

An Assessment of Community Needs
For Prince William County and the Cities of Manassas and Manassas Park
For the years 2015 and 2016

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An Overview of the Greater Prince William Community

The 2013 edition of this community needs assessment addressed the dynamic changes being experienced in Prince William County and the cities of Manassas and Manassas Park in the period following the housing bubble explosion and the federal government's downsizing of the military infrastructure and its continuing concerns about budget deficits. Sequestration was about to become a reality, and no one was making positive predictions about what that would mean for the Virginia economy. Now, as the calendar has turned to pages marked 2015, what has become of the trepidations expressed in 2013? The following paragraphs provide some detail regarding the impact on the community as published by The Commonwealth Institute in a document titled "Bursting The Bubble" and as updated from subsequent census reports.

".....Prince William County has not escaped the impact of the "Great Recession" and more recent federal spending cuts, and further challenges loom for all those who are concerned with building a prosperous future for all county residents.

First and foremost, any discussion of economic conditions in Prince William County must consider the role of the federal government, including civilian and military employment. Federal civilian employment in Prince William County and the rest of Northern Virginia grew rapidly during the recession, partially shielding the region from its impact. However, that buoy is beginning to sink. Federal civilian employment in Prince William County peaked in 2013 at about 7,000 jobs but has since declined to about 6,700 jobs as of June 2014. And while the number of military jobs in Prince William County increased in 2013, the number and share of county residents who are in the Armed Forces dropped sharply between 2009 and 2013 (equivalent information for 2014 is not yet available).

With the slowdown in federal employment for county residents, Prince William has not seen the same economic acceleration in the past year as the country as a whole. The number of unemployed residents living in Prince William has come down somewhat, but remains almost twice pre-recession levels.

With more unemployed residents and job uncertainty keeping wages from increasing, more families in Prince William are struggling to make ends meet. The poverty rate for families with children is up 66 percent compared to pre-recession levels, and 14 percent of children under the age of 5 now live in poverty, up from 7 percent in 2007. And, although the worst period of the foreclosure crisis has finally ended in Prince William, housing values are still down about 27 percent from the peak and 19 percent of homes in the county are still "underwater," which means the homeowner owes more than the home is worth.

And there are other challenges. Prince William County was the 39th fastest growing county in the United States between 2010 and 2013, which created pressures in terms of commutes and housing costs. There were about 244,000 Prince William County residents who were working or looking for work in 2013, including 239,000 residents in the civilian labor force. But there were only 117,000 civilian employees working in Prince William County in 2013. More residents of Prince William work outside the county than in it, and almost a quarter of employed county residents spend an hour or more getting to work on a typical day. By comparison, 7 in 10 American workers are employed in their county of residence and just 8 percent of all Americans have commutes to work that take an hour or more.

These trends often hit lower-wage workers hardest, both due to the cost of commuting and time away from family. Among the lowest-earning workers living in Prince William County—those making \$1,250 a month or less—16 percent were commuting more than 50 miles for those jobs in 2011. Just 4 percent of workers earning less than \$35,000 per year are able to work from home, compared to 6 percent of workers earning \$75,000 or more.

With the median monthly costs of paying a mortgage and maintaining a home above \$2,000 and rental costs of almost \$1,500, many families in Prince William County are spending a high share of their income on housing. By the Department of Housing and Urban Development's measure of housing affordability—spending less than 30 percent of household income on housing-related costs—25.5 percent of homeowners with a mortgage and 53.3 percent of renters in the county are paying too high a share of their income toward housing. The number of households struggling with being able to afford their housing may be driving the rising share of households in Prince William that could be considered overcrowded by the standard of having more than one resident per room (excluding kitchen and bathrooms) in the home.

More trouble may be ahead for Prince William County, particularly for those county residents who are living closer to the economic edge. Federal discretionary spending—the type of spending that is most likely to impact the economy in the vicinity of the capital—was 7.2 percent of national GDP in 2013, but based on current law will fall to 6.3 percent of GDP in 2016 and 5.6 percent in 2020. Steps must be taken now to lay the best possible groundwork so that all Prince William County residents are prepared to succeed in a variety of economic circumstances, as well as ensuring that those county residents who may fall on hard times have community resources to help them get back on their feet and help their children continue to flourish.....”

The above information has essentially been confirmed by the Commonwealth of Virginia's own predictions regarding declining tax revenues and the resultant impact on the budget processes for localities across the state. All of this points to a biennium in which human service agencies, both public and private, having already tightened their fiscal belts, will have to get even better at being innovative in terms of service delivery. And, not surprisingly, the element of crisis invariably raises the demand for those services.

On a positive note, the undiminished emphasis on collaborative private agency networks and the outreach of government to strengthen partnerships with the private sector will be useful in keeping all of the players focused on closing service gaps and working in advance to seal the cracks through which some of the most vulnerable of our neighbors have slipped in previous times. The details of those accomplishments and identification of remaining gaps are addressed in the balance of this report.

THE HEALTH OF THE GREATER PRINCE WILLIAM AREA

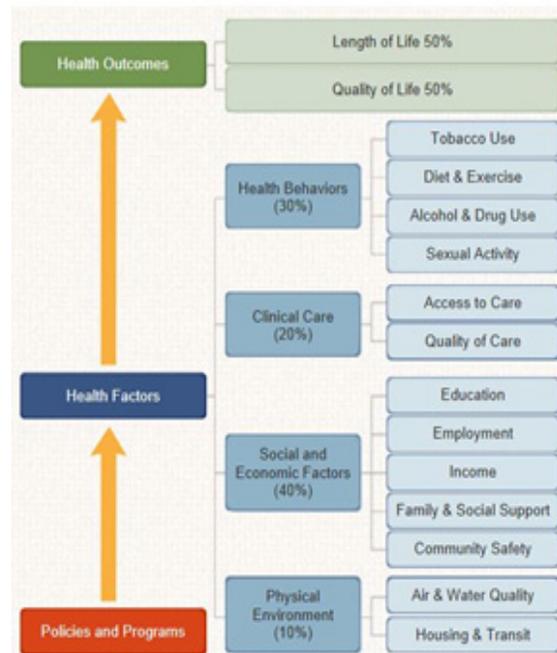
The health of a community is multifaceted, influenced by many determinants of health including genetics, personal behaviors and lifestyle choices, socioeconomic status and environmental elements. Health is not simply defined as the absence of disease and sickness, but is impacted by ones overall well-being from a physical, mental and social perspective. According to the Centers for Disease Control and Prevention’s Division of Community Health,

“A community approach to healthy living can have broader effects than the efforts of people working on their own to make healthy changes. Working at the community level to promote healthy living and prevent chronic disease brings the greatest health benefits to the greatest number of people in need. It also helps to reduce health gaps caused by differences in race and ethnicity, location, social status, income, and other factors that can affect health.”¹

The health status of our community depends on the integration of programs and policies and requires multidisciplinary, cross-sector engagement.

Since its development in 2010, communities have used the annual *County Health Rankings & Roadmaps* to identify the status of determinants of health that impact the wellbeing of their communities. County Health Rankings uses county-level data from state and national sources to rank counties according to (1) health outcomes (mortality and morbidity) and (2) health factors (health behaviors, clinical care, social and economic factors, and physical environment).²

According to the County Health Rankings, when compared to 133 jurisdictions in Virginia, Prince William County and Manassas Park City ranked amongst the top 10 for overall health outcomes in 2013 and 2014. However, Manassas City experienced a notable decline from 2013 to 2014 from 7 to 22 which may be attributed to the stark decline in the quality of life ranking from 4 to 46. In addition, the overall health factors ranking remained relatively stable for Prince William County and Manassas Park City from 2013 to 2014, but declined for Manassas City.²



Source: County Health Rankings and Roadmaps, 2014

| | Overall Health Outcomes | | Length of Life* | | Quality of Life** | |
|-----------------------|-------------------------|------|-----------------|------|-------------------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Prince William County | 10 | 8 ↑ | 6 | 6 = | 41 | 31 ↑ |
| Manassas City | 7 | 22 ↓ | 15 | 15 = | 4 | 46 ↓ |
| Manassas Park City | 9 | 10 ↓ | 8 | 8 = | 31 | 41 ↓ |

*Length of life is defined by the County Health Rankings as the burden of premature deaths (<75 years of age).

**Quality of life is measured by overall health and physical and mental health (self-reported) as well as birth outcomes.

| | Overall Health Factors | | Clinical Care | | Health Behaviors | | Social and Economic Factors | | Physical Environment | |
|-----------------------|------------------------|------|---------------|-------|------------------|------|-----------------------------|------|----------------------|-------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Prince William County | 21 | 21 = | 76 | 78 ↓ | 31 | 20 ↑ | 18 | 15 ↑ | 64 | 64 = |
| Manassas City | 50 | 70 ↓ | 69 | ↓ 79 | 18 | ↓ 51 | 75 | 70 ↑ | 42 | ↓ 127 |
| Manassas Park City | 65 | ↓ 68 | 124 | ↓ 130 | 66 | ↓ 77 | 36 | ↑ 27 | 104 | ↓ 116 |

GPWA Residents' Opinion of Need

In 2013, the Prince William Health District (PWHD) conducted a Health Check Survey to identify the public health issues of greatest concern to the residents of the Greater Prince William Area (GPWA), including Prince William County and the Cities of Manassas and Manassas Park. The survey was available online and distributed community-wide for three months from February to April 2013. A total of 1,245 surveys were completed. Of this total, 1,212 surveys were analyzed after excluding duplicate surveys and those surveys with missing jurisdiction information. The top 10 priority areas that were identified based on responses to the survey question “Which five behaviors/health issues are of greatest concern to our community’s well-being?” are below, by jurisdiction.³

Top 10 Public Health Issues of Greatest Concern (2013 Health Check Survey)

| GREATER PRINCE WILLIAM AREA | | |
|-----------------------------|-------------------------|--|
| Rank | Public Health Topic | % of respondents (denominator = 1,194) |
| 1 | Cost of Healthcare | 40.4% |
| 2 | Obesity | 38.1% |
| 3 | Access to Healthy Foods | 26.3% |
| 4 | Drug Abuse | 26.0% |
| 5 | Aging Issues | 23.5% |
| 6 | Mental Health Issues | 22.9% |
| 7 | Dental Care | 19.3% |
| 8 | Alcohol Abuse | 18.9% |
| 8 | Lack of Exercise | 18.9% |
| 10 | Child Abuse/ Neglect | 17.8% |
| 10 | Distracted Driving | 17.8% |

| PRINCE WILLIAM COUNTY | | |
|-----------------------|---|--------------------------------------|
| Rank | Public Health Topic | % of Respondents (denominator = 893) |
| 1 | Cost of Healthcare | 41.6% |
| 2 | Obesity | 38.5% |
| 3 | Aging Issues | 26.7% |
| 4 | Access to healthy foods | 24.2% |
| 4 | Mental Health Issues | 24.2% |
| 6 | Drug use/abuse | 23.7% |
| 7 | Lack of exercise | 19.9% |
| 8 | Distracted driving | 19.3% |
| 9 | Dental health | 18.3% |
| 10 | Alcohol use/ abuse | 16.6% |
| 10 | Availability of health care within GPWA | 16.6% |

| MANASSAS CITY | | |
|---------------|-------------------------|---|
| Rank | Public Health Topic | % of Respondents (denominator = 251) |
| 1 | Cost of Healthcare | 36.4% |
| 2 | Obesity | 35.5% |
| 3 | Drug use/abuse | 30.2% |
| 4 | Access to healthy foods | 29.8% |
| 5 | Child abuse/neglect | 27.3% |
| 6 | Alcohol use/abuse | 24.0% |
| 7 | Dental Care | 21.5% |
| 7 | Mental health issues | 21.5% |
| 9 | Gang involvement | 19.8% |
| 10 | Family planning | 19.0% |

| MANASSAS PARK CITY | | |
|--------------------|-------------------------|--|
| Rank | Public Health Topic | % of Respondents (denominator = 68) |
| 1 | Drug use/ abuse | 41.5% |
| 2 | Obesity | 41.5% |
| 3 | Access to healthy foods | 40% |
| 4 | Cost of healthcare | 38.5% |
| 5 | Alcohol use/ abuse | 32.3% |
| 6 | Dental Care | 24.6% |
| 7 | Aging Issues | 16.9% |
| 7 | Tobacco Use | 16.9% |
| 9 | Influenza | 15.4% |
| 9 | Lack of exercise | 15.4% |

Following review and analysis of the Health Check Survey data, the PWHHD hosted a series of town hall and partner coalition meetings in May and June 2013. These meetings provided opportunities to obtain further community input to help with prioritization of the most significant public health issues in our community. Consistent with results of the Health Check survey, exercises completed during these meetings identified mental health and obesity as priority issues for the GPWA. The information collected through the Health Check and the community-wide forums was supplemented by a review of secondary data sources.

In response to these findings, two groups of relevant community partners were assembled to discuss the potential for collaborative efforts addressing mental health and obesity. Through subsequent partner meetings, these two priority areas were further narrowed to focus on youth emotional well-being and childhood obesity. A community-wide plan was developed to address these focus areas.⁴

The overarching goals of the 2014-2019 GPWA Community Health Improvement Plan are:

- Improve the emotional well-being of youth (0-18 years) in the Greater Prince William Area by helping youth develop skills and capacities that enable them to understand and navigate their world in healthy positive ways through targeted educational and assessment efforts; and
- Prevent childhood obesity in the Greater Prince William Area through promotion of breastfeeding.

