



Health and Welfare FY 2024 Program Review

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Extension Services

To improve Loudoun County's social, economic, and environmental sustainability by linking Loudoun County residents and Loudoun County Government employees and departments to Virginia's land-grant universities and research-based education programs relating to agriculture, animal husbandry, agronomy, horticulture, forestry, agroforestry, natural resources conservation, youth development, food safety, human nutrition, and community viability. Extension Services is mandated/supported by Virginia Code § 23.1-2610 (Duties of the Service, the Program, and the Station), which outlines the following duties and responsibilities:

- A. The Virginia Cooperative Extension Service shall provide the people of the Commonwealth with useful and practical information and knowledge on agriculture, including horticulture and silviculture, agribusiness, home economics, community resource development, 4-H Clubs, and related subjects through instruction and the dissemination of useful and practical information through demonstrations, conferences, courses, workshops, publications, meetings, mass media, and other educational programs. The necessary printing and distribution of information in connection with work of the Service shall be performed in such manner as may be mutually agreed upon by the University, Virginia State University, the Governor or his designee, the U.S. Secretary of Agriculture, the U.S. Secretary of Commerce, and other participating bodies.
- B. The Program shall also conduct educational programs and disseminate useful and practical information to the people of the Commonwealth.
- C. Personnel of the Service shall inform local governing bodies of the Commonwealth whenever agricultural conditions are present in such localities that would warrant the declaration of a disaster pursuant to Section 301 of P.L. 93-288, 42 U.S.C. § 5141.
- D. Personnel of the Service shall provide farmers and local governing bodies with such assistance and information as is available concerning federal and state disaster relief programs.

Department Programs

Agriculture and Natural Resources

Provides education programs and technical information relating to production agriculture, recreational farming, agripreneurship, horse ownership, horticulture, pesticide application safety, natural resources conservation, water quality management, and soil health. This instruction helps residents (including farmers, beginner farmers, and agricultural workers) implement best management practices to increase farm sustainability, protect the environment, and assist Loudoun County Government in complying with federal and state Total Maximum Daily Load (TMDL) mandates.

Activities

- Animal and Crop Science Education
- Commercial Horticulture Education
- Community Horticulture Education

4-H Youth Development

Provides hands-on, experiential learning in the areas of science, healthy living, and citizenship to help Loudoun youth between the ages of 5 and 18 develop vital life skills and reduce the prevalence of youth depression.

- 4-H Youth Development



Extension Services

Family and Consumer Sciences

Provides education and technical information to increase residents' understanding of where their food originates; how it is grown, purchased, and safely prepared; and its environmental, social, and economic impact. Family and consumer sciences programming also provides education to residents on nutrition and physical activity best practices to reduce the rate of chronic disease and obesity.

- Food Safety Education
- Community Nutrition Education

Financial Information

FY 2024 Adopted Information¹

	Expenditures	Revenue	LTF	FTE
Agriculture and Natural Resources	\$400,112	\$0	\$400,112	4.00
4-H Youth Development	217,011	0	217,011	1.00
Family and Consumer Sciences	124,711	0	124,711	0.00
Total²	\$741,834	\$0	\$741,834	5.00

¹ Sums may not equal due to rounding.

² 3.00 FTE are primarily state-funded positions.



Extension Services: Agriculture and Natural Resources

Animal and Crop Science Education

What We Do: This activity's focus areas include, but are not limited to, agricultural economics; aquaculture, aquaponics, and hydroponics; beginning farmer education; conventional and organic farm production methods and practices; equestrian husbandry; farm and farm equipment safety; hay, grain, and other crop production; livestock production; marketing for retail and wholesale agricultural products; pesticide application certification and safety; plant disease and pest insect identification; pond maintenance; and worker protection. The Virginia Cooperative Extension (VCE) Agriculture and Natural Resources (ANR) extension agent tailors programs to these focus areas and provides in-person, classroom, telephonic, and online consultations with residents regarding their production and recreational agricultural information needs.

