labor and delivery services to clinic patients. Both hospitals also have developed limited services for pregnant women who are over-income for PWHD services. • Partnership with Potomac Hospital maintains the Family Health Connection Van which offers medical services to the indigent at select sites in Woodbridge, Dumfries, and Dale City. The Hospital also provided nurses to wellness activities at the Woodbridge Senior Center. • UVA provides maternal fetal medicine consults/services for pregnant women; is also a referral source for women requiring certain gynecological procedures. • INOVA Juniper works with PWHD to provide care for pregnant women with HIV/AIDS. • Private providers of inpatient mental health services provide therapeutic services to individuals who have insurance and to a limited extent, those who do not have insurance. Prince William Hospital is one of the county’s partners for clients needing inpatient treatment.
Non-Profit Organizations	<ul style="list-style-type: none"> • CoC Network (Continuum of Care) Network of private and public providers of homeless services to provide assessments of gaps in services, to apply for funds for programs, and to administer programs for the homeless. • CCoM (Cooperative council of Ministries): A faith-based group of volunteers from churches in the eastern end of the county who provide vital services to the homeless. They provide all the meals for Hilda Barg Homeless Prevention Center, the winter shelter, and the Drop-In Center. • Community Services provides a therapist and referral services to the winter shelter, Hilda Barg Homeless Prevention Center, SERVE, Inc and the Drop-In Center. • The Prince William Drop-In Center provides support and education for people with mental illness. • Child Protection Partnership (CPP) – The mission of the Child Protection Partnership is to eliminate child abuse and neglect in the Greater Prince William Area. • 211 Information and Referral Partnership includes representatives from the Northern Virginia region providing information and referral services related to human services . • Partnership for Quality Child Care consists of leaders in the child care community including private child care centers, child care providers, Departments of Social Services for all three jurisdictions, Head Start, and other non-profits with the purpose of

Partners	
	<p>enhancing the quality of child care in the community.</p> <ul style="list-style-type: none"> • Free Clinic provides acute and chronic health care and dental services to residents at ≤ 166% of poverty level. • Community Health Center (CHC) provides acute and chronic health care for any resident on a sliding scale fee basis and accepts some third party payments. • Pediatric Primary Care Program places uninsured children who are not eligible for SCHIP into medical homes. • PWC Prescription Discount Card and Pharmacy Central program provides either low-cost or free medications for the treatment of chronic medical conditions. • Red Cross participates in sheltering and emergency preparedness planning. • Prince William Partnership for Health promotes healthy habits and lifestyles through the creation of community partnerships. • Healthy Families Program partners with PWHD to provide in-home screening assessments for families at risk and helps those families find needed services. Healthy Families also provides well child development education. • Boys and Girls Clubs offer a variety of programs aimed at improving healthy behaviors and lifestyles. • Community Services MRCM program's partners include the community of mental retardation providers such as The ARC of Greater PWC; Didlake, Inc.; Etron, Mount Vernon Lee, and Service Source. Those services positively impact clients by providing needed supports. • The House provides before and after school activities for children ranging from 'latch key' to probation. • ENS mentoring program works the children failing in school or on the verge of serious juvenile delinquency. • Northern Virginia Healthy Families (NVHS) and Early Head Start (EHS) has member on the Community Services Early Intervention Local Interagency Coordinating Council*; the Early Intervention program refers clients to NVFS and EHS as appropriate and also receives referrals from these groups. • Community Services New Horizons refers youth and families needing shelter to area homeless shelters. Homeless shelter staff refers some youth and families for NH for therapy services. • Independent Empowerment Center partners with the Area Agency on Aging to provide consumer directed care screenings, disability and employment resources. • Northern Virginia Family Services operates as a liaison for affordable dental, medical and prescription assistance. • The families experiencing domestic violence can receive shelter