The complete 2013 Community Health Assessment and the 2014-2019 Community Health Improvement Plan can be found on the “Community Reports” page of the PWHHD’s website:

<http://www.vdh.state.va.us/lhd/PrinceWilliam/communityreports.htm>.⁵

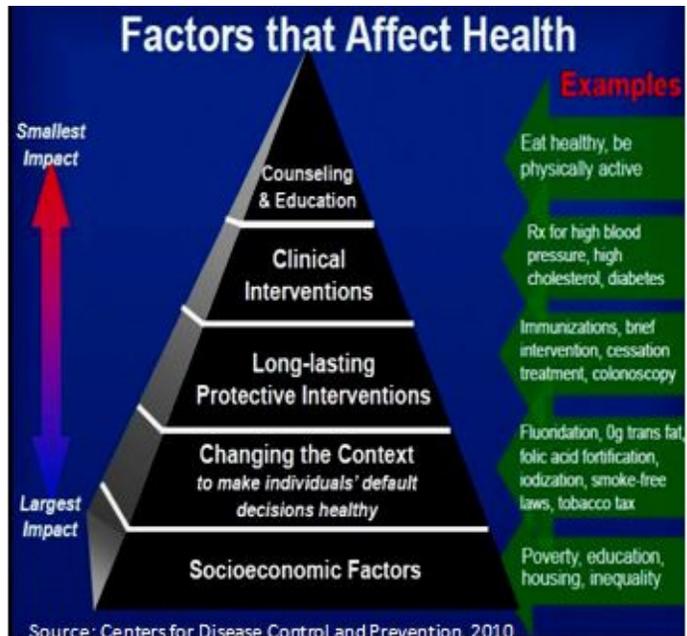
The Affordable Care Act, enacted March 23, 2010, added a new requirement that hospital organizations conduct a community health needs assessment and adopt an implementation strategy at least once every three years. The priority health needs identified in the assessment led by the PWHD, were generally consistent with findings in the assessments conducted by Novant Health Prince William Medical Center and Sentara Northern Virginia Medical Center in 2013.^{6,7}

GPWA Priority Health Needs Identified by Local Hospitals

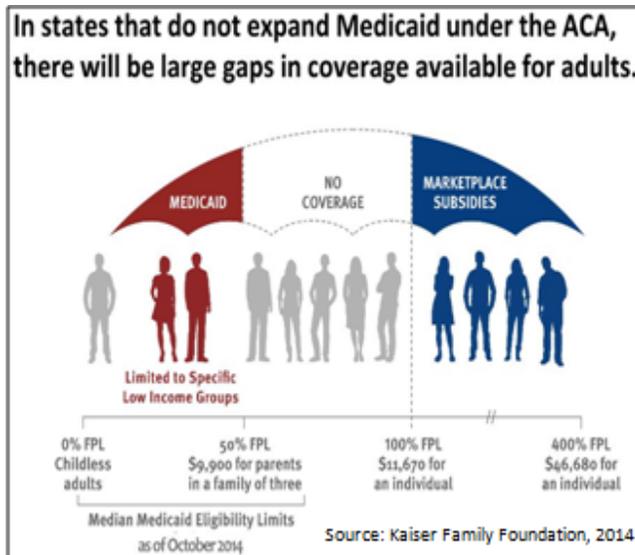
| Novant Health Prince William Medical Center ⁶ | Sentara Northern Virginia Medical Center ⁷ |
|---|--|
| <ul style="list-style-type: none"> ➤ Cancer ➤ Heart Disease ➤ Unintentional Injury ➤ Brain Disease ➤ Chronic Lower Respiratory Disease ➤ Diabetes Mellitus ➤ Septicemia ➤ Nephritis and Nephrosis ➤ Influenza & Pneumonia ➤ Suicide | <ul style="list-style-type: none"> ➤ Obesity ➤ Diabetes ➤ Cancer ➤ Health care for uninsured or underinsured ➤ Emotional wellbeing (behavioral health/mental illness) |

Socioeconomic Factors

The health of a community is influenced by the implementation of public health interventions from the individual level to the systemic level—it depends greatly on this convergence. According to the CDC, the interventions that have the greatest impact on the health of a community are those that address core socioeconomic factors.⁸ Socioeconomic issues continue to be a major concern in our community. The ‘cost of healthcare’ was identified as a top public health issue for the 2013 Health Check Survey respondents overall and in all three jurisdictions.³ The cost of healthcare, coupled by the high cost of living in the GPWA, is extremely prohibitive to many of the residents of our community, particularly for the vulnerable populations. Having competing financial priorities, and limited resources, can interfere with making healthier choices in the short term and long term (e.g. choosing fresh healthy foods, exercising after a long regional commute due to a lack of jobs locally, seeking preventative health services, receiving follow-up care, etc.).



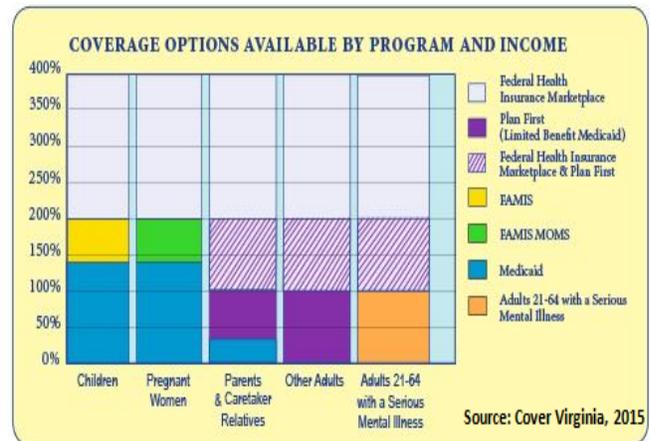
According to data from the 2013 County Health Rankings, a significant percentage of households in Prince William County, Manassas City and Manassas Park City spend *at least* 30% of their household income on housing costs (38%, 40%, and 51%, respectively)—higher than the Virginia average as well as the other Northern Virginia counties.² In addition, according to the Virginia Atlas of Community Health, nearly 10% of the adult population in the GPWA reported not being able to see a doctor annually due to costs.⁸ With rising healthcare costs, exorbitant housing expenses, and the Medicaid coverage gap as a result of not expanding Medicaid in Virginia, access to care will likely continue to be a disparity for some of our most vulnerable populations who are not currently eligible for Medicaid and do not qualify for lower costs for private insurance based on income.¹⁰



Fortunately, there are safety net health services available in the community for vulnerable populations, however many are experiencing budget cuts or rely primarily, or solely, on temporary grant funding. Furthermore, most do not offer a permanent patient-centered medical home for those who require continuity of care for managing prevalent chronic diseases and illnesses.

The PWH was approached by the Manassas Park Community Center (MPCC) regarding the need for health care services for the large uninsured population in the GPWA. The GPWA has a higher percentage of uninsured residents ages 0-64 (PWC-14%, MPC-21%, MC- 21%) than

Northern Virginia (13%) and the state (14%).⁹ In response to this health disparity, George Mason University (GMU), MPCC, Manassas Park Schools, and the PWH partnered to open an acute care bridge clinic, Mason and Partners (MAP), at the community center in October 2013. Clinic services are available for free to uninsured residents of the GPWA. MAP clients can be seen for acute issues, assistance in navigation into entering the local health care system for permanent medical care and insurance, as appropriate, and provided health education to encourage chronic disease self-management. The MAP clinic is not meant to be a medical home, but to address immediate health care concerns, assist clients in navigating the local health care environment and offering culturally appropriate mental health support, as needed.



Due to resource constraints, the clinic is only open one day a week and cannot fully accommodate the demand. The presence of affordable patient-centered medical homes in our community to meet the need is a serious gap. Additionally, there are limited specialty care services offered in the GPWA for the uninsured or underinsured, therefore patients are traveling long distances (>2 hours) for specialty care despite there being a significant number of specialty providers in Northern Virginia.¹²

Select Social and Economic Factors

| | Prince William County | Manassas City | Manassas Park City | Northern Virginia | Virginia |
|---|-----------------------|---------------|--------------------|-------------------|----------|
| Children in Poverty | 10% | 17% | 14% | | 16% |
| Inadequate Social Support | 21% | - | - | - | 18% |
| Uninsured Adults 19-64 | 17% | 26% | 27% | 15% | 17% |
| Uninsured Children Age 0-18 % | 7% | 9% | 9% | 5% | 6% |
| Food insecurity | 8% | 11% | 8% | - | 13% |
| High housing costs | 38% | 40% | 51% | - | 34% |
| Uninsured adults <= 138% FPL | 28.4% | 36.1% | 37% | 30.8% | 38% |
| Uninsured adults <=200% FPL | 45.4% | 53.9% | 55.1% | 47.1% | 55.0% |
| Uninsured adults 250%<= FPL | 57% | 67.4% | 68% | 57.8% | 66.1% |
| Uninsured adults 400%<=FPL | 78.7% | 86.5% | 87.5% | 78.3% | 85.5% |
| Uninsured 138-400 FPL | 50.2% | 50.4% | 50.5% | 47.4% | 47.5% |
| Could not see a doctor due to cost (adults) | 9% | 7% | 5% | 7% | 10% |

Sources: County Health Rankings 2013, 2014; Virginia Atlas of Community Health, 2013

The Built Environment

We experience many of the factors that have the greatest impact on our health outside of a clinical setting, but where we spend the majority of our time—at work, school, home and in the community. The built environment can influence health behaviors and ultimately health outcomes—it can either encourage residents to make healthy choices or be a barrier. For example, people who live in communities with ample park and safe recreation space are more likely to exercise, which reduces risks for being overweight or obese and developing chronic diseases, such as heart disease. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces risks for developing asthma and lung cancer.² People with access to affordable healthy foods have the opportunity to make healthier dietary choices. In addition, a community that supports a mother’s decision to breastfeed makes this choice easier for her.

Within communities there may exist disparities in access to resources that make the healthier choice the easier choice particularly for the most vulnerable populations. For example, there are several exercise

opportunities in the GPWA, however, access to many may be cost prohibitive for the low-income populations. Making the choice to select healthier food options, with the concentration of inexpensive fast food restaurants, may be difficult as well. However, the Capital Area Food Bank, WIC Programs and the local farmers markets (by accepting SNAP) are making an increased effort to provide fresh healthy food options to the most vulnerable populations for little to no cost to meet this need.

Exposure to second-hand smoke continues to be a public health issue, nationally. A recent report by the CDC noted that one in four nonsmokers is still exposed to secondhand smoke. The same report provided evidence that exposure to secondhand smoke “remains higher among children, African Americans, those who live in poverty, and those who live in rental housing” and that 40% of children aged three to 11 years are exposed to secondhand smoke.¹³

Live Well! is a local coalition which began as a CDC Action Communities for Health Innovation and EnVironmental change (ACHIEVE) initiative. *Live Well!* has supported environmental changes by enhancing the PWHD and partner’s eligibility to receive grants, establishing six breastfeeding rooms, placing signs that discourage smoking in parks throughout the community, and expanding *Color Me Healthy* in a large local daycare.¹²

| | Prince William County | Manassas City | Manassas Park City | Virginia |
|---|-----------------------|---------------|--------------------|----------|
| Access to exercise opportunities | 86% | 97% | 100% | 78% |
| Access to Parks (<.5 mile) | 32% | 27% | 64% | 33% |
| Access to recreational facilities (per 100,000) | 10 | 13 | 0 | 10 |
| Limited Access to healthy foods | 3% | 1% | 5% | 4% |
| Fast Food Restaurants | 56% | 51% | 56% | 50% |
| Severe housing problems | 16% | 23% | 21% | 15% |

Source: County Health Rankings 2013, 2014

Clinical Care

The MAP clinic also serves as a setting to prepare nursing and nurse practitioner students for careers in community health by providing them with hands on experience. The gap in primary care providers and mental health providers, for both the insured and uninsured, is evident in the GPWA. The hospital emergency rooms and the local detention center have become overburdened by those who need mental health services.¹² Based on the behavioral health hospitalization discharge data, the burden on emergency rooms as a result of mental health issues amongst Manassas City residents is significantly higher than in the state and Northern Virginia. The age-adjusted suicide rate in Manassas City is also notably higher than in Prince William County and Manassas Park City. These statistics demonstrate the need for mental health services particularly targeted to the residents of Manassas City.

There is also a lack of dentists in the GPWA and a gap in essential oral health services, particularly for uninsured adults. Research has shown the impact of poor oral health on the overall health of an individual. Due to a statewide transition from clinical dental services to community-based preventive programs the PWHD dental clinics closed at the end of calendar year 2013. The PWHD was able to maintain a small dental clinic for indigent uninsured children using local funds. In addition, a private grant was obtained to support oral health education and outreach to PWHD maternity patients, and dental varnish and oral health education in WIC clinics.¹² However, the need for affordable oral health services for low-income adults remains a major concern. “Dental care” was selected as a top public health concern by Health Check survey respondents across the GPWA.³

Ratio of Population to Providers, 2013-2014

| | Prince William County | | Manassas City | | Manassas Park City | | Virginia | |
|---|-----------------------|---------|---------------|-------|--------------------|----|----------|---------|
| | 2013 | 2014 | 2013 | 2014 | | | 2013 | 2014 |
| Primary Care Providers | 2363:1 | 2,422:1 | 797:1 | 802:1 | - | - | 1356:1 | 1,345:1 |
| Mental Health Providers | - | 1,510:1 | - | 495:1 | - | - | - | 998:1 |
| Dentists | 2336:1 | 2,229:1 | 765:1 | 812:1 | - | - | 1758:1 | 1,653:1 |
| Preventable Hospital stays (65+ yrs rate per 1,000) | 56 | 56 | 51 | 51 | 72 | 72 | 59 | 59 |

Source: County Health Rankings 2013, 2014

*Data not available for Manassas Park City

Health Behaviors

Health behaviors impact a person’s health at the individual level and can greatly influence health outcomes over their life time. Some health behaviors, if not improved, can have a long term impact on one’s risks of developing chronic illnesses and comorbidities. Based on available statistics, the prevalence of health behaviors reported in the GPWA are comparable to those in Northern Virginia, with the exception of the teen pregnancy rate in Manassas City. The teen pregnancy rate is nearly triple that of Virginia and four times the rate of Northern Virginia.

Obesity continues to be a major public health concern in our community. Over half of the adults in the GPWA are obese or overweight. Nearly a third of high school-aged youth are overweight or obese, making them particularly at risk for being obese as adults and developing health complications over the course of their lifetime.

Tobacco use also continues to be an issue amongst adults as well as teens. With the introduction of unregulated e-cigarettes and flavored tobacco products, specifically marketed towards youth, interventions focused on this public health issue is particularly necessary.

Seeking preventive screenings is also an important health behavior for ones overall well-being. Based on the statistics for the GPWA, there needs to be a particular focus on mammography screening, particularly for African American women who are more likely to develop aggressive forms of breast cancer at a younger age, and prostate screening for men. In addition, the disparity between women receiving prenatal care in their first trimester in Manassas Park City and Manassas City is remarkable compared to Northern Virginia and Virginia. Barriers related to access to care for these populations should be assessed.

