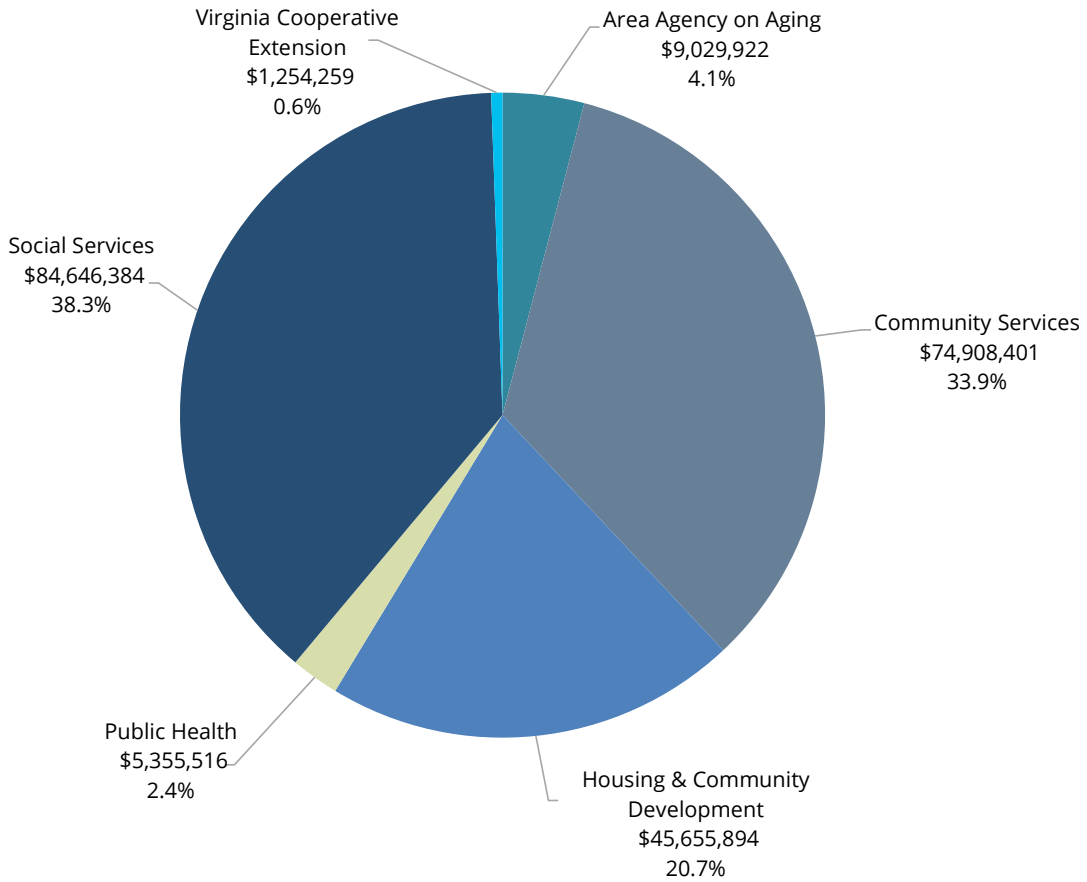


Human Services



Human Services Expenditure Budget: \$220,850,375

Totals may not add due to rounding.



Average Tax Bill

Human Services accounted for \$322 and 6.63% of the average residential tax bill in FY24.

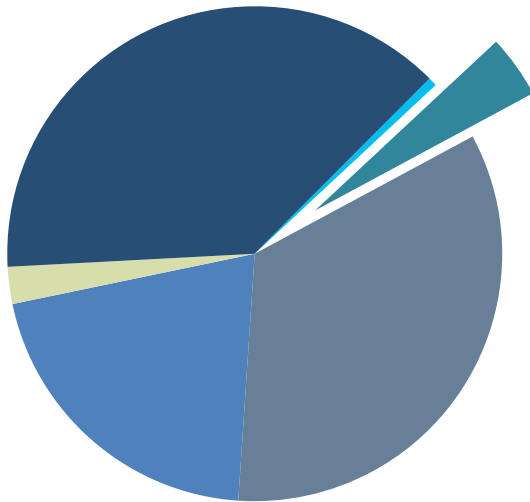
Department & Agencies

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ▶ Area Agency on Aging ▶ Community Services | <ul style="list-style-type: none"> ▶ Housing & Community Development ▶ Public Health | <ul style="list-style-type: none"> ▶ Social Services ▶ Virginia Cooperative Extension |
|--|--|---|

Area Agency on Aging

Mission Statement

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



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$9,029,922



4.1% of Human Services

Programs:

- Home & Community Based Services: \$1,826,119
- Supportive Services: \$1,451,534
- Senior Centers: \$2,242,344
- Fiscal & Administration: \$3,472,325
- Long-Term Care Ombudsman: \$37,600

Mandates

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

Area Agency on Aging

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Home & Community Based Services	\$1,432,483	\$1,323,353	\$1,401,883	\$1,709,360	\$1,826,119	6.83%
Supportive Services	\$946,865	\$1,027,463	\$1,007,108	\$1,321,001	\$1,451,534	9.88%
Senior Centers	\$1,343,099	\$1,561,624	\$1,636,504	\$1,869,441	\$2,242,344	19.95%
Fiscal & Administration	\$2,756,382	\$3,556,413	\$3,355,154	\$3,292,496	\$3,472,325	5.46%
Long Term Care Ombudsman	\$0	\$37,975	\$43,849	\$34,060	\$37,600	10.39%
Total Expenditures	\$6,478,830	\$7,506,828	\$7,444,498	\$8,226,357	\$9,029,922	9.77%

Expenditure by Classification

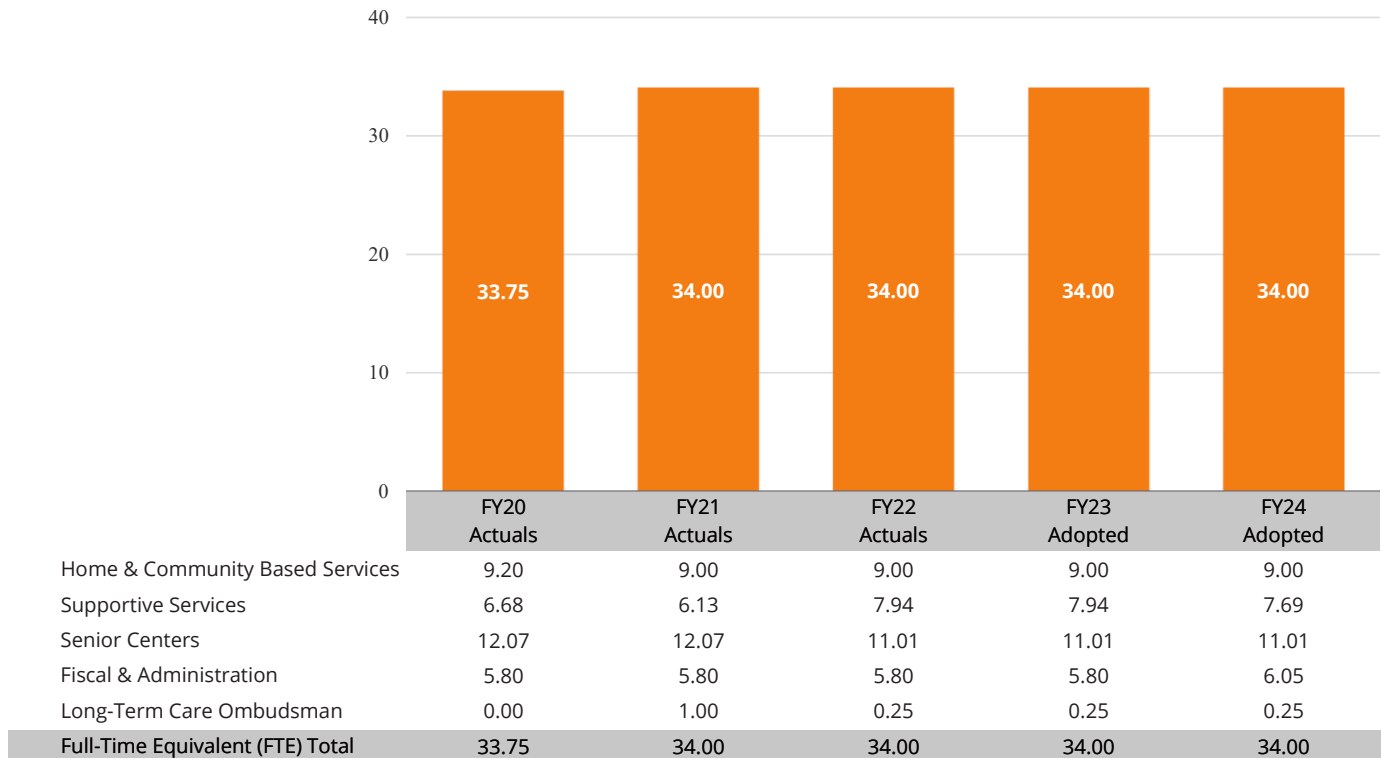
Salaries & Benefits	\$2,811,136	\$3,467,340	\$3,510,865	\$3,288,635	\$4,030,418	22.56%
Contractual Services	\$2,752,745	\$2,931,455	\$2,953,940	\$3,260,591	\$3,216,788	(1.34%)
Internal Services	\$191,200	\$182,867	\$206,192	\$253,764	\$257,641	1.53%
Purchase of Goods & Services	\$679,319	\$917,179	\$766,467	\$1,412,367	\$1,561,731	10.58%
Leases & Rentals	\$8,894	\$7,988	\$7,034	\$11,000	\$11,000	0.00%
Reserves & Contingencies	\$0	\$0	\$0	\$0	(\$47,655)	-
Amortization	\$35,534	\$0	\$0	\$0	\$0	-
Total Expenditures	\$6,478,830	\$7,506,828	\$7,444,498	\$8,226,357	\$9,029,922	9.77%

Funding Sources

Revenue from Federal Government	\$939,854	\$1,176,426	\$1,206,669	\$1,332,690	\$1,530,078	14.81%
Use of Money & Property	\$1,425	\$0	\$2,225	\$2,250	\$250	(88.89%)
Revenue from Other Localities	\$461,460	\$371,909	\$454,565	\$446,212	\$443,940	(0.51%)
Miscellaneous Revenue	\$152,756	\$227,530	\$62,345	\$88,942	\$88,942	0.00%
Charges for Services	\$106,991	\$25	\$88,825	\$145,700	\$147,700	1.37%
Revenue from Commonwealth	\$533,650	\$452,544	\$510,069	\$460,889	\$477,764	3.66%
Total Designated Funding Sources	\$2,196,136	\$2,228,435	\$2,324,698	\$2,476,683	\$2,688,674	8.56%
Net General Tax Support	\$4,282,694	\$5,278,393	\$5,119,800	\$5,749,674	\$6,341,248	10.29%
Net General Tax Support	66.10%	70.31%	68.77%	69.89%	70.22%	

Area Agency on Aging

Staff History by Program



Future Outlook

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

Growth of the Elderly Population – Currently, approximately 16% of the population in the Prince William area is age 60 and older. By the year 2030, it is projected that approximately 20% of the population will be age 60 and older. With an increasing focus on healthy living, the population is living longer every year. With this, the ability to live in the community with chronic conditions will be the biggest challenge as the model for long term services and supports shifts from an institutional model to more personal choice. Alzheimer’s disease, the aging of persons with intellectual/developmental disabilities, and the aging of their caregivers will require more multi-disciplinary approaches and the synthesis of expertise that will most likely bring an increase in reports of adult abuse, neglect, or exploitation.

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

Area Agency on Aging

General Overview

- A. **State and Federal Reconciliation** – The FY2023 Budget was adopted prior to the receipt of final state and federal funding allocations to the Area Agency on Aging (Aging). [BOCS Resolution 22-377](#), adopted August 2, 2022, reconciled the FY2023 Budget with the final state and federal budget allocations. This action increases the Aging’s program Senior Centers FY24 revenues and expenditures by \$214,263. With the renewed and increased awareness of Senior Center services due to the pandemic and new state and federal program standards for nutrition, to include nutrition education that has not previously been a standard, the increase in budget will allow the Agency to serve an additional 2,000 meals and 100 counseling sessions.
- B. **Revenue Decrease for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the Area Agency on Aging allocation decreased \$2,272.

Budget Initiatives

A. Budget Initiatives

1. Increase for Birmingham Green – Fiscal & Administration

Expenditure	\$14,085
Revenue	\$0
General Fund Impact	\$14,085
FTE Positions	0.00

- a. **Description** – This initiative funds the increase associated with inter-governmental cost sharing agreement for Birmingham Green, a residential long term care facility for the frail elderly and disabled adults in Northern Virginia. Growth in the elderly population and facility costs have resulted in an increase in Prince William County’s utilization and cost at Birmingham Green.
- b. **Service Level Impacts** – Continued support of the County’s residents living at Birmingham Green.

