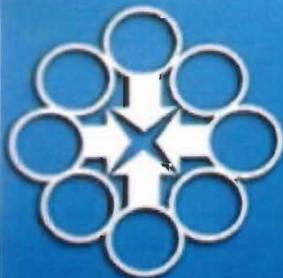


GREATER PRINCE WILLIAM COMMUNITY NEEDS REPORT

2009



COALITION FOR HUMAN SERVICES

It's About Improving the Quality of Life in the Prince William Area



United Way
of the National Capital Area

2009 Greater Prince William Area Needs Assessment

Executive Summary

The 2009 Greater Prince William Area Needs Assessment has been compiled by the members of the Greater Prince William Area Coalition for Human Services. For nearly twenty years this report has been produced every two years in an effort to identify human services needs and strengths in the Greater Prince William Area.

The Greater Prince William Area (GPWA) is an ethnically diverse county with a population, according to updated census data, of 396,669 residents. The GPWA consists of three independent political jurisdictions: Prince William County, the City of Manassas and the City of Manassas Park. This edition of the Needs Assessment provides data and commentary on various community services and population trends, including specific information on the following topics:

- Population and Demographic Data
- Education and our Youth
- Family Needs and Challenges
- Building A Healthy Community
- Medical and Mental Health Care Information, Utilization and Needs
- Care for the Disabled
- Senior Citizen needs, including housing that allows for “Aging-In-Place.”
- County Transportation Networks
- Community Safety Statistics
- Housing Issues

During the past 15 years the GPWA has experienced growth in both population and business development. However, even with the positive aspects of growth, recent national and local economic changes have had a negative impact on the GPWA as well as the general metropolitan Washington region. The downturn in the economy has severely depressed the housing market and has resulted in a variety of planning and tax policy challenges for local officials. Resolving these issues will be the focus for local governments for at least the next four or five budget cycles.

Despite these national and local economic concerns, the GPWA continues to have two strong Chambers of Commerce, two financially sound and recently renovated hospitals, state-recognized public school systems, continued business growth and a network of strong public and private human services agencies. Accordingly, despite some very challenging public finance prospects, it remains the vision of the Coalition that the GPWA will overcome economic hardships and thrive as a community.

About The Greater Prince William Area

The Greater Prince William Area (GPWA) consists of three independent political jurisdictions: Prince William County, the City of Manassas and the City of Manassas Park. The GPWA is situated approximately 25 miles southwest of the nation's capital, and, during the past 18 years, has experienced tremendous population and housing density growth. The most recent population estimates, appearing on the three political subdivision's web-sites, indicates the population in the GPWA area at 439,294 residents, an approximately 40% increase in population and housing units since 1990.

The GPWA has over 80,000 students in its three area school systems and expends an average of \$10,500 - \$11,000 per student per year. Since the Census of 2000, the GPWA has experienced both growth and changes with regard to student racial and ethnic diversity. The City of Manassas reports 50% of their student population is of Hispanic origin. Similarly, Prince William County Schools, now the second largest school division in the state of Virginia, reported student demographics indicating that the combined Hispanic and African American student population now exceeds White student totals by six percent. For the 2008-2009 school year an average of 27% of children throughout the three area school systems are registered to receive free or reduced-price meals.

At the other end of the age spectrum, statistics by both the AARP and the Brookings Institute show that the population segment of persons over the age of 65 is also growing. Since 1990, Prince William County has experienced a 218% increase in this population group, making it the third fastest growing county in the nation in this measurement. Manassas and Manassas Park have also grown during this same period by 180% and 111% respectively. Henceforth, the implications for health and long term care, recreation, housing and transportation for the elderly will have to factor into community planning.

For the GPWA population as a whole, challenges that affect daily life revolve around several key determinants:

1. A majority of employment opportunities continue to lie outside the immediate locality; over 100,000 residents commute out of the GPWA on a daily basis. Efforts continue to develop local business sites, and the recent decisions concerning base closures and realignment for the U.S. military will have a major influence on all sectors of the local economy through 2012.
2. The continuing national economic downturn has already had significant negative impact on most services offered by state and local governments. The final extent of budget reductions will not be known until mid-2009, but it is likely that the negative effect of the burst housing bubble will last well into the next several budget cycles.
3. Due to the economic downturn, there is a greater risk of homelessness across a much broader spectrum of the population. The area's increase in home foreclosures has been acute, and three zip codes in the Greater Prince William Area are in the top 100 in the country in this disturbing statistic. The result is a growth in community stress factors that affect family cohesion, the supervision of children, a decrease in availability of jobs in selected market segments, and threats to the overall standard of living.
4. The rising cost of health care and the increasing costs for employers to offer or share health care coverage are resulting in an increase in the number of

residents who are uninsured. Nationally, premiums for family health care coverage have increased by 78% since 2001 according to a 2007 report by the Kaiser Family Foundation, and these statistics are applicable locally. One of the effects of this trend is the increasing reliance on emergency rooms as primary care facilities by uninsured families.

All jurisdictions in the GPWA continue to struggle with the programmatic implications and quality of life measures resulting from the mix of precarious economic conditions, rising costs of health care, transportation concerns and community demographic changes. Skilled political leadership coupled with citizen-driven strategic planning will be key factors in resolving competing demands. For those who see a need to maintain a comprehensive and integrated human services delivery system involving the public and private sectors, fact-based advocacy during the budget process will continue to be a high priority.

Demographic Statistics

Population

Prince William County	388,678	(6/08)
City of Manassas	36,666	(estimated for 08)
City of Manassas Park	13,950	(7/07)
Total Population	439,294	

Race	Prince William County (07)	Manassas (08)	Manassas Park (07)
White	59.7%	38.97%	66.60%
Black	19.7	12.64	9.84
American Indian	0.2	0.40	0.47
Asian/Pacific Islander	7.1	4.09	4.74
Other Race	4.3	7.47	18.76
Two or More Races	3.0	4.29	not reported
Hispanic	19.2	32.06	27.43

Age	Prince William County (07)	Manassas (08)	Manassas Park (07)
Under 18	29.6 %	28.8%	31.7%
18-64	64.3	62.9	62.9
65+	6.1	8.3	5.4

Income	Prince William County (07)	Manassas (08)	Manassas Park (07)
Median Household	\$87,243	\$85,574	\$68,964

Educational Attainment (population 25 years and over)

	Prince William County (07)	Manassas (08)	Manassas Park (07)
Less than grade 9	5.6%	6.76%	not reported
Grade 9 to 12 but No Diploma	5.7	11.62	not reported
High School Grad	24.0	23.98	not reported
Some college but No Degree	21.0	23.16	not reported
Associate's Degree	6.3	6.26	8.22
Bachelor's Degree	22.9	17.99	15.16
Graduate or Professional Degree	14.5	10.24	7.16
Percent of High School Grad or Higher	43.0	47.14	76.85
Percent Bachelor's Degree or Higher	37.4	28.23	22.32

Note: data is for fiscal year shown in parenthesis and retrieved from web sites for each jurisdiction

Investing in Our Children

“The test of the morality of a society is what it does for its children. “

(Quote from Dietrich Bonhoeffer)

Recent data indicates the Greater Prince William Area has over 80,000 children registered in area public schools. Today, our children are growing up in a complex environment with many academic challenges and social challenges which range from the presence of gangs and increased peer and social pressure to the prevalence of alcohol, tobacco and other drugs in our communities.