Partners	
	<p>and services from ACTS/Turning Points, the only agency in the community with these services.</p> <ul style="list-style-type: none"> • There are a number of non-profit organizations that serve the homeless community. SERVE and ACTS operate food banks, homeless shelters and transitional housing programs. The BARN provides an additional transitional housing program. And Dawson Beach, a county-run transitional housing program, is also available. Northern Virginia Family Services also has a transitional housing program. The Hilda Barg VOA shelter is another important homeless shelter. All of them work collaboratively with county agencies to maximize resources. • The Arc of Greater Prince William/ Insight, Inc. provides the majority of services to developmentally delayed population, providing housing, case management, respite care, and education. • The Rainbow Riding Center is a therapeutic equestrian program for individuals with physical and mental challenges. • Independent Empowerment Center partners with the Area Agency on Aging to provide consumer directed care screenings, disability and employment resources. • Northern Virginia Family Services operates as a liaison for affordable dental, medical and prescription assistance. • Alzheimer's Association provides resources to individuals seeking information and support services on Alzheimer's or other related Dementias. • Birmingham Green provides care for County residents who cannot afford nursing home or assisted living care. • The Independence Empowerment Center partners with the Area Agency on Aging to provide consumer directed care screenings, disability and employment resources. • Prince William Bar Foundation supports the National Adoption Day and Beat the Odds events with DSS. • Project Mend-A-House provides residential repair and renovation to make homes accessible and livable for persons with low income. • Northern Virginia Legal Services provides legal services to older adults with low income at the Manassas and Woodbridge Senior Centers. • The Friends of the Manassas and Woodbridge Senior Centers raise funds and support the Centers' activities. • AARP provides free tax service for County residents. • Human Services Coalition provides a venue to bring together local Human Service Agencies to foster partnerships. • Westminster at Lake Ridge, Potomac Place, Evergreen Hospice, Lake Ridge Fellowship House, Home Instead Homecare, the Alzheimer's Association partner with the Area Agency on Aging to

Partners	
	<p>produce an annual Caregiver Conference.</p> <ul style="list-style-type: none"> • PRTC stops at the Manassas and Woodbridge Senior Centers to bring participants and will leave the regular route (3/4 mile) to pick up those who are not able to get to a bus stop.
Business Community	<ul style="list-style-type: none"> • Local retailers such as Wal-Mart, K Mart, and Target offer low-cost prescription medication. • The Early Intervention Program has also worked hard to develop a good rapport with local community resources (for example Little Gym, Daytime Playtime, Explore N Moore Museum, Kids N Motion, etc.) so that the county may introduce parents to the benefits of these service providers.
Service and Volunteer Organizations	<ul style="list-style-type: none"> • Rotary and Kiwanis Clubs have partnered with PWHD for programs relating to immunizations and diabetes and with the Area Agency on Aging to provide holiday meals for the senior day programs • Lions Clubs run a van that provides vision and hearing screening as well as eyeglasses to the indigent and they provide special meals for Senior Center participants • Voluntary Action Center participates in emergency preparedness planning and coordinates volunteer activities. • Citizen Emergency Response Team (CERT) and amateur radio operators club are volunteer groups who have been trained to help with emergency services. • Medical Reserve Corp is a group of people with medical background who volunteer to help in emergency situations. • Lions Club, Kiwanis Clubs, Rotary Clubs, Church groups have helped families to purchase expensive medical and therapeutic equipment for children in the past. • Lake Ridge Rotary Club funds scholarships for foster care children who graduate from high school. • Currently the Community Services Early Intervention program has six active parents, of children who are either in the program at this time or were in the past, that sit on the Local Interagency Coordinating Council. • The Group Home for Boys, Group Home for Girls, Outreach to Detention, and the Molinari Juvenile Shelter programs all have valuable community partnerships with the Public Schools and the Court Service Unit. Some of the on-going community service partners include Adopt-a-Highway, Operation Decoration, VA Department of Conservation and Recreation, Senior Center, Community Services-New Horizons, and Creative & Performing Arts Center.
Private Providers	<ul style="list-style-type: none"> • For detoxification services and residential services, Community

Partners

Services Substance Abuse programs refer clients to facilities outside of the county. There has been an effort to increase more regional partnerships for co-occurring disordered clients who need long term residential treatment.