Area Agency on Aging

Program Summary

Home & Community Based (H&CB) Services

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Clients reporting that H&CB services helped them stay in their community	100%	98%	100%	98%	98%
Family care-givers who are better able to meet work or other family obligations	100%	90%	100%	93%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Home Services	\$788	\$668	\$717	\$901	\$893
Home services clients served	219	118	133	190	140
Average days on waitlist for home services	9	49	28	15	30
Community Based Services	\$644	\$655	\$685	\$808	\$933
Community based clients served	35	NR	33	35	35
Average days on waitlist for community based services	105	245	0	115	30

Supportive Services

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Clients reporting that supportive services helped them stay in their homes	100%	100%	100%	99%	99%
Clients reporting that services helped navigate the aging & disability network	100%	100%	93%	99%	99%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Information and Care Coordination	\$857	\$934	\$917	\$1,207	\$1,328
People receiving services	767	629	854	600	800
Information requests addressed	1,689	3,628	1,712	3,000	2,500
People served in supportive services	1,126	1,116	1,346	1,200	1,200
Medicare Counseling	\$90	\$93	\$90	\$114	\$124
People counseled for Medicare health insurance	891	741	625	1,000	800

Area Agency on Aging

Senior Centers

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Participants reporting that senior centers helped them stay in the community	93%	NR	93%	93%	93%
Meals on Wheels recipients stating that meals helped them stay in the community	100%	100%	100%	99%	99%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Senior Centers	\$1,343	\$1,562	\$1,637	\$1,869	\$2,242
Senior center participants	1,068	NR	989	1,000	1,000
Meals served (congregate and Meals on Wheels)	53,369	101,170	54,608	58,000	60,000

Fiscal & Administration

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
People served by community partners and contractual agreements	1,248	1,550	1,024	800	1,000
County provides appropriate facilities & services for seniors & caregivers	87%	90%	90%	89%	89%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Area Plan on Aging	\$772	\$1,347	\$1,063	\$915	\$1,105
FTE value of volunteer hours contributed	6.00	NR	4.00	4.00	5.00
Birmingham Green	\$1,954	\$2,179	\$2,262	\$2,348	\$2,338
Bed days of County residents at Birmingham Green	27,679	22,785	25,442	25,000	25,000
Bluebird Tour Program	\$30	\$30	\$30	\$30	\$30
Tour participants	672	NR	536	900	900

Area Agency on Aging

Long-Term Care Ombudsman

The Virginia Long-Term Care Ombudsman advocates to help resolve problems, protect rights, and promote a better quality of care for residents within the long-term care and assisted living facilities in the Prince William Area.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Ombudsman cases at LTC facilities per number of beds	-	0.09%	0.75%	0.40%	0.50%

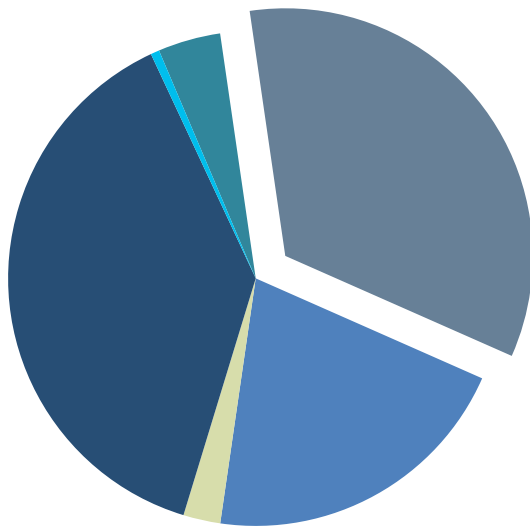
Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Long-Term Care Ombudsman*	\$0	\$38	\$44	\$34	\$38
Inquiries processed from LTC facilities	277	180	310	300	300

*As of FY21, the Ombudsman activity from Human Rights became a separate program in Aging.

Community Services

Mission Statement

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



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$74,908,401



33.9% of Human Services

Programs:

- Administrative Services: \$9,892,535
- Adult Behavioral Health and Recovery Services: \$10,162,457
- Developmental Disability Services: \$11,656,271
- Early Intervention Services for infants and Toddlers: \$6,346,308
- Emergency, Access, and Trauma Services: \$15,323,495
- Medical Services: \$4,613,923
- Mental Health and Co-Occurring Community Support Services: \$11,038,003
- Youth Behavioral Health and Recovery Services: \$5,875,409

Mandates

The County is mandated to establish a Community Services Board, which serves as the single point of entry into publicly funded mental health, developmental, and substance abuse services. Mandated Community Services Board services include (1) emergency services, (2) same-day mental health screening services, (3) outpatient primary care screening and monitoring services for physical health indicators and health risks and follow-up services for individuals identified as being in need of assistance with overcoming barriers to accessing primary health services, including developing linkages to primary health care providers, and (4) case management services subject to the availability of funds appropriated.

Under the Marcus-David Peters Act, Community Services is mandated to implement a Marcus Alert system. The Marcus Alert system will serve to divert those experiencing a behavioral health crisis from a primarily law enforcement response to a behavioral system of care.

In addition, subject to the availability of funds appropriated, core services may include a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, developmental, and substance abuse services necessary to provide individualized services and support to persons with mental illness, developmental disabilities, or substance abuse.

State Code: [37.2-500](#) (Purpose; community services board; services to be provided), [37.2-504](#) (Community services boards; local government departments; powers and duties), [37.2-311.1](#) (Comprehensive crisis system; Marcus alert system; powers and duties of the Department related to comprehensive mental health, substance abuse, and developmental disability crisis services)

Community Services

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Administrative Services	\$5,194,974	\$5,753,861	\$6,043,565	\$5,249,791	\$9,892,535	88.44%
Adult Behavioral Health and Recovery Services	\$7,345,330	\$7,915,965	\$8,470,218	\$10,128,220	\$10,162,457	0.34%
Developmental Disability Services	\$8,029,552	\$8,591,681	\$8,549,702	\$11,412,473	\$11,656,271	2.14%
Early Intervention Services for Infants and Toddlers	\$4,330,743	\$4,789,167	\$4,867,606	\$5,521,722	\$6,346,308	14.93%
Emergency, Access and Trauma Services	\$5,442,672	\$6,070,919	\$6,566,031	\$11,251,398	\$15,323,495	36.19%
Medical Services	\$2,842,060	\$2,963,742	\$2,990,260	\$4,385,418	\$4,613,923	5.21%
Mental Health and Co-Occurring Community Support Services	\$10,103,087	\$9,056,433	\$11,768,551	\$12,352,434	\$11,038,003	(10.64%)
Youth Behavioral Health and Recovery Services	\$3,641,111	\$3,994,636	\$4,614,904	\$5,533,728	\$5,875,409	6.17%
Total Expenditures	\$46,929,530	\$49,136,404	\$53,870,838	\$65,835,185	\$74,908,401	13.78%

Expenditure by Classification

Salaries & Benefits	\$35,039,751	\$39,036,420	\$41,055,565	\$47,007,366	\$54,169,125	15.24%
Contractual Services	\$7,800,673	\$5,883,373	\$8,276,557	\$12,929,284	\$12,796,858	(1.02%)
Internal Services	\$2,159,612	\$2,345,885	\$2,364,658	\$2,489,090	\$2,549,483	2.43%
Purchase of Goods & Services	\$1,720,827	\$1,738,620	\$2,001,760	\$3,072,473	\$5,303,097	72.60%
Capital Outlay	\$0	\$0	\$39,125	\$130,000	\$80,000	(38.46%)
Leases & Rentals	\$155,241	\$127,196	\$105,642	\$177,206	\$140,125	(20.93%)
Reserves & Contingencies	\$0	\$0	\$0	\$0	(\$160,053)	-
Depreciation Expense	\$4,911	\$4,911	\$3,274	\$0	\$0	-
Debt Maintenance	\$48,516	\$0	\$24,258	\$24,258	\$24,258	0.00%
Payments to Other Local Agencies	\$0	\$0	\$0	\$5,508	\$5,508	0.00%
Total Expenditures	\$46,929,530	\$49,136,404	\$53,870,838	\$65,835,185	\$74,908,401	13.78%

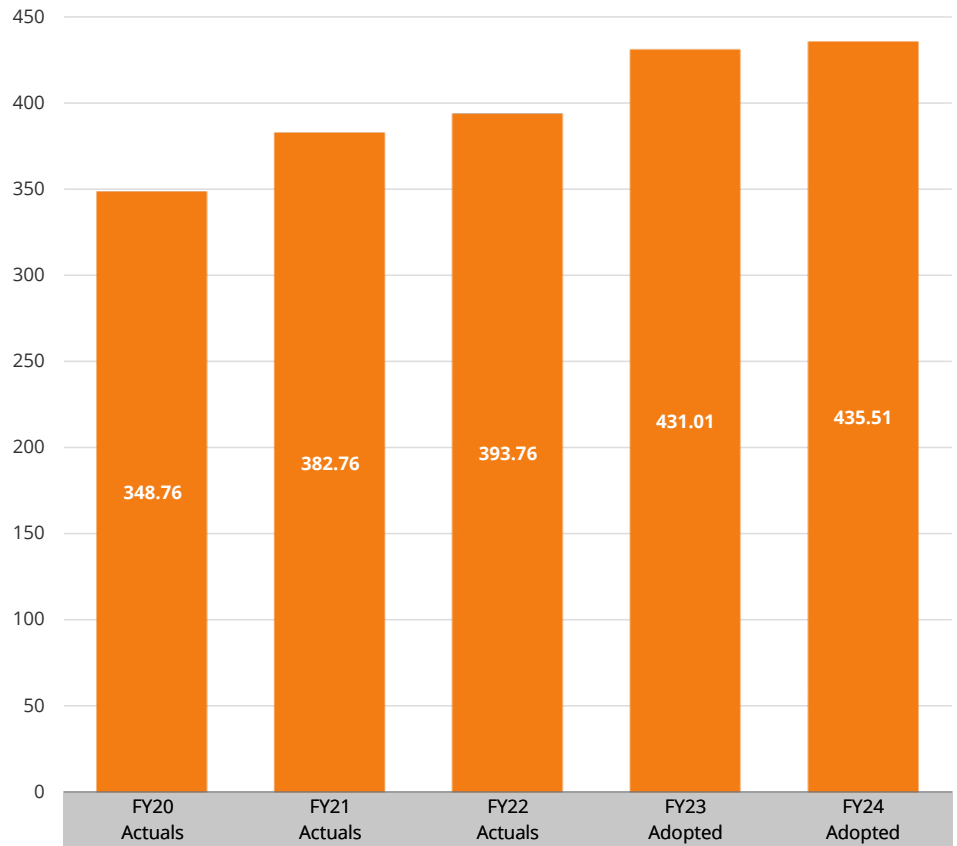
Funding Sources

Revenue from Federal Government	\$3,219,009	\$2,228,680	\$3,720,613	\$3,006,866	\$3,118,779	3.72%
Use of Money & Property	\$112	\$31	\$0	\$0	\$0	-
Revenue from Other Localities	\$3,389,460	\$2,850,764	\$3,501,233	\$3,733,068	\$3,980,235	6.62%
Miscellaneous Revenue	\$36,557	\$82,485	\$56,743	\$25,712	\$25,712	0.00%
Charges for Services	\$929,752	\$881,674	\$1,809,040	\$740,071	\$740,071	0.00%
Revenue from Commonwealth	\$18,528,115	\$18,331,516	\$18,049,330	\$22,409,417	\$24,957,471	11.37%
Transfers In	\$0	\$0	\$82,277	\$0	\$0	-
Total Designated Funding Sources	\$26,103,005	\$24,375,151	\$27,219,236	\$29,915,134	\$32,822,268	9.72%
Net General Tax Support	\$20,826,525	\$24,761,254	\$26,651,602	\$35,920,051	\$42,086,133	17.17%
Net General Tax Support	44.38%	50.39%	49.47%	54.56%	56.18%	

In FY21, \$42K was incorrectly charged to Administrative Services program rather than Early Intervention Services for Infants and Toddlers program.

Community Services

Staff History by Program



	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Administrative Services	24.50	25.50	30.50	32.50	49.00
Adult Behavioral Health and Recovery Services	80.64	83.14	83.14	86.84	80.29
Developmental Disability Services	47.60	54.60	58.60	61.60	60.70
Early Intervention Services for Infants and Toddlers	32.70	37.70	37.70	38.70	42.70
Emergency, Access and Trauma Services	47.47	56.47	59.47	72.47	69.67
Medical Services	16.00	17.50	17.50	21.80	17.90
MH and Co-Occurring Community Support Services	66.00	68.00	66.00	70.00	69.30
Youth Behavioral Health and Recovery Services	33.85	39.85	40.85	47.10	45.95
Full-Time Equivalent (FTE) Total	348.76	382.76	393.76	431.01	435.51

Future Outlook

Crisis Receiving Center (CRC) and Community Services (CS) Programs – CS is thrilled to be moving forward with the initial phase of a Regional CRC in Prince William County (PWC). The CRC is based on the [Crisis NOW Model](#) and will provide treatment and services for those experiencing mental health and substance use crises. Supported and championed by the Board of County Supervisors (BOCS) and aligned with the Department of Behavioral Health and Developmental Services (DBHDS) crisis services transformation, the CRC with all phases completed aims to serve adults and adolescents in crisis by providing 23-hour observation services and crisis stabilization residential beds. Over the next, estimated 18 months, several PWC agencies will collaborate to design and build out leased property in Woodbridge, VA. CS will, also, be involved in awarding a contract to an experienced vendor to operate the program. Several CS treatment programs and services will move to the building to offer services and supports for individuals needing assistance beyond the CRC; this will, also, assist with space needs for the agency. The CRC will not only assist those experiencing a behavioral health crisis with walk-in treatment in their community but will prioritize those individuals under emergency custody of law enforcement, thereby minimizing the workload of law enforcement.

Access to Services, Supports, and Treatment – The demand for treatment services has ramped up during the pandemic with depression and anxiety rising 25% globally. In addition, the spikes in fentanyl-related overdoses, especially for school-aged youth increased nationally by 6.1%. CS has been responding to this increased demand for services by expanding the continuum of community-based services to include opening a Trauma Treatment Program in FY23; expanding Behavioral Health, Wellness, and Prevention Services; increasing access to service coordination for individuals with Developmental Disabilities; and increasing specialty treatment services for infants and toddlers with developmental delays, yet there is an increasing need and increasing wait for obtaining these services.

Improve Workforce Retention and Development – A national workforce shortage has left behavioral health and developmental disability treatment providers struggling to meet increased demands for services and the ability to recruit and retain qualified employees is becoming more difficult. The Covid-19 pandemic exacerbated the workforce shortage in these areas and the need for behavioral health counselors is projected to grow 23% from 2020-2030, which is much faster than the average for all occupations. There are 14 child and adolescent psychiatrists in VA to support every 100,000 people under 18. The number one goal of the Commissioner of DBHDS is to strengthen the workforce systemwide. Studies have identified a systems approach is needed that will ensure salaries are competitive and include incentives to work in the public sector; further develop career pipelines; address regulatory and licensing barriers and burdens; and address safety and work/life balance concerns. CS will continue working on initiatives to help recruit and retain qualified staff who have a passion to work in the community providing developmental disability services and supports and behavioral health treatment.

Increased Data Requirements – Over the past several years, the state agency, DBHDS has developed multi-independent databases that have created duplicative data entry and substantial manual reporting requirements which have added to existing significant administrative burdens. Further, as data requests increase, the multisystem platforms and interoperability needs increase which require more specialized information technology assistance involving additional technology and data analytics to meet reporting requirements, respond promptly to audits, and assist staff with having the most appropriate technological devices by which to perform their administrative tasks and take required trainings. Currently, CS technology needs are served centrally through PWC Department of Information Technology. The increasing needs require additional support to address needed devices, upgrading electronic health records, state and county data reporting, and these multisystem platforms in a highly flexible, responsive time frame, and with specific knowledge of the CS environment.