Due to the complexities of every day life for adults more children are left alone during the day. Many of our area parents commute long distances to their jobs or work second jobs to make financial obligations. Parents are finding “time” itself to be a rare commodity. Leaving children alone is not an optimal decision made by parents. Too often such a decision is made due to the lack of availability and the cost of child care. Children in the later elementary school grades and middle school grades are often left alone due to their age and the perception they can be responsible and make good decisions while alone. It is at this time when we begin to notice the increase of risky behavior among our area’s youth.

Time alone for a child has been proven to lead to risky behavior and unfortunate decisions. The GPWA has many worthwhile organizations and individuals committed to providing our children with a safe and healthy environment. Such organizations include but are not limited to: Healthy Families and the Head Start Program, the Boys and Girls Club of the Washington Area, the Prince William Health Partnership, proactive programs sponsored by our area school systems, the Park Service and other community organizations.

Although we are dedicated to providing a safe and healthy community for our youth many of our youth continue to be at risk. The following is information from the Virginia Dept. of Education regarding general educational information about our youth:

<u>Education</u>	PW County	Manassas	Manassas Park	Total
Public School Population	73,657	6,400	2,516	82,573
*Head Start Children	221	51	17	289
High School Graduation Rates	85%	84%	85%	
Drop out rate, 2006-2007	2.5%	3.2%	.9%	
Students receiving F&R lunch	29.%	28%	41%	

*There are 1,583 children living in the GPWA who meet Head Start qualifications but do not receive the program because of lack of funding.

Children and Youth Data 2008

Mental Health and Substance Abuse Data

	<u>FY 06</u>	<u>FY08</u>
# of school aged youth referred for substance abuse assessment	1,191	1,045
#of youth receiving clinic based and in home mental health services and substance abuses services by CSB	574	422
# of school aged youth served by Community Services for Mental Health and Substance Abuse	1,613	1,619
Total number of Community Service Bureau clients	7,234	N/A
Teen Crisis calls	196	168

Child At Risk Information for Prince William County

	<u>FY 06</u>	<u>FY08</u>
# of Child Protective Services (CPS) complaints investigated	559	591
# of CPS founded cases	169	213
# of unfounded CPS child abuse cases	444	378
# of family assessments	386	966
#of Custodial foster care children served	204	155
#of approved foster homes/parents	77	79
# of families considered to be at risk by Head Start but not receiving services	N/A	1,783

Reported Cases of Alcohol, Drug and Tobacco use in Area Schools:

	<u>2006/2007 PW County</u>	<u>2006/2007 City of Manassas</u>	<u>2006/2007Manassas Park</u>
Alcohol use	46/23	7/5	4/4
Drug use	171/87	13/9	1/8
Tobacco use	180/77	18/17	1/15

References:

Risk Information from Prince William County Government
 Head Start Information – Prince William County Schools
 2006/2007 Reported Cases of Alcohol, Drug and Tobacco use in Area Schools – Virginia Department of Education
 Graduation rates, Free and Reduced lunch rates, drop out rates and school population information – Virginia Department of Education

Strengthening Our Families

The 1996 Welfare Reform Act proclaimed a dedication to ‘encourage the formation and maintenance of two parent families’ as a strategy to help poor “fragile” families to become self sufficient. However, the number of children living with a single mother has dramatically increased over the past two decades. Recent data reports that 30% of children in the Greater Prince William area live in single parent households and 40.3% of all the births are non-marital births. This follows the national trend where one out of every three births will be to an unwed mother. ¹

Child care for both single parent and dual parent families can consume a large portion of the family budget. High child care expenses influences families at all income levels, but for low- income families the expenses may even erode the benefits of employment. A parent who would choose to work may not or work fewer hours because of the cost of child care. Parents in two-parent families may work different shifts to reduce costs, which affects the time a family spends together. Some parents may use low quality arrangements, which can lead to problem behaviors, lower cognition and lower school readiness. (NICHD [National Institute of Child Health and Human Development] Early Childcare Research Network 1999)² In the Greater Prince William Area, the availability of affordable and quality day care continues to be very difficult for low income single parent and dual parent families. Currently, 810 children are on the childcare subsidy list, which may result in children left home alone or a teen sibling in charge.

Many first time parents have enough risk factors to be eligible for preventive parenting programs, unfortunately too often the present prevention programs are full to capacity and are unable to serve many of the families in need. If the family unit is the foundation of our society it is imperative that strengthening fragile families becomes a priority.

	PWC	Manassas	Manassas Park	Total
% of births out of wedlock of all births (06)	31%	48%	42%	40.3%
No. of children receiving subsidized child care (07)	2,323	250	104	2677
No. of families on Child Care Development (CCD) waiting list	388	59	23	470
No. of children on CCD waiting list	675	95	40	810

¹ <http://www.urban.org/toolkit/policybriefs/subjectbriefs.cfm?documenttypeid=101>

² <http://www.urban.org/publications/310028.html>

Statistics on graph were gathered from Voices for Virginia’s Children and Kid Count 2006

Basic Needs

It has been a challenge of human services throughout the area to keep the basics of food, clothing and shelter available to residents of the Greater Prince William area. Action in Community through Service (ACTS) and Securing Emergency Resources through Volunteer Efforts (SERVE), two of the largest nonprofit organizations in the Greater Prince William Area have seen a very large increase in need. However, due to funding constraints and food resources it is not possible to meet the need. As the requests have increased, the resources have not. Many families in our region are struggling to provide their families with even the basic necessities like housing, food, utilities and health. The current demand for these basic needs client services has increased 35%. Today's difficult economic environment coupled with the escalating rise in foreclosures and unemployment rates in the Prince William region presents a challenge to many working families and marginally self sufficient individuals. The last two years have been difficult. First, the high gas prices early in 2008 wreaked havoc on tight budgets. Although the gas prices have decreased, the downturn in the housing market has had a domino effect on supporting industries to include the construction, financial and auto industries. Finally, the overall downturn in the economy has lowered the hiring expectations for low and unskilled labor. Many more people are standing in lines at the local food pantries because limited budgets are needed for other basic living expenses, such as rent and utilities. People who once were able to make ends meet must now make difficult decisions on what part of their budget limited funds will be spent. As the needs have increased for human services, lower property values have caused major county and state budget deficits which impact the human services such as homeless shelter support, employment services, and rental assistance that are needed the most during times of hardships. We hope to work more closely with local government to receive funding that would afford us the ability to provide services within an integrated community approach to address community challenges. Our intent is to be regarded as a valuable community partner that helps community leaders solve local issues.

At first glance at the table below, the housing voucher waiting list appears to improve; however, the waiting list has been closed since 2005. The lower numbers reflect the efforts to get people vouchers that have been on the waiting list before 2005. People on the waiting list for Manassas and Manassas Park are told to expect a two- to seven- year wait and if funding for housing vouchers does not increase, the wait can increase to five to ten years.

The effort to end poverty continues in the Greater Prince William Area. The challenges to alleviate human suffering are addressed by a broadly based network of well-coordinated public and private agencies. The Greater Prince William Area is fortunate to have individual citizens, a faith community and civic/human services organizations providing a safety net for those whose lives are in crisis. Preservation of such a human services system is even more critical and must remain an essential goal of the community at large.

The statistics below reflect the data at the end of the fiscal year 2007-2008.