Select Health Behavior Statistics (based on self-reported data)

| | Prince William | Manassas City | Manassas Park City | Northern Virginia | Virginia |
|--|----------------|---------------|--------------------|-------------------|----------|
| Adults age 18+ smokers | 22% | 18% | 17% | 18% | 19% |
| Tobacco product use (high school-aged youth) | 20% | 21% | 20% | 20% | 20% |
| Adult Obese or Overweight | 57% | 60% | 58% | 58% | 62% |
| Physical Inactivity (Adult – 30 days) | 50% | 46% | 47% | 48% | 44% |
| Excessive drinking (adults) | 23% | 21% | 20% | 20% | 18% |
| Obese or Overweight (High school-aged youth) | 30% | 31% | 31% | 28% | 28% |
| Physical Inactivity (High school aged youth – 30 days) | 15% | 15% | 15% | 14% | 15% |
| Teen Pregnancy Rate (per 1,000) | 13.8 | 42.7 | 7.5 | 10.3 | 16.7 |

Source: Virginia Atlas of Community Health, 2012

Select Preventative Health Screenings

| | Prince William | Manassas City | Manassas Park City | Northern Virginia | Virginia |
|---------------------------------------|----------------|---------------|--------------------|-------------------|----------|
| Diabetic Screening (65+) | 83% | 88% | 83% | - | 86% |
| Mammography Screening (40+ Females) | 74% | 69% | 64% | 73% | 72% |
| Pap Smear (18+ Females) | 85% | 84% | 85% | 85% | 84% |
| Prostate Screening (40+ Males) | 59% | 54% | 56% | 55% | 56% |
| Without First Trimester Prenatal Care | 15% | 23% | 40% | 14% | 13% |

Sources: Virginia Atlas of Community Health, 2012-2013; County Health Rankings, 2014

Selected Health Outcomes

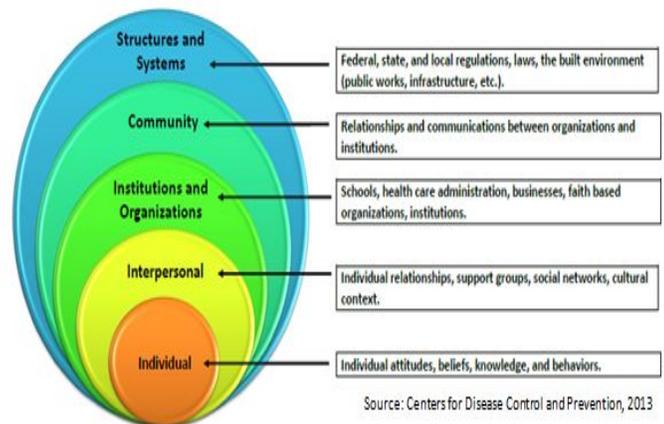
| | Prince William County | Manassas City | Manassas Park City | Northern Virginia | Virginia |
|---|-----------------------|---------------|--------------------|-------------------|----------|
| Cancer Death Rate – 5 year total (per 100,000) | 155.7 | 145.0 | 144.5 | 134.7 | 171.2 |
| Cancer Incidence -All Sites (per 100,000) | 351.5 | 383.8 | 233.2 | 358.8 | 418.3 |
| Heart Disease Death Rate (age adjusted rate per 100,000) | 116.8 | 145.1 | 73.5 | 106.7 | 157.4 |
| Diabetes Death Rate (per 100,000) | 12.4 | 16.9 | 4.5 | 11.5 | 18.5 |
| % Low Birth Weight | 7% | 7% | 0% | 7% | 8% |
| Infant Mortality Rate (5 year average per 1,000) | 5.7 | 3.7 | 10.7 | 4.7 | 6.7 |
| Premature Death (Years of potential life lost before age 75 per 100,000 population) | 4881 | 5509 | 4760 | - | 6362 |

Sources: Virginia Department of Health 2013 Health Statistics; County Health Rankings, 2014; Virginia Atlas of Community Health, 2012

Summary

Improving the health of the GPWA requires an investment from the individual level to the systemic level. It requires a commitment to change from not only the traditional community health stakeholders, but from multiple disciplines and sectors. Dwindling resources calls for collaboration. Our most vulnerable, at risk populations will continue to demonstrate poor health outcomes if there is not a commitment to closing the health disparities gap and improving access to culturally appropriate resources. Residents will continue to experience barriers to making healthier choices if the environment and policies do not facilitate their ability to make healthier choices.

Social Ecological/ Social Determinant of Health Model



Sources

- Centers for Disease Control and Prevention Division of Community Health, 2014 http://www.cdc.gov/nccdphp/dch/about/benefits_community_health.htm
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BEHAVIORAL HEALTH IN OUR COMMUNITY

Outpatient Mental Health and Substance Abuse Treatment

Prince William County Community Services (CS) is a public agency that provides mental health, intellectual disability, and substance abuse services for the individuals and families of Prince William County and the cities of Manassas and Manassas Park. CS served 8,818 individuals in fiscal year 2014. Individuals served primarily have low incomes or do not have medical insurance. CS also provides Early Intervention services to infants and toddlers from birth through age three that are experiencing developmental delays.

Due to high community need, CS has a long wait list for therapy, case management, medication services, and treatment for individuals with serious mental illnesses. The need for all mental health services far exceeds the present funding and service capacity of CS. Primary care providers in the community are faced with patients who have serious mental illness and who, additionally, may have chronic diseases. The economic crisis continues to limit resources to care for only the most severely mentally ill.

Below is trend data below addressing certain youth services provided by CS.

| Children and Youth Data Mental Health and Substance Abuse | | | | |
|--|-------------|-------------|-------------|-------------|
| Prince William County, Manassas, and Manassas Park | FY08 | FY10 | FY12 | FY14 |
| Number of school-aged youth receiving in-school substance abuse assessment and treatment by Community Services (CS) | 1,045 | 911 | 1,088 | 1,022 |
| Number of school-aged youth receiving clinic-based and in-home mental health services and substance abuse services by CS | 574 | 563 | 545 | 602 |
| Number school-aged youth served by CS for MH and SA | 1,619 | 1,474 | 1,633 | 1,624 |

Suicide Prevention

Suicide Prevention is a life-saving community resource. There were 35 suicides in greater Prince William during fiscal year 2014. According to the National Suicide Prevention Lifeline 1-800-273-TALK (8255), "Suicide affects us all. Every year, millions of Americans are directly affected by the more than 37,000 suicides and hundreds of thousands of suicide attempts made by friends or loved ones. Yet, suicide is preventable." The ACTS Crisis Line (703-368-4141) receives approximately 5,000 calls per month. ACTS also serves as a regional backup for Maryland, the District of Columbia, West Virginia, and Delaware.

Transition to Adulthood

There is a gap in services for youth with disabilities that have aged out of youth services and need to learn skills to live independently. An array of community support services and programs is needed to help these youth make a successful transition to adult roles and responsibilities.

Employment Services

Employment services continue to be a major concern for individuals with disabilities. The Department of Aging and Rehabilitative Services (DARS), a state funding agency providing rehabilitation and support services, has had long waiting lists due to state budget deficits and cutbacks across all state agencies. The DARS' Order of Selection has been closed since 10/31/14, which means that it is not taking any clients at all. There is no time frame identified to re-open the DARS' Order of Selection. DARS funding is key to Community Services' ability to access supported employment and job supports for our clients.

Housing for Individuals with Serious Mental Illnesses

Individuals with mental illness being served by PWC Community Services continue to need affordable, safe, and supportive housing for themselves and their families. In particular, housing that includes connected mental health services is needed. There also is a significant need for affordable supervised housing and/or assisted living for adults with serious mental illnesses. All too often, individuals with mental illnesses, when older, need more supports. Many of these individuals, who have grown up and lived in Prince William County, have had to leave their home, community, family, friends, church, and other natural supports and to move far from PWC or Northern Virginia to find an assisted living facility where 24/7 supports can be provided.

Transitional Housing for Women in Recovery from Substance Use Disorders

Currently, there is little transitional housing for women in recovery from substance use disorders available in Prince William County. There is one program for homeless women with children, The BARN Transitional Living Program, which has limited space. Women without children who are involved in treatment for these disorders have no access to safe recovery oriented transitional housing. Those with children often find it is not available when they need it. The lack of supportive housing leaves recovering women vulnerable to relapse and abusive/exploitive living options. If women with substance use disorders are unable to obtain safe housing and they have children, these children are at higher risk for neglect, abuse, and abandonment as well as subject to poverty, inconsistent schooling and inadequate nutrition and medical care.

Peer Recovery Housing for Women and Men

With an estimated 10% of the population suffering from addictive disorders, the amount of recovery housing available in Prince William County is inadequate. Lack of safe and stable housing for recovering persons is a critical barrier to ongoing recovery. Relapse has negative consequences not just for the recovering individual, but also for others including family members and the community.

Currently, there are only four houses for men (each housing an average of seven to eight men). Three of the four are Oxford Houses, which are democratically run and financially self-sufficient houses for adults in recovery. The three Oxford Houses are located in the Manassas area. One peer recovery house is operated by Common Recovery, a faith-based recovery organization in the eastern end of

the county. For women, there is only one peer recovery house. It is an Oxford House for women without children that is located in Woodbridge, VA. The Prince William County area does not have any recovery houses that accept women with children, which is a critical need.

Inpatient Psychiatric Care

Prince William County is a large, densely populated county, the second largest county population in Virginia, and yet there is a limited number of inpatient psychiatric beds. Novant/Prince William Medical Center in Manassas has a 32-bed inpatient psychiatric unit for adults. Sentara Northern Virginia Medical Center in the eastern end of the county does not offer any adult inpatient psychiatric services. No youth inpatient psychiatric services are available in the county.

Last fiscal year, the majority of the 58 children that needed inpatient psychiatric treatment were sent to Dominion Hospital in Falls Church, Poplar Springs Hospital in Petersburg, or Commonwealth Center for Children and Adolescents in Staunton. For the 636 adults that needed psychiatric hospitalization during the same time period, 273 were sent outside of Prince William County because no local beds were available. In addition, for 157 adults and youth, no beds were available in the Northern Virginia region, requiring beds to be located out of the area. Having to travel so far puts undue strain on law enforcement that has to expend many staff hours transporting individuals outside of our region. It also puts undue strain on the individuals in need of services as well as their families that want to be involved in treatment.

Prince William County Community Services and the Board of County Supervisors supported a request by a private provider to build a psychiatric facility in Woodbridge, but the request was denied by the Virginia Department of Health. In addition, Community Services has consistently supported requests for expansion of youth psychiatric beds in Northern Virginia, but the state has not supported it.

SERVICES FOR PERSONS WITH DISABILITIES

The need for services for persons with disabilities continues to grow in our community. Financial resources have not kept pace with the demand and nothing in the future suggests any positive change.

Nearly 1 in 5 people have a disability according to the latest US Census figures and over 13% of the Greater Prince William Area's population reported having a disability in the last census. Currently the US Census estimated in 2013 a total of 31,999 persons with disabilities living within the greater Prince William area. The number is probably higher because not everyone with a disability will report information on their limitations. The local school divisions report as of 2014, a total of 11,159 students with disabilities.

Besides the person with a disability, family members are affected too. That figure is significant as our community addresses the need for additional resources to support individuals with significant disabilities at a time when financial resources are increasingly scarce.

Definition of Disability

There are numerous definitions on disability including those covered under the Americans with Disabilities Act. A simple definition of a disability is a physical or mental impairment that substantially limits one or more major life activities. A short-term condition such as a broken limb generally is not a long term disability.

It is predicted that over the next decade, with the growing increase in our community of the senior population, the returning wounded military population, and the noticeable increase of those being diagnosed on the autism spectrum, the percentage of citizens in our community with a disability will increase.

Local Agencies Dedicated to the Disabled

Although the need is far greater than the capacity, our community is fortunate to have outstanding local governmental and nonprofit agencies addressing the service needs of individuals with disabilities. Didlake, Independence Empowerment Center, Northern Virginia Brain Injury, Prince William Area Agency on Aging, Prince William Community Services, Prince William Disability Services Board, Prince William Speech and Hearing, and The Arc of Greater Prince William/INSIGHT provide a variety of programs and services to children and adults with disabilities. A number of these agencies also provide support to family members as well.

No Wrong Door

A growing number of community agencies continue to support and utilize the "No Wrong Door" (NWD) approach, which uses technology to streamline service referrals, coordinate services, and reduce the need for multiple applications to local and state programs. This provides a web-based service that allows individualized searches for service providers. The Prince William Area Agency on Agency is the lead agency for "No Wrong Door." 428 persons during FY 14 utilized this service who had a disability.

Challenges Faced by the Disabled

Individuals with disabilities are continuously faced with challenges especially around daily living support, housing, employment, and transportation. The county no longer provides financial support to every high school graduate with intellectual and/or developmental disabilities that would allow them to attend an adult day support or vocational program. The graduates must have Medicaid Waiver funding

or they must be funded by the Virginia Department of Aging and Rehabilitation. This action has resulted in a significant number of individuals sitting at home with nothing to do and skill levels learned while in school decreasing. These individuals are getting lost within the community and often family members must make dramatic adjustments at home to now care for them because they cannot be left alone. At the same time, there is an increasing need to address the rising number of children with autism and those with complex medical and/or behavioral needs.

Redesigning Medicaid Waiver

The Commonwealth of Virginia is in the process of redesigning various Medicaid Waivers which is the primary payment method for persons with disabilities to receive services. Presently there are several waivers with different rules and regulations. Within the next year a more simplified approach will be adopted that should cause less confusion to the consumer on available services. The redesign will hopefully have a positive impact for our local citizens with disabilities. Regarding the EDCD Waiver, a total of 707 people were being assisted by nonprofits in our community. There were 281 people being served on the ID/DD Waiver according to Prince William Community Services.

Topics Requiring Continued Tracking by Policy Makers

Early Intervention Services

Early Intervention (EI) services for children with developmental delays are highly successful in our community. This service has a proven success rate: according to Prince William Community Services in FY14, 58% of the children who completed EI services did not require Special Education preschool services with the three local school divisions once enrolled in school. More state financial resources need to be directed to this vital service area as there is often a wait list.

Prince William Community Services offers service coordination, speech therapy, physical therapy, occupational therapy, education, vision, and hearing services to eligible children with developmental delays who are less than three years of age. All eligible children receive service coordination services and, currently, physical therapy is the most utilized of the disciplines with speech therapy services close behind. The number of children receiving service coordination has increased by 32% since 2009, while the number of children receiving therapy and education services for the same time period has increased by 47%. The program has a wait list for therapy and education services at times during the year with spring and summer being the busiest times.

Returning Veterans

Our community is starting to witness a growing number of veterans returning home with serious physical and/or post-traumatic stress syndrome. We must be prepared to support these veterans so they are able to return to a life of meaning and hope. Please refer to the data charts at the end of this chapter for detailed information regarding disability types, periods and location of service and residence status of veterans in the greater Prince William area. The estimate of veterans with a service connected disability living in our area is 10,207.

Department of Justice Settlement

In 2012 the Department of Justice reached a settlement with the Commonwealth of Virginia regarding the treatment and services for individuals with intellectual and developmental disabilities directing Virginia to move to a more integrated community system. This settlement has had an impact locally as residents of state institutions are returning to the community and more are expected within the next

two years. The Northern Virginia Training Center in Fairfax is scheduled to close by 2016 and our community is required to find appropriate residential placements and day services for the current residents from the greater Prince William area. Many of these residents have complex medical and/or behavioral needs. INSIGHT, the residential corporation of The Arc is beginning to serve several of the training center residents and plans to increase their capacity to support more complex individuals.

The settlement was also to result in a more comprehensive approach to serve those individuals currently living with family or loved ones in the community by increasing community based Medicaid Waiver funding over the next 10 years. Unfortunately that is not becoming a reality as the numbers on the waiting list for Medicaid Waiver have increased statewide to over 9,400 as of October 2014 from two years ago when it was 6,400. Nearly one third of those individuals who are waiting have an urgent need. Because of state budget reductions during the last two years, the future does not look bright for addressing these critical needs.

Ongoing Community Needs for Those with Disabilities

Housing

Safe, affordable and, where required, wheelchair-accessible housing is a major need for our citizens with a disability. As of January 30, 2015 there were 498 people with disabilities waiting for a rental assistance voucher (Section 8) according to the Prince William Office of Housing and Community Development. Prince William Disability Services Board (DSB) continues to identify this area as a major concern.