Funding for Opioid Prevention and Treatment – While the overdose rate per 100,000 population was lower in 2022 (6.1%) than in 2021 (6.3%), it remains higher than any single year from 2015–2019. Individuals of all ages are impacted by opioid abuse. As the County begins receiving settlement distributions from pharmaceutical distributors and opioid manufacturers, CS will be working with other County agencies on using these funds to promote prevention, harm reduction efforts, and treatment to combat this crisis. The Opioid Abatement Authority, established in 2021 by the General Assembly will provide additional and ongoing local, regional, and state opioid abatement efforts. CS will continue to provide Medication Assisted Treatment (MAT), outpatient services and assist individuals in getting the higher levels of treatment and care that they need. Prevention efforts will also increase public awareness around illicit drugs being laced with fentanyl and harm reduction techniques. MAT and Medications for Opioid Use Disorders are evidence-based treatments that CS will continue to expand in the community.

Community Services

General Overview

A. Reconcile the FY2023 CS Budget to the State Performance Contract – Each year, CS completes a budget reconciliation to match revenue and expenditure adjustments that become known after the County’s annual budget is adopted, specifically the reconciliation of state and federal revenues to the state performance contract. During FY23, the reconciliation provided an increase in ongoing revenue support of \$559,967. The ongoing funding supports the following programs:

- Early Intervention services to meet development needs of children from birth to age three and their families.
- Individuals with serious mental illness, substance abuse disorders or serious emotional disturbance, in developing or regaining independent living skills in support of long-term recovery.
- Greater Prince William County Prevention Coalition to expand trauma informed community network support for behavioral health, suicide, alcohol, tobacco, and gambling.

There was also an increase in ongoing budgeted Medicaid revenues to ensure no County funding is necessary to fully-fund these initiatives. The funding created 4.00 FTEs including (1.00 FTE) Assistant Director of Human Services, and (3.00 FTEs) Senior Clinical Services Caseworkers. This item was approved by [BOCS Resolution 22-559](#). There is no impact on local general fund tax support.

B. Adjustment to Existing Positions – The FY2024 Budget includes a reduction of 0.50 FTE to reconcile total positions supported by state and federal revenues as approved in [BOCS Resolution 21-431](#).

C. Fleet Maintenance Redistribution – Funding to support gasoline and vehicle maintenance was redistributed to agencies in an effort to reflect historical actuals more accurately. This reallocation of existing budget increases the CS FY2024 Budget by \$28,229.

D. CS Consolidation of Programs and Reorganization – CS reorganized the program structure and consolidated thirteen programs to eight programs. All services remain the same. Due to the change, there is 16.50 FTE increase to program Administrative Services to centralize administrative services causing the program budget to increase by \$4.6M. This CS reorganization has no net impact on the budget. Centralized administrative services will allow for an equal allocation across all services to meet accurate accounting, reporting, and financial monitoring for all stakeholders.

Additionally, during the program reorganization process, \$2.0M for Crisis Stabilization Services is moved from the Mental Health and Co-Occurring Community Support Services program to the Emergency, Access, and Trauma Services program to be combined with Emergency Services activities. This re-aligns the local County budget with the state DBHDS Performance Contract. This reorganization has no net impact on the CS budget, with no impact on the services provided through this program.

FY2024 Budget Program Changes				
# of Programs	Programs - FY2023 Budget		# of Programs	Programs - FY2024 Budget
1	Administrative Services	>>>	1	Administrative Services
2	Early Intervention	>>>	2	Early Intervention Services for Infants and Toddlers
3	Medical Services	>>>	3	Medical Services
4	Access and Emergency Services	>>>	4	Emergency, Access, and Trauma Services
5	Youth Substance Abuse and Mental Health Services	>>>	5	Youth Behavioral Health and Recovery Services
6	DD Day Support/Employment Services		6	Developmental Disability Services
7	ID/DD Day Residential Services	>>>		
8	DD Case Management			
9	MH Day Support & Employment Services		7	Mental Health and Co-Occurring Community Support Services
10	MH Residential Services	>>>		
11	Clinical Behavioral Health Program (CBHP)		8	Adult Behavioral Health and Recovery Services
12	Comprehensive Outpatient Recovery Program (CORP)	>>>		
13	Drug Offender Recovery Services (DORS)			

Community Services

- E. **Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the CS allocation increased \$247,167.
- F. **Additional Reconciliation of State Performance Contract Funds** – On February 28, 2023, the BOCs approved [BOCS Resolution 23-095](#) which increased the CS FY23 Budget in the amount of \$2,100,000 in ongoing state funding. In FY23, state funds were appropriated to support the CRC capital project for youth program startup and facilities renovations. In FY24 and onwards these state funds will be budgeted and appropriated in the CS budget to support ongoing adolescent CRC short-term residential and 23-hour observation crisis services to serve youth ages 14-18. An Assistant Director of Human Services for Youth Behavioral Health and Recovery Services (1.00 FTE) was created to support ongoing youth operations. There is no impact on local general fund tax support.
- G. **Base Budget Shift from CS to Criminal Justice Services (CJS) for Intensive Supervision and Treatment for Sex Offenders program** – For efficient business management and accurate accounting, \$55,000 is shifted from CS to CJS for the sex offender treatment program. The program services include psych evaluations, assessments, and supervision for post-adjudication misdemeanor offenders. In the past, CS was managing the budget, encumbrances, and payments for these services.

Program Summary

Administrative Services

The responsibility of Administrative Services is to work with the CS staff, community, and governmental stakeholders to ensure the daily operations and service infrastructure supports are effective and efficient to best meet the community needs. It includes leadership and management oversight, accounts payable, receivable, and procurement, business administration, human resources, information systems, quality improvement and control, and business support.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Change in fee revenue received from prior fiscal year	3.7%	17%	3.5%	5%	5%
Customers rating services as helpful	92%	90%	92%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Accounting & Procurement	\$1,815	\$1,918	\$1,919	\$1,695	\$1,849
Fees collected	\$7.7M	\$8.5M	\$8.8M	\$8.2M	\$8.3M
Management Information Systems	\$1,115	\$1,311	\$1,276	\$681	\$2,977
MIS customers rating service as helpful	92%	90%	92%	90%	90%
Leadership & Management Oversight	\$2,265	\$2,569	\$2,848	\$2,874	\$5,066
Total agency individuals served	9,275	10,699	11,294	10,500	11,500

In FY21, \$42K was incorrectly charged to Administrative Services program rather than Early Intervention program.

Community Services

Adult Behavioral Health and Recovery Services

Provides outpatient treatment services, case management, comprehensive drug treatment services to adults and their families for individuals with a behavioral health, mental health, substance use, or co-occurring disorder. Services include individual, family, and group therapy, evaluations, case coordination, case management, peer support, community referrals and comprehensive drug treatment services to adults ages 18 and older diagnosed with a serious mental illness (SMI) and/or co-occurring disorders and involve the client's family as clinically indicated. Case Management (CM) services identify and link individuals to community resources that facilitate community integration. Outpatient treatment services provide evidence-based, trauma-informed, culturally competent, individual and group therapy. A comprehensive drug treatment continuum of care provides justice-involved individuals who have the most severe drug dependence disorders recovery services including assessments, MAT, high intensity drug trafficking area (HIDTA) services, residential and jail-based treatment, and family support to avoid gaps that result in relapse and recidivism through close collaboration with the Adult Detention Center (ADC) and probation agencies.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Individuals enrolled in CBHP services that maintain or improve in functioning	36%	56%	64%	40%	65%
Individuals satisfied with CBHP services received	86%	93%	93%	90%	90%
Individuals who are substance free upon completion of CORP treatment	74%	75%	77%	75%	75%
Criminal Justice individuals, receiving DORS services, who stop using drugs	95%	96%	97%	95%	95%
Criminal Justice individuals who stop using drugs	45%	42%	81%	45%	45%
Individuals who do not return to the ADC DORS program within 3 years	75%	82%	64%	75%	75%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Clinical Behavioral Health Program (CBHP), SMI Adult & Family Services	\$3,336	\$3,526	\$3,952	\$4,358	\$4,305
Individuals served by CBHP	1,751	1,747	1,121	1,760	1,150
Distinct visits in CBHP	-	-	37,865	-	37,000
Comprehensive Outpatient Recovery Program (CORP), Adult Substance Abuse Services	\$2,449	\$2,841	\$2,968	\$3,893	\$3,893
Individuals served by CORP	722	826	796	850	800
Individuals served by CORP groups	-	-	498	-	475
Drug Offender Recovery Services (DORS)	\$1,099	\$1,187	\$1,146	\$1,193	\$1,270
Individuals served in ADC	144	68	110	100	100
DORS Community Criminal Justice Services	\$462	\$362	\$405	\$685	\$695
HIDTA individuals served	72	56	73	60	-
Individuals served in DORS outpatient	-	-	158	-	100
DORS assessments completed	-	-	184	-	125
Individuals served in Medication Assisted Treatment	-	-	223	-	200
Grade point average improvements for HIDTA prevention clients	NR	NR	66%	70%	70%
Reduced school absences for HIDTA prevention clients	NR	NR	56%	40%	40%

Community Services

Developmental Disability Services

Provides case management, support, and connections to community resources and services for individuals who have a developmental disability (DD) and may need assistance accessing supports to assist them in remaining independent in their community. These mandated services provide supports to all ages with priority to adults and those with a DD waiver to maintain a healthy and safe life. For adults with DD who cannot live independently, licensed vendors in the community who accept DD waivers provide 24-hour residential care to assist them with general day care, day program services to enable individuals to acquire, improve or maintain functional abilities, health care, skill development, and community integration, or obtain competitive employment.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Individuals successfully maintained in the community through DS & SE services	94%	90%	99%	96%	97%
Individuals who are satisfied with DS & SE services	90%	90%	87%	98%	95%
Family satisfaction for individuals served by Residential Services	94%	97%	97%	95%	95%
Individuals successfully maintained in the community through CM services	97%	97%	99%	98%	97%
Family satisfaction for individuals served by CM services	90%	97%	94%	93%	94%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Day Care Services	\$668	\$698	\$968	\$584	\$798
Individuals served by Day Care Services	48	31	37	85	48
Day Support Services	\$857	\$761	\$709	\$1,313	\$1,400
Individuals served by Day Support Services	35	16	30	55	55
Supported Employment Services	\$857	\$697	\$258	\$1,906	\$1,377
Individuals served by Supported Employment Services	80	58	58	92	70
Group Home Services	\$259	\$256	\$280	\$120	\$186
Individuals served by Group Home Services	250	254	256	255	255
Individuals funded by Community Services in group homes	-	-	3	-	3
Supported Living Services	\$682	\$643	\$199	\$451	\$427
Individuals served by Supported Living Services	21	21	13	30	15
Case Management Services	\$4,707	\$5,537	\$6,136	\$7,038	\$7,468
Individuals served by Case Management Services	1,051	1,131	1,338	1,390	1,400

Community Services

Early Intervention Services for Infants and Toddlers

Early Intervention (EI) services are provided by Virginia licensed and Part C certified physical therapists, occupational therapists, speech-language pathologists, early childhood special educators, social workers, and early intervention assistants/service coordinators for infants and toddlers, birth to three years old who have a disability, developmental delay or are displaying atypical development. Services are intended to help infants and toddlers develop the necessary motor, communication, social-emotional, feeding and play skills to be an active member of their family and community. Supports and services are provided to assist parents and other caregivers to help their child learn and grow through everyday activities.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Early intervention services individuals who do not require special education	53%	49%	48%	52%	50%
Families report services helped their child develop & learn	89%	85%	87%	85%	85%
Children demonstrating improved acquisition and use of knowledge and skills	61%	53%	62%	60%	-

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Assessment and Service Coordination	\$1,909	\$2,108	\$2,276	\$2,611	\$2,747
Infants, toddlers, and families served by Assessment and Service Coordination	1,310	1,472	1,689	1,400	1,500
Therapeutic and Educational Services	\$2,422	\$2,639	\$2,592	\$2,911	\$3,600
Infants, toddlers, and families served by Therapeutic and Educational Services	1,040	1,129	1,317	1,100	1,300
Families satisfied with EI services	-	91%	97%	-	94%

In FY21, \$42K was incorrectly charged to Administrative Services program rather than Early Intervention program.

Emergency, Access, and Trauma Services

Serves as the point of entry for all behavioral health services within CS. Provides state-mandated 24-hour crisis intervention services, as well as Same Day Access for comprehensive assessments for residents seeking CS services. Provides time-limited evidence-based trauma treatment for youth and adults. Teams with law enforcement in providing co-response to those experiencing behavioral health crisis in the community. Provides pre-screening assessments and discharge planning for individuals hospitalized in state psychiatric hospitals.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Individuals who received Emergency Services within 1 hour	-	-	96%	-	95%
Individuals meeting criteria for services	-	-	47%	-	50%
Cases diverted from inpatient treatment	32%	60%	52%	50%	-
Emergency Services clients satisfied with services received*	95%	NR	93%	95%	-

*Due to COVID-19 health concerns in FY21, the standard process in which CS gathers individual satisfaction feedback was put on hold.

Community Services

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Access	\$1,188	\$1,323	\$1,217	\$4,416	\$1,546
Access assessments completed	1,613	1,831	1,659	2,325	2,000
Individuals triaged for services within the same day	-	-	2,150	-	2,320
Individuals offered an appointment within 10 days	-	-	752	-	1,000
Emergency Services*	\$4,255	\$4,746	\$5,349	\$6,835	\$13,778
Emergency Services individuals served	2,439	2,351	2,426	2,400	2,400
Individuals served by crisis stabilization services	205	97	64	200	250

*Funding for Crisis Stabilization Services is moved from Mental Health and Co-Occurring Community Support Services to Emergency Services.