- Youth For Tomorrow provides residential services to At-Risk Youth within PWC.
- Private providers of outpatient mental health services, such as Northern Virginia Family Counseling, provide therapeutic services to individuals who have insurance and to a limited extent, those who do not have insurance.
- The Community Services Early Intervention Program has contracts or agreements with the following private therapy and education providers of service to deliver physical, occupational, speech therapy or special education services to the infants and toddlers the county serves: Chesapeake Center, PediatriCommunity Services First, Therapy 4 Kids, Spectrum PediatriCommunity Services, Education Based Services and DKB Therapy Services.
- All types of community-based family and individual treatment services for At-Risk Youth and Family Services clients are provided by private providers whenever public agency resources are not available.
- Whenever an at-risk youth's behaviors are too dysfunctional to be safely treated in the community, private providers' residential services are used to treat the child until it is safe to do so in the community.
- Community Services New Horizons staff refers youth to residential placements to address mental health and/or substance abuse issues that cannot be safely addressed in the community. Private home health agencies provide personal care services that preserve and maintain the independence of Older Adults in the community.
- Private home health agencies provide skilled nursing care and personal care services that preserve and maintain the independence of Older Adults in the community.
- Hearth & Home Adult Day Healthcare provides adult day care services.
- Private and Medicaid transportation companies provide non-emergency transportation service.

*The Infant and Toddler Connection of Prince William, Manassas and Manassas Park Interagency Coordinating Council serves PWC and the cities of Manassas, and Manassas Park. As defined in Section 2.2-5305 of the Code of Virginia, the duties of the Council include advising and assisting the local lead agency in the following:

- a. identifying existing early intervention services and resources;
- b. identifying gaps in the service delivery system and developing strategies to address these gaps;
- c. identifying alternative funding sources;
- d. facilitating the development of interagency agreements and supporting the development of service coalitions;
- e. implementing policies and procedures that will promote interagency collaboration; and
- f. developing local procedures and determining mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations.

Overall, Human Service agencies depend on private provider partners to help meet the service needs of residents. Those needs consistently exceed the county's capacity and capability. Their assistance augments the human service system as a low-cost option. However, the current economic downturn has noticeably impacted partners' ability to keep up with the growing demand for services. With the simultaneous decline in financial contributions and donations along with increasing demand for services, partners are asking the county for more help.

Involving the expertise of others in the community is the value of the partnerships that the DSS participates with. Knowing that there is no single answer to complex issues, the Department reaches out for assistance with the difficult families served. The county relies more heavily on them in the area of emergency needs to supplement what government based resources exist. For example, there is a trend in increasing referrals to community food banks, assistance with foreclosure and other financial emergencies as well prescription costs and utility cut offs. It is understood that these community resources are challenged and many times do not have enough funds to help these people. Partnerships such as the one between the Cooperative Council of Ministries (CCoM) and the DSS have produced important results in the past, as evidenced by the meals program that the faith community has provided for many years now, the Homeless Prevention Center, Winter Shelter, and the Drop-In Center. So it appears that partnership between non-profits or public and private providers be seriously considered in the future as an effective and efficient means to provide needed services.

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is trying to transform the public system to be less reliant on inpatient treatment. They have given the region money to develop regional programs to divert individuals from NVMHI, such as crisis stabilization services and the purchase private psychiatric beds. They also provide money to purchase appropriate services needed in order to facilitate discharge from NVMHI, such as residential services for those who are ready to be discharged from NVMHI. They have also provided money for regional staff to assist Community Services in making the best utilization of regional resources and they have provided money for consumer-run services and training.

Northern Virginia Mental Health Institute (NVMHI) has decreased the length of stay for individuals admitted to their facility which has increased their capacity to admit indigent consumers. However, they have a small number of beds and are responsible for admitting a number of different types of individuals from the five Northern Virginia jurisdictions and are constantly challenged to keep up with the demand for inpatient services.