BASIC NEEDS				TOTAL
# of homeless individuals receiving shelter (unduplicated) '05		1,196	'08	1141
# of homeless requesting shelter (duplicated) turnaways '05			'08	3237
		Pr. William Co.	Manassas	Manassas Park
# of children recv'g free or reduced lunches '05		20,880		
# of children recv'g free or reduced lunches '08		23,839	2507	1087
% of students recv'g free or reduced lunches		32%	38%	44.1%
Avg monthly TANF caseload '05	1238	138	44	1,420
Avg monthly TANF caseload '08	1048	118	49	
Avg mo. Food Stamp caseload '05	4487	608	182	
Avg mo. Food Stamp caseload '08	5589	667	79	5,277
Housing Voucher waiting list '05	2569	172(Manassas and Manassas Park combined)		2,741
Housing Voucher waiting list '08	*612 (Close)	**670 (Closed)		1282
				TOTAL
# of eviction orders processed through the Magistrate '05				2,245
# of eviction orders processed through the Magistrate '08				3,751
		<u>SERVE (Western PWC)</u>	<u>ACTS (Eastern PWC)</u>	
# of HH requesting asst. '05			8397	
# of HH requesting asst. '08	1616		9690	11,306
# of HH recv'g food '05	7,482		5,697	13,179
# of HH recv'g food '08	7,632		6,986	14,618
# of HH recv'g rental asst. '05	48		121	169
# of HH recv'g rental asst. '08	97		146	243
# of HH recv'g utility asst. '05	969		1,436	2,405
# of HH recv'g utility asst. '08	1,023		1,269	2,319

Above information received from Manassas City DSS, Manassas Park DSS and Prince William County DSS, ACTS and SERVE.

The Health of the Community

Local Public Health System

A public health system includes public, private, and voluntary entities that contribute to the public's health and well being in the community. This system includes health care providers, social service agencies, community based organizations, educational institutions, public safety, faith-based organizations, and many others. The Prince William Health Department conducted an assessment of the district's local public health system using the Center for Disease Control's (CDC) *National Public Health Performance Standards Program Assessment Tool* in 2008. The purpose of the assessment was to help to identify system strengths and areas that needed improvement.

The assessment revealed forces of change that have affected our community: the real estate market and economy, unforeseen events, and the County resolution regarding legal residency status. Community public health strengths included diagnosing and investigating health problems and health hazards in the community; developing policies and plans that support individual and community efforts; and enforcing laws and regulations that protect health and ensure safety. Weaknesses included: researching for new insights and innovative solutions to health problems; mobilizing community partnerships to identify and solve health problems; and linking people to needed personal health services and assure the provision of health care when otherwise unavailable.

The Prince William Health District identified the following strategies to addresses the public health system weaknesses:

1. Monitor health status to identify community health problems: The Director of the Prince William Health District and the district epidemiologist will engage community partners to develop and maintain a current community health profile.
2. Mobilize community partnerships: By strengthening community partnerships gaps in services will be identified and duplication of services will be avoided. Resource availability will be increased and ideas for problem solving will be maximized.
3. Linking people to needed personal health services: By providing a system of linking people to needed services the Greater Prince William Area (GPWA) community will be better able to assure provision of services, identify service needs, and identify target populations.
4. Evaluating the effectiveness, accessibility and quality of personal health services: By assessing community health indicators and engaging the community to design and implement programs to improve the health of our community.

The following is a summary of resources that are included in this effort:

Access to Health Care

Prenatal/GYN Care: With the change in the real estate market and economy, political philosophies, and unforeseen events the community is faced with citizens who are without health insurance or means to access adequate or appropriate prenatal care. In

addition, because of the rapid population growth and increasing diversity of the GPWHD, many of these people work in jobs that do not provide health insurance and many utilize walk-in clinics or an emergency room on an emergent basis, thus do not receive adequate continuity of health care. The lack of health insurance has led to a delay in entering prenatal care and an increase in the number of deliveries without prenatal care. Approximately 40% of the obstetrical patients at the two area hospitals are either uninsured or covered by emergency Medicaid only.

Prenatal care is a scarce resource for poor women in our area. The health department provides prenatal care for uninsured women up to 133% of poverty level. These women deliver at Potomac and Prince William Hospitals. Potomac Hospital provides prenatal care for uninsured clients who are above 133% of poverty. Prince William Hospital does not have a prenatal clinic. In addition, high-risk pregnant women have little access to specialty services. There are no perinatologists currently practicing in the health district. The majority of women with high risk pregnancies are referred outside of our area to the University of Virginia in Charlottesville and Virginia Commonwealth University in Richmond, the academic medical centers in the state. INOVA has a high risk service but many times they are at capacity. Occasionally private practices in Alexandria and Arlington accept poor and/or uninsured women. Referral is case by case.

GYN services are also provided by the Greater Prince William Community Health Center, Prince William Health District, Family Health Connection, and Free Clinic.

Mental Health: There is a significant gap in mental health services, especially culturally appropriate services for the uninsured. Community Services is a public agency that provides a variety of [mental health](#), [mental retardation](#), [substance abuse](#), and [early intervention](#), as well as [emergency services](#) for the citizens of Prince William County and cities of Manassas and Manassas Park.

Community Services also provides mental health services for low income/uninsured clients. All programs providing primary care in our community are faced with clients who have mental health diagnosis and who, additionally, may have chronic disease(s). Community Services has a backlog for people needing services. The budget difficulties associated with the current economic crisis will allow care for only the most severely mentally ill.

Dental Health: In the Prince William Health District, there are an adequate number of general dentists and specialists to serve the needs of patients able to pay for services, and the majority of area residents are on public water supplies, thus benefitting from fluoridation. There are two Prince William Health Department dental clinics providing services to indigent children and adolescents on Medicaid or qualifying on a sliding fee scale. Medicaid and Child Health Insurance Plans have been modified in recent years to cover more children and have attracted more participating dental providers as well.

There are greater access challenges for low income adult care but there are some resources. The Health Department partners with the Area Agency on Aging to provide services to a limited number of indigent seniors (60+). Prince William Area Free Clinic provides limited clinical dental services and referrals to indigent adults in both Health Department facilities one night per week. Additionally, Northern Virginia Family Services offers dental referrals through its "Dental Link" program for discounted services. Within the region are resources for adult care to include, Northern Virginia Dental Clinic (staffed

by Dental Society volunteers), Howard Dental School, and Northern Virginia Community College Dental Hygiene School. However, most of these providers have limited capacity and present transportation challenges to potential clients.

Primary Care: In response to the need for access to care for low income residents of the area, there are a limited number of safety net providers who target the uninsured and underinsured. All clinics providing this type of care are experiencing increasing patient loads because of the economic downturn. These providers include:

- Greater Prince William Community Health Center serving insured and uninsured residents. The Greater Prince William Community Health Center has extended core hours and made operational changes to address emerging gap in services.
- The Family Health Connection, a mobile medical service sponsored by community partners including Potomac Hospital, Prince William Health District, and other community organization provide services for the uninsured families of eastern Prince William and has a 13 year history of serving the community.
- Woodbridge and Manassas Free Clinics provides primary care services to very low income clients with a volunteer staff.

Special Programs For Access. There are several specialty programs in our area that are adjunct support for primary care providers serving the uninsured. They include:

Pediatric Primary Care Project targets chronically ill children who are low income but do not qualify for health insurance. The program provides access to primary and specialty care for 400 children each year and helps families apply for Medicaid.

Pharmacy Central is a grant-funded program developed and managed by Northern Virginia Family Services. The program assists clients without insurance in the application process for pharmacy assistance programs.