Medical Services

Provides psychiatric evaluations and assessments, medication management, outpatient addiction medicine otherwise known as MAT, psychiatric hospital preadmission medical screenings, crisis stabilization, risk assessments, jail-based forensic services, public health and infectious disease control, and assessments as to the need for medical follow-up to clients. Nursing staff maintains medication records and inventory, conduct primary care screenings, and provide patient care as directed by psychiatrists. Medical Services also provides medical consultation and coordination with other medical providers, staff, and clients regarding care coordination, as well as education to staff and clients regarding psychotropic medication.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Individuals satisfied with Medical Services	93%	90%	81%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Medical Services	\$2,842	\$2,964	\$2,990	\$4,386	\$4,614
Individuals served by Medical Services	2,119	2,241	2,110	2,550	2,550

Community Services

Mental Health and Co-Occurring Community Support Services

Assists adults with serious mental illnesses to remain as independent as possible in the community by providing directly or contracting for a variety of levels of clinical services to assist them in maintaining their level of functioning; or connect with vendors who provide 24-hour residential care for those adults who cannot remain outside of institutional settings without that level of support. Provides psychosocial rehabilitation services and/or supported employment services with a service goal to help persons with severe mental illness, cognitive disabilities, and/or co-occurring disorders to improve their capabilities and the quality of their lives by providing meaningful opportunities to integrate in and contribute to their community of choice.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Individuals who maintain employment for more than 90 days	92%	86%	80%	89%	89%
Psychosocial rehabilitation individuals who maintain or improve functioning lvl	94%	91%	89%	93%	93%
Vocational Services individuals reporting satisfaction with services	94%	93%	94%	95%	94%
Individuals successfully engaged in services and maintained in the community	96%	98%	94%	95%	96%
Individuals expressing satisfaction with MHRS service provided	86%	87%	87%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Day Support Services	\$1,129	\$1,253	\$1,292	\$1,356	\$1,449
Individuals served by MH day support services	97	84	96	100	105
Employment Services	\$712	\$773	\$806	\$829	\$955
Individuals served by MH employment services	226	177	178	252	252
Supportive Residential In-Home Services	\$2,489	\$2,647	\$2,502	\$3,179	\$3,233
Individuals served by supportive residential in-home services	139	152	150	150	150
Intensive Residential Services	\$1,358	\$714	\$115	\$1,518	\$1,503
Individuals served in group homes	30	15	6	15	30
Crisis Stabilization Services*	\$1,921	\$995	\$4,401	\$1,947	\$0
Individuals served by crisis stabilization services	205	97	64	200	-
Intensive Community Treatment Services	\$1,641	\$1,752	\$1,653	\$2,038	\$2,210
Individuals served by Intensive Community Treatment services	86	107	80	115	95
Young Adult Services	\$853	\$923	\$999	\$1,484	\$1,689
Individuals served in Young Adult services	46	47	50	50	50

*Funding for Crisis Stabilization Services is moved from Mental Health and Co-Occurring Community Support Services to Emergency Services.

Community Services

Youth Behavioral Health and Recovery Services

Provides services to youth and their families 18 years or younger or who are still enrolled in high school and are experiencing mental health, substance use, or co-occurring issues. Services provided include assessment, individual, family and group therapy, crisis intervention, hospital discharge planning, case management, behavioral health and wellness, and HIDTA prevention with a goal to support children, adolescents, and families address the behavioral health challenges they face and gain the skills needed to build a bright future. Services are provided in local public high schools, criminal justice agencies, and in the community.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Youth completing treatment who maintained or improved in functioning	73%	48%	78%	75%	75%
Youth satisfied with services	96%	93%	95%	95%	95%
Teenagers who stop using drugs/alcohol	64%	79%	87%	65%	85%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Behavioral Health Wellness Services	\$295	\$254	\$576	\$732	\$666
Prevention training and webinar participants	519	1,380	1,529	400	1,500
Case Management	\$581	\$662	\$722	\$833	\$881
Youth served by case management	301	292	281	335	295
Outpatient Services	\$2,765	\$3,079	\$3,317	\$3,969	\$4,328
Youth served by New Horizons treatment services	1,227	923	1,306	1,657	1,227

Housing & Community Development

Mission Statement

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



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$45,655,894



20.7% of Human Services

Programs:

- Community Preservation & Development: \$5,287,205
- Housing Finance & Development: \$1,826,996
- Rental Assistance: \$38,289,410
- Affordable Housing Support: \$252,282

Mandates

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

Housing & Community Development

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Community Preservation & Development	\$2,404,803	\$3,102,257	\$2,490,264	\$5,253,493	\$5,287,205	0.64%
Housing Finance & Development	\$421,811	\$390,180	\$481,137	\$1,822,338	\$1,826,996	0.26%
Rental Assistance	\$28,477,904	\$29,336,102	\$30,222,363	\$38,089,348	\$38,289,410	0.53%
Affordable Housing Support	\$2,161,668	\$486,971	\$62,774	\$237,552	\$252,282	6.20%
Total Expenditures	\$33,466,187	\$33,315,510	\$33,256,537	\$45,402,731	\$45,655,894	0.56%

Expenditure by Classification

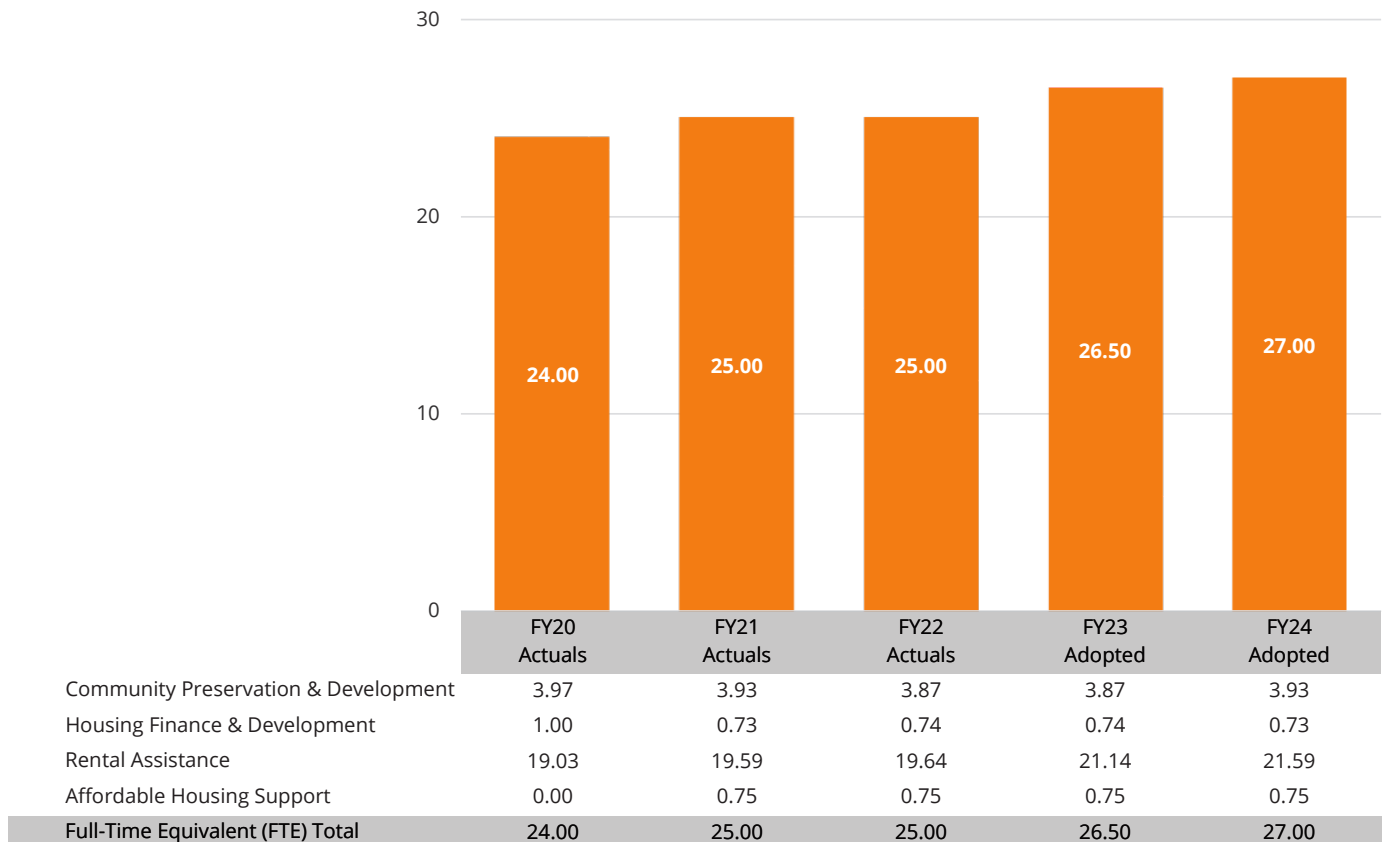
Salaries & Benefits	\$2,328,230	\$2,468,852	\$2,497,019	\$2,586,835	\$2,850,160	10.18%
Contractual Services	\$3,618,448	\$1,614,960	\$1,310,397	\$4,265,161	\$4,265,161	0.00%
Internal Services	\$122,649	\$133,957	\$153,021	\$101,704	\$81,542	(19.82%)
Purchase of Goods & Services	\$27,241,887	\$28,798,640	\$28,928,228	\$38,235,106	\$38,235,106	0.00%
Leases & Rentals	\$21,780	\$17,340	\$7,662	\$40,732	\$40,732	0.00%
Transfers Out	\$133,193	\$281,761	\$360,210	\$173,193	\$183,193	5.77%
Total Expenditures	\$33,466,187	\$33,315,510	\$33,256,537	\$45,402,731	\$45,655,894	0.56%

Funding Sources

Revenue from Federal Government	\$28,817,020	\$32,399,746	\$33,032,570	\$36,746,078	\$36,756,078	0.03%
Miscellaneous Revenue	(\$0)	(\$0)	\$394	\$145,000	\$145,000	0.00%
Non-Revenue Receipts	(\$0)	\$5,711	(\$0)	(\$0)	(\$0)	-
Charges for Services	\$2,380,911	\$1,025,053	\$1,145,796	\$7,970,100	\$7,970,100	0.00%
Revenue from Commonwealth	\$155,887	\$458,972	\$432,860	(\$0)	(\$0)	-
Transfers In	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	0.00%
Total Designated Funding Sources	\$31,363,817	\$33,899,482	\$34,621,620	\$44,871,178	\$44,881,178	0.02%
(Contribution to)/Use of Fund Balance	\$2,017,768	(\$801,114)	(\$1,582,223)	\$314,412	\$506,854	61.21%
Net General Tax Support	\$84,602	\$217,141	\$217,141	\$217,141	\$267,862	23.36%
Net General Tax Support	0.25%	0.65%	0.65%	0.48%	0.59%	

Housing & Community Development

Staff History by Program



Future Outlook

Increased Cost of Affordable Housing – In the administration of the Housing Choice Voucher Program (HCVP), Small Area Fair Market Rent (SAFMR) established at the ZIP code level replaced the 50th percentile Fair Market Rents previously required for metropolitan areas with high concentrations of voucher families. SAFMRs are intended to provide families residing in low-income areas the opportunity to move to areas with higher rents, thereby making them affordable. Public Housing Authorities are required to use SAFMRs in establishing families’ payment standards. This change has increased the payment standards for the HCVP. As a result of the hardship to the rental industry due to COVID-19 landlords are requesting higher rents to cover their losses during the pandemic. Increased rents increase program costs, thereby reducing the number of people served.

Families Waiting for Affordable Housing – The waiting list for the HCVP was last opened December 2010 with more than 8,500 applicants. Currently, there are approximately 478 applicants on the HCVP waiting list. The Office of Housing & Community Development (OHCD) opened an on-line HCVP Lottery for two specialized programs in April 2022, 100 randomly chosen applications formed a wait list from the lottery. OHCD received notification for 16 additional Housing Choice Vouchers to be provided to those preference one applicants currently on the wait list.

Special Voucher Program Funds – The U.S. Department of Housing and Urban Development (HUD) created new voucher programs Emergency Housing Vouchers in FY21. OHCD was awarded 53 vouchers to address homelessness in FY22. OHCD anticipates making application for additional special vouchers through HUD for the Stability Voucher Program, which is being provided to address homelessness in FY23. OHCD applied and received additional funds for Veterans Affairs Supportive Housing vouchers to assist veterans with rental assistance and continues to work to house veterans.

Housing & Community Development

General Overview

- A. **Housing Program Technician Increased from Part-time to Full-Time** – During FY23, the OHCD received notification from HUD of increased program budget allocations, resulting in additional Housing Choice Vouchers to provide rental assistance for low-moderate income households in Prince William County. The HCVP requires Housing Quality Standard (HQS) inspections be completed on all properties before housing assistance can be provided. The increased workload supports changing the Housing Program Technician, who conducts the HQS inspections, from a part-time position of 30 hours per week to a permanent, full-time position. The Board of County Supervisors (BOCS) approved the 0.50 FTE increase on September 20, 2022, via [BOCS Resolution 22-442](#).
- B. **Fleet Maintenance Redistribution** – Funding to support gasoline and vehicle maintenance was redistributed to agencies to reflect historical actuals more accurately. This reallocation of existing budget decreases the OHCD’s FY2024 Budget by \$20,162.
- C. **Increase in Transfer to Virginia Cooperative Extension for Housing Counseling** – OHCD provides a \$60,135 annual pass-through grant from HUD to VCE for its Financial Education & Housing Counseling program. For FY24, the transfer to VCE will increase by \$10,000 from \$60,135 to \$70,135.