Persons with intellectual disabilities must have Medicaid Waiver to be considered for group home placement for the very limited number of slots that become available. There are currently 99 adults on the critical wait list for Medicaid Waiver from our community, many of whom require residential placements.

Employment

People with disabilities are much more likely to be living in poverty because of either the lack of employment or underemployment. To meet this concern, Virginia a few years ago decided to implement an "Employment First" policy, prioritizing integrated, competitive wage supported employment and expand integrated day activity opportunities.

A significant number of individuals seeking employment require the extra support of a job coach to become successful. During the past fiscal year Didlake reported serving 270 individuals in their Supported Employment Program from our community but unfortunately several more individuals are waiting for these services.

Transportation

Dependable and accessible transportation for individuals with disabilities has become increasingly more challenging, especially for individuals living outside our local public bus system. This vulnerable population is either unable to access services at all or find the desired frequency of operation.

The introduction of wheelchair-accessible taxicabs is a welcome complement to the area's fully-accessible local bus service (OmniLink), but the funding challenges described in the transportation section of this report is a major concern because it signals that the local bus service is at risk of cessation as soon as FY 2017. The loss of local bus service would be a major hardship for per persons with disabilities. Yellow Cab purchased some of them through a grant and they are being used on a daily

basis. There is concern that there will not be enough revenue in the next three years for OmniLink to continue operating at the present level. This would have a profound effect on persons with disabilities.

Support Services

A continuum of support services for the individual and their family is required to meet the unique needs of each person with a disability in order to maximize his/her independence and self-worth. These services can include respite care, case management, family support and education, child care, appropriate and adaptable recreational activities, emergency financial help and medical and rehabilitative services. Supportive in-home services that provide skill building and training to those with developmental, intellectual and/or a mental health disability are extremely limited but highly needed. It is important to have these services available locally and affordably.

Summary

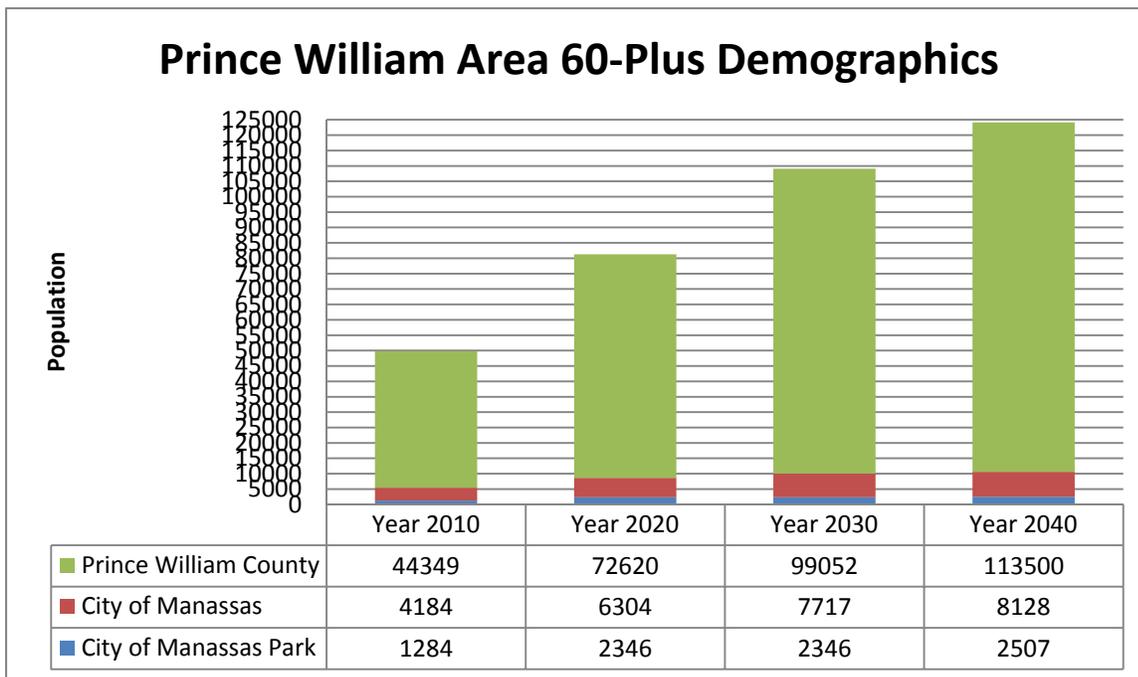
Although our community has a wide array of quality services available for individuals with disabilities, there is a growing need to expand services at a time when resources are limited. The needs of people with disabilities cannot be addressed in a vacuum but must be integrated in community planning and initiatives such as housing, employment, transportation, and support services. Sensitivity to the needs of those providing care for individuals with disabilities also needs to be addressed.

| Intellectual/Developmental Disabilities – Source: PW Community Services | | | | |
|---|-------------|-------------|-------------|-------------|
| Prince William County, Manassas, and Manassas Park | FY08 | FY10 | FY12 | FY14 |
| Number of persons with intellectual disabilities in group homes or apartments | 152 | 172 | 195 | 217 |
| Number of persons with intellectual disabilities participating in day support services | 40 | 41* | 37* | 50* |
| Number of persons with intellectual disabilities on waiting list for day support services | 70 | 22 | 62 | 70 |
| Number of persons in Sheltered Employment | 42 | 33 | 29 | 24 |
| Number of Supported Employment participants | 125 | 104 | 103 | 109 |
| Number of children with special needs receiving child care services | 93 | 74 | 70 | 115 |
| Number of ID Waiver slots | 205 | 213 | 263 | 281 |
| Number of people on the waiting list for urgent ID Waiting List | - | 89 | 99 | 109 |
| Number of people on the waiting list for non-urgent ID Waiting List | - | 82 | 103 | 153 |

*County-funded slots

OLDER ADULT CARE AND SERVICES

With the advancement of medical technology people are living longer. The average life expectancy from birth today is 78.7 years. If one lives to be 65, life expectancy is 84 and if one lives to be 75, life expectancy is 87. This means that people who retire at 65 will live another 20.5 years on average. There will be a greater divide between the healthy and wealthy and the health-compromised with low income (source: Centers for Disease Control). This massive shift in the country's demographics will input new pressures and demands on the healthcare system and community resources. In order for this more complex group to stay in the community, they will need more coordinated services between medical professionals and long term services and supports provided by the Prince William Area Agency on Agency.



Source: UVA Cooper Center

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

Older adults are plagued with many needs, but here we will focus on three areas: 1) health, 2) caregiving and 3) transportation. These and many other areas will necessitate continued education and awareness, policy reform, and increased funding which will serve to improve the quality of life for older adults for years to come.

HEALTH

Chronic Health Conditions: As the number of people living into their seventies and eighties has increased, so have incidences of the number of chronic diseases. Chronic conditions seriously compromise the quality of life of older adults, often forcing them to give up their independence too soon. According to David Jones, MD, PHD of global health and social medicine at Harvard University, conditions such as heart disease, cancer, non-infectious airway diseases such as fibrosis and Alzheimer's and dementia have taken over the top spots. The National Council on Aging's Healthy Living Center states,

- Two thirds of all people over the age of 65 experience multiple chronic conditions.
- About 91% of older adults have a least one chronic condition.
- 73% have at least two.
- Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars are spent on public efforts to improve overall health.

Challenges: With the increasing number of older Americans living longer with chronic conditions, the need for trained specialists to care for them properly is going to sky-rocket. The American Geriatrics Society estimates that at minimum, 30 percent of older Americans today need a geriatrician to help them face the aging process. That means that the need for geriatricians will grow to nearly 30,000 by 2030, though there are approximately only around 7,500 certified geriatricians in the United States today.

Nutrition: As adults age, many changes impact their eating: losing one's spouse can take away the socialization surrounding eating; physical decline can interfere with the ability to cook, drive to the grocery store, or carry groceries; and medications and physical, sensory, and cognitive impairments can interfere with both the enjoyment and physical ability to eat. Such eating difficulties can lead to serious consequences for older adults, including significant weight loss, malnutrition, aspiration pneumonia, dehydration, slow healing, and depression. Problems with nutrition, eating, and feeding in elderly clients are commonplace, both in the community and in institutions. According to the National Institute of Health:

- At least 50% of nursing home residents require assistance with feeding.
- 30% to 40% of those over age 75 are at least 10% underweight.
- Malnutrition is present in up to 45% of the population of people described as homebound.
- The prevalence of malnutrition in older hospitalized patients is estimated to be between 40% and 60%.

Challenges: Vision, Hearing, and Dental: The CDC reports that for the elderly, sensory impairments increase vulnerability and limit the quality of life. Dimming eyesight and failing hearing can reduce physical, functional, emotional, and social well-being. Visual and hearing impairments decrease independence in performing the activities of daily living, getting from place to place, or communicating with others. Isolation, depression, and poorer social relationships often accompany sight and hearing loss. Although those 65 and over make up only 12.8 percent of the U.S. population, they account for roughly 37 percent of all hearing-impaired individuals and 30 percent of all visually impaired individuals. Dental care or lack thereof can cause serious problems for older adults and have also been found to be linked to other chronic conditions such as heart disease and the following:

- 19% of persons 70 years of age and older have visual impairments.
- One-third of all persons 70 years of age and older are hearing impaired.
- Oral diseases are cumulative and become more complex over time.

Challenges: Many older adults affected by vision, hearing loss, and dental problems are Medicare beneficiaries. The older adult population has high rates of oral diseases, exacerbated by the fact that many adults lose their dental insurance when they retire. Medicare does not reimburse for routine dental services, and many states do not have Medicaid dental coverage for older adults. Medicare does not cover the cost of hearing aids and will only cover the cost of glasses after cataract surgery. There are services in the community that assist a limited number of low-income older adults; however few in the community are aware of these programs. As a result, many continue to go without the much needed help.

Mental Health: Over 20% of adults aged 60 and over suffer from a mental or neurological disorder and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders. The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of the elderly population, substance use problems affect almost 1% and approximately a quarter of deaths from self-harm are among those aged 60 or above. Substance abuse problems among the elderly are often overlooked or misdiagnosed. The American Psychological Association states:

- Researchers estimate that the majority of older adults with a mental disorder do not receive the services they need.
- Less than 3% of older adults see a mental health professional for their mental health problems.
- Older adults are less likely than younger persons to both report having mental health problems and seek specialty mental health services.

Challenges: As well as the typical life stressors common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, requiring some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people. Mental health problems are often under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help. With the increase in demand for mental health services for older adults and a lack of funding, there are longer wait times to receive mental health services in the County.

Commonwealth Coordinated Care (CCC): This is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid (dual eligible) and meet certain eligibility requirements. The program is designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports. In this way, the individual receives high quality, person centered care that is focused on their needs and preferences. The goals of this initiative include improved quality and health outcomes, streamlined Medicare and Medicaid requirements, increased accountability, reduced burden for enrollees and providers, providing care in each individual's setting of choice, and reduced avoidable services. Supplementary benefits will include

care coordination, interdisciplinary care teams, and person-centered care plans. The Commonwealth Coordinated Care evaluation committee reported

- Commonwealth Coordinated Care (CCC) is intended to improve care for approximately 71,000 dual-eligible persons.
- Over 11,000 dual-eligible persons have enrolled in CCC since March 1, 2014.

Challenges: While most dual-eligible persons are 65 or older, approximately 40% are younger. Many duals under age 65 have multiple chronic health conditions, including mental-health and substance-abuse issues, or physical or developmental disabilities. Often the healthcare and other support services that they receive are fragmented because duals fall through the cracks of the two programs. Many duals need home and community-based support in addition to medical and behavioral care, yet many are confused by how the program works. The difference between the new program and their previous coverage, the active vs passive enrollment, whether their physicians will continue to provide their care, and who and how to get the answers to their questions all lead to the confusion enrollees face. As local community partners scramble to understand the complexity of the program, many may be faced with clients that are delayed services due to a lack of coordination of care, services, and programs.

CAREGIVING

Providing long-term care for a chronically ill spouse, family member or disabled child is tremendously demanding of time, energy, health and money. The onset of long-term caregiving can be sudden or gradual but the result is the same. Intensive caregiving is needed when the disabled individual loses the ability to safely provide self-care. Many caregivers, in an effort to provide personal care in a home setting, are at risk of physical injury, emotional stress, social isolation and financial hardship. Their unpaid efforts, valued at \$375 billion per year of unpaid “informal” care on a national level, result in a great financial saving to the community, but often at harm to themselves.

Challenges in Caregiving

- Elder Abuse: The financial stress, physical exhaustion, and emotional difficulties of caring for someone with extensive care needs, dementia, or mental health issues can result in a build-up of anger and frustration in the caregiver that increases the risk for elder abuse. 90% of abusers are family membersⁱ. Caregivers with substance abuse problems or who have a mental illness are most like to abuseⁱⁱ. If you suspect elder abuse call your local Department of Social Services office or the Elder Abuse state hotline: 1-888-832-3858.
- There is currently insufficient local funding for caregiver support such as affordable in-home care and respite care. There are too few Adult Day Health Program providers in the area. The Agency on Aging has wait lists for in-home personal care and for the Adult Day Health Program.
- 75% of long-term care is provided by family caregivers, primarily womenⁱⁱⁱ. Most are employed and risk losing work time or having to quit their job, thereby lowering their current income and jeopardizing their own financial future due to decreased contributions to their saving and retirement plans.
- Average length of caregiving was cited as 4.3 years, but older caregivers of disabled spouses spent approximately 10 years in intensive caregiving^{iv}.

- 20% of caregivers suffer from depression and heart disease; both at twice the rate as the overall population^v.

FINANCIAL ISSUES: “Who Pays for What?”

There are many reasons for needing personal care yet the high cost of it is often unaffordable and unplanned for by individuals and families as well as those responsible for providing local community and government services. Caregivers are often shocked to learn that the average hourly cost of a home care aide in the Greater Prince William area is approximately \$20-\$22 per hour. According to the 2014/15 winter issue of the “Guide to Retirement Living”^{vi}, private pay rates for nursing facility care range from \$6,150-\$11,400 per month. Monthly fees for assisted living facilities range from \$2,600-\$8,130. Adult Day Health programs can cost from \$60-\$100/day. Because of the anticipated expenses and the potential future needs of a community spouse, many families could benefit from the services of an elder law attorney or financial planner. Who pays for long-term care?