Nova Script Central (NSC) is a nonprofit, collaborative pharmacy, providing life-saving medications for low-income uninsured children and adult patients in Northern Virginia including free and community clinics in the Prince William area. Nova's partner clinics provide the health care, and Nova provides the medication support and the pharmacist counseling. The NSC model is based on research of best-practices and on economy of scale: all clinics using one pharmacy for the benefit of all, rather than each developing their own pharmacy. NSC is able to maximize the professional skills of the pharmacist and technicians, reducing per unit cost of filling prescriptions. NSC provides a consistent supply of over 300 medications for more than 35 chronic diseases such as asthma, diabetes, Parkinson's disease, depression and heart disease. For every \$1 spent on medication, the program returns \$32 in medications to the community.

Sources:

Virginia Department of Health, Division of Health Statistics
<http://www.vdh.virginia.gov/HealthStats/stats.asp>

Virginia Healthy Communities
<http://www.vahealthycommunities.com/>

Virginia Department of Health, Division of Epidemiology
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/>

Annual Reports Potomac Hospital 2007

<http://www.potomachospital.com/documents/2007%20AnnualReport%20Final.pdf>

Annual Report Potomac Hospital 2008: available upon request after 6/2008

Annual Report Prince William Hospital: available upon request

Atlas of Community Health

<http://www.vahealthycommunities.com/>

Health Statistics

The data listed below is a sampling of medical statistics for the Greater Prince William Area for 2007 and 2008 and is a compilation of all three local jurisdictions except as noted:

Dental Care:

Provider	2007	2008
Healthlink	431	568
Health Department		
Children ages 3-21	2125	1759
Age 65 and older	350	335
Private Providers Accepting		
Medicaid for Children	7297	8921
Free Clinic	370	240

Medicaid Enrollees:

Jurisdiction	2007	2008
Prince William County	17809	18615
Manassas	2904	3817
Manassas Park	902	649

Primary Care:

Provider	2007	2008
Prince William Free Clinic (Woodbridge)		
Patients	922	943
Encounters	2845	3118
Prince William Free Clinic (Manassas)		
Patients	1107	1049
Encounters	2863	3127
Family Health Connection		
Patients	1698	1516
Encounters	7492	7314
Greater Prince William Community Health Center		
Patients	1923	
Encounters	4144	

Pediatric Care/Pharmacy Services:

<u>Provider</u>	<u>2007</u>	<u>2008</u>
Pediatric Primary Care	200	200
Pharmacy Central	833	915

Obstetrics:

<u>Infant Mortality per 100 Live Births</u>	<u>2007</u>	<u>2008</u>
Prince William County	4.7	7.2
Manassas	9.5	7.6
Manassas Park	5.2	12.8

<u>Percent of Low Birth Weight Births</u>	<u>2007</u>	<u>2008</u>
Prince William County	6.5	7.1
Manassas	6.3	5.2
Manassas Park	8.4	6.4

<u>Total Deliveries</u>	<u>2007</u>	<u>2008</u>
Potomac Hospital	2326	2015
Prince William Health System	2545	2283

<u>Prenatal Care</u>	<u>2007</u>	<u>2008</u>
Potomac Hospital OB Encounters	2009	636
Prince William Health Department	982	725

<u>Deliveries Without Prenatal Care</u>	<u>2007</u>	<u>2008</u>
Both area hospitals	319	198

<u>Percent Deliveries Without Insurance</u>	<u>2007</u>	<u>2008</u>
Both area hospitals	32%	19.8%

New HIV Cases:

<u>Jurisdiction</u>	<u>2007</u>	<u>2008</u>
All three jurisdictions	66	50

Value of Annual Charity Care:

<u>Provider</u>	<u>2007</u>	<u>2008</u>
Potomac Hospital	\$10,300,000	\$ 9,500,000
Prince William Health System	\$11,223,886	\$12,143,395

Uninsured Persons (All Income Levels/Under Age 65):

<u>Jurisdiction</u>	<u>Number Uninsured</u>	<u>Percent Uninsured</u>
Prince William County	51676	15.5%
Manassas	6609	20.1%
Manassas Park	1967	18.1%

Mental Health and Substance Abuse (All jurisdictions):

<u>Service Type</u>	<u>2007</u>	<u>2008</u>
Suicides	16	not yet reported
Adults with mental illness placed in residential programs	9	36
Adults with substance abuse placed in residential programs	218	181
Adults with mental illness participating in day support programs	132	145
Adults receiving public out-patient Substance abuse treatment	1521	1175

Disabilities

People with disabilities are always faced with challenges and during this time of economic downturn the impact is even greater. Waiting lists for services have increased and some agencies have stopped intake procedures because of potential budget cuts. Although there has been a need to develop services in the fast growing western area of Prince William County, service providers are reluctant to do so because of the lack of funding.

The number one need identified from a recent survey (2009) conducted by the Prince William Disability Services Board was housing. As most persons with disabilities are low to very low income, rental assistance (Section 8) becomes extremely important. A total of 762 people are receiving assistance with another 91 persons on the waiting list. Prince William County has not opened the waiting list since 2005. The City of Manassas opened its waiting list during the summer of 2008 but there is no information available on the number of people with disabilities waiting to receive a voucher.

Accessible housing options are very limited for those with physical disabilities and when a person becomes physically disabled housing renovations are often required. For those with limited incomes renovations become very problematic and can become a safety issue. In addition, supportive housing such as group homes and supported living are often key requirements for many people with disabilities as they require long term programmatic support to live as independently as possible.

Transportation continues to be a barrier for full community integration for people with disabilities. Public transportation is very limited in our community and unless you live along a PRTC OmniLink bus line most persons with disabilities are dependent on family, friends or human services agencies to transport them.

Employment opportunities are an important need and this population has been long neglected in the workforce. People with disabilities want to be tax payers not tax burdens. Research has proven that persons with disabilities given the proper training and support are good workers and often times perform significantly better than the “normal workforce.”

Supportive services are especially needed for individuals with disabilities and their families so the individuals can remain successful in the community and these services strengthen their independence. Support services are significant for those with developmental disabilities and intellectual disabilities (mental retardation). Unlike many medical issues, which respond to medication and short-term rehabilitation, these individuals need support for their life times. Families who care for these individuals also require services and supports to allow them to provide the daily care at home for as long as possible.

Some of the services needed in our community include:

- Developmental child care services

- In-home care
- Respite Care for family members
- Access to local medical specialists

A major challenge facing the non profit agencies in our community is the recruiting and training of staff members to work with this population. Usually the pay is low and the hours long and many of the employees work more than one job.

The entire community shares in the benefits when an individual can remain in the community receiving the long-term and short-term care they need to be as independent as possible.

Disabled (intellectual disabilities)		
Prince William County, Manassas, and Manassas Park	FY06	FY08
No. of persons with intellectual disabilities in group homes or apartments	149	152
No. of persons with intellectual disabilities on waiting list for group homes and apartments	34	104
No. of persons with intellectual disabilities participating in day support services	132	40*
No. of persons with intellectual disabilities on waiting list for day support services	31	70
No. of persons in Sheltered Employment	77	42
No. of Supported Employment participants	99	125
No. of children with special needs receiving child care services	72	93
No. of children with special needs on waiting list for child care services	43	6**
No. of MR Waiver slots	-	205

*County funded service slots

**A monthly waiting list is now tracked as opposed to a yearly list as families need care immediately and do not want to be placed on a waiting list that may never result in placement.