This activity serves internal customers, such as other County departments, and external customers, including County residents and businesses. The largest customer group consists of the County's residents. This activity involves developing and presenting educational programs in coordination with stakeholder organizations, including:

- Agribusiness organizations; for example, Evergro and Farm Credit.
- Agricultural organizations; for example, the Blue Ridge Cattlemen's Association.
- Commercial food, fiber, fleece producers, and commodity groups such as the Virginia Sheep Producers Association.
- Federal, state, and local agencies; for example, the United States Department of Agriculture (USDA), the Virginia Department of Agriculture and Consumer Services, and the Loudoun Soil and Water Conservation District.
- Commonwealth of Virginia land-grant universities: Virginia Tech and Virginia State University (VSU).
- Loudoun County Government departments and Loudoun County Public Schools (LCPS), particularly the Academies of Loudoun and educational institutions such as the Northern Virginia Community College.

Instruction presentation types can include individual and group meetings, workshops, field days, tours, and demonstrations. Information is disseminated in-person, via remote video, telephonically, electronically (email), and using mass media.

Mandate Information: This activity is mandated by the Code of Virginia § 23.1-2610. The VCE and Agricultural Experiment Station Division authorizes the establishment of the VCE and identifies its program areas. Specific mandated activities for the Loudoun agent are as follows:

- Providing the people of the Commonwealth with useful and practical information and knowledge on agriculture, including horticulture and silviculture, agribusiness, home economics, community resource development, 4-H Clubs, and related subjects through instruction and the dissemination of useful and practical information through demonstrations, conferences, courses, workshops, publications, meetings, mass media, and other educational programs. The necessary printing and distribution of information in connection with work of the Service shall be performed in such manner as may be mutually agreed upon by the University, Virginia State University, the Governor or his designee, the U.S. Secretary of Agriculture, the U.S. Secretary of Commerce, and other participating bodies.
- Conducting educational programs and disseminating useful and practical information to the people of the Commonwealth.
- Informing local governing bodies of the Commonwealth whenever agricultural conditions are present in such localities that would warrant the declaration of a disaster pursuant to Section 301 of P.L. 93-288, 42 U.S.C. § 5141.
- Providing farmers and local governing bodies with such assistance and information as is available concerning federal and state disaster relief programs.
- Conducting research and investigations and establishing, publishing, and distributing results in such forms as will tend to increase the economy, efficiency, and safety of the various enterprises and activities of interest to the



Extension Services: Agriculture and Natural Resources

Commonwealth and the nation and promote the conservation and economic utilization of its natural and human resources.

Who Does It: The VCE ANR extension agent also serves as a Virginia Tech faculty member supporting Loudoun County. The agent's salary is cooperatively funded by the County and the VCE. Professional training is provided by the VCE, Virginia Tech, VSU, and Loudoun County Government. Administrative support is provided by the County's administration manager and marketing assistant. Additional funding is provided through grants, sponsors, and learner fees collected on a not-for-profit basis to minimize the cost of supplies, food, and guest speaker honoraria. Program instruction is primarily provided by staff, with assistance from university faculty, external professionals, and approximately 10 percent assistance from volunteers.

Why We Do It: This activity helps sustain the profitability of agricultural production in the County and enhances the quality of Loudoun's natural resources. Staff interprets and communicates the Commonwealth's land-grant university research relating to livestock and row-crop production. The resulting benefits from this translation of academic information into practical application are improved social, economic, and agricultural conditions.

The ANR agent collaborates with other extension agents and land-grant university faculty to develop and deliver agricultural education programs to improve local producer sustainability, raise resident awareness of food and food sources, promote farm safety, and assist beginning farmers getting started in agriculture. These initiatives also help foster understanding between rural and suburban residents. Although several nonprofit organizations exist to promote agriculture in Loudoun, none of those organizations have dedicated access to the scientists and research capacity of the state's land-grant universities. Moreover, none are mandated by federal and state laws. Specific topics addressed by the ANR programming include:

- Agricultural Technology
- Aquaponics
- Beef Cattle Production
- Beginning Farmer Education
- Crop Damage and Livestock Losses to Storms
- Dairy Operations (Micro)
- Equine Husbandry and Care
- Equine Nutrition
- Farm Safety
- Farm Succession and Transition
- Fencing for Livestock and Horses
- Forage Analysis
- Goat Production
- Livestock Budgets and Record Keeping
- Livestock Food and Nutrition
- Livestock Genetics
- Livestock Reproduction
- Marketing
- Natural Resources Conservation
- Parasite Management (Internal and External Parasites)
- Pasture Management
- Pesticide Application
- Poultry (Small Scale)
- Sheep Production
- Small Engine Troubleshooting/Repair
- Soil Analysis
- Soil Erosion Control
- Swine Production
- Tax Record Keeping
- Trees and Plants Toxic to Livestock and Horses