- Private pay by the individual and/or caregiver through the use of current income, savings, sale of property, cash value of life insurance, IRA’s, and any other assets.
- Long-term care insurance.
- Medicare is used for short-term hospitalizations, rehabilitation and home health-related needs, durable medical equipment and more. Contact www.Medicare.gov or the Area Agency on Aging to speak with the Virginia Insurance Counseling Assistance Program (VICAP) specialist.
- Medicaid is used for long-term care in a facility or in the community, including extended hours of in-home care, assisted living, and nursing facilities. Contact the local Department of Social Services.
- Home care for eligible veterans (or widowed spouse for Aide and Attendance) includes:
 - Aide and Attendance: Provides limited reimbursement of out-of-pocket long term care expenses. Contact the Area Agency on Aging or the Virginia Department for Veterans Services for referral information.
 - Home Health for Veterans: Up to 12 hrs/week of home care for eligible veterans, contingent upon a referral from their Primary Care physician at the VA Regional Medical Center.
 - Veterans Directed Home and Community Based Care Program provides more extensive in-home care for eligible veterans at risk of institutionalization and who request self-directed care. Referrals must originate from a Primary Care physician at a Regional Medical Center. Contact the Area Agency on Aging for further information.

Challenges in Financing Care

- Use of a caregiver’s income and assets to privately pay for the cost of care can quickly deplete their financial resources, making it very difficult to pay for their own current living expenses or future care needs.
- Medicaid: The application process currently takes one to two months. On-line, phone and paper applications are available but many in the community still do not understand the application process. It is difficult to find a Medicaid funded bed in area facilities. Families should put potential future residents on a wait list at each preferred facility.

- Medicare: Many caregivers do not realize that Medicare services are short-term for very specific purposes such as physical and occupational therapy, wound care, or skilled nursing needs.
- Long-Term Care insurance can be very costly. Medical and functional dependencies are required for service, and financial pay-out limits apply.
- Veterans: Aide and Attendance currently has an extended time period between application and determination of eligibility. Applicants for In-Home Care or Veteran Directed Home and Community Based Services (VDHCBC) may have difficulty getting to their VA regional medical center for the required referral. Contact the Area Agency on Aging for more information.

TRANSPORTATION

As baby boomers join the ranks of older adults, a whole new generation of individuals who are used to the independence provided by driving their own vehicles, will be confronted with reduced transportation options due to health, vision or limited income. Difficulties in getting to medical appointments, the grocery store, church and socializing can lead to health, safety, and nutrition problems and social isolation. Transportation options in this area have greatly improved over the past decade but the demand for service continues to grow.

Challenges in Transportation

- Individuals who use a walker or wheelchair, or have some other medical condition affecting their ability to independently visit the doctor, may skip medical/dental appointments if they have no means of transportation, which can result in worsening of medical conditions and preventable hospitalizations.
- Private pay escorted service is unaffordable for many.
- While PRTC's local bus routes (OmniLink) offer route deviations, the routes have limited geographic reach, have little to no service on weekends, and are a "curb-to-curb" service rather than door-to-door which, for some adults, is insufficient. Moreover, the funding challenges described in the transportation section of this report are a troubling indication that the local bus service is at risk of cessation as soon as FY 2017. The loss of local bus service would be a major hardship for many older adults.
- While the eastern part of the County has a taxicab subsidy program, PRTC is administering ("Wheels-to-Wellness") with a Potomac Health Foundation grant. The program is limited to residents within the Sentara Hospital service area and will expire as of July 2015.

SUMMARY

Families, community service providers, and local government planners must prepare for a rapid increase in the number of older and/or disabled adults in our community who will need individual and caregiver support. Additional funding and creative planning will be necessary to meet the increased need for affordable in-home services as well as training and support for caregivers, all of which could delay or prevent the need for more expensive institutional care. The Area Agency on Aging also recognizes the need to continue developing community social and recreational outlets for independent older adults that can meet a wide variety of interests, provide health education and strengthen social networks.

Hospitals and other health providers are continuing efforts to reduce the number of preventable medical readmissions through formal care transition programs as individuals move from a medical setting back to the community. The increased use of technology is expected to help individuals better manage chronic diseases from their own homes.

The Area Agency on Aging, in collaboration with a growing number of other community agencies, continues to support and utilize the “No Wrong Door (NWD) approach, which uses technology to streamline service referrals, coordinate services and reduce the need for multiple applications to local and state programs. Consumers can access a web-based service (Senior Navigator) that can assist in finding a variety of local resources and service providers.

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INVESTING IN OUR YOUTH AND FAMILIES

Introduction:

Our three jurisdictions (Prince William County and the Cities of Manassas and Manassas Park) have 106 public schools, educating 97,476 children. According to the latest state statistics, our area has one of the highest density of youth in Virginia (the state's youth population is 22% and ours is 28%), and we rank in the 99th percentile for ethnic diversity.

Partnerships are a hallmark of our approach to valuing youth and supporting families. The Greater Prince William Area (GPWA) has over 1,000 partnerships (e.g., post secondary schools, banks, businesses, not-for-profit service organizations, government agencies, etc.). Through the establishment of these community partnerships, children are exposed to the benefits of community service and work experiences. Partnerships assist to develop resource networks while providing and promoting asset development for all of our young people.

Team building has created partnerships and strong collaborations such as:

- The Prevention Alliance's mission is to bring together stakeholders in Greater PWC to address risk factors and problem behaviors associated with substance abuse, violence, delinquency, suicide, sexual behavior and unhealthy lifestyles for youth and adults in our community.
- Coalition for Human Services brings together the leadership of public and private organizations to positively impact the delivery of human services in the Greater Prince William community.
- The Child Protection Partnership's mission is the elimination of child abuse and neglect in the Greater Prince William Area.
- The Greater Prince William Human Trafficking Task Force was recognized by the National Center for Missing and Exploited Children as a leader in addressing the issues of sex trafficking.
- Healthy Community Healthy Youth (HCHY) brings together both public agencies and private businesses to focus resources on activities to create a community that values our youth and improves their opportunities to thrive.
- The Early Childhood Partnership's purpose is to improve the quality of early childhood education by providing quality learning opportunities for local early childhood professionals.
- Fatherhood Initiative is a collaborative project hosted by the Department of Social Services to involve other public and private organizations from our Schools and the Office of Housing and Community Development to nonprofit and faith-based organizations. Their efforts to improve 'parenting relationships' has succeeded with reuniting fathers with their children and with making fathers remain active in their children's lives.
- The Federal Workforce Investment Act Youth Program partners with community agencies and organizations to achieve education and employment goals for older teens and young adults.

Examples of public and private network organizations are: The House, ACTS, SERVE, three Boys and Girls Clubs, and faith organizations. The House partners with the Federal Bureau of Investigation (FBI) and the Arc of Greater Prince William/INSIGHT, Inc. to focus on special needs youth to ensure they have a safe place for learning and recreation. ACTS and SERVE provide a range of programs from homeless shelters and spousal-abuse centers to food pantries and job readiness classes. The Boys and Girls Clubs create opportunities for our youth to develop healthy social skills and connections to community role models. Our local Faith organizations help parents with their 'before' and 'after' school programs.

Prince William County's local government and state agencies, public and private schools, medical providers and non-profit organizations work together in a positive manner to address youth and family needs. Due to such strong efforts, *America's Promise Alliance* named Prince William County as one of the *100 Best Communities for Young People* for three years in a row. In order to encourage continued focus on youth and families, the HCHY committee conducts an annual awards ceremony that recognizes the outstanding work done by individuals and organizations to improve opportunities for our youth to thrive.

Description of Services Currently Being Provided:

Services cover a wide range of ages from pre-natal to 18 year of age. Examples of services are as follows:

- The Prince William Health District (PWHD) holds weekly Teen Wellness Clinics at both the Woodbridge and Manassas offices. These clinics provide teens with a wellness screening, necessary information to make informed choices regarding their reproductive and overall health, increase access to adolescent health services through referrals, and incorporate policies and practices that support public health principles. In FY 2014, 20% of the total number of individuals seen in the PWHD's Women's Wellness Program were 19 years of age or younger.
- For over 50 years, the Arc of Greater Prince William/INSIGHT, Inc. has provided services for individuals with developmental disabilities and their families in the Greater Prince William area. These services are designed to promote acceptance and inclusion of people of all abilities, and include residential services, vocational programs, developmental child care centers, family support and education services, recreation activities, and specialized transportation.
- The Northern Virginia Family Service offers pre-natal and early parenting support services. Their Healthy Families program helps first time parents from birth to five years old. Their Early Head Start programs are home based and center based to facilitate healthy child development, identify developmental milestones, and to provide parenting skills.
- The Child Protection Partnership (CPP) is a tri-jurisdictional collaborative effort committed to the elimination of child abuse and neglect. CPP's main focus is education and increased awareness in the community and among professionals. Each fall, CPP co-sponsors the Annual Child Abuse Prevention Conference, addressing issues relevant to the Prince William community. The CPP also works to strengthen the partnership between the public and the three social service agencies. During the month of April which is "Prevent Child Abuse Month", CPP raises community awareness through proclamations, media, and their annual luncheon where they recognize individuals who have contributed to the elimination of abuse and neglect.
- Virginia Cooperative Extension (VCE) is the primary provider of parent education programs in our community. Their programs are available to all residents and focus on strengthening parenting skills, especially in the areas of communication and discipline. Available programs include:
 - A six week parenting classes for parents based on the age of the children in the family;
 - An eight week parenting program for parents of adolescents who are at-risk of court involvement;
 - A three week class that addresses the issue of anger in the family.

VCE partners with various agencies to assure that families at-risk of abuse or neglect have an opportunity to strengthen existing skills and learn new skills. Their collaborators include the 31st Juvenile Court Service Unit, all three social service agencies, all three school systems,

Community Services agency, and private providers. VCE also works with the residents in the transitional housing programs, at the homeless shelters, and the local Adult Detention Center.

- The Manassas Park Community Center provides classes and activities to youth year round. Services include a Free Community Health Clinic, a community garden, licensed daycare, youth sports leagues, programs for teens, a Teen Passport that allows teens access to fitness programs and summer camps.
- The Virginia Cooperative Extension's 4-H Positive Youth Development Program has 28 community-based 4-H Clubs for youth ages, 5-18. 4-H in-school programming is in Prince William public school systems with 4-H healthy living programming reaching students in all grades K-12. PWC 4-H has a commitment to the National 4-H mission mandates of citizenship, healthy living and science.
- The Departments of Parks and Recreation are the largest employers of youth hiring as young as 14 years of age in our area.
- The PWC Department of Parks and Recreation provides classes and activities year round serving over 18,000 youth annually county-wide. The Chinn Aquatics & Fitness Center hosts ten "Middle School Nights" on selected Saturdays serving 3,000 youth with efforts focused on getting this age group in structured, safe, fun environments. PWC Parks & Recreation is home to The First Tee national golf program which focuses on life-skills development utilizing the game of golf as the teaching tool at 4 of the PWC golf courses. In addition, 34 PWC elementary schools participate in The First Tee National School Program and expose 26,000 students to the program and life skills development.
- Public libraries provide programming events for teens throughout the year to inform, entertain and engage teens. Summer reading programs offered by the library attract over 22,000 children each year. During this special program, teens are selected as volunteers to assist with the summer reading registration and participation. This opportunity allows teens to build customer service work skills as they encourage others to succeed in the summer reading program.
- There are three full service Boys & Girls Club facilities as well as three school outreach sites that serve over 4,000 youth in Prince William County/City of Manassas. They provide affordable after school and weekend programming centered around five core areas that include: Education and Career Development, Character and Leadership, Health and Life Skills, The Arts, and Sports, Fitness and Recreation. A membership to the Boys & Girls Club is \$30 annually and no child or family is ever turned away due to the inability to pay. The Club membership is open to all school aged youth ages 5-18. The Clubs also offer affordable fee based programs such as licensed before and after care and an extensive variety of athletic leagues.
- Various faith organizations partner with schools to address issues specific to that school's student body. Services may include 'before' and/or 'after' school supervised care and free tutoring.
- Issues of adolescent dysfunctional and destructive behaviors are addressed with multi-disciplinary teams of public human service officials (i.e., foster care, juvenile probation, mental health, substance abuse, truancy, and special education) and private providers. They are the Family Assessment and Planning Teams which meet three times a week to provide comprehensive service planning for these children and their families. These teams of professionals work with families to identify treatment needs ranging from respite care and mentoring to psychiatric treatment and residential care. With the approval of each service plan, a case manager is assigned and the services are funded by the teams to ensure the success of the plan.

- A variety of unique services for court-involved youth are provided by PWC Department of Social Services, as follows:
 - Molinari Juvenile Shelter programs provide a short-term, pre-dispositional residential placement between secure detention and group homes. Services include: residential care; group, family and individual counseling; assessment and case management; life skills; recreation; educational support.
 - The Juvenile Pre-Trial program provides an alternative to secure detention, assures the youth's availability for court while allowing the parents or guardians to maintain custody of their child.
 - Juvenile Detention Center provides secure incarceration for court-ordered youth. While incarcerated, youth receive the following services: crisis intervention, counseling services, educational support to include GED, life skills, individual counseling, and opportunities for volunteer services.
- The Pediatric Primary Care Project (PPCP) is a grant-funded program that places uninsured children into “medical homes”. These children who do not qualify for FAMIS/FAMISPLUS are maintained in these medical homes until they reach the age of 18.
- All three Departments of Social Services Child Protective Services Divisions have the mission of resolving issues of child abuse and neglect. The program provides services to children and families in their homes, or when appropriate, places children in foster care; educates the community regarding the issues surrounding child abuse / neglect, and provides prevention services to children and families who have been identified as at-risk.

Existing Challenges:

Our youth population increases by over 2,000 a year. Many of our youth are without parental guidance after the end of the school day. A vast variety of community-based youth programs exist (i.e., Boys and Girls Clubs, Scouting, 4-H, fitness clubs, sports teams, etc.); however, they lack the capacity to fully serve our community. Major obstacles or challenges for our youth are:

- The lack of *transportation* services to pick up and return children means access to programs and services is limited.
- Youth programs depend on *adult volunteers* to develop and manage activities and to be coaches, advisors, mentors, teachers, tutors, counselors, scout leaders, etc.
- *Physical space* for youth activities is too few to meet the demands ranging from sports fields and courts to meeting locations.
- Developing and *sustaining youth activities and services is costly*. Grant proceeds are limited along with the time needed to complete complex grants by agencies/organizations with limited resources.

Defining the Needs Gap:

- Transportation to youth activities and return to home: Affordable transportation is needed for youth activities provided during the after-school hours.
- After-school programs and adult volunteers: The greatest gap for such programs exists with teenagers. Teenagers require safe places to gather, get homework help, be physically active, learn/improve social skills, develop marketable skills, and feel valued.

- Affordable housing: Despite the successful partnership of Prince William County's Housing and Community Development with the Department of Social Services to secure a grant for Family Unification Section 8 Housing Choice Vouchers, the demand exceeds the supply. The shortage of these housing vouchers means we have children remaining in foster care or at risk of coming into foster care until appropriate housing can be found for certain families.
- Parenting skills training: The demand for parent education programs exceeds available resources.
- Medical care: According to the latest County Health Rankings (2014), the overall health outcome ranking for all three jurisdictions is in the top tier of the state's 133 localities, as follows: PWC is #8, City of Manassas Park is #10, and City of Manassas is #22. However, the clinical care rates for all three jurisdictions rank in the lower half of the state (PWC, #78; City of Manassas, #29; City of Manassas Park #130). This lower ranking is predominately due to the comparatively lower numbers of primary care physicians, dentists, and mental health providers for our area.