Older Adult Care and Services

**“There was a time when communities were good places to grow old.
We believe that time can come again.”³**

The Greater Prince William Area is experiencing an explosion in the number of older adult residents. In September 2007, *The Washington Post*⁴ reported that Prince William County had the third fastest growing population of adults over age 65 in the United States. The Virginia Department on Aging⁵ stated that by 2030, “one in four Virginians will be age 60 or over.” The following review of services and resources for older adults in our community points out needed changes to improve the health, safety and quality of life for older residents and their caregivers.

Transportation and Other Priority Needs

The number one request for services received at the Area Agency on Aging is for transportation assistance. The Prince William Commission on Aging⁶, a citizen’s advisory group, completed a series of meetings called “Conversations on Aging” in 2007/2008 and confirmed that affordable and accessible transportation options are needed to supplement Omni-Link bus evening and weekend service. The Commission noted that the Western end of the count is greatly underserved by public transportation and that many older adults throughout the GWPA need low cost or volunteer escort service to medical and business appointments. Other frequently requested service needs are emergency utility payments, in-home personal care and homemaker services, affordable and special needs housing, legal assistance, help with dental costs, health insurance and Medicare issues, and locating medical providers who accept Medicare and Medicaid.

Health and Long-Term Care Services

The characteristics of baby-boomers moving into older adulthood will greatly impact the type of community resources needed. Smaller family sizes, higher divorce rates, complicated family structures and 12.6% never married, have changed the traditional sources of family support for elder care (Wacker and Roberto, 2008)⁷. The surge of “new” older adults, along with current older adults living longer will create a tremendous financial strain on Medicare and Medicaid, as well as community, personal and family financial resources. At the same time, chronic health conditions such as Alzheimer’s disease, diabetes, heart conditions, stroke, and cancer increase the need for care options.

According to an AARP study mentioned in Age Plan 2010⁸, “89 percent of older adults wish to remain in their homes as long as possible”. In order to make that possible, many will need periods of in-home services such as personal care, homemakers, companions,

³ Office on Aging, Denver, Colorado. Flyer (date unknown).

⁴ Gowen, Annie, “Brave New Boomers”, *The Washington Post*, September 16, 2007.

⁵ “Addressing the Impact of the Aging Population: Summary of State Agency Reports Pursuant to HB2624 (2007)” retrieved from www.vda.virginia.gov on 12/19/08.

⁶ Commission on Aging, Citizen Advisory Group to Prince William Area Agency on Aging; information from Ray Beverage, Commission Member, September 24, 2008.

⁷ Wacker, Robbyn R & Roberto, *Community Resources for Older Adults*, Sage Publications, Los Angeles, CA, 2008, pages 3-9.

⁸ *Age Plan 2010*, Prince William Area Agency on Aging, Manassas, Virginia, 2004, page 43.

adult day programs, hospice, home safety features and repairs, and home delivered meals for homebound and disabled older adults. Current national, state and local budget restrictions have reduced the availability of many of these services, placing many of our most needy older adults at risk of leaving their homes and being prematurely admitted to nursing homes or other institutional settings. Nevertheless, the AARP Public Policy Institute⁹ states that only 23% of Virginia's Medicaid long-term care funds were allocated to in-home services in 2006.

Independent Living

Our community has a wide variety of housing styles and choices, both in the general community and in age-restricted settings. However, finding affordable, accessible, conveniently located housing continues to be a problem for many, especially for those on fixed incomes. Applicants for subsidized housing vouchers must wait years. The Prince William County Housing Office¹⁰ stated that no new applications for Section VIII vouchers have been accepted since 2005. There is currently at least a four year wait list for those already on the list. Each year's list is broken down into preference groups, and first preference is assigned to elderly and disabled applicants.

"Approximately 78 percent of those 65 and older live in owner-occupied household units and 21.4 percent live in renter-occupied units" in the Greater Prince William Area, according to *Age Plan 2010*¹¹. Home safety is critical for older adults who wish to remain independent because older adults are at a high risk for falls, which are the leading cause of injury in persons 65 and over, and result in the highest rates of hospitalizations and death from Traumatic Brain Injuries, according to the Virginia Department of Health¹². The addition of universal design elements such as grab bars in bathrooms, handrails, stair climbers, step-less entries, enlarged doorways for wheelchair access, shower seats and hand-held showers are some of the ways homes can be made safer and more livable for all age groups.

Assisted Living and Nursing Home Long-Term Care

It has become increasingly difficult to find affordable beds in assisted living or nursing facilities due to the increase of older persons needing institutional care and limitations on funding care. Frail older adults, family caregivers, hospitals and social service providers all struggle to find an affordable bed in an appropriate institution, in or even near our community, when an older adult can no longer live independently. Most assisted living facilities in the Greater Prince William Area do not accept Medicaid, and nursing home beds are increasingly assigned to patients needing short-term acute or rehabilitative care. Contrary to what many believe and plan for, Medicare does not cover long-term custodial care. The number of nursing home beds covered by Medicaid is very limited in number and hard to find. Older persons with a history of aggression, dementia, or severe mental illness may have even more difficulty in finding a placement.

Payment options for assisted living facilities include private pay, long-term care insurance, Veteran's Aid and Attendance Benefit, and Medicaid Auxiliary Grant (limited availability and only available to low income/low resource applicants). Payment options

⁹ "State Long-Term Care Reform in Virginia," AARP Public Policy Institute, 2008.

www.aarp.org/ppi

¹⁰ Prince William County Housing Office, Woodbridge, Virginia. Staff phone interview 12/8/08

¹¹ *Age Plan 2010*, page 25

¹² "Help Seniors Live Better, Longer: Prevent Brain Injury," Virginia Department of Health, updated June 3, 2008.

for long-term custodial care in a nursing home include private pay, long-term care insurance, Veteran's Aid & Attendance and Medicaid. Short-term acute care, skilled nursing and rehabilitation in a nursing home can be covered by Medicare Older Adult

Care in the Greater Prince William Area for the Period 7/1/07 – 6/30/08

Number of older adults who received adult day/health care provided by three adult day programs. As of 7/1/08, two adult day programs remained in the community.	142
Number of in-home service clients (personal care & homemakers)	46
Number of care coordination/assistance clients	626
Number of individuals served by senior centers	2,886
Number of home delivered meals provided to older adults	25,073
Number of homebound persons who received Meals on Wheels	189
Number provided Legal Assistance at the Senior Centers	58
Number of persons who received residential repair and/or home safety equipment and renovations through Project Mend-a-House	166

Institutional Facilities in the Greater Prince William Area

Assisted Living Facilities	# of Beds	Medicare Accepted	Medicaid Accepted	Eastern Location	Western Location
Amerisist Assisted Living	23				▪
Aspen Hill Assisted Living	8			▪	
Caton Merchant House	78				▪
Cobblestones at The Fairmont	90				▪
Golden Years and More	8				▪
Potomac Place	98			▪	
Sudley Manor House	83				▪
Summerville Assisted Living at PW	72			▪	
Westminster at Lake Ridge	46			▪	
Willow Oaks at Birmingham Green	92		▪		▪

Nursing Facilities	# of Beds	Medicare Accepted	Medicaid Accepted	Eastern Location	Western Location
Birmingham Green Nursing Care	179	▪	▪		▪
Gainesville Health and Rehabilitation	120	▪	▪		▪
Manassas Nursing and Rehabilitation	120	▪	▪		▪
Ruxton Health of Woodbridge	120	▪	▪	▪	
Westminster at Lake Ridge	60	▪	▪	▪	

Caregiving

*Age Plan 2010*¹³ states that over 80% of in-home elder care is provided by family caregivers. The National Alliance of Caregivers report, cited by *Age Plan 2010*, outlines high levels of caregiver stress, frustration, and negative effects on caregiver health. The National Family Caregivers Association¹⁴ (NFCA) reports that “17% of family caregivers are providing 40 hours of care a week or more,” and that “30% of family caregivers caring for seniors are themselves aged 65 or over.” Many older caregivers have their own chronic health conditions and with the additional stress of difficult caregiving duties, have a “63% higher mortality rate than their non-caregiving peers.” Caregivers also often suffer financially. The National Family Caregivers Association further reports that “women who are family caregivers are 2.5 times more likely than non-caregivers to live in poverty.”