How We Do It Now – Current Service Level: In FY 2020, approximately 730 people participated in an agricultural program/consultation to increase awareness of best management and safety practices. In subsequent years, this service was degraded due to the COVID-19 pandemic. In FY 2024, with current resources, this activity will have approximately 1,000 participants in ANR programs or consultation, with more than 90 percent of participants indicating they will adopt a best management and/or safety practice following their participation. The FY 2023 number reflects the multi-month, fifteen-



Extension Services: Agriculture and Natural Resources

session Afghan Shepherd Program (ASP) that the ANR agent developed and coordinated for a small number of Afghan refugees relocated to Loudoun County as part of OPERATION ALLIES WELCOME. ASP was a closed-audience program, not promoted or advertised to the general public. The FY 2023 number also reflects the ANR agent's Future Farmers of America programming for youth enrolled at Academies of Loudoun or other high schools; like ASP, these are closed-audience classes and are not promoted or advertised to the general public.

How We Plan to Do It in the Future – Recommended Service Level: In the future, the Department anticipates that there will be 900 to 1,000 participants annually in an agriculture program/consultation, with the goal of getting 85 percent of participants to adopt best management and/or safety practices.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase awareness of best management and safety practices associated with agriculture and horticulture.					
Percentage of participants who indicated they will adopt a best management and/or safety practice following their participation in an ANR program/consultation	97%	96%	94%	93%	93%
Number of participants in an ANR program/consultation	447	911	960	1,000	1,000



Extension Services: Agriculture and Natural Resources

Commercial Horticulture Education

What We Do: The Commercial Horticulture Education activity's programs are developed in coordination with the VCE, but County staff adapts these programs in a sustainable way to Loudoun's varied soil, vegetation, microclimate, and commercial horticulture-production communities. The County's horticulture industry is composed mostly of winegrapes, vegetables, Christmas trees, fruits (trees and berries), ethnic crops, greenhouse, and nursery products. This activity and its programs provide consultations, technical advice, education, and recertifications – bilingual (English and Spanish), in-person, telephonic, online, and hybrid – to farmers, beginner farmers, residents interested in farming, agricultural workers, and, in small capacity, to the green industry regarding their commercial horticulture information needs related to the following:

- Beginning Farmer Education
- Berries, Cane Fruit, and Tree Fruit Production
- Bilingual Worker Protection Standards
- Christmas Trees
- Crop Damage Reports
- Cut Flowers
- Ethnic, Specialty, and Niche Crops (e.g., Green Tea, Mushrooms)
- Farm Safety
- FSMA-PSA (Food Safety Modernization Act-Produce Safety Alliance) Training and Preparation
- Good Agricultural Practice Certification Training and Preparation
- Green House/High Tunnel Production
- Harvest and Post-Harvest Methods
- Hops and Hemp
- Horticultural Economics
- Hydroponics
- Marketing: Retail and Wholesale
- Naturally Grown Guidance for Certification
- Organic Farm and Traditional Production Methods and Practices
- Pesticides: Bilingual Applicator Certification Training, Recertification, and Safety
- Pest (insects, diseases, and weeds) Identification and Integrated Pest Management (IPM)
- Post-Harvest Best Agricultural Practices
- Soil Health
- Vegetable Production
- Water Quality: Irrigation

Loudoun's Commercial Horticulture Education programs serve multiple customers internal and external to Loudoun County Government. The largest customer group consists of the County's residents. This activity involves developing and presenting programs in coordination with stakeholder organizations, many of which are identified in the list below:

- Commercial producers.
- Agribusiness organizations; for example, Southern States and Farm Credit.
- Agricultural for-profit and nonprofit organizations; for example, the Loudoun County Farm Bureau, the Loudoun Wineries and Winegrowers Association, and the Virginia Vineyards Association (VVA).
- Federal, state, and local agencies; for example, USDA, the Virginia Department of Agriculture and Consumer Services, the National Institute of Food and Agriculture, Natural Resources Conservation Service, the Loudoun Soil and Water Conservation District, and Councils of Governments.
- Commonwealth of Virginia land-grant universities: Virginia Tech and VSU.
- Environmental groups; for example, Loudoun Environmental Stewardship Alliance and NOVA Native Plants.
- Loudoun County Government departments; for example, Loudoun County Public Library (LCPL); Department of Economic Development (DED); Office of Mapping and Geographic Information (OMAGI); Public Affairs and Communications (PAC); Parks, Recreation, and Community Services (PRCS); Department of General Services



Extension Services: Agriculture and Natural Resources

(DGS); and LCPS, particularly the Academies of Loudoun and educational institutions such as the Northern Virginia Community College.

Instruction presentation types include individual and group meetings, workshops, field days, tours, and demonstrations. Information is disseminated in-person, telephonically, electronically (email and WhatsApp), and using mass media.

Mandate Information: This activity is mandated by the Code of Virginia § 23.1-2610. The VCE and Agricultural Experiment Station Division authorizes the establishment of the VCE and identifies its program areas. Mandated activities relating to commercial horticulture in support of the VCE include:

- Providing the people of the Commonwealth with useful and practical information and knowledge on agriculture, including horticulture and silviculture, agribusiness, home economics, community resource development, 4-H Clubs, and related subjects through instruction and the dissemination of useful and practical information through demonstrations, conferences, courses, workshops, publications, meetings, mass media, and other educational programs. The necessary printing and distribution of information in connection with work of the Service shall be performed in such manner as may be mutually agreed upon by the University, Virginia State University, the Governor or his designee, the U.S. Secretary of Agriculture, the U.S. Secretary of Commerce, and other participating bodies.
- Conducting educational programs and disseminating useful and practical information to the people of the Commonwealth.
- Informing local governing bodies of the Commonwealth whenever agricultural conditions are present in such localities that would warrant the declaration of a disaster pursuant to Section 301 of P.L. 93-288, 42 U.S.C. § 5141.
- Providing farmers and local governing bodies with such assistance and information as is available concerning federal and state disaster relief programs.
- Conducting research and investigations and establishing, publishing, and distributing results in such forms as will tend to increase the economy, efficiency, and safety of the various enterprises and activities of interest to the Commonwealth and the nation and promote the conservation and economic utilization of its natural and human resources.

Who Does It: This activity is primarily provided by the County horticulture specialist. Outside professionals and volunteers provide minimal assistance with programs. Administrative support is provided by the County's information services technician and the administrative manager. Additional funding is provided through learner fees collected on a not-for-profit basis to offset the cost of supplies, food, and guest speaker honoraria. Funding from federal or state grants may be available but is not guaranteed. The commercial horticulturist's training is provided through Loudoun County Government, the VCE, Virginia Tech, and VSU.

Why We Do It: Commercial Horticulture Education programs help sustain the profitability of commercial horticulture production in the County and enhance the quality of Loudoun's natural resources. Commercial horticulture production, like livestock and row-crop production, is vibrant in Loudoun. Working in direct support of the VCE, the County's horticulture specialist is the only County employee authorized to interpret and communicate the Commonwealth's land-grant university research relating to commercial horticulture production. The resulting benefits from this translation of academic information into practical application are improved social and economic conditions associated with horticulture.

Opportunities to expand the production of horticulture items abound, particularly in the local food industry serving Loudoun's growing suburban population and agritourism visitors. Extension Services facilitates this expansion through non-formal education programs and partnership grants with other government agencies. Although several nonprofit organizations exist to promote horticulture in Loudoun, none of those organizations have ready access to the scientists and infrastructure existing in the state's land-grant universities. Moreover, none are mandated by federal and state laws.



Extension Services: Agriculture and Natural Resources

How We Do It Now – Current Service Level: Currently, this program serves close to 1,500 Loudoun residents, which represents approximately 80 percent of the horticultural farm business in Loudoun County. 95 percent of participants indicate that they will adopt or modify a farm business management practice as a result of attending a program or receiving consultation. In recent years, there has been an increasing demand for programs related to pesticide and worker protection safety, tree fruit production for cider, ethnic crops, cut flower production, hemp, soil health, and beginner horticulture farmer basic education.