Summary:

The demand for youth-oriented activities and services continues to grow with the annual increase of over 2,000 children a year in our area. Our network of youth related services and programs continues to expand; however, demand is outpacing the available capacity to serve the needs both for proactive healthful programs that enrich youth development and strengthens families and also for reactive treatment services for at-risk youth and families. To effectively address youth issues, it is important to realize that other related community areas of interest must be considered such as, adult services, public safety, health care and insurance, housing, transportation, recreation, employment, education, etc. All have an impact on youth and the quality of life for everyone living in the Greater Prince William Area.

Experience has demonstrated youth issues are best addressed through collaborative efforts. The Greater Prince William Area is strong in providing programs and opportunities for our youth. To continue in such a positive direction ***we must strive to keep up with population shifts and demands and to strengthen existing partnerships in order to improve opportunities for our youth.***

HOUSING

Housing is a fundamental need to each of us regardless of economic status. A stable home allows children to grow toward their potential and adults to focus on caring for their families, attaining their goals and becoming all they want and should be. Without sustainable housing opportunities, individuals, families and communities struggle to be productive. At a recent life skills workshop at the local Drop in Center, one of the participants said, "I want a job, but I really need a place to live. I can't be on the streets and try to go to a job every day."

The Housing Association of Non-Profit Developers (*HAND*) recently released a report prepared by Dr. Lisa A. Sturtevant, Vice President of Research for the National Housing Conference. Her report states that job growth in the greater Washington DC region is no longer increasing at previous rates and yet between 2000 and 2013, median rents in the Washington DC region have nearly doubled with the median rent currently at \$1,481. "Steadily rising rents and low vacancy rates reflect the strong demand for rental housing in the region which will continue into 2015", states Dr. Sturtevant.

She goes on to say that there are nearly 190,000 low-to moderate income households in the region spending more than half of their income each month on housing. Everyone who works in housing understands that when households spend a disproportionate share of their income on housing, little is left for other necessities, which, in reality, negatively affects the economy. Dr. Sturtevant states, "As a result of the changing structure of the Washington DC area economy, along with the aging of the Baby Boom population, the increasing racial and ethnic diversity, particularly in our suburbs and the projected household growth among Millennials, there will be a growing need throughout the region for smaller homes, more multi-family housing and more rental housing options."

Dr. Sturtevant encourages jurisdictions to work together to ensure there is a sufficient supply of housing to meet the needs of a changing population. Housing is going to remain a key challenge due, in part, because of slow-growing wages. Homeownership opportunities will also continue to be a challenge; as of November 2014, only 16% of homes sold were priced below \$200,000, which is what one who earns about \$50,000 can afford. She makes this statement on rentals: "On the rental side, supply to the higher end of the market has been robust in many neighborhoods, but there remains a significant shortage of housing that is affordable to households with low incomes. It will be important to continue to seek ways to expand supply to meet needs for more affordable housing."

The National Low Income Housing Coalition has released its 2014 "Out of Reach" report. The Commonwealth of Virginia is ranked as the 10th most expensive State in the Nation for rental rates; but that ranking is based on Virginia as a whole, not on the more expensive Northern VA area. In Prince William County (PWC), the hourly wage needed for a two-bedroom unit renting at the Fair Market Rent of \$1,469 is \$28.25, which means a successful renter needs to have an annual income of \$58,760. A minimum wage-earner must work 3.9 full-time jobs to sustain a 2 bedroom apartment in PWC. The estimated hourly mean renter wage for 2014 in the County is \$11.84, which means a mean renter-wage household should be paying approximately \$616 per month for rent to sustain a home.

Greater Prince William Shelter and Transitional Housing Beds

(as of 12/17/2014)

| | Transitional Housing Single | Transitional Housing Family | Emergency Shelter Single | Emergency Shelter Family | Perm Supportive Housing Single | Perm Supportive Housing Family |
|---|-----------------------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------------|
| ACTS Beverly Warren | | | 6 | 13 | | |
| ACTS Transitional Living | | 18 | | | | |
| ACTS Turning Points DV | | | | 18 | | |
| Catholic Charities | | 45 | | | | |
| Hilda Barg HPC | | | 8 | 22 | | |
| Good Shepherd Home | | | | | 4 | |
| Good Shepherd Transitional Housing 1 | | 13 | | | | |
| Good Shepherd Leasing | | | | | 8 | 3 |
| Good Shepherd Transitional Housing 2 | | 27 | | | | |
| NVFS BEST Transitional | | 11 | | | | |
| NVFS SERVE Emergency Shelter | | | 24 | 68 | | |
| NVFS SERVE Perm Supportive Housing | | | | | 4 | |
| PWC DSS | | | 48 | | | |
| PWC OHCD | | 17 | | | | |
| Streetlight Outreach | 3 | | | | 8 | |
| Transitional Housing BARN | | 36 | | | | |
| Veterans Supportive Housing (VASH) | | | | | 24 | 55 |
| Volunteers of America | 1 | 24 | | | | |
| Total # of Beds in the community | 4 | 191 | 86 | 121 | 48 | 58 |

Many of the individuals and families served by the above agencies have minimal incomes; it is impossible in a limited report to share all the stories or to effectively convey the impact of the agencies who provide housing opportunities. Even relating the numbers of people served by the agencies will not adequately convey the value of the housing providers. Case management is a very important tool to maximize the impact of affordable housing. The agencies who commit to supporting their tenants and participants with stabilizing supportive services as well as life skills help move their participants to a much more stable position. Details about their programs follow:

ACTS provides a variety of housing options. The Hilda Barg Homeless Prevention Center, owned by PWC and managed by ACTS, served 249 individuals and had to turn away 1,297 people. The Beverly Warren Shelter served 150 individuals and turned away 1,547; ACTS Transitional Housing served 49 and turned away 50. ACTS served 9 in their affordable housing program. ACTS provided 1,068 bed nights for Domestic Violence Victims.

The **SERVE Campus of Northern Virginia Family Service** provided nightly shelter to 631 people in their 92 bed shelter last year; 345 were adults; 286 were children. 103 unduplicated households were provided with rental housing and 543 households or 1,935 unduplicated individuals received utility assistance. SERVE partners with StreetLight to provide 2 additional units of permanent supportive housing. The majority of those served earn less than 30% of the area median income. SERVE's housing locator helps those leaving the shelter identify appropriate housing opportunities.

INSIGHT, the residential corporation of **The Arc of Greater Prince William**, provides permanent supportive housing services for 85 adults with intellectual disabilities in fourteen group homes and fifteen supportive living locations. INSIGHT can also provide emergency housing and supports for adults with intellectual disabilities in crisis. With the closure of the Northern Virginia Training Center in 2016, the agency is expanding its services to include those area residents leaving the institution and returning to the community.

Community Apartments is collaboration between ACTS, Good Shepherd Lutheran Church, Prince William Community Services and U.S. HUD and operates a 20 unit complex for CS clients near Triangle. A waiting list ensures full subscription of leases.

BARN Transitional Housing helped 30 households last year with an average length of stay of 6 months. BARN's rapid re-housing program helped 46 households and received supportive services for an average of 8 months. BARN provided subsidized child care for the families they served. 98% of the working adults were receiving income from work.

St. Margaret of Cortona, housed 14 families, serving a total of 15 adults and 37 children in their transitional housing program.

Good Shepherd Housing Foundation provided transitional housing for 11 families and 22 units of permanent supportive housing for seriously mentally ill adults, in partnership with PWC Community Services and one townhouse for a family of five with a seriously mentally ill family member. Good Shepherd also owns 9 affordable rental homes in Woodbridge which house 30 adults and children. The majority of families earn less than 50% of area median income.

StreetLight Community Outreach Ministries, in addition to the units listed above, provided 38 people with motel rooms, rental assistance to 34 households and had to turn away 220 due to insufficient funds; another 8 were turned away for lack of space.

Catholics for Housing (CFH) continues to provide security deposits and homeownership opportunities in PWC. Fifteen households have become homeowners in the last 4 years; 50% of the new homeowners have incomes less than 50% of the area median income. CFH helps about 30 households move into permanent rental homes by providing security deposit assistance and is working to develop additional rental programs in PWC. CFH now provides life skills through-out the area.

PWC Area Agency on Aging reports our area has a variety of housing serving older adults: independent apartments and single family homes for active seniors; continuing care retirement communities that provide a variety of options allowing one to move from one type of housing to another as the needs dictate, assisted living units as well as nursing and rehabilitation facilities. As the Baby Boom population continues to increase, housing opportunities for this group must be expanded to include units for seniors with extremely low incomes.

The **Continuum of Care Network**, whose mission is to assist public and private agencies in the Greater Prince William Area to meet the goals of providing comprehensive needs of the homeless and those who are at risk of homelessness, is a network of agencies and individuals that provide emergency shelter, transitional living, permanent supportive housing, affordable rentals, eviction prevention and rapid rehousing money, as well as emergency services. Many of the agencies providing direct service to homeless individuals belong to the Coordinated Assessment Network, operated by the COC, in order to provide housing and services listed above in a more timely and organized manner. To be eligible to apply for State and Federal funds a Continuum of Care is required in each.

The PWC Department of Social Services (DSS) supports service providers and agencies, monitors local programs and serves as the Fiduciary Agent for the Continuum of Care Network. DSS also provides services throughout the County, including rapid re-housing, enhancing the quality of life for many residents.

Service providers continue to express the need for additional supportive housing units as well as an imperative need for shelter and supportive services for the chronically homeless. Additional needs as seen by service providers include affordable rental properties, matching funds for client programs, improvement of public transportation, increased fee-based child care funding and increased permanent supportive housing for families with minor children and a disabled parent.

In addition to those listed above, there are other agencies who provide specialized services. **Habitat for Humanity** provided repairs for 19 households during 2014 and completed 13 housing preservation projects to maintain the structural integrity of the homes and provided new systems and weatherization for others. **Project Mend-a-House** coordinates volunteers to make clients independent in their own homes by making their residences safe, secure and sanitary. Volunteers donate 6,600 hours each year providing accessible ramps, modified doorways and other basic home repairs as well as adaptive daily living aids such as motorized chairlifts, hospital beds, walkers and many other items.

There are also numerous community groups who are helping provide additional housing services to specific populations. Currently, several community groups are serving the chronically homeless population in a variety of ways; i.e., providing food, blankets, propane and tents among other things to try to lessen the struggle of the chronically homeless in PWC. The community advocates are working to understand the needs of this population and how to create opportunities to help. Solutions are being sought to address the need for hypothermia centers as well as, warming and cooling centers. The **Unsheltered Homeless Coalition** has taken the lead in these efforts.

There are also specific programs emerging to provide assistance to homeless Veterans; this population continues to grow and presents unique issues. PWC administers Housing Choice Vouchers that are specifically designated for Veterans; there are also several agencies supporting our Veterans in addition to the **Veterans' Administration**. One agency, **Veterans First**, a program of Friendship Place is providing

supportive services for Veteran families with a goal of helping end Veteran homelessness in the greater Washington DC Metro Region.

Even with numerous agencies and community groups committing both financial and human resources, the question remains: *Why are there homeless in one of the wealthiest counties in the nation?* The 2014 Point in Time Count identified 445 people who are homeless in PWC. The Point in Time Count is required by HUD to identify homeless individuals, adults and children who have no regular night-time residence. This is routinely conducted in late January by volunteers and is coordinated by DSS. Experts believe that the realistic number any place in the United States is actually *at least* 2.5 times the number identified in a Point in Time count. Why the disparity? Many homeless do not wish to be identified; others may be working, hospitalized or unavailable. It must also be noted that this count no longer includes people who are living in situations with 2 or 3 families in one home or people who are living in motels.

The 2014 Point in Time Count showed a decrease in the unsheltered population – those individuals who were not in shelters or transitional housing units. This population decreased by 18.4% from 110 in 2013 to 90 in 2014. Unemployment also decreased from 2013 to 2014 by 6.942%.

Prince William County's Homeless Count by Category

| Category | 2014 | 2013 | 2012 | % Change 2013-2014 |
|---|-------------|-------------|-------------|---------------------------|
| Total Number Counted | 445 | 447 | 467 | 1% |
| Total Individuals | 192 | 183 | 161 | 1% |
| Total Number of Families | 74 | 79 | 88 | <1% |
| Total Persons in Families | 253 | 263 | 306 | 1% |
| Total Adults in Families | 92 | 95 | 103 | 1% |
| Total Children in Families | 161 | 168 | 203 | 1% |
| Total Number of Persons in Households with Children Only | 0 | 1 | 0 | 0 |

Concern for the homeless in PWC should be an issue for everyone. Extreme weather increases the struggle for those who are either temporarily or chronically homeless. Having a stable home increases the quality of life for everyone.

HUD provides significant funding to address homeless issues. To be eligible for this funding, providers must be a 501(c)(3) organization (non-profit) who can exhibit sustainable programs that help alleviate homeless issues and who can match 25% of the funding. Each receiving agency is monitored and must meet reporting requirements.

The Office of Housing and Community Development of PWC has 2,038 Housing Choice Vouchers; however, current funding allows approximately 1,753 Vouchers to be utilized every month at an average

housing assistance payment of \$1,076 per unit. The County had not accepted applications for several years but was able to open the application process in 2010, receiving 8,745 applications, with 1,609 of the applications being from persons with disabilities. In late 2014, the County began serving applicants from the waiting list. Manassas currently has 315 Housing Vouchers under lease. In October 2014 (after the list had been closed for 6 years), the City of Manassas received 4,300 new applications in 3 hours. For fiscal year 2014, the average housing assistance payment in Manassas was \$1,001 per month per unit. The Housing Choice Voucher Program serves households earning no more than 50% of the area median income. For a family of four, that means eligible participants can earn no more than \$53,500.

Housing affects all ages. The **HeadStart** Program for the greater Prince William Area serves 397 four year olds with Federal funding and 72 four year olds with funding from the Virginia Preschool Initiative. Next year, when approval is finalized, HeadStart will serve an additional 144 four year olds thanks to Federal dollars coming to the County through the State. The following information is from a recent survey of HeadStart parents and area service providers:

- ❖ Participants were asked to rank 20 items that relate to problems in the area; the availability of *affordable housing* ranked 4th behind low wages, availability of jobs and utility costs.
- ❖ The top 3 reasons for poverty in the community were listed as low wages, *high cost of housing* and insufficient jobs.
- ❖ The top 3 reasons why *affordable housing* is a problem were identified as high rents, personal credit problems and homes are too expensive to own.
- ❖ Survey participants were asked, “Has there been a time in the last year when you or someone in your immediate family:
 - *could not pay rent*; 45.1% answered yes.
 - *had utilities turned off*; 36.3% answered yes.
 - *could not pay mortgage or taxes*; 27.8% answered yes.
 - *needed assistance, but did not receive it*; 22.6% answered yes.
 - *had been evicted*, 12.2% answered yes.
- ❖ During personal interviews, individuals and community experts were asked to identify the top three needs facing children in the community; they identified low incomes, affordable childcare, *accessible/affordable housing*.
- ❖ Professional service providers were asked, based on their experience, to articulate the most pressing issues in PWC. The following comment was made:
 - “*For many life-long residents, PWC is no longer home for many as they are being pushed out by increased rents*”.