Caregiver support groups provide a safe atmosphere for discussion, resource sharing and emotional support. However, physical assistance with personal care and respite support is most often the key to keeping an older or disabled adult at home. To help meet that need, the Area Agency on Aging provided 14,165 hours of in-home service including personal care, respite, bath, and homemaker service as documented in the Area Agency on Aging Activity Group Report¹⁵ during the period of 7/1/07 through 6/30/08. Funds are already insufficient to meet the need. Rationing of service hours, use of a sliding fee scale, and wait lists are tools used to manage the requests. Budget cuts will further reduce services.

Virginia is placing new emphasis on Consumer Directed Care (CDC) which is intended to increase self-directed care, customer satisfaction, and more effective use of scarce resources. Those approved for Medicaid waivers receive names of agencies that facilitate CDC. Options for payment of in-home care include private pay, long-term care insurance, short-term Medicare funded services (usually upon discharge from a hospital), Hospice, Medicaid Elderly and Disabled Medicaid waiver, and Veteran's Aid and Attendance benefit.

Money Follows the Person (MFP) is an initiative funded under the Deficit Reduction Act of 2005, used to facilitate consumer choice both in the type of long-term Medicaid services received and selection of providers. According to a memo published by the National Senior Citizens Law Center¹⁶ (January 2008), MFP provides financial incentives and transition coordination for individuals who have been institutionalized over six months and wish to return to a community setting. It also provides funding for home modifications and assistive devices needed by those receiving in-home care through Medicaid home and community based services.

¹³ *Age Plan 2010*, page 50

¹⁴ “Caregiver Statistics,” National Family Caregivers Association, Retrieved 11/2/08 from www.nfcacares.org.

¹⁵ “Agency on Aging Activity Group Report,” Prince William Area Agency on Aging, Manassas, Virginia, 10/31/08

¹⁶ Goffey, Gene. “Money Follows the Person,” National Senior Citizens Law Center, Washington, DC, January 2008

Senior Center Activities

The Prince William Area Agency on Aging Activity Group Report ¹⁷ indicates that in program year 2008, over 2800 older individuals participated in opportunities for socialization, education, exercise, nutrition, legal and seasonal tax assistance at the Woodbridge and Manassas Senior Centers. A total of 28,199 congregate meals were served. Meals on Wheels, prepared at the centers, were delivered to 186 homebound seniors. National, state and local budget cuts will reduce the amount and type of services that can be provided. Areas most likely to be affected by budget cuts are the center bus service (which allows many otherwise homebound seniors the chance to attend the senior center) and a reduction in the scope of the nutrition program.

Finding Services

Virginia has adopted a “No Wrong Door” approach to make it easier to locate services and resources for older and disabled adults. Key components of the system include the Area Agency on Aging Information and Assistance Division (703-792-6374), customized web-based searches through Virginia Easy Access (www.easyaccess.virginia.gov), and 24 hour/day phone and e-mail access to “211” (www.211virginia.org).

The Area Agency on Aging will assist with on-line Medicaid applications, electronic data entry of the Uniform Assessment Instrument, and will continue to provide care coordination for older adults with multiple service needs. A new state-wide community partner system, “PeerPlace,” will allow electronic sharing of eligibility information (with client’s permission) in order to reduce the need for clients to provide the same information to multiple providers, and will make it easier to identify gaps in services by allowing detailed tracking of specific service requests and referrals.

“With limited potential to improve their income through work, older people have become economically vulnerable to circumstances over which they have no control: loss of a spouse, deterioration of their health and self-sufficiency, Social Security and Medicare legislation...” ¹⁸ We must now add the current economic crisis to that list. We must work together and continue to seek compassionate, creative, efficient and effective ways to provide services to older adults in our community, especially those most vulnerable.

Please review the resources for older adults listed at the end of this publication.

¹⁷ “Agency on Aging Activity Group Report” 10/31/08.

¹⁸ *Age Plan 2010*, page 61.

Transportation

According to Prince William County's *Third Quarter 2006 Demographic Report*, the Census Bureau's 2005 American Community Survey indicates that 24.6% of all workers in Prince William County travel 60 or more minutes one way to work, or three times the national average. The same survey indicates that the average travel time to work for all of the county's residents is 40.5 minutes, evidencing a continuing upward trend (the average commute times in 2000 and 1990 were 36.9 minutes and 36 minutes, respectively). As documented by the County's annual citizen satisfaction surveys, these lengthening travel times is a principal contributing factor to the declining level of citizen satisfaction in the ease of getting around.

The principal public transportation provider in the Greater Prince William Area, the Potomac and Rappahannock Transportation Commission (PRTC), continued the growth trend reported in the 2002 Needs Assessment. In FY 2008 PRTC carried more than 11,000 daily passengers and is currently averaging over 12,000 (about twice the 2002 level) with an active fleet of 126 buses. PRTC provides three distinctive bus services that complement commuter rail service (the Virginia Railway Express, which is jointly sponsored by PRTC and the Northern Virginia Transportation Commission): (1) OmniRide, largely serving commuters with jobs in and around the DC core area; (2) OmniLink, providing local service in Prince William County, the City of Manassas, and the City of Manassas Park; and (3) Metro-Direct, providing service linking the Prince William area and Metrorail stations at or near the end of the Blue and Orange lines.

Service expanded modestly between 2002 and 2006. OmniRide expansions include: (1) new OmniRide routes linking Cardinal Drive/North Route One/PW Parkway to the Pentagon/DC and mid-county to Roslyn/Ballston; (2) additional midday and later evening services added to existing OmniRide routes ; and (3) additional peak period trips added to existing OmniRide routes as necessary to avert overcrowding. OmniLink expansions include: (1) Saturday service on the eastern routes; (2) a new route running the entire length of Route One within the County; and (3) increased frequency of service on the existing easterly routes from once-every-45 minutes to once-every-30 minutes in peak periods. During this same four-year period, the OmniLink services celebrated their tenth anniversary (in 2005), and a new fleet of low-floor buses was acquired. Metro-Direct services were also enhanced during this period, including: (1) a new route linking Gainesville and the West Falls Church Metrorail Station; and (2) improved frequencies on both the Prince William and Manassas services. Finally, cross-county service was also established and recently expanded so it operates at hourly intervals rather than once-every two hours as it did before.

Since 2006, expansion has been limited to addressing overcrowding. Prospectively, PRTC expects to begin a state-funded commuter bus route between eastern Prince William and Tysons Corner in 2009 as part of a plan to help travelers bound for Tyson's cope during the construction of new, high occupancy toll (HOT) lanes on the Capital Beltway. The only other anticipated service expansion in the coming year for bus and rail is for continued overcrowding relief.