Program Summary

Community Preservation & Development

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Persons provided with housing and other related services - CDBG	2,094	2,748	1,128	2,094	2,094
Persons provided with homelessness prevention and emergency shelter	998	881	562	881	562
Families completing transitional housing program and moving to permanent housing	50%	100%	30%	50%	50%

Housing & Community Development

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Housing Rehabilitation	\$1,318	\$1,821	\$1,699	\$4,680	\$4,709
Substandard single-family housing units rehabilitated	8	6	7	8	8
Community Improvement & Housing Supportive Services	\$949	\$1,178	\$510	\$307	\$310
Persons provided with homelessness prevention and emergency shelter services	998	881	562	881	562
Improvement projects managed	16	14	14	14	14
Manage Transitional Housing at Dawson Beach	\$137	\$103	\$280	\$266	\$269
Homeless families served	6	5	5	8	4

Housing Finance & Development

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Federal & state funds for households to become first-time homebuyers	\$353K	\$974K	\$1.4M	\$974K	\$1.0M
Private mortgage financing generated on behalf of first-time homebuyers	\$876K	\$232K	\$935K	\$500K	\$750K

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Homeownership Assistance	\$422	\$390	\$481	\$1,822	\$1,827
Families assisted to become first-time homebuyers	4	4	4	8	8
Affordable units added, with counseling to the families that rent/purchase units	10	9	10	8	8

Housing & Community Development

Rental Assistance

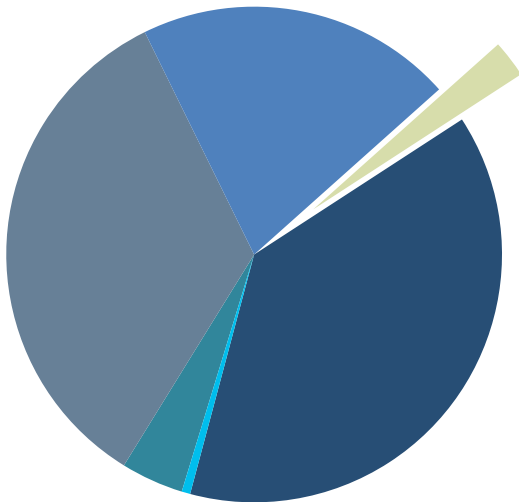
The Rental Assistance Unit manages the HCVP, a federally funded rental assistance program. Funding is provided through HUD to assist eligible low-income County residents with obtaining safe, decent, and affordable housing.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Eligible elderly and disabled persons in HCVP provided with rental assistance	47%	72%	57%	80%	80%
Family Self Sufficiency Grant families who successfully meet program goals	50%	83%	91%	83%	85%
Rental income paid to local property owners on behalf of families	\$24.0M	\$26.8M	\$27.8M	\$27.8M	\$27.8M
Annual HCVP performance evaluation score from HUD	100%	100%	100%	100%	100%
Families assisted by OHCD with low-income housing	4,198	6,274	4,675	5,700	4,675

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Housing Assistance Program Payments	\$26,468	\$27,217	\$27,935	\$36,032	\$36,041
Families provided with rental assistance	2,089	2,408	2,042	2,408	2,000
Housing Assistance Program Administration	\$2,010	\$2,119	\$2,288	\$2,057	\$2,249
Participant eligibility determinations	2,495	2,242	2,250	2,500	2,300
Families on the HVCP rental assistance waitlist	691	589	621	500	500

Mission Statement

The Department of Public Health (Public Health) is dedicated to promoting optimum wellness and a healthy environment. As the community's Chief Health Strategist, Public Health will work beyond traditional public health programs and services to build strong cross-sector community coalitions that address the social determinants of health to ensure health equity, and to make Prince William County the healthiest community in Virginia.



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$5,355,516



2.4% of Human Services

Programs:

- Maternal & Child Health: \$306,588
- General Medicine: \$3,396,044
- Environmental Health: \$915,209
- Administration/Emergency Preparedness: \$737,675

Mandates

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

The Board of County Supervisors has enacted additional local mandates for which Public Health has responsibility.

State Code: [32.1-46](#) (Immunization of patients against certain diseases), [22.1-270](#) (Preschool physical examinations), [32.1](#) (Health) and [3.2-6562.1](#) (Rabies exposure; local authority and responsibility plan)

County Code: [Chapter 3](#) (Amusements), [Chapter 8](#) (Environmental Protection), [Chapter 10](#) (Concession Stands at Youth Activities), [Chapter 12](#) (Massage Establishments), [Chapter 22 Article I](#) (Refuse, In General), [Article II](#) (Refuse, Storage), [Article V](#) (Trash, Garbage, Refuse, Litter and Other Substances Health and Safety Menaces), [Chapter 23 Article III](#) (Individual Sewage Disposal Systems), [Chapter 25.1](#) (Swimming Pools, Spas and Health Clubs), [Chapter 30](#) (Water Supply)

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Maternal & Child Health	\$309,685	\$1,205,691	\$309,685	\$309,685	\$306,588	(1.00%)
General Medicine	\$1,934,366	\$1,701,364	\$3,157,529	\$3,153,709	\$3,396,044	7.68%
Environmental Health	\$906,189	\$580,769	\$906,704	\$895,737	\$915,209	2.17%
Administration/Emergency Preparedness	\$167,009	\$163,685	\$242,932	\$503,727	\$737,675	46.44%
Total Expenditures	\$3,317,249	\$3,651,509	\$4,616,849	\$4,862,858	\$5,355,516	10.13%

Expenditure by Classification

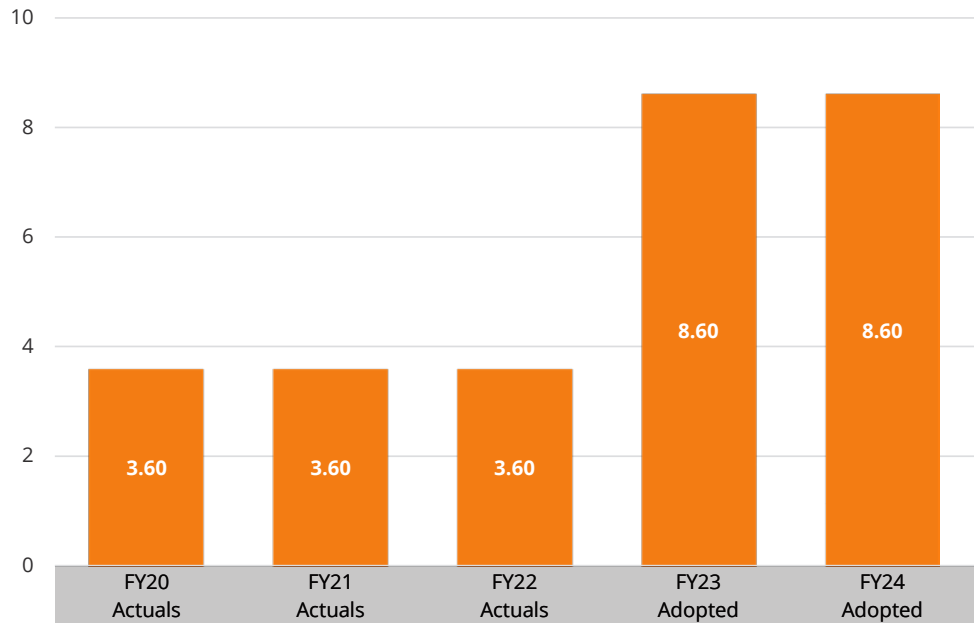
Salaries & Benefits	\$211,339	\$272,716	\$1,494,217	\$1,705,190	\$2,223,642	30.40%
Contractual Services	\$120	\$95	\$97	\$1,415	\$1,415	0.00%
Internal Services	\$46,587	\$42,363	\$49,037	\$61,008	\$60,560	(0.73%)
Purchase of Goods & Services	\$3,059,204	\$3,336,335	\$3,073,497	\$3,095,246	\$3,100,865	0.18%
Reserves & Contingencies	\$0	\$0	\$0	\$0	(\$30,966)	-
Total Expenditures	\$3,317,249	\$3,651,509	\$4,616,849	\$4,862,858	\$5,355,516	10.13%

Funding Sources

Permits & Fees	\$186,162	\$176,033	\$189,666	\$176,746	\$176,746	0.00%
Revenue from Other Localities	\$96,408	\$75,907	\$75,566	\$104,653	\$111,582	6.62%
Miscellaneous Revenue	\$0	\$127	\$71	\$0	\$0	-
Revenue from Commonwealth	\$311,286	\$515,472	\$815,269	\$303,397	\$303,397	0.00%
Total Designated Funding Sources	\$593,856	\$767,538	\$1,080,572	\$584,796	\$591,725	1.18%
Net General Tax Support	\$2,723,393	\$2,883,971	\$3,536,278	\$4,278,062	\$4,763,791	11.35%
Net General Tax Support	82.10%	78.98%	76.60%	87.97%	88.95%	

In FY21, \$896K was incorrectly coded to Maternal & Child Health program rather than General Medicine program.

Staff History by Program



	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Maternal & Child Health	0.00	0.00	0.00	0.00	0.00
General Medicine	3.00	3.00	3.00	3.00	3.00
Environmental Health	0.60	0.60	0.60	0.60	0.60
Administration/Emergency Preparedness	0.00	0.00	0.00	5.00	5.00
Full-Time Equivalent (FTE) Total	3.60	3.60	3.60	8.60	8.60

Future Outlook

Health Equity – A future public health workforce that will be more reflective of the health district’s population and include a skill base consistent with modern public health needs. To achieve health equity, Prince William Health District (PWHHD) will strive to ensure that diversity, equity, and inclusion is at the center of public health initiatives and continue to convene multi-sector community partners with this same goal as the PWHHD cannot address health equity alone.

Collective Impact – PWHHD continues to assume the role of the convener by working closely with multi-sector public, private and nonprofit sectors to drive more public health innovation and modernization as well as ensuring health equity.

Communication and Emerging Public Health Issues – As evident over the last few years and consistent with world globalization, PWHHD will continue to actively prepare for and respond to emerging diseases and public health threats to the community. PWHHD continues to acknowledge the importance of communicating and demonstrating to others the value of public health investment, and the benefits of including community members in developing effective communication strategies.

Public Health

General Overview

- A. **FY2023 Public Health Funding** – The Commonwealth of Virginia partners with localities to provide public health services through a cooperative arrangement. Currently, the cooperative budget is funded 55% by state funds and 45% by Prince William County (PWC) matching funds. The County enters into an annual agreement with the Virginia Department of Health to provide the 45% funding necessary to operate Public Health. The County also provides local support above the match amount for certain local optional services. In FY23, state funding for Public Health was \$2,894,766 and the County match funding was \$2,368,445. The County also provided an additional \$2,494,413 in local expenditure budget support for staffing, local salary supplement, operations, and community partnerships above the amount included in the annual agreement. The cities of Manassas and Manassas Park provide reimbursement to the County for services rendered based on a shared services agreement with the County. Total FY23 state and County budgeted expenditures for the Public Health were \$7,757,624, with the County providing a total of \$4,862,858.
- B. **Local Salary Supplement for PWHD State Employees** – Beginning in FY22, PWHD state employees received a 20% local salary supplement, and the supplement continues in the FY2024 Budget for 101 state employees. The local salary supplement is \$1,376,936 which is a \$226,936 increase from FY23 based on anticipated state salary increase. The County’s 20% local salary supplement remains unchanged. The intent of the local salary supplement is to assist PWHD with retention and recruitment in the Northern Virginia labor market.
- C. **Revenue Increase for Shared Services (City) Billings Fund** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, the Public Health allocation increased \$6,929.

Program Summary

Maternal & Child Health

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Infant deaths per 1,000 live births	3.8	5.1	4.6	4.5	4.5
Infant deaths per 1,000 live births (Black, non-hispanic)	-	12.3	9.3	7.5	7.5

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Women's Wellness & WIC	\$310	\$1,206**	\$310	\$310	\$307
Women seen in EWL cancer screening program	-	-	-	-	90
Women served in women's wellness clinics	384	84	165	200	-
Participants in the WIC program at the end of the fiscal year	7,456	8,381	8,938	8,400	8,900
Overweight participant children (age 2 yrs - 5 yrs) % children ≥ 85th percentile	-	-	NR	20%	20%

**In FY21, \$896K was incorrectly coded to Maternal & Child Health program rather than General Medicine Program.

During COVID-19 pandemic certain programs were moved to virtual meetings, the data for the Overweight participant children (age 2 yrs - 5 yrs) % children ≥ 85th percentile measure was not collected in the virtual meeting, in person meetings are expected to resume in the spring of 2023.

Public Health

General Medicine

The General Medicine program improves the health of all residents in the community by monitoring, investigating, controlling, and reporting the spread of communicable diseases including tuberculosis (TB), vaccine preventable diseases, sexually transmitted infections (STI), and other communicable diseases, especially emerging diseases of public health significance. PWHD collaborates with community partners to assess and address environmental strategies, and system changes that will prevent chronic diseases, encourage healthy lifestyles, and improve access to care for persons with health disparities. The district works with community healthcare providers to ensure the proper treatment of communicable diseases such as STIs and TB. PWHD works with County agencies and community partners to ensure that persons requiring nursing home placement or in-home personal care services are screened and referred to the appropriate service. The client base for this program is the entire population of the PWHD.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Pre-admission nursing home screenings completed within 30 days	92%	95%	60%	90%	90%
Patients completing tuberculosis preventive therapy treatment	89%	81%	68%	90%	90%
Vaccine-preventable disease cases per 100,000 population	14	2	6	10	10
Non-vaccine preventable reportable conditions/100,000 population	98	5,536	8,876	100	1,000
Diagnosed chlamydia cases/100,000 population	548	418	419	500	500
Diagnosed gonorrhea cases/100,000 population	89	96	102	90	100
Diagnosed syphilis cases/100,000 population	-	-	11	15	15

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Sexually Transmitted Disease	\$247	\$247	\$247	\$247	\$245
Persons seen for sexually transmitted disease services	511	275	374	500	500
Other Communicable Disease Services	\$1,398	\$1,234	\$2,679	\$2,665	\$2,907
Patients receiving tuberculosis preventive therapy	84	25	58	100	100
Suspected tuberculosis follow-ups	69	20	143	100	100
Reportable conditions investigated	1,690	34,306	62,398	2,000	2,000
Private provider reports of positive STI's for review and follow-up	866	2,926	2,843	3,000	3,000
Chronic Disease Services	\$116	\$115	\$116	\$116	\$115
Persons screened for nursing home pre-admission and personal care services	631	672	785	700	700
Primary Health Care Services	\$173	\$105	\$115	\$125	\$129
Clients served by community partners	2,732	801	906	828	825

In FY21, \$896K was incorrectly coded to Maternal & Child Health program rather than General Medicine Program.