How We Plan to Do It in the Future – Recommended Service Level: With the support of the Department’s robust marketing system, more farmers and people interested in farming will be aware of this programming throughout the year. In the future, the Department anticipates that there will be more than 1,500 participants in the program, with at least 95 percent of participants reporting they will adopt best management practices.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase awareness of the resources required to start or sustain a farm operation.					
Percentage of participants who indicated they will adopt or modify a farm business management practice as a result of attending a program/consultation	75%	96%	99%	95%	95%
Number of participants in a farm business management program/consultation	1,204	1,424	1,389	1,500	1,600



Extension Services: Agriculture and Natural Resources

Community Horticulture Education

What We Do: This activity is a VCE initiative implemented through the support of volunteers. These volunteers receive extensive training and provide vital education to Loudoun County residents, homeowners' associations, and other communities about safe, effective, and sustainable landscape management practices, community gardens, and residential vegetable gardens. Services include help-desk support, school and community garden support, pond and lawn assessments through site visits, a demonstration garden where produce is donated to the local food pantry, speaking engagements, community events, and participation in County-led focus groups. In addition, this activity supports Loudoun County Government's efforts to address stormwater runoff, Virginia's Phase III Watershed Implementation Plan, and attainment of Chesapeake Bay TMDL mandates. The stormwater management initiatives were awarded a NACo, a VACo, and a House Resolution in FY 2022.

Mandate Information: This activity is not mandated; however, volunteers support Loudoun County Government's activities to comply with all federal or state laws and regulations governing water quality.

Who Does It: A County community engagement coordinator initiates, recruits, trains, and participates in this activity that is implemented through more than 100 volunteers. Additional funding for some program supplies comes from local nonprofit associations. Funding for projects from state grants may or may not be available.

Why We Do It: This program allows VCE Loudoun to extend the expert knowledge to the community through volunteer efforts and provide up-to-date, reliable knowledge of landscape management, so consumers may enjoy and protect the value of the natural environment around their homes and community. In addition, providing education and resources for fruit and vegetable gardening enables consumers' healthy choices and food security. Loudoun County Government enjoys the expertise and knowledge gained from the Commonwealth's land-grant universities in supporting County-led initiatives. Volunteers, who are residents, benefit from participating in training classes that provide personal knowledge relating to plants and horticulture through hands-on activities and excellent quality training materials. This knowledge is passed on to neighbors and family, cultivating a knowledgeable community.

How We Do It Now – Current Service Level: In FY 2020, the Board of Supervisors added a community engagement coordinator to enhance and further facilitate community horticulture education. In FY 2020, 15,000 Loudoun residents participated in the programs. In subsequent years, this program has directly educated approximately 42,000 Loudoun residents in environmental stewardship best management practices. In FY 2024, with current resources, the Community Horticulture Education program will remain on track to meet the FY 2020 pre-pandemic levels, educating 16,000 residents in environmental stewardship best management practices.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level to provide responsible and sustainable community horticulture programming. In the future, this service will continue to provide environmental stewardship best management practice education to approximately 16,000 residents each fiscal year. Over time, the Department expects the demand for these services to increase and shift in terms of topic. This is attributed to the climate changing and more residents interested in healthy soil, the watershed, native plants, and food security. The volunteers are key to VCE Loudoun reaching hundreds more than the Department would otherwise.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Maximize programming impact using grants, organization, partnerships, volunteers, and interdepartmental collaborations.					
Value of grants or cost share contributions received from other departments or organizations	\$530	\$13,510	\$12,500	\$13,500	\$13,500
Value of volunteer community outreach initiatives	\$242,966	\$346,254	\$360,000	\$384,000	\$396,000



Extension Services: 4-H Youth Development

4-H Youth Development

What We Do: The mission of 4-H is to provide meaningful opportunities for youth and adults to work together to create sustainable community change. The 4-H Youth Development program provides hands-on, experiential learning opportunities for County youth between the ages of 5 and 18. Activities focus on helping youth develop valuable life skills such as teamwork, decision-making, responsibility, communication and public speaking, and problem solving. The USDA issued the following three specific mission mandates for 4-H programming: citizenship; healthy living; and science, technology, engineering, and mathematics (STEM). Each 4-H program also focuses on one of the following research-based curriculum areas: animal science; natural resources; careers and economic education; communications and expressive arts; family sciences; or plants, soils, and entomology. Programs are achieved by developing youth-adult partnerships through project-based and community clubs, in-school and after-school programs, educational workshops, and camps.