The following statement from the HeadStart Survey links frequent moves with educational issues:

“In general, education must be a priority for the county leaders as well as for families. One of the key informants suggested that for low-income or impoverished families, there is little to no stability for the child because they *must continually move* in order to regain financial stability. According to the expert’s input, “children are shuffled from place to place and school to school with little or no consistency. Learning, education and academics are put on a back burner so that the family can try to stabilize.” ”

A report entitled “New Virginia Economy” covers a broad expanse of topics and as the title suggests, focuses on the economy; however, it clearly identifies housing as an important part of the equation for success. It states, “*Quality, affordable housing* is a core component of sustainable economic growth. *Housing* is foundational for a high quality workforce, great school performance and healthy

communities. Accordingly, this fall Governor McAuliff issued EO 32 outlining his housing priorities and executive actions. Those relevant priorities and actions are:

- 1) Evaluate current and future **housing** opportunities
 - a) Establish working groups as determined by the Secretary of Commerce and Trade and invite stakeholder participants to provide input *regarding housing* and related issues.
 - b) Conduct a review of programs and policies in coordination with activities of state-level *housing* and economic development policy-setting efforts.
 - c) Identify the links between *housing* and economic community development.

Craft policy to address future needs

- a) Advance economic and community development strategies and integrate with *housing initiatives* for urban and rural revitalization, including adaptive reuse, mixed-use development and mixed-income housing and the *preservation of existing affordable housing*.
- b) Improve cross-secretariat and agency collaboration and identification of resources to assist individuals receiving supportive services within a community, as appropriate, rather than in institutional settings.
- c) *Create affordable housing* that meets the needs of working Virginians in areas where high housing costs impede economic development, productivity and the quality of life.

There are many stories that dramatically illustrate the incredible impact of the work accomplished by the local service providers. Not only do the agencies help participants succeed in the face of ever-expanding needs, but the agencies continue to develop programs, identify and grow financial and human resources and always encourage and support those we serve to enhance their lives.

Those of us who work in affordable housing have long understood that housing is a basic need. Personal and economic growth for adults and normal development of our children rarely takes place without a stable place to call home. The reports and comments from the various service providers, experts and agencies clearly confirm the need and the value of housing that is affordable to each resident in Prince William County.

SAFETY NET SERVICES

For all intents and purposes, all of the prior sections of this document really address a complex and effective set of services that, together, form the Greater Prince William Area Safety Net. This system is maintained by a strong collaboration of local government, the faith community a spectrum of non-profit agencies and the business community. It has the goal of assisting individuals and families who are experiencing economic, social and health challenges by mitigating the effects of poverty, increasing economic mobility, improving physical and mental health and, as an added benefit, strengthening the overall economy of the community. These services, especially those that targeted toward children, offer an excellent return on investment to taxpayers. A long term, longitudinal analysis by the Council of Economic Advisors found that safety net programs contributed to reducing the national poverty rate from 26 percent in 1967 to 16 percent in 2012. On the local level, census data, updated to 2013, indicates that Prince William County is currently experiencing a poverty rate 6.3% and the cities of Manassas and Manassas Park have poverty rates of 11.7% and 7.0% respectively.

The Needs Assessment document has, thus far, dealt with a majority of the issues that contribute to driving poverty rates. But there are some particularly important basic needs that have yet to be addressed, things like hunger and a habitable and safe place to spend the night. This section addresses how our community understands and deals with those issues.

Governmental Services For Homelessness and Hunger

Prince William County, the City of Manassas and the City of Manassas Park Departments of Social Services (DSS) administer Temporary Assistance for Needy Families (TANF), a program designed to help low income families achieve self-sufficiency. This assistance is time-limited, promotes work, personal responsibility and self-sufficiency. DSS offices also administer SNAP (Supplemental Nutrition Assistance Program, formerly called Food Stamps) providing benefit recipients consumer choice in nutrition products, At the federal level, the U.S. Department of Agriculture coordinates with local organizations to qualify and distribute to recipients actual food products from the nation's excess production.

| Fiscal Year | Clients Served in Prince William Area | |
|-------------|---------------------------------------|-------|
| | SNAP | TANF |
| 2009 | 29,717 | 6,900 |
| 2010 | 37,357 | 7,959 |
| 2011 | 24,476 | 7,877 |
| 2012 | 46,591 | 7,093 |
| 2013 | 49,844 | 6,379 |

Dealing with Hunger at the Private Sector Level

The Capital Area Food Bank's partner network and direct distribution programs in the Greater Prince William Area work with 41 partner agencies, 4 Mobile Markets (Direct Distribution serves 19,476 individuals a month), 1 Senior Brown Bag site (Direct Distribution serves 65 seniors each month) and 1 Family Market (Direct Distribution to 100 families each month). Through CAFB's network of partner agencies and direct distribution programs:

- 1,282,500 pounds of food distributed into Prince William County (FY 13-14)
- 1,162,232 pounds of food distributed into Prince William County (Current fiscal year: July 2014-February 9, 2015).

In FY14, ACTS provided food to 29,401 individuals and Northern Virginia Family Services SERVE provided food to 8,376 individuals. While some of the food was obtained from the Capital Area Food Bank, the majority was from donations from individuals, churches, businesses and service organizations in the community.

Food Insecurity Across Virginia

Food insecurity occurs when families and individuals have a reduced quality or a lack of meal variety and may not have regular access to food. The chart below indicates both for the Commonwealth and for the Prince William Area the division of labor between government (including school feeding programs) and the private sector in dealing with this issue.



FOOD INSECURITY RATE



ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE



AVERAGE COST OF A MEAL **\$2.86** * National average cost of a meal is: \$2.74

Prince William

FOOD INSECURITY RATE



ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE



AVERAGE COST OF A MEAL **\$2.86** * National average cost of a meal is: \$2.74

Hunger exists in every corner of the United States, but as Feeding America's Map the Meal Gap study shows, food insecurity looks different from one county to the next. In addition to providing data about the prevalence of food insecurity at the local level, Map the Meal Gap estimates the share of food insecure individuals who are income-eligible for federal anti-hunger programs and provides local variations in food costs. The study finds that many food insecure individuals do not qualify for federal nutrition programs and must rely on charitable food assistance, suggesting that complementary programs and strategies are necessary to reach food insecure individuals at different income levels. By providing information about hunger at the local level, Map the Meal Gap can help policymakers and service providers identify strategies to best reach those in need of assistance.

Utility Assistance

Utility assistance, one of the key elements in homelessness prevention, is derived from a consortium of faith-based groups, non-profit organizations, social service organizations and public utilities. Virginia Dominion Power provides their assistance through a program called Energy Share; Northern Virginia Electric Coop operates energy assistance through a program called Member Share; Washington Gas Operates a program called the Washington Area Fuel Fund; and the Prince William County Service Authority provides Tap Fee assistance. In FY14, SERVE provided \$114,410 in utility assistance to 543 households that impacted 1,935 individuals. In FY14, ACTS provided \$245,872 in utility assistance to 1,762 households that impacted 5,477 individuals. For Both ACTS and SERVE, funds distributed came from pledged support funds from local churches, service organizations and Dominion Virginia Power. In FY14, The Salvation Army in Prince William distributed \$106,000 of support funding from Washington Gas and Columbia Gas to serve 275 requests for assistance impacting 917 persons. And, finally, PWCSA provided approximately \$9,000 in assistance to water and sewer customers.

Summary of Service Challenges and Gaps

As the local economy strives to improve, the Greater Prince William Area still experiences a high demand for services that the past recession precipitated. At the same time, public and private agencies are also seeing the threat of a decrease in funding that is in reverse proportion to the community need. While at a time when there is a slower growth in new demand and somewhat better economic times, it should be possible to reduce the gap between demand and available services. Success in that struggle is what every service provider continues to strive.

COMMUNITY SAFETY

Introduction

The Greater Prince William Area continues to be a safe community in which to visit, work, raise a family and retire. Crime rates continue to see overall decreasing trends, and law enforcement agencies are committed to continuing those trends. Public safety agencies and government and nongovernment organizations continue their collaboration to provide services to the community to control crime, keep people safe and serve victims of crime through counselling and support. Collaborative ventures include: public safety task forces, committees and work groups; volunteer fire and rescue members; Neighborhood Watch programs and volunteers to answer crisis hotlines.

In the following sections, statistical data is presented to answer the most frequently asked questions about how public safety can be measured. Statistical reporting across the country is undergoing a shift from the former system called the Uniform Crime Reporting Program to a new system called The National Incident Based Reporting System with the attendant slight differences in numbers being reported. The data reported in this document comes from the Metropolitan Washington Report of Crime which lists each jurisdiction and the current national reporting system they are currently using.

Priorities

Public safety agencies and their community partners face challenges in servicing citizen safety as a result of the continuing economic climate. Managing growth in response capabilities to match population growth is always difficult, but planners are focused on the following priorities:

- Maintaining Appropriate Staffing Levels - In 2013, the Board of County Supervisors approved funding for additional police positions, many of which will be used to expand the School Resource Office Program in all County's middle schools.
- Improving Response Capabilities - Along with increasing staffing levels, agencies and organizations seek to improve their response capabilities by responding more quickly to service calls and being able to address community needs in a timely manner. To this end, the design contract was approved for a central district police station to enhance service to the county. This facility is scheduled to be completed in 2017.
- Improving Agency Resources – Agencies and organizations strive to provide quality services to the community which can be accomplished through the following: educating the public; having adequate facilities to house resources and train staff; providing better access to and by the community; ability to dedicate the appropriate amount of time to citizens/clients to handle emergencies, investigate and/or prevent crimes, fires, injuries family issues.

Summary

As the region's economy slowly recovers from a lengthy recession, the need for partnerships to provide quality services, particularly to those in most need or state of vulnerability, remains a high priority. This community has a strong history of such partnerships and is committed to building on that record of success.

Uniform Crime Reports (UCR) Part 1 Crimes

| Crime Rate (%) | Prince William County | City of Manassas | City of Manassas Park |
|----------------|-----------------------|------------------|-----------------------|
| 2005 | 23.0 | 37.0 | 24.0 |
| 2006 | 21.6 | 36.8 | 31.4 |
| 2007 | 19.8 | 33.0 | N/A |
| 2008 | 20.0 | 33.2 | 9.5 |
| 2009 | 19.4 | 34.7 | 17.4 |
| 2010 | 19.2 | 29.1 | 15.9 |
| 2011 | 17.5 | 26.3 | 14.0 |
| 2012 | 17.04 | 27.0 | 16.0 |
| 2013 | 16.14 | 24.58 | 14.89 |

| Murder | Prince William County | City of Manassas | City of Manassas Park |
|--------|-----------------------|------------------|-----------------------|
| 2005 | 13 | 0 | 0 |
| 2006 | 16 | 2 | 0 |
| 2007 | 9 | 2 | 1 |
| 2008 | 12 | 4 | 0 |
| 2009 | 10 | 2 | 0 |
| 2010 | 8 | 1 | 0 |
| 2011 | 4 | 4 | 0 |
| 2012 | 2 | 3 | 0 |
| 2013 | 6 | 0 | 1 |

| Aggravated Assault | Prince William County | City of Manassas | City of Manassas Park |
|--------------------|-----------------------|------------------|-----------------------|
| 2005 | 347 | 88 | 15 |
| 2006 | 379 | 89 | 26 |
| 2007 | 310 | 91 | 14 |
| 2008 | 197 | 59 | 7 |
| 2009 | 216 | 82 | 7 |
| 2010 | 224 | 50 | 4 |
| 2011 | 180 | 46 | 7 |
| 2012 | 168 | 54 | 8 |
| 2013 | 188 | 55 | 7 |

| Rape | Prince William County | City of Manassas | City of Manassas Park |
|------|-----------------------|------------------|-----------------------|
| 2005 | 29 | 23 | 8 |
| 2006 | 21 | 11 | 8 |
| 2007 | 28 | 14 | 8 |
| 2008 | 28 | 19 | 7 |
| 2009 | 57 | 17 | 2 |
| 2010 | 53 | 16 | 7 |
| 2011 | 46 | 22 | 6 |
| 2012 | 67 | 15 | 1 |
| 2013 | 58 | 17 | 2 |

| Robbery | Prince William County | City of Manassas | City of Manassas Park |
|---------|-----------------------|------------------|-----------------------|
| 2005 | 250 | 63 | 9 |
| 2006 | 351 | 73 | 9 |
| 2007 | 272 | 60 | 5 |
| 2008 | 248 | 50 | 4 |
| 2009 | 255 | 56 | 5 |
| 2010 | 221 | 51 | 7 |
| 2011 | 173 | 51 | 4 |
| 2012 | 201 | 51 | 4 |
| 2013 | 228 | 39 | 3 |

| Burglary | Prince William County | City of Manassas | City of Manassas Park |
|----------|-----------------------|------------------|-----------------------|
| 2005 | 1,101 | 140 | 32 |
| 2006 | 1,389 | 163 | 43 |
| 2007 | 996 | 185 | 22 |
| 2008 | 1,049 | 184 | 15 |
| 2009 | 984 | 156 | 16 |
| 2010 | 971 | 122 | 15 |
| 2011 | 915 | 123 | 14 |
| 2012 | 889 | 118 | 21 |
| 2013 | 664 | 99 | 26 |

| Motor Vehicle Theft | Prince William County | City of Manassas | City of Manassas Park |
|---------------------|-----------------------|------------------|-----------------------|
| 2005 | 607 | 129 | 29 |
| 2006 | 651 | 128 | 46 |
| 2007 | 612 | 103 | 39 |
| 2008 | 618 | 92 | 22 |
| 2009 | 493 | 99 | 20 |
| 2010 | 428 | 77 | 14 |
| 2011 | 389 | 69 | 14 |
| 2012 | 351 | 58 | 15 |
| 2013 | 300 | 61 | 12 |

| Larceny | Prince William County | City of Manassas | City of Manassas Park |
|---------|-----------------------|------------------|-----------------------|
| 2005 | 5,723 | 920 | 218 |
| 2006 | 5,219 | 936 | 292 |
| 2007 | 5,338 | 801 | 195 |
| 2008 | 5,645 | 811 | 163 |
| 2009 | 5,634 | 836 | 193 |
| 2010 | 5,752 | 785 | 184 |
| 2011 | 5,440 | 680 | 155 |
| 2012 | 5,367 | 776 | 185 |
| 2013 | 5,310 | 729 | 175 |