Public Health

Environmental Health

The Environmental Health program enforces state and local codes and regulations designed to protect the public health and safety of all residents of and visitors to the Prince William area. This is accomplished by enforcing regulations pertaining to food, food establishments, day care facilities, hotels, summer camps, campgrounds, swimming pools, private wells, on-site sewage disposal systems, and other environmental health laws. Regulatory activities include permitting, inspections, testing, monitoring, and legal action when voluntary compliance is not achieved. Due to Virginia code changes, the onsite staff will spend more time on community assessment, field inspections, quality assurance, and programmatic oversight of existing onsite sewage systems, public health outreach, education, and enforcement.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
The number of foodborne illness complaints in PWC investigated	41	34	57	75	75
Septic tank owners in compliance with Chesapeake Bay Preservation Act	78%	79%	81%	80%	83%
On-site sewage applications completed within 15 days	91%	94%	93%	95%	95%
Founded health and safety menaces corrected	95%	95%	90%	95%	95%
Humans potentially exposed to rabies	1,072	954	989	1,100	1,100
Swimming pools in compliance with County code requirements	90%	90%	95%	90%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
On-site Sewage System Permits and Maintenance	\$268	\$152	\$268	\$264	\$282
New on-site sewage applications completed	208	232	363	255	275
Septic tank pump-outs assured	11,217	11,578	11,950	11,700	12,500
Water Supply Protection	\$64	\$64	\$64	\$64	\$64
Number of new well applications	-	-	-	-	50
Inspection Services	\$429	\$240	\$429	\$423	\$426
Food establishment inspections	1,123	520	783	2,100	2,100
Swimming pool inspections	258	170	198	300	300
Environmental Complaint Investigations	\$95	\$74	\$95	\$94	\$94
Total environmental complaints investigated	257	107	101	300	300
Rabies Control	\$50	\$50	\$50	\$50	\$50
Animal quarantines completed	967	835	1,117	1,000	1,100

Public Health

Administration/Emergency Preparedness

The Administration/Emergency Preparedness program integrates state, regional, and local jurisdictions' public health emergency preparedness plans to respond to terrorism and other public health threats to include pandemics. In addition, this program supports the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health and health care emergencies, in particular by having a robust cache of Medical Reserve Corp volunteers. The client base for this program is comprised of all residents of PWC and the Cities of Manassas and Manassas Park.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Community events during which all hazards preparedness education is provided*	25	NR	2	15	15
Customers reporting that they received the information or services they needed*	98%	NR	99%	98%	98%

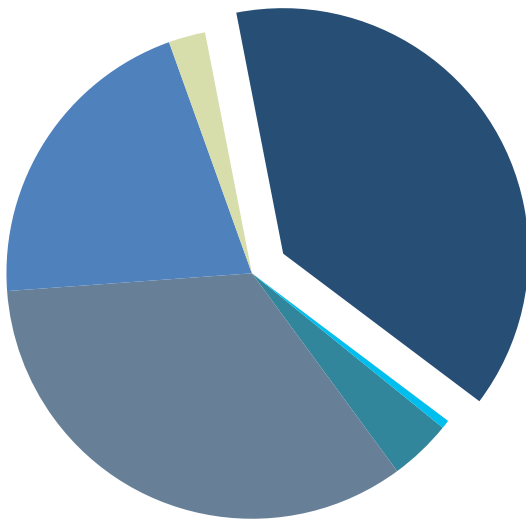
*Public Health did not hold community events or administer surveys for the customers to give feedback on information received during FY21 due to the COVID-19 pandemic.

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Leadership and Management Oversight/Emergency Preparedness	\$167	\$164	\$243	\$504	\$738
Deployable Medical Reserve Corps volunteers	819	1,100	1,023	1,100	1,100
Emergency response exercises conducted in collaboration with outside partners	2	0	0	4	2

Social Services

Mission Statement

The Department of Social Services transforms lives through safety, support, and self-sufficiency.



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$84,646,384



38.3% of Human Services

Programs:

- Protective Services: \$9,627,614
- Family Support Services: \$8,561,133
- Homeless Services: \$8,247,979
- Juvenile Services: \$9,292,898
- Children's Services Act (CSA): \$21,843,309
- Director's Office: \$3,607,184
- Public Assistance: \$16,757,836
- Customer Support & Service: \$6,708,432

Mandates

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

State Code: [63.2-1503](#) (Child-Protective Services, Local Duties), [40-705](#) (Virginia Administrative Code, Child Protective Services), [40-730](#) (Investigation of Child Abuse and Neglect), [32.1-330](#) (Long-Term Care Preadmission Screening), [63.2-1602](#) (Other Local Adult Services), [63.2-1804](#) (Assessment of Adult Care), [63.2-319](#) (Child Welfare Services), [63.2-900](#) (Local Board Placement of Children), [63.2-903](#) (Entrustment Agreements), [63.2-905](#) (Foster Care), [63.2-1105](#) (Children Placed out of Commonwealth), [2.2-5211](#) (Prevention & Assessments and Family Treatment), [63.2-217](#) (Board Regulations), [63.2-611](#) (Case Management, Support Services, Transitional Support Services), [63.2-616](#) (Public Assistance and Social Services), [63.2-1301](#) (Adoption Subsidy), [51.5-160](#) (Auxiliary Grants), [51.5-146](#) (Adult Services), [51.5-148](#) (Adult Protective Services) [2.2-5200](#) (Children Services Act)

Federal Law: Homeless Services - Continuum of Care and Homeless Management Information System (HMIS) [Homeless Assistance Act](#)

Social Services

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Protective Services	\$6,484,525	\$7,114,978	\$8,044,967	\$8,126,207	\$9,627,614	18.48%
Family Support Services	\$7,480,204	\$7,247,249	\$7,551,017	\$7,989,430	\$8,561,133	7.16%
Homeless Services	\$3,785,949	\$6,048,103	\$7,288,029	\$7,229,796	\$8,247,979	14.08%
Juvenile Services	\$7,339,322	\$7,062,505	\$7,344,908	\$8,445,333	\$9,292,898	10.04%
Children's Services Act (CSA)	\$19,048,032	\$19,000,406	\$19,241,848	\$27,580,529	\$21,843,309	(20.80%)
Director's Office	\$3,017,391	\$4,210,124	\$8,215,991	\$3,173,979	\$3,607,184	13.65%
Benefits, Employment, & Child Care	\$14,653,976	\$16,279,298	\$2,969,482	-	-	-
Public Assistance	-	-	\$11,697,163	\$14,402,173	\$16,757,836	16.36%
Customer Support & Service	-	-	\$3,814,758	\$5,231,705	\$6,708,432	28.23%
Total Expenditures	\$61,809,400	\$66,962,664	\$76,168,162	\$82,179,152	\$84,646,384	3.00%

Expenditure by Classification

Salaries & Benefits	\$32,751,868	\$36,767,275	\$39,723,270	\$41,673,563	\$48,674,362	16.80%
Contractual Services	\$1,861,348	\$2,521,438	\$2,781,076	\$2,627,931	\$3,055,059	16.25%
Internal Services	\$1,763,214	\$1,762,818	\$1,929,433	\$2,591,463	\$2,659,246	2.62%
Purchase of Goods & Services	\$25,264,874	\$25,744,324	\$31,490,387	\$34,700,624	\$30,210,830	(12.94%)
Capital Outlay	\$0	\$0	\$82,313	\$174,702	\$174,702	0.00%
Leases & Rentals	\$65,710	\$64,423	\$59,295	\$98,261	\$101,761	3.56%
Reserves & Contingencies	\$0	\$0	\$0	\$0	(\$331,963)	-
Amortization	\$0	\$0	\$0	\$210,222	\$0	(100.00%)
Transfers Out	\$102,387	\$102,387	\$102,387	\$102,387	\$102,387	0.00%
Total Expenditures	\$61,809,400	\$66,962,664	\$76,168,162	\$82,179,152	\$84,646,384	3.00%

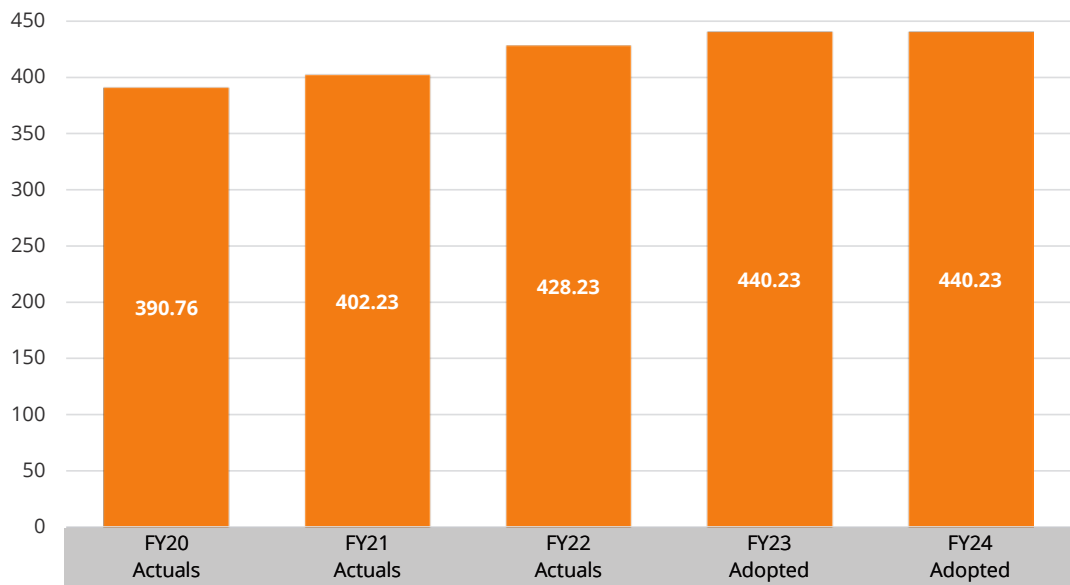
Funding Sources

Revenue from Federal Government	\$16,443,085	\$17,355,127	\$20,084,495	\$16,405,443	\$18,075,874	10.18%
Revenue from Other Localities	\$0	\$0	\$2,924	\$0	\$0	-
Miscellaneous Revenue	\$203,875	\$60,382	\$148,641	\$61,900	\$63,900	3.23%
Charges for Services	\$670,933	\$283,303	\$261,147	\$951,258	\$951,258	0.00%
Revenue from Commonwealth	\$20,663,636	\$20,421,154	\$26,503,233	\$28,458,871	\$24,649,365	(13.39%)
Transfers In	\$669,235	\$536,459	\$502,563	\$394,559	\$394,559	0.00%
Total Designated Funding Source	\$38,650,765	\$38,656,425	\$47,503,004	\$46,272,031	\$44,134,956	(4.62%)
Net General Tax Support	\$23,158,636	\$28,306,239	\$28,665,158	\$35,907,121	\$40,511,428	12.82%
Net General Tax Support	37.47%	42.27%	37.63%	43.69%	47.86%	

Note: FY22 costs in multiple programs are inaccurate from the reported total (either higher or lower) due to actual reporting mismatches in expenditures.

Social Services

Staff History by Program



	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Protective Services	55.00	60.00	66.00	66.00	68.00
Family Support Services	40.53	42.50	42.50	44.00	41.00
Benefits, Employment & Child Care	161.00	165.50	173.50	0.00	0.00
Homeless Services	20.80	21.80	36.80	34.83	34.83
Juvenile Services	86.33	85.33	81.93	81.90	81.90
Children's Services Act (CSA)	6.00	6.00	6.00	6.00	9.00
Director's Office	21.10	21.10	21.50	21.50	22.50
Customer Support & Service	0.00	0.00	0.00	44.50	53.50
Public Assistance	0.00	0.00	0.00	141.50	129.50
Full-Time Equivalent (FTE) Total	390.76	402.23	428.23	440.23	440.23

Future Outlook

Public Assistance Workload – Due to the pandemic, annual renewal requirements of Medicaid have been suspended while accepting new applications has not. As of July 2022, there were 19,032 overdue renewals for Medicaid, a 10,000 application increase in one year. This is a preview of the workload ahead, once the renewal suspension is lifted. When adding other public assistance programs, additional funding for staff will be needed to comply with federally mandated timelines for processing applications and renewals.

Foster Care Changes – Moving from providing youth aging out of foster care to more assistance shifting toward kinship care, including fictive kin, is requiring significant staff retraining for new policy implementation. The Governor's Safe & Sound Task Force is focusing on reducing unnecessary use of congregate care, increasing services to sustain the family unit, and leveraging public/private partnerships to operationalize the community's role in supporting vulnerable children and families. This shift will require new services and staff among the Department of Social Services (DSS) Child Protective Services (CPS) Prevention, Family Treatment, and Foster Care teams.

Technology System Needs – Mandated technology applications and software necessary to manage the entry date required by federal and state overseers is an immediate priority as current systems are antiquated.

Adult Protective Services Programming Updates – Adult Protective Services (APS) provides investigations of abuse/neglect, guardianship access and payment, in-home services for vulnerable adults, and access to Medicaid long-term care services for those in the community with the lowest of incomes and the highest medical needs. More staff will be needed to meet the demands of an increasingly older population along with funding for services and housing.

Social Services

Added Homelessness Challenges – Homelessness among adults brings DSS’ APS and Homeless Services Teams together in solving challenging housing issues for adults with low or no income and multiple physical/behavioral health concerns. Hotels provide temporary safe housing while seeking permanent housing opportunities, yet these options are expensive. More affordable and permanent supportive housing is needed.

Juvenile Justice Improvement – Violence perpetrated by youth is rising. Programs creating community-based opportunities for youth that addresses accountability, supports public safety, promotes healthy youth development, and strengthens family engagement are needed. The local Juvenile Justice Improvement Project is a local collaborative researching and developing such programs that will need funding and public/private partnerships. Funding is possible from the Virginia Juvenile Community Crime Control Act and, if used, a shift from the Molinari Shelter would need to be made to make that program whole.

No Wrong Door – As demand for services crosses many DSS Divisions and multiple Human Services agencies, having a No Wrong Door Call Center is critical for increasing customer satisfaction. Staffing and technology will be needed to assist local residents with gaining access to the right service in the right department.

General Overview

A. Roll FY2023 DSS Budget Reconciliation into FY2024 – Prince William County (PWC) adopted its FY2023 Budget prior to the County receiving its final FY23 budget allocation from the Virginia Department of Social Services. Each year the County must adjust its DSS budget to reconcile and reflect the actual allocations awarded from all sources. If the funding adjustments are recurring, they are rolled forward into the subsequent fiscal year as part of the annual budget process. The FY23 reconciliation results in a \$1,762,925 revenue and expenditure budget increase in FY23. Additionally, this reconciliation resulted in a shift in local general fund support of \$243,137, covered within the DSS FY23 budget ([BOCS Resolution 22-380](#)). Program increases are summarized in the table below.

Program	Budget Increase
Public Assistance	\$1,118,676
Customer Support	\$2,825
Family Services	\$188,698
Protective Services	\$30,936
Homeless Services	\$421,790
Total	\$1,762,925

B. Position Shifts and FTE Realignment – During FY23 DSS shifted positions to align functions across various service areas and meet changing service needs across programs. This resulted in a 3.00 FTEs reduction in Family Support Services, a 2.00 FTEs increase in Protective Services, a 3.00 FTEs increase in the Children’s Services Act program, an increase of 1.00 FTE in the Director’s Office, a 12.00 FTEs decrease in Public Assistance (PA), and a 9.00 FTEs increase in Customer Support and Service (CSS), with commensurate changes in program funding. During this process, administrative and supportive service functions within PA and CSS were consolidated in the CSS Division, and this resulted in efficiencies utilized to shift necessary positions to meet increased service needs for vulnerable adults and children.