Because of funding limitations, no new service is envisioned in the near future, though there are multiple unmet needs. New and expanded services to address these unmet needs are envisioned in a staged fashion by PRTC's adopted short and long range

plans, but implementation of these services must await local government sponsorship before they can happen. They include, but are not limited to: more frequent OmniLink service on existing routes; expansion of OmniLink service to encompass a larger geographic area; more robust weekend OmniLink service and weekend Metro-Direct service; and new OmniRide routes to take full advantage of the planned HOT lanes on the beltway and I-95.

Transportation

Avg. daily OmniLink riders '02			Avg. daily OmniLink riders '08		
2335			3,746		
Avg. daily OmniRide riders '02			Avg. daily OmniRide riders '08		
3798			7,472		
Avg. daily VRE riders '02			Avg. daily VRE riders '08		
Fredericksburg	Manassas	Total	Fredericksburg	Manassas	Total
6,254	5,522	11,776	7,861	6,779	14,640
Avg. daily users of vanpool services '02			Avg. daily users of vanpool services '08		
3721			2,814		
Avg. Saturday ridership '02			Avg. Saturday ridership '08		
NA			1,346		
No. of avg. daily trips outside of normal route '02			No. of avg. daily trips outside of normal route '08		
280			241		

*PRTC Strategic Plan, October 2004 and PRTC Long Range Plan, November 2007

Community Safety

“Crime rates convey a sense of an area’s safety and security, and can in turn affect the feelings of citizens towards their community and their government...” (www.vaperforms.virginia.gov). The crime rate, a percentage of the total number of crimes per population has decreased in the Greater Prince William area over the last several years, following a trend in the National Capital Region. The 19.8% crime rate in Prince William County is the lowest rate in a 5-year period. Property crimes make up 92% of all the reported crimes in Prince William County and violent crimes constitute 8% of crimes. The number of rapes reported in 2007 did increase over 2006, but remains below the five year average for rapes.

The data below for the police departments are based on calendar years. The latest available data is 2007. The data from ACTS/Turning Points is based on the fiscal year (July-June). ACTS/Turning Points client numbers have increased reflecting new programs addressing domestic violence even as the women and children entering the safehouses have decreased.

	Prince William County	Manassas	Manassas Park	TOTAL
Crime Rate (06)	21.6%	NR	NR	
Crime Rate (07)	19.8%	NR	NR	
No. of police calls for domestic violence (06)				
Reports	NR	588	218	
Arrests		155		
No. of police calls for domestic violence (07)	1358		397	
No. of persons served by ACTS/Turning Points (07)				
Women				1439
Children				624
No. of persons served by ACTS/Turning Points (08)				
Women				1634
Children				884
No. of domestic violence victims at ACTS/Turning Points Shelter (FY 07)				
Individuals				342
Bednights				7525
No. of domestic violence victims at ACTS/Turning Points Shelter (FY 08)				
Individuals				141
Bednights				5908
No. of individuals served at court by ACTS/Turning Points (07)				NR
(Reporting criteria changed, not comparable with 08)				
No. of individuals served at court by ACTS/Turning Points (08)				1412
No. of batterers served in group by ACTS/Turning Points (07)				298
No. of batterers served in group by ACTS/Turning Points (08)				218

	Prince William County	Manassas	Manassas Park	TOTAL
No. of murders (06)	16	NR	NR	16
No. of murders (07)	9	2	1	12
No. of forcible or attempted rapes (06)	21	23	10	62
No. of forcible or attempted rapes (07)	28	14	8	50
No. of robberies (06)	351	63	9	322
No. of robberies (07)	272	60	5	337
No. of aggravated assault (06)	347	88	NR	435
No. of aggravated assault (07)	316	91	14	421
No. of sex offenses (06)				
Adults	74	NR	NR	
Juveniles	17	NR	NR	
No. of sex offenses (07)				
Adults	66	NR	NR	
Juveniles	19	NR	NR	
No. of sex offenders on registry (06)	208	85	5	
No. of sex offenders on registry (07)				

Metropolitan Washington Council of Governments 2007 Annual Report on Crime and Crime Control. <http://www.mwcog.org/uploads/publicdocuments/8FdYXw20080910145029.pdf>

Prince William County Police 2007 Crime Statistics

Community Safety Con't

The programs serve the youth of the 31st Judicial District, which includes Prince William County, and the cities of Manassas and Manassas Park. For this report, the target population is defined as the judicial district youth in grades 6 through 12; and in 2005, there were approximately target population youth.

FY2008 projected Juvenile Detention Statistics:

Juvenile Detention Center	
Pre-Dispositional Secure Detention Juveniles admitted	674
Post-Dispositional Secure Detention Juveniles admitted	N/A
Outreach to Detention Juveniles admitted	264
Electronic Monitoring Juveniles admitted	74
Juvenile shelter	267
Group home for boys	27admitted
Group home for girls	30admitted
Day Reporting Center	N/A
*No. of available slots in Group Homes (as of this writing there are no openings in either program)	
Girls home = 12	Boys home = 12
*No. of group home placements per year ('08)	
Girls home = 30	Boys home = 27
	Total = 57
Avg. monthly waiting list for group homes	
Girls home = 0	Boys home = 0
*No. of runaways from group homes ('08)	
Girls home = 5	Boys home = 8
PW Juvenile Detention Center placement capacity	
Pre-dispositional Youth = 52	Post-dispositional Youth = N/A
No. of avg. daily population at PW Juvenile Detention Center	
Pre-dispositional = 36	Post-dispositional =N/A
No. of placements in the Molonari Shelter	9
No. of youth admitted to Molonari Shelter program ('08)	267
No. of placements in Post detention program ('08)	N/A
Gang Reporting	NA

Statistics from PWC government

Housing

No category of community need in the Greater Prince William Area has changed more dramatically since the 2007 edition of the Community Needs Assessment than that of housing. Two years ago, the issue was whether housing costs would ever slow their meteoric rise and whether there would ever be housing in any community in the metro Washington area that could be classified as affordable.

The 2007 Community Needs Assessment documented the early hints of a downturn in housing prices that industry commentators labeled as a temporary adjustment. Subsequently, the housing price bubble burst and inundated the community in the sub-prime mortgage crisis. The result for the area has been a glut of foreclosed properties, an ongoing search for creative ways to clear this negative inventory and a severe drop in tax revenues for all local jurisdictions.

As of the preparation of this Community Needs Assessment, the monthly rate of foreclosures continues to exceed the rate of real estate sales in Prince William County. In late September, 2008, the United States Department of Housing and Urban Development (HUD) announced a stopgap program called Neighborhood Stabilization Funding to provide assistance to communities with severe dislocation issues. Policy details regarding how \$4.1 million will be used in the community are in the final stages of approval, but it is likely that this program will reduce the inventory of foreclosed properties by less than one hundred units. Federal monies will also be funneled through the various states. The Commonwealth of Virginia is in the process of finalizing its procedures and goals, and it remains to be seen whether Prince William County and the two cities will be participants in the state-wide effort. Again, the size of the federal funding pool will mean a relatively small reduction in the stock of foreclosed properties in the Greater Prince William Area and much of the variance in the numbers, regardless of which program is discussed, will relate to the amount of rehabilitation work that will be required for each property. That said, every little bit helps, and jurisdictional officials are open to creative solutions.