Mandate Information: The 4-H program falls under the VCE, mandated by § 23.1-2610 of the Code of Virginia.

Who Does It: The state's VCE 4-H extension agent, the County's 4-H program technician and administrative manager, and trained, adult volunteers provide this activity. In addition, grant funds, in-kind donations, and public-private partnerships support this activity.

Why We Do It: The 4-H program provides hands-on learning experiences at little to no cost for the youth of Loudoun County. Not only do these programs serve as an educational vehicle for youth, but they also help develop them into contributing citizens of their community. According to the Tufts University study of Positive Youth Development, 4-H members are two times more likely than other youth to make contributions to their communities and are more likely to score highly on measures of active and engaged citizenship.

How We Do It Now – Current Service Level: In FY 2022, there was an increase in the level of participation in 4-H Youth Development programs, workshops, and activities due to fewer pandemic restrictions than the few years prior. Current service level reflects 4-H programming in approximately 60 schools with approximately 17,000 4-H in-school participants. Current service level indicates approximately 200 4-H educational events and approximately 2,400 youth participants in a Loudoun 4-H educational event.

How We Plan to Do It in the Future – Recommended Service Level: Over time, as the County's youth population continues to increase, the 4-H program anticipates the need for additional STEM-related opportunities. Between now and then, the 4-H program will continue to explore the needs of the youth of Loudoun County in order to better provide a well-rounded program for youth with varying interests and backgrounds.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Develop and present 4-H Youth Development programs, activities, and workshops that promote life skill development.					
Number of 4-H in-school participants	91	17,074	27,051	17,200	17,300
Number of schools provided with 4-H programming	2	60	66	61	62
Number of 4-H camping programs	2	4	4	4	4
Number of youth participants in a 4-H camping program	81	264	363	270	275
Number of 4-H Clubs in Loudoun County	16	16	15	16	16
Number of youth enrolled in a Loudoun 4-H Club	325	316	366	320	325
Number of 4-H educational events	194	207	197	209	211
Number of youth participants in a Loudoun 4-H educational event	2,510	2,388	2,288	2,400	2,500



Extension Services: Family and Consumer Sciences

Food Safety Education

What We Do: This activity provides food safety programs for residential and commercial audiences in Loudoun County. Target audiences include residents, produce farmers, food entrepreneurs, farmer's markets, and other direct market venues, as well as wholesaler and retailer producers, retail food establishments, consumers, and home food preservers. Opportunities for collaborative, multi-dimensional programming are emphasized. Examples of collaborative educational programming include water quality programming in partnership with DGS and nutrition education programming in partnership with nonprofit organizations. This activity provides information, programming, training, and assistance relating to the following:

- FSMA Produce Safety Rule Training
- Farmworker Health and Hygiene Training
- Farmers market best practices
- Food preservation
- Food safety certifications (e.g., ServSafe, Good Agricultural Practices (GAP), Cooking for Crowds, etc.)
- Food science consultations (e.g., pH testing, product testing)
- Water quality testing (household and irrigation)

Loudoun's Food Safety Education activity serves multiple internal and external communities. The largest customer group consists of the County's residents. Other customers include:

- Commercial food producers
- Agribusiness organizations
- Commonwealth of Virginia agencies; for example, the Virginia Department of Agriculture and Consumer Services Food Safety Program
- Commonwealth of Virginia land-grant universities: Virginia Tech and VSU
- Federal government agencies; for example, the USDA, the National Institute of Food and Agriculture, and the United States Food and Drug Administration (FDA)
- Loudoun County Government departments; for example, providing training for County staff

This activity involves the development and presentation of programs in coordination with stakeholder organizations. Instruction presentation types can include individual and group meetings, workshops, tours, and demonstrations. Information is disseminated in-person, telephonically, electronically, and using mass media.

Mandate Information: This activity is mandated by the Code of Virginia § 23.1-2610. The VCE and Agricultural Experiment Station Division authorizes the establishment of the VCE and identifies program areas.

Who Does It: A state Food Safety Agent (FSA) assigned to Loudoun County provides this activity. The FSA's salary is cooperatively