Private inpatient psychiatric providers are becoming less and less willing to admit consumers who have insurance if they are concerned that the person may behave in a violent manner, has a dual diagnosis of mental retardation, is elderly or in need of long-term hospitalization. This often makes the securing of psychiatric beds a difficult task and results in using state psychiatric facility, NVMHI, to a larger extent. This is not a good situation because the county has limited bed capacity at NVMHI.

The Community Services New Horizons Program partners, which include public and private organizations, all in overload with increased referrals of seriously emotionally disturbed (SED) and high-risk youth. In addition, there has been an increase in the cost for detoxification and residential services. There are limited resources to meet the demand for services.

The Community Services Early Intervention Program has become much more dependent on relationships with private providers over the years as the population in PWC has increased. The in-house staff cannot meet the rapidly increasing demands of the children and families needing service coordination, evaluation and intervention.

The Area Agency on Aging is mandated to plan and coordinate services for the current and future needs of older adults and their caregivers. This will require increased partnership with local non-profit and business entities to provide future services needs such as geriatric case management, assisted and accessible non-emergency transportation and in-home services.

VI. ACHIEVING THE FUTURE VISION

As was stated at the beginning of this chapter, the current Human Services Goal is to:

Provide efficient, effective, integrated, and accessible human services that support individual and family efforts to achieve independence and self-sufficiency. The County shall focus on leveraging state and federal funding and maximizing community partnerships.

A County of strong families and individuals leads to a higher quality of life and a safer community for all. The County currently provides a range of services that impact the lives of our residents from birth to old age. However, a wide range of social conditions can adversely influence human services outcomes such as unemployment rate, poverty, disinvestment of public education, unsafe neighborhoods, and urban sprawl which can affect community cohesion. To improve the conditions that adversely affect human services risks and outcomes, the community must extend public health partnerships with other agencies such as economic development, land use planning, housing, transportation, and education. Wealth often confers a number of social benefits that are associated with positive health outcomes. Those benefits include access to high quality education, employment, housing, childcare, recreational opportunities, nutrition, medical care, and safe/clean neighborhoods. In order to be a premier community, the County must also care for the most vulnerable residents.

The Future Commission Report for 2030 envisions a community that provides help and opportunity for all residents who need assistance – ranging from prevention programs to emergency care and residential services. This comprehensive system, which would be a model for the Commonwealth, includes the timely delivery of services for mental health, mental retardation, substance abuse, public assistance and child/adult abuse prevention. Human services would be specifically tailored to each age group and each category of need.

Strong partnerships have been established among the local agencies, as well as partnerships with other government agencies, private organizations, businesses, the non-profit community, and volunteer organizations. Continuing to work with partners will be essential to achieving the vision of the community. In addition, participation in the Council of Governments (COG) brings a regional perspective to partnering and provides a forum for sharing information.

Sharing training opportunities through regional partnerships has helped human service agencies to maximize training resources. The result is that county staff has greater opportunities than they would if only internal resources were funding the training.

Achieving the vision of a community that provides help and opportunity for all residents who need assistance will take a commitment to research best practices and look at other localities for different ways to perform the county's work. Making changes to processes from a continuous quality improvement perspective will lead to lasting positive changes. It will be vital to adequately staff the work – however it is performed – so that it is commiserate with the growth and complexity of the population and their changing needs. What the County does now builds the foundation for a future healthy community and investing now can achieve the vision set by the future commission. 2030 will be here soon and the county needs to look at how to build a service delivery system that will attain the quality of life identified for the future.

Continued resolve to work with community partners to ensure that the county is making the best use of current resources, to develop new resources, and to develop the partnerships, both public and private, that will provide County residents with services that are most needed. Also, continuing to find state or federal funding sources to develop needed services. It is recommended the County do more community outreach and education so that citizens are more aware of mental health issues and resources and the fact that there is hope for recovery. The County must also have more consumer participation in service delivery and planning.

All of these needs are framed by the challenging budget times in which we find the County. The community will have to decide what the role of local government is in providing services. We will have to decide if we provide mandates at a minimum level or whether we fund these services in order to achieve high customer satisfaction and high achievement of outcomes. The County must decide whether it will pay for services even for those who can afford to pay themselves and we must consider whether services will be prioritized.