| Juvenile Arrests | Prince William County | City of Manassas | City of Manassas Park |
|------------------|-----------------------|------------------|-----------------------|
| 2005 | 1,386 | 198 | N/A |
| 2006 | 1,605 | 181 | N/A |
| 2007 | 1,615 | 202 | N/A |
| 2008 | 1,686 | 126 | N/A |
| 2009 | 1,468 | 127 | N/A |
| 2010 | 1,468 | 101 | 10 |
| 2011 | 1,467 | 115 | 26 |
| 2012 | 1,340 | 158 | 103 |
| 2013 | 1,204 | 208 | 64 |

| Domestic Violence Calls for Service | Prince William County | City of Manassas | City of Manassas Park |
|-------------------------------------|-----------------------|------------------|-----------------------|
| 2005 | 9,796 | 784 | N/A |
| 2006 | 9,964 | 716 | N/A |
| 2007 | 9,739 | 759 | N/A |
| 2008 | 8,655 | 714 | 182 |
| 2009 | 8,417 | 725 | 228 |
| 2010 | 8,418 | 770 | 200 |
| 2011 | 8,162 | 845 | 199 |
| 2012 | 7,812 | 697 | 149 |
| 2013 | 7,021 | 660 | 132 |

| ACTS -- # of Domestic Violence Victims at Shelters | Individuals | Bednights |
|--|-------------|-----------|
| 2007 | 342 | 7,525 |
| 2008 | 141 | 5,908 |
| 2010 | 259 | 8,013 |
| 2011 | 263 | 9,320 |
| 2012 | 236 | 8,138 |
| 2013 | 186 | 5,186 |
| 2014 | 226 | 9,673 |
| Source ACTS/Turning Points; Data is Fiscal Year | | |

| ACTS -- # of Persons Served | Women | Children |
|---|-------|----------|
| 2007 | 1,439 | 624 |
| 2008 | 1,634 | 884 |
| 2010 | 2,241 | 2,346 |
| 2011 | 1,963 | 847 |
| 2012 | 1,958 | 892 |
| 2013 | 1,769 | 933 |
| 2014 | 1,796 | 1,169 |
| Source ACTS/Turning Points; Data is Fiscal Year | | |

| ACTS -- # of Batterers Served in Group | Total |
|---|-------|
| 2007 | 298 |
| 2008 | 218 |
| 2010 | 204 |
| 2011 | 183 |
| 2012 | 298 |
| 2013 | 292 |
| 2014 | 290 |
| Source ACTS/Turning Points; Data is Fiscal Year | |

| ACTS -- # Served at Court | Total |
|---|-------|
| 2008 | 1,412 |
| 2010 | 1,071 |
| 2011 | 988 |
| 2012 | 821 |
| 2013 | 903 |
| 2014 | 914 |
| Source ACTS/Turning Points; Data is Fiscal Year | |

TRANSPORTATION

According to Prince William County's *Third Quarter 2014 Demographic Report*, the Census Bureau's 2013 American Community Survey indicates that 24% of all workers in Prince William County travel 60 or more minutes one way to work, or nearly three times the national average. The same survey indicates that the average travel time to work for all of the County's residents in 2013 was 37.8 minutes, evidencing a slight improvement relative to 2011 when the average commute time was 40.5 minutes. As documented by the County's annual citizen satisfaction surveys, transportation and congestion are considered two of the most important issues facing the County. Satisfaction levels in both the 2014 and 2012 surveys indicate that citizens are most satisfied in terms of ease of getting around in the County by car, and decidedly less satisfied with the adequacy of bus services as well as the ease of getting around by car outside the County.

The principal public transportation provider in the Greater Prince William Area, the Potomac and Rappahannock Transportation Commission (PRTC), carried an average of 13,000 daily bus passengers in the year ending June 30, 2014 (FY 2014) with an active fleet of 143 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; NVTC): (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 the Franconia/Springfield and Tysons Corner Metrorail stations.

Description of Services Provided:

Within Prince William County proper, PRTC provides access to employment centers, activity centers and County government facilities. Using the six local bus routes (branded as "OmniLink"), residents have access to major shopping malls (i.e., Potomac Mills and Manassas Mall), County and city government facilities (i.e., Ferlazzo Building, McCoart Building, County Courthouse, Manassas and Manassas Park City Halls), local hospitals (i.e., Potomac and Prince William), libraries (i.e., Bull Run, Central, Chinn Park, Potomac, Bull Run, Dumfries, Dale City), community colleges (i.e., NVCC Manassas & Woodbridge), and a multitude of social service agencies in the greater Prince William County area.

As noted earlier, PRTC and NVTC are joint owners of the Virginia Railway Express (VRE). VRE trains, which operate on existing freight-owned railroad tracks, carry commuters to employment centers in Northern Virginia and Washington, DC. VRE operates 30 trains daily on two rail lines – one originating in Fredericksburg ("the Fredericksburg Line") and the other in Prince William just west of Manassas ("the Manassas Line") -- on weekdays mainly during the peak periods (5am to 9am & 3pm to 8pm). Both lines terminate at Union Station in Washington, DC. The Fredericksburg Line has 12 stations and the Manassas Line has ten. In Prince William County, there are four stations (Broad Run, Woodbridge, Rippon and Quantico) and one station each in the cities of Manassas and Manassas Park. VRE is currently averaging about 19,000 daily riders on the two lines combined, approximately 41% of whom reside in Prince William, Manassas, and Manassas Park.

Consumer Demographics:

According to PRTC's most recent on-board survey (done in 2013), VRE, OmniRide and Metro-Direct riders are generally more affluent than their OmniLink counterparts. Users of these commuter services also have a much higher incidence of driver's licenses and are older than the OmniLink riders. Another distinction between the users of the services is that there is a much higher incidence of minorities on the OmniLink services. While nearly all of PRTC's VRE and OmniRide riders use those services to get to and from work, trip purposes by Metro-Direct and OmniLink riders are more variable (e.g., there are sizable numbers of trips made for shopping, running errands, going to medical appointments, and social recreation purposes), though work trip comprise the majority of the trip making even for those services.

A more detailed profile of the demographics of the users of each service type appears later in this section.

Service Expansions and Trends:

Service expanded modestly between 2007 and 2009. Since then, other than additional peak period OmniRide trips to ease overcrowding and some new service funded by the Commonwealth (initially funded as part of construction mitigation efforts - Woodbridge to Tysons, Saturday Metro Direct), budget constraints have precluded service expansion. The configuration of some existing routes has been altered, however, to account for changing trip-making patterns, including: (1) the restructuring of commuter bus services from western Prince William to the core (i.e., a new express route linking Gainesville and DC began in November of 2013 by shifting some Manassas-originating, DC-bound service, and a reorientation of Metrorail-connecting service so the connection occurs in Tysons Corner instead of Vienna and West Falls Church); and (2) the subdivision of commuter service from Montclair so the single route that formerly served both the Pentagon and downtown DC is now two routes, one serving each destination. Schedule adjustments have also occurred over time, generally lengthening running times to account for increased traffic congestion and slower speeds. Upcoming Commonwealth-funded service from eastern Prince William to the Mark Center (Seminary Road) will begin in late 2015.

Existing Challenges:

While the Prince William area continues to grow and a sizable number of existing residents have expressed a need for more transit service as noted earlier, there is considerable uncertainty about whether even existing service can be sustained, let alone service expansion. That's because transit service is not financially self-supporting, and the public funding required to cover the needed subsidy is not assured.

Transit is supported by a combination of federal, state, and local sources, and each of those sources is in some jeopardy. Historically, federal funds have been authorized for roads and transit on a multi-year basis (often for as long as six years at a time), though in the recent past authorizations have been for shorter intervals. The current authorization expires in May 2015, so Congress will be forced to take up the "authorization" issue before then. While federal transportation funding measures have had a long history of bipartisan cooperation, legislating authorizations has become progressively more difficult because the yield from the federal fuels tax has not kept pace with spending levels. The tax was last

raised in 1993 and that fact, coupled with the reality that newly manufactured vehicles are more and more fuel efficient and people are driving less, have dampened the tax yield.

Congress's response to these conditions to date has been to supplement the fuels tax with general fund appropriations, so the federal transportation expenditure level could be sustained. But the reliance on general fund appropriations as a supplement (presently amounting to about \$16 billion per year) has come under increasing criticism and prompted calls for the federal program to be curtailed to what the fuel tax yield alone can support. Curtailment as some have proposed would be a major hit for PRTC.

On the state side, legislation enacted in 2013 significantly increased state funding for both roads and transit, but actual revenue yields from the legislated sources have been lagging behind estimates on account of federal funding cut-backs affecting the Commonwealth. Because of this revenue lag, the state agency administering the transit program funding (the Virginia Department of Rail and Public Transit) has advised its grantees to expect 10% less funding in FY 2016 than in FY 2015.

The most serious funding challenge is local, however. Prince William County accounts for about 90% of the local funding required for PRTC bus service (and about 40% of the local funding required for VRE service), and since 2009 the County has relied on a single source for that funding – its 2.1% motor fuels tax revenue. The 2.1% tax yield has for many years been less than the County's total transit expenditure, but prior year surpluses from that tax which accumulated over time (during years when the County appropriated general fund revenue as a supplement to the 2.1% tax) were available to cover the shortfall. Reliance on prior year funding is a remedy for only a finite period of time, and the recent, dramatic drop in fuel prices has caused 2.1% motor fuels tax revenue to plunge. Consequently, prior year surpluses are now sufficient to cover the shortfall only through the end of FY 2016, after which if there is no supplemental appropriation, existing service will have to be cut substantially.

Meanwhile, growing road congestion and slowing traffic speeds in the County continue to compel PRTC to reconfigure its local service, slightly diminishing service frequency in the afternoon on those OmniLink bus routes in eastern Prince William that have a timed transfer at the PRTC Transit Center so that each bus has more time to traverse the route while allowing for "off-route" trip allowances throughout the day. Further diminution could prove necessary if the modest reductions already enacted prove insufficient to restore schedule reliability.

Needs Gap:

Gaps in service that have been recognized by PRTC's adopted long range plan will become larger still if existing services cannot be sustained. In addition, a Potomac Health Foundation (PHF) funded taxicab subsidy program that PRTC has been administering for health care access to qualifying residents (i.e. *Wheels-to-Wellness*) is nearing the end of PHF grant funding, with no identifiable funding source to sustain it thereafter.

Section Summary:

PRTC and VRE play an important role in the Northern Virginia region by providing a transportation alternative for residents who commute everyday to major employment centers. Within greater Prince William County, PRTC serves as a critical link in connecting transit dependent residents to activity centers, complemented by private, for-profit taxi services and transportation services that area social

service agencies operate (or contract for) to deliver their clients to services they provide. Public funding constraints are posing a profound threat to simply sustaining existing service, let alone expanded service to address unmet needs.

| PRTC and Virginia Railway Express (VRE) Statistics | | | | | | | | | |
|---|------------------------|----------------------|---|------------------------|--|----------|----------|--------------|-----|
| PRTC Ridership Statistics | | | | | | | | | |
| Avg. daily OmniLink riders '10 | | | Avg. daily OmniLink riders '14 | | | | | | |
| 3,785 | | | 3,674 | | | | | | |
| No. of avg. OmniLink daily trips outside of normal route '10 | | | No. of avg. OmniLink daily trips outside of normal route '14 | | | | | | |
| 214 | | | 125 | | | | | | |
| Avg. OmniLink Saturday ridership '10 | | | Avg. OmniLink Saturday ridership '14 | | | | | | |
| 1,319 | | | 1,388 | | | | | | |
| Avg. daily OmniRide riders '10 | | | Avg. daily OmniRide riders '14 | | | | | | |
| 9,063 | | | 9,327 | | | | | | |
| Avg. daily users of vanpool services '10 | | | Avg. daily users of vanpool services '14 | | | | | | |
| 2,732 | | | 2,976* | | | | | | |
| (as of Feb'14 no long track number of vanpools) | | | | | | | | | |
| VRE Ridership Statistics | | | | | | | | | |
| Average daily VRE riders -- FY 2010 | | | Average daily VRE riders -- FY 2014 | | | | | | |
| Fredericksburg Line 8,503 | Manassas Line 8,170 | Line Total 16,673 | Fredericksburg Line 10,635 | Manassas Line 8,603 | Line Total 19,238 | | | | |
| PRTC and VRE Demographics | | | | | | | | | |
| Income Profile of PRTC and VRE Passengers | | | | | Racial Profile of PRTC and VRE Passengers | | | | |
| Household Income | Omni Ride | OmniLink | Metro Direct | VRE | Race | OmniRide | OmniLink | Metro Direct | VRE |
| \$100,000 + | 61% | 6% | 33% | 75% | White | 46% | 18% | 26% | 71% |
| \$75-99,999 | 16% | 5% | 13% | 13% | African American | 34% | 45% | 39% | 14% |
| \$50-74,999 | 15% | 6% | 19% | 8% | Hispanic | 7% | 21% | 13% | 4% |
| \$35-49,999 | 5% | 11% | 13% | } 4% | Asian | 4% | 5% | 16% | 6% |
| \$25-34,999 | 2% | 16% | 6% | | Other | 7% | 11% | 7% | 5% |
| \$15-24,999 | 1% | 17% | 8% | | | | | | |
| < \$15,000 | 1% | 38% | 8% | | | | | | |

Age Breakdown of PRTC and VRE Passengers

| Age | Omni Ride | OmniLink | Metro Direct | VRE |
|-----------|-----------|----------|--------------|-----|
| <18 yrs | 0% | 8% | 1% | 0% |
| 18-24 yrs | 4% | 35% | 12% | 2% |
| 25-34 yrs | 15% | 22% | 21% | 12% |
| 35-44 yrs | 22% | 14% | 24% | 19% |
| 45-54 yrs | 33% | 16% | 21% | 34% |
| 55-59 yrs | 15% | 4% | 12% | 15% |
| 60+ yrs | 11% | 2% | 9% | 19% |

Drivers License Status*

| | OmniRide | OmniLink | Metro Direct |
|-------------------|----------|----------|--------------|
| Licensed Driver | 98% | 34% | 73% |
| Unlicensed Driver | 3% | 67% | 27% |

* Data not available for VRE

ACKNOWLEDGEMENTS

The 2015 edition of the Community Needs Assessment for the Greater Prince William Area is a collaborative project of the Greater Prince William Coalition For Human Services and the United Way of the National Capital Area. Funding from these two groups has paid for publication costs. The information in this document is intended to both educate the general public and serve as a source document for human service agencies as they apply for a variety of grants from governments and foundations.

The Greater Prince William Coalition For Human Services has served as a networking, professional training and needs analysis organization for thirty years. The membership consists of private and public sector human service agencies and individual citizens with an interest in strengthening the safety net that serves those in need. The Coalition invites all to learn more about the work of the group by visiting the website at www.pwchs.org.

The vast majority of the private sector organizations who belong to the Coalition are also member agencies of the United Way of the National Capital Area, an organization that annually collects from donors and distributes to service agencies in the community in excess of one million dollars. Their work can be examined on their website at www.unitedwaynca.org.

Reader's Notes