C. Fleet Maintenance Redistribution – Funding to support gasoline and vehicle maintenance was redistributed to agencies in an effort to more accurately reflect historical actuals. This reallocation of existing budget increases the DSS FY24 budget by \$6,512.

D. New Community Partner Performance Measures – New Community Partner performance measures for household and individual adult permanent supportive housing were added in FY23 to measure services targeted at decreasing homelessness. These measures track the performance of Streetlight Community Outreach Ministries programming and may be viewed in the Community Partner pages.

Social Services

Budget Initiatives

A. Budget Reduction

1. Children's Services Act Budget Realignment – Children's Services Act

Expenditure	(\$5,900,000)
Revenue	(\$3,900,000)
General Fund Impact	(\$2,000,000)
FTE Position	0.00

- a. **Description** – This initiative realigns the Children's Services Act (CSA) program funding based on prior year actual expenditures. In FY20 funding for mandatory special education private day school placements was increased based on actual and projected student placement growth from FY17-FY20. Actual program expenses during FY20-FY22 remained stable during the pandemic instead of increasing with original projections. This initiative realigns the CSA program budget by decreasing total program expenses \$5.9 million. Of this amount, state revenue decreases \$3.9 million as the Commonwealth provides approximately 66% of program funding. County funding, which provides approximately 34% of program funding, decreases \$2.0 million.
- b. **Service Level Impacts** – Realigning the CSA program budget will have no impact on services. Sufficient capacity is maintained for future student placement growth for this mandated service.

Program Summary

Protective Services

Protective Services has two mandated programs: CPS and APS. CPS investigates allegations of abuse/neglect of children under the age of 18 and provides prevention services to raise community awareness of abuse and neglect. APS investigates allegations of abuse/neglect/exploitation of disabled or older adults. Adult Services' (a part of APS) activities include monitoring public guardianships for incapacitated adults and home visits to determine eligibility for Medicaid-funded long-term care in conjunction with the local health district. The Child Advocacy Center provides a safe, child-centric environment to help children move from victim to survivor by reducing trauma and educating the community through a multidisciplinary approach to prevent, recognize, investigate, and prosecute child abuse. Intake provides residents access to a hotline to report abuse (703-792-4200) during the daytime. The Prevention Team works with families who need support in strengthening their family's situations to prevent abuse and neglect. This program transforms lives through safety.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Repeat adult abuse and neglect cases	0.30%	0.30%	1.50%	0.30%	1.30%
Repeat child abuse and neglect cases (same child)	0.13%	1.90%	0.60%	0.10%	0.40%

Social Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
CPS Investigations*	\$3,771	\$4,247	\$5,152	\$5,517	\$5,589
Reports of alleged child abuse/neglect received by CPS	4,119	3,787	5,118	5,000	5,350
CPS complaints investigated & assessments completed	2,832	2,100	2,336	2,600	2,550
Founded CPS cases	273	225	232	250	245
Average number of days to complete CPS investigations and assessments	52	52	48	50	50
APS Investigations*	\$1,055	\$1,385	\$1,360	\$1,064	\$1,457
Reports of alleged adult abuse/neglect received by APS	863	950	1,228	975	1,350
APS complaints investigated	773	777	821	800	875
Founded APS cases	287	290	237	300	245
Average number of days to complete APS investigations and assessments	55	31	30	40	32
Adult Care*	\$440	\$311	\$282	\$276	\$325
Incapacitated adults in the guardianship program	472	555	606	575	625
Medicaid long-term care assessments - Adults	454	797	850	825	925
Prevention & Assessments*	\$1,218	\$1,173	\$1,246	\$1,269	\$1,547
Families served in prevention and assessments	782	619	701	725	750
Child Advocacy Center	\$0	\$0	\$0	\$0	\$710
Number of clients served at CAC	-	-	129	-	250

* Total program Actuals in FY22 are \$4K lower across the noted activities than the reported total in the Expenditure and Revenue Summary due to reporting mismatches across multiple programs.

Family Support Services

Family Support Services provides mandated services that include foster care and permanency/adoption. Also provided is treatment or on-going CPS to support families at risk of having their children removed from the home or in need of special attention to maintain permanency. The well-being and safety of children are the priority of the program and efforts are made to keep families unified. For youth aging out of Foster Care, Independent Living and Fostering Futures programs may be provided. This program transforms lives through support.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Children in foster care finding permanent homes*	50%	79%	70%	80%	75%
Title IV-E (foster care) case and financial error percentage	5.71%	15.15%	1.5%	<5.0%	<5.0%

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

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Foster Care**	\$6,446	\$6,131	\$6,364	\$6,581	\$6,872
Children served in custodial foster care	108	109	110	115	100
Authorized foster care families	78	88	85	95	90
CPS Ongoing**	\$1,035	\$1,116	\$1,191	\$1,408	\$1,689
Families served in family treatment services	241	272	285	270	325

** Total program Actuals in FY22 are \$4K higher than the reported total in the Expenditure and Revenue Summary due to reporting mismatches across multiple programs.

Social Services

Homeless Services

Homelessness should be rare, brief, and nonrecurring with a goal toward permanent housing. The Homeless Services Division is a multi-faceted program that has the key responsibilities of operating US Department of Housing and Urban Development mandates: the Continuum of Care (CoC), the Homeless Management Information System (HMIS) and Coordinated Entry System. Additionally, the Division directly operates the Bill Mehr Drop-In Center, the Ferlazzo Adult Shelter (FAS), and the Hilda Barg Homeless Prevention Center (HPC), while serving as contract administrator for the Supportive Shelter for Adults. The HPC (families) and FAS (adults only) are emergency shelters open 24/7/365 offering case management toward a goal of exiting to permanent housing. CoC responsibilities include coordination of CoC meetings, grant writing, financial oversight of funding recipients, HMIS data integrity, and performing grant and contract monitoring duties. This program transforms lives through self-sufficiency.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Point in time homeless count	326	282	241	295	282
Two-year sustainment of permanent housing	84%	85%	-	85%	85%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Coordinated Entry Services	\$378	\$501	\$512	\$560	\$686
Number of calls received by coordinated entry	8,550	11,083	12,575	8,830	10,325
Drop-In Center*	\$148	\$124	\$119	\$74	\$198
Number of clients served at Drop-In Center	362	370	70	380	100
Hilda Barg Homeless Prevention Center	\$1,178	\$1,462	\$1,122	\$1,444	\$1,411
Households (singles) moving into PH at discharge	68%	78%	66%	60%	-
Household (families) moving into PH at discharge	46%	65%	70%	70%	70%
Households (singles) increasing or maintaining income at discharge	74%	89%	67%	60%	-
Households (families) increasing or maintaining income at discharge	63%	76%	42%	55%	55%
Homeless Services Navigation Center - East/Ferlazzo Emergency Shelter*	\$0	\$0	\$1,018	\$1,577	\$1,717
Households (singles) moving into PH at discharge	-	-	61%	60%	60%
Households (singles) increasing or maintaining income at discharge	-	-	46%	60%	60%
Homeless Services Administration & Grants Management	\$2,084	\$3,961	\$3,959	\$2,903	\$3,538
HUD grant funds expended	99%	96%	88%	95%	95%
VHSP grant funds expended	97%	91%	100%	95%	97%
Prince William Area CoC Grant Award	-	-	\$1.040M	-	\$1.405M
Homeless Services Prevention Services*	\$0	\$0	\$438	\$500	\$495
Households Served	-	-	37	30	35
Sudley Corridor Drop In Center*	\$0	\$0	\$118	\$171	\$203
Number of clients served	-	-	77	120	184

* Total program Actuals in FY22 are \$2K higher across the noted activities than the reported total in the Expenditure and Revenue Summary due to reporting mismatches across multiple programs.

Social Services

Juvenile Services

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Juvenile Pre-trial Supervision clients re-offending while in the program	1.3%	17.0%	16.5%	10.0%	11.6%
Molinari Juvenile Shelter Services clients re-offending while in the program	1.8%	0.0%	6.8%	1.0%	3.2%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Secure Detention	\$5,353	\$5,005	\$5,130	\$6,009	\$6,572
Juveniles admitted into Secure Detention	241	147	181	147	237
Juvenile Pre-trial Supervision	\$389	\$509	\$525	\$596	\$691
Juveniles admitted into pre-trial supervision	151	106	144	100	162
Molinari Juvenile Shelter Services	\$1,597	\$1,549	\$1,690	\$1,841	\$2,030
Juveniles admitted	161	97	133	125	144

Children's Services Act (CSA)

The CSA is a 1993 Virginia law that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency Family Assessment and Planning Teams who plan and oversee services to youth. This interagency team is made up from representatives of DSS, PWC Public Schools, Juvenile Court Services Unit, and Community Services. After plans are determined, the Community Policy and Management Team, which includes the same interagency members with private provider, parent, Health District and PWC Executive Management representation, reviews and approves the use of tax support for the services. The CSA Division is the administrative entity that provides oversight and management of the local CSA program in PWC. The Federal Title IV-E program is also housed in the CSA Division. CSA transforms lives through support.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Title IV-E (foster care) case and financial error percentage -CSS	-	-	-	-	5%*
Youth who receive only community-based services. State target is 50%	-	-	89%	75%	80%
Youth who receive Intensive Care Coordination. State target is 75%.	-	-	0%	5%	-

Social Services

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Community-Based Services	\$12,945	\$13,624	\$15,640	\$18,372	\$12,325
Youth served in Special Education Private Day School (SPED)	188	184	198	230	215
Non-SPED youth served	368	302	296	350	350
Residential Services	\$4,327	\$3,718	\$2,206	\$6,864	\$6,811
Youth served in residential services	102	83	65	100	75
CSA Foster Care	\$1,466	\$1,347	\$960	\$1,892	\$1,875
Youth served in foster care	79	74	63	100	80
CSA Administration	\$310	\$311	\$436	\$453	\$832
Total youth served (unduplicated)	570	511	520	550	550
Total youth served	-	-	54	-	55

* Moved from Customer Support & Services in FY24.

Director's Office

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Total \$ spent on Social Services in PWC (includes Federal and State services)	\$572M	\$670M	TBD	-	\$775M
County services for people who are economically disadvantaged (Comm. Survey)	80%	86%	86%	81%	-

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Social Services Director's Office	\$922	\$2,411	\$6,343	\$1,204	\$1,298
Total clients served in community	-	-	-	-	215,727
Technology Support	\$373	\$340	\$427	\$389	\$442
Number of employee state system access reviews completed	-	-	-	-	335
Personnel Support	\$395	\$436	\$427	\$481	\$503
Number of hires/promotions/transfer	-	-	-	-	100
Fiscal Support	\$1,327	\$1,023	\$1,019	\$1,099	\$1,364
Number of payments processed	-	-	-	-	21,340

Social Services

Public Assistance (PA)

PA staff determine initial and ongoing eligibility for public benefits. Programs include Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance. The division serves the most vulnerable population by providing access to health care, addressing food insecurity, and helping meet basic needs. This program transforms lives through self-sufficiency.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
New medicaid applications processed within state mandated time frame (45 days)	86%	87%	87%	97%	97%
SNAP benefits issued w/financial errors (positive error rate). State target 3%	32%	25%	5%	3%	3%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Public Assistance*	\$12,295	\$13,792	\$14,238	\$14,402	\$16,758
Medicaid annual renewals 30 days overdue	35	6,506**	18,765	NA***	-
New Medicaid applications pending more than 45 days	35	90	NR	<25	25
Clients served - SNAP (unduplicated count)	32,595	36,978	40,407	38,000	40,000
Clients served - TANF (unduplicated count)	2,668	2,520	3,342	3,300	3,500
Clients served - Medicaid (unduplicated count)	88,226	95,978	111,064	88,000	100,000

* FY22 Actuals are \$2.54M higher than the reported total in the Expenditure and Revenue Summary due to reporting mismatches across multiple programs.

** VDSS suspended the processing of Medicaid Renewals due to the Public Health Emergency.

*** Due to the COVID-19 Public Health Emergency a return date to processing of Medicaid Renewals was not known and could not be projected for FY23.

Social Services

Customer Support & Service (CSS)

The CSS Division directs customers to needed resources within the community. Support staff coordinates initial inquiries regarding PA benefits and collects verification documentation for the PA Division via onsite, online and telephone. This division houses the Compliance Unit that oversees external and internal public benefit audits and appeals. The Energy Assistance, Child Care and Employment Services staff assess customer needs for heating/cooling assistance, Foster Care Federal funding maintenance and connects individuals to training, education, employment, and childcare services. The Fraud Unit investigates allocations of fraud in the SNAP, TANF and Child Care public benefit programs. PWC East and West are served by bilingual front desk staff. Additional bilingual staff answer over 50,000 phone calls annually and are participating in the No Wrong Door Call Center pilot to increase customer satisfaction by improving residents' access to services. This program transforms lives through support and self-sufficiency.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
CSS benefits issued w/financial errors (positive error rate). State target 3%	32%	31%	5%	-	3%
TANF participants engaged in work activities (state target is 50%)	48%	19%	17%	50%	22%
SNAP benefits issued w/financial errors (positive error rate). State target 3%	32%	25%	5%	3%	-

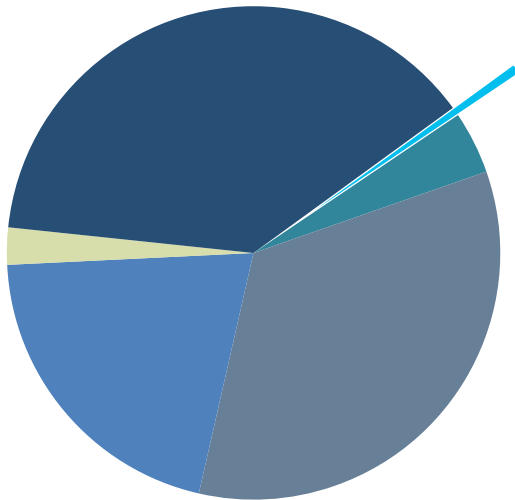
Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Employment Services*	\$1,448	\$1,490	\$1,171	\$1,477	\$1,603
Persons served in VIEW -CSS	206	211	283	250	300
Child Care*	\$500	\$550	\$865	\$1,212	\$1,163
Persons served in the Childcare program -CSS	521	637	942	700	1,500
Fraud Investigations*	\$411	\$449	\$709	\$621	\$833
Fraud cases	477	614	780	500	800
Customer Support & Services (Includes CRT)	\$0	\$0	\$1,500	\$1,921	\$3,110
Calls received	-	45,962	51,001	43,000	55,000

* Total program Actuals in FY22 are \$430K higher across the noted activities than the reported total in the Expenditure and Revenue Summary due to reporting mismatches across multiple programs.