One such effort is Prince William County and City of Manassas programs to provide mortgage assistance to the local government work force through partnerships with the banking industry regarding investment of County funds in commercial certificates of deposit. The success of this innovative program will hinge on resolution of the credit crisis and a willingness of banks to partner with local government.

Given the massive monetary system dislocations of the last half of 2008, development of new housing tracts in the region has slowed to a trickle. As of January, 2009, The Housing Chapter of the County's Comprehensive Plan has yet to be passed by the Board of County Supervisors, and a part of that delay is related to elimination of any verbiage that would connote the County's desire to build more affordable housing units so long as there are any foreclosed properties on the books. That notwithstanding, in the days just prior to the bursting bubble of housing speculation, the effort to identify opportunities to build affordable units within developments had borne some positive results. Of particular significance was the nineteen-unit development in the Bristow area sponsored by Catholics For Housing. Owners of these units are police officers, teachers and firefighters from the local community. While substantial subsidies were needed to

bring the project to completion, the result has become a model for other developers to emulate once serious building resumes in the area.

In the next three to five years, the implementation of the federal government's Base Realignment and Closure program (BRAC) will, hopefully, create demand for housing in eastern Prince William County, primarily along the I-95/Route 1 corridor. Foreclosed properties in that sector will provide excellent opportunities for far-sighted and ambitious purchasers who can see past the need for rehabilitation work on what will likely be somewhat distressed properties.

Housing Choice Vouchers from HUD remain at a total of approximately 2200 for all three local jurisdictions. Considerable effort has been made to update waiting lists and to verify eligibility criteria for those in need of housing assistance. Here, too, the foreclosure crisis has had an effect in that some families who have been renters under the voucher program have been dislocated because landlords have become embroiled in the prime mortgage crisis. Given the current state of federal funding, there is no forecast of an expansion of the voucher program.

Another housing issue drawing increased attention relates to the fact that the Greater Prince William Area has a population segment that is aging at a rate ahead of the national average. Considerable work has been done by interest groups on the acceptance of revised building standards referred to as "Universal Design." This set of architectural elements in housing design has been developed to allow seniors to have full use of their dwellings as they advance in age, hence the term "Aging-in-Place." Support for safer and more accessible housing units are reflected in the County's Five Year Consolidated Housing and Community Development Plan.

Resource List

Financial Assistance - Housing

ACTS, Dumfries, (703) 221-3186
Catholics for Housing (703) 330-1541
Francis House, Dumfries (703) 221-6344
Holy Family, Dale City (703) 670-8161
SERVE, Inc., Manassas, (703) 368-2979
St. Vincent de Paul Society, Manassas (703) 368-2429
TANF (Temporary Aid to Needy Families) Prince William Co. DSS (703) 792-7500

Financial Assistance - Utilities

ACTS, Dumfries, (703) 221-3186
Catholics for Housing (703) 330-1541
Energy Share, Dominion VA Power (administered through SERVE & ACTS)
Francis House, Dumfries (703) 221-6344
Holy Family, Dale City (703) 670-8161
Operation Roundup, NOVEC (administered through SERVE & ACTS)
SERVE, Inc., Manassas, (703) 368-2979
St. Vincent de Paul Society, Manassas (703) 368-2429
TANF (Temporary Aid to Needy Families) Prince William Co. DSS (703) 792-7500

Food Pantry/Emergency

ACTS, Dumfries, (703) 221-3186
Francis House, Dumfries, (703) 221-6344
Holy Family, Dale City, (703) 670-8161
Hope Aglow Empowerment Center, Woodbridge, (703) 590-0505
Salvation Army, Woodbridge (703) 580-8991
SERVE, Inc., Manassas (703) 368-2979
St. Vincent de Paul Society, Manassas, (703) 368-2429

Health Services/Free Clinic

Prince William County Health Department, Manassas (703) 792-6378, Woodbridge (703) 792-7321

Elderly Services

www.pwcgov.org/aoa	Area Agency on Aging for Greater Prince William area
www.easyaccess.virginia.gov	Services & supports in VA for adults, disabled, & caregivers
www.virginiannavigator.org	General or customized search for services in Virginia
www.seniornavigator.org	Aging and disability resources
www.211virginia.org	General community resources and ability to e-mail Q & A's.
www.medicare.gov	Link to Medicare information
www.medicare.gov/caregiver	Provides caregivers with assistance on Medicare issues
www.disabilityinfo.gov	Disability-related information & resources
www.vahealth.info	"One-stop shop" for Virginia health issues
www.longtermcare.gov	"National Clearinghouse" for long-term care issues
www.HHS.gov	Info on Medicaid program
www.va.gov	Veterans Affairs
www.alz-nova.org	Alzheimer's Association, Northern Virginia Chapter

2009 Community Needs Report Acknowledgments

This report was compiled by a working group of members of the Greater Prince William Coalition for Human Services, volunteers, and many agencies both public and private. The group drew on the data of a variety of resources and professional publications. The Prince William Area is fortunate to have a great working relationship between all of the human service agencies and public service programs. Our thanks go to following public agencies for their contributions to this document: City of Manassas, City of Manassas Park, and Prince William County Social Services and Family Services; Area Agency on Aging; Community Services; Housing and Community Development; Police; Fire and Rescue; Court Services Unit; Potomac Rappahannock Transit Commission; Public Schools; Departments of Vital Statistics and Information Technology. Thanks, also, to the following private sector agencies: ACTS; Brain Injury Services; Habitat For Humanity; Independence Empowerment Center; Northern Virginia Family Service; Prince William Health Partnership; Potomac Hospital; Prince William Health System; PWC Health Department; Project Mend-A House; SERVE and The Arc of Greater Prince William.

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Report of Distribution of 2008-2009 United Way Community Impact Fund Grants

A committee of sixteen community volunteers reviewed thirty-six grant proposals and recommended distribution of funding to twenty-six programs administered by eighteen community service agencies. Criteria for grant selection were the degree to which programs supported community service needs as identified by the most recent Community Needs Assessment document produced by the Coalition For Human Services and the United Way. Grant recommendations were reviewed and approved by the Board of Directors of the United Way of the National Capital Area at the Board's June, 2008 meeting. Distribution of funds began on July 1, 2008, and all funded services are to be completed by June 30, 2009. The amount distributed was \$269,884.00,

Agencies receiving funding (in alphabetical order) were as follows: ACTS for its Emergency Assistance, Child Care and Transitional Living programs; The Arc of Greater Prince William for its Developmental Day Care, Pathways to Life Recreational Therapy and Respite Care programs; Capital Hospice for its Indigent Care program; CASA for its Child Protection and Advocacy program; Catholic Charities for its Hogar Hispanic ESL and Immigration Services programs; Catholics For Housing for its Housing Down Payment Assistance program; ENS Youth Mentoring Partnership for its leadership program for at risk teens; Food and Friends for its AIDS Assistance program; Girl Scouts of America for their Minority Outreach Recruitment program; Legal Assistance of Northern Virginia for its Advocacy for the Elderly program; Literacy Volunteers of America (Prince William Chapter) for its Reading Skills and Comprehension program; National Multiple Sclerosis Society for its Respite program; Northern Virginia AIDS Ministry for its Emergency Assistance program; Northern Virginia Family Service for its Transitional Housing, Health Link and Pharmacy Central programs; Pediatric Primary Care Project for its Newborn Parenting Program; Project Mend-A-House for its Home Repair program; SERVE for its Emergency Assistance and Second Chance Transition Housing programs; and Volunteer Emergency Families For Children for its Child Rescue operations.