Virginia Cooperative Extension

Mission Statement

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



Human Services Expenditure Budget:
\$220,850,375

Expenditure Budget:
\$1,254,259



0.6% of Human Services

Programs:

- Nutrition Education: \$10,311
- Agriculture & Natural Resources: \$439,558
- 4-H Education: \$158,570
- Parent Education: \$219,725
- Financial Education & Housing Counseling: \$426,095

Mandates

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

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

Virginia Cooperative Extension

Expenditure and Revenue Summary



Expenditure by Program	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted	% Change Budget FY23/ Budget FY24
Nutrition Education	\$8,510	\$8,510	\$8,510	\$10,312	\$10,311	(0.01%)
Agriculture & Natural Resources	\$288,448	\$323,752	\$348,903	\$376,090	\$439,558	16.88%
4-H Education	\$81,864	\$117,646	\$123,371	\$144,894	\$158,570	9.44%
Parent Education	\$168,294	\$177,142	\$151,303	\$206,232	\$219,725	6.54%
Financial Education & Housing Counseling	\$518,146	\$504,460	\$411,590	\$389,658	\$426,095	9.35%
Total Expenditures	\$1,065,262	\$1,131,510	\$1,043,677	\$1,127,185	\$1,254,259	11.27%

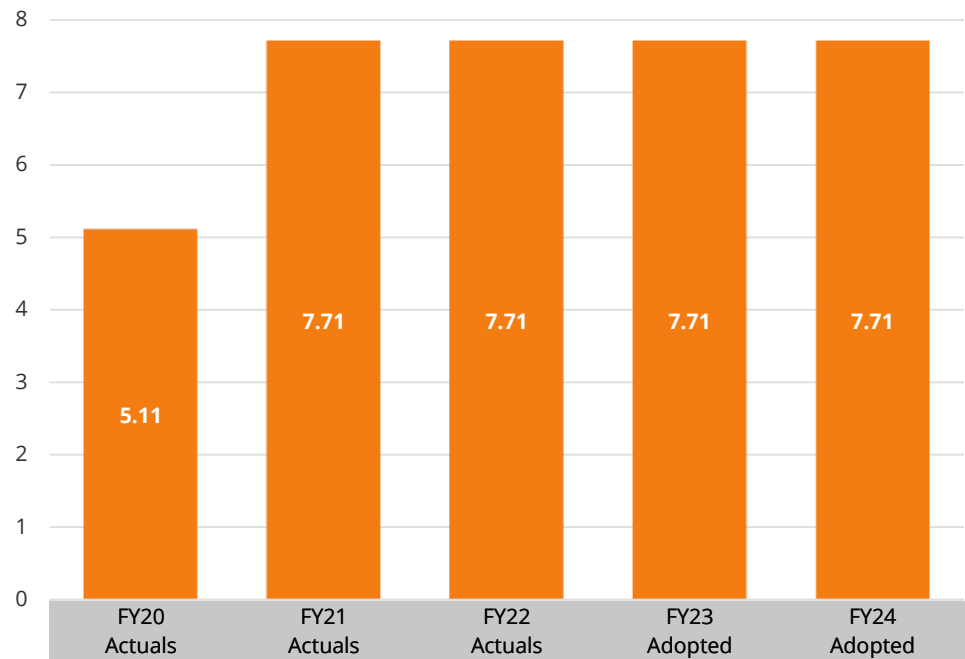
Expenditure by Classification

Salaries & Benefits	\$905,554	\$1,033,976	\$923,976	\$940,281	\$1,067,714	13.55%
Contractual Services	\$11,571	\$3,280	\$2,481	\$1,150	\$1,150	0.00%
Internal Services	\$86,183	\$85,858	\$87,488	\$143,612	\$143,686	0.05%
Purchase of Goods & Services	\$61,954	\$8,395	\$29,732	\$42,142	\$42,142	0.00%
Reserves & Contingencies	\$0	\$0	\$0	\$0	(\$433)	-
Total Expenditures	\$1,065,262	\$1,131,510	\$1,043,677	\$1,127,185	\$1,254,259	11.27%

Funding Sources

Revenue from Federal Government	\$70,426	\$73,000	\$34,387	\$42,000	\$42,000	0.00%
Revenue from Other Localities	\$142,308	\$104,548	\$138,852	\$122,956	\$131,097	6.62%
Miscellaneous Revenue	\$142,956	\$44,956	\$89,654	\$65,000	\$65,000	0.00%
Charges for Services	\$15,016	\$13,570	\$18,520	\$10,000	\$10,000	0.00%
Revenue from Commonwealth	\$103,068	\$126,073	\$83,518	\$0	\$0	-
Transfers In	\$273,522	\$278,488	\$308,556	\$293,522	\$303,522	3.41%
Total Designated Funding Sources	\$747,296	\$640,635	\$673,486	\$533,478	\$551,619	3.40%
Net General Tax Support	\$317,966	\$490,875	\$370,190	\$593,707	\$702,640	18.35%
Net General Tax Support	29.85%	43.38%	35.47%	52.67%	56.02%	

Staff History by Program



	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Nutrition Education	0.00	0.00	0.00	0.00	0.00
Agriculture & Natural Resources	2.32	3.32	3.42	3.42	3.32
4-H Education	0.00	1.60	1.49	1.49	1.60
Parent Education	0.79	0.79	0.80	0.80	0.79
Financial Education & Housing Counseling	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent (FTE) Total	5.11	7.71	7.71	7.71	7.71

Future Outlook

4-H – Through the 4-H Program, youth-adult partnerships will be strengthened through experiential learning activities that offer mutual leadership training. Adults provide a place where youth feel safe, both physically and emotionally; youth provide adults with opportunities to teach, mentor, and learn. Trainings and workshops will be offered in diverse areas of positive life skills development. Youth will be provided with opportunities to be contributing members of the local community and beyond through competitive and non-competitive events, civic and community engagement opportunities, and workshops purposefully designed for youth development. Specific programming efforts will focus on community club development, recruitment of Cloverbud (ages 5-8 years) members, and teen leadership development.

Parent Education – Parent Education will continue to provide virtual and in-person evening classes in English and Spanish. Parent Education instructors and volunteer facilitators will continue to use research and skills-based training materials to strengthen families, promote resilience, increase positive family communication, and deter teen involvement in the court system. Parents participating in classes will also learn that they are not alone in their challenges. In the coming year, the program will increase visibility and community outreach as it collaborates with various community and government agencies to provide education relevant to families and these organizations.

Nutrition Education – Based on the April 2022 Virginia Department of Social Services eligibility report, there are 13,021 households (29,566 people) eligible for Supplemental Nutrition Assistance Program (SNAP) benefits in Prince William County (PWC). This is an increase of 15% in eligible households from April of 2021. SNAP educators will seek additional community collaborators and venues so they may continue to assist SNAP recipients to stretch their food dollars, learn healthy recipes, shop smarter, and keep their food safe. SNAP educators will also continue to include physical activity components in addition to teaching good nutrition and cooking skills to program clientele.

Virginia Cooperative Extension

Agriculture & Natural Resources – The Agriculture & Natural Resources (ANR) Program provides horticultural and agricultural technical assistance and educational programs that address plant/landscape health and water quality issues of horticultural and agricultural businesses, homeowners' associations (HOAs), garden clubs, and PWC in general. The ANR program will continue to assist PWC in meeting their Municipal Separate Storm Sewer System (MS-4) permit goals through educational programming and certified nutrient management plans. Staff will continue to help homeowners, HOAs and other community members with recommendations to reduce stormwater runoff by better managing their landscapes. Staff will continue to work on a regional level to provide educational programs for pesticide applicators and the green industry. Staff will also facilitate and provide technical assistance to school and community gardens to help increase health, wealth-being, and food security. Staff will continue to provide assistance to the agriculture community.

Financial Education & Housing Counseling – There is a substantial need for financial education and financial counseling services as over 32% of American households are not prepared to handle a \$400 emergency without borrowing money or selling something (May 2022, Report on the Economic Well-Being of U.S. Households in 2021 - May 2022, U.S. Federal Reserve.) The Financial Education & Housing Counseling Program will continue to expand financial education and counseling services with online and in-person class delivery and other flexible program services including apps, webinars, and virtual and in-person counseling. Staff will meet the increasing demand for pre-purchase housing counseling while maintaining service levels for post-purchase and foreclosure prevention counseling, sharing financial tools and best practices to improve financial health.

General Overview

- A. **Increase in Transfer to Virginia Cooperative Extension for Housing Counseling** – The PWC Office of Housing & Community Development provides a \$60,135 annual pass-through grant from the U.S. Department of Housing & Urban Development to Virginia Cooperative Extension (VCE) for its Financial Education & Housing Counseling program. For FY24, the transfer to VCE will increase by \$10,000 from \$60,135 to \$70,135.
- B. **Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and City of Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, VCE's allocation increased \$8,139.

Budget Initiatives

A. Budget Initiatives

1. MOU Cost Sharing Agreement with Virginia Tech – Agriculture & Natural Resources

Expenditure	\$27,054
Revenue	\$0
General Fund Impact	\$27,054
FTE Positions	0.00

- a. **Description** – This initiative provides increased funding to comply with the terms of the Memorandum of Understanding (MOU) between Virginia Tech and the County. The MOU is a cost sharing agreement that covers part of the salaries of Extension Agents.
- b. **Service Level Impacts** – Existing service levels are maintained.

Virginia Cooperative Extension

Program Summary

Nutrition Education

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
SNAP ED youth participants improving nutritional intake per a pre and post test	63%	NR	93%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Nutrition Education	\$9	\$9	\$9	\$10	\$10
SNAP ED families (formerly participants) enrolled in program	215	156	121	180	180

Agriculture & Natural Resources

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Participants reporting they adopted recommended water quality practices	84%	79%	72%	90%	85%
BEST Lawn clients implementing practices that improve water quality	70%	71%	90%	70%	70%
Percentage of participants reporting satisfaction with environmental education	91%	96%	95%	85%	85%

Virginia Cooperative Extension

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Agriculture and Natural Resources	\$288	\$324	\$349	\$376	\$440
Environmental education participants	3,192	3,555	2,855	4,000	3,000
Site visits for stormwater management education & community & school gardens	29	38	43	40	40
Calls received through the Horticulture Help Desk	3,545	2,847	905	1,500	1,250
BEST Lawns urban nutrient management plans written	153	179	158	250	200
FTE value of volunteer hours (ANR)	4.97	4.25	4.70	7.00	5.00

4-H Education

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

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Safe at Home Alone: showing increased awareness about staying home alone safely	92%	NR	81%	95%	80%
4-H life skills development measured by post camp evaluation of teen counselors	81%	NR	85%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
4-H Youth Education	\$82	\$118	\$123	\$145	\$159
Youth enrolled in 4-H camps and clubs	640	720	521	750	500
Youth enrolled in 4-H special interest programs	14,348	9,256	12,568	20,000	12,000
Community service hours contributed by 4-H youth and adults	19,521	240	310	20,000	1,000
FTE value of volunteer hours (4-H)	10.01	6.04	3.76	7.50	5.00
Youth enrolled in competitive events and programs	438	302	182	550	200

Virginia Cooperative Extension

Parent Education

VCE Parent Education provides comprehensive in-person and virtual classes to greater Prince William’s vulnerable residents – parents and their children. Parent Education Instructors and Volunteer Parent Education Facilitators use research and skills-based training to help promote resilience and communication – key skills for improving the stability of children and their families. Parents learn to recognize that they are not alone in their challenges raising children, and that increased use of I-Messages and Reflective listening skills supports stronger relationships and parental effectiveness. Integrating prevention, early intervention, and educational classes equips human services, courts, intake and probation officers, and others with a viable, cost-effective tool to help parents improve their parenting skills, and demonstrate their desire for restorative relationships with their children, in a supportive, positive parenting group. Parenting classes support the goal of decreasing recidivism for both teens and their parents which helps protect and ensure the well-being of the entire community.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
DSS clients with no founded abuse/neglect case 1 year after program completion	100%	100%	100%	95%	95%
At-risk families who don't enter foster care within 1 year of program completion	100%	100%	100%	95%	95%
Youth without criminal charges 1 year after parents complete JJPP class	86%	94%	81%	75%	86%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Parent Education	\$168	\$177	\$151	\$206	\$220
Participants completing Systematic Training for Effective Parenting	181	146	120	200	200
Participants completing When Families Get Angry	69	98	109	70	100
Participants completing JJPP	27	25	60	65	65
FTE value of volunteer hours (parent education)	0.20	0.40	0.23	0.25	0.25

Virginia Cooperative Extension

Financial Education & Housing Counseling

The Financial Education & Housing Counseling program promotes improved personal financial behaviors through research-based curriculum and financial counseling to develop sound financial practices for improved economic stability. VCE's Master Financial Educator volunteers lead programs on Money Saving Strategies, Improving Credit, Getting Ready for Taxes, Financial Recovery, and more. VCE is a HUD-certified counseling agency, offering one-to-one counseling and proven best practices for better financial decision-making. The First-Time Homebuyer program outlines steps to reach homeownership, including pre-purchase planning, steps to avoid foreclosure, and credit improvement. For the past several years, Housing Counselors were able to mitigate the foreclosure process, saving homes for over 90% of clients at risk of foreclosure. The counseling team includes HUD-certified counselors, foreclosure mitigation counselors, and the area expert on reverse mortgage options. This program is a part of the Financial Empowerment Center for PWC supporting community efforts to reach low-income and underserved populations, helping the community reach financial and affordable home-ownership goals.

Key Measures	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Counseling Participants reporting improvement in their financial situation	97%	100%	75%	75%	75%
Mortgage Default Counseling clients with successful outcomes	98%	100%	94%	90%	90%
Clients with increased knowledge measured by pre/post-tests	72%	79%	94%	85%	85%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY20 Actuals	FY21 Actuals	FY22 Actuals	FY23 Adopted	FY24 Adopted
Financial Education and Housing Counseling	\$518	\$504	\$412	\$390	\$426
Households receiving housing counseling	122	87	162	200	175
Clients completing First Time Homebuyer Track	30	38	36	35	35
Clients attending financial literacy class	723	593	687	450	450
FTE value of volunteer hours (financial education)	0.51	0.52	0.10	0.80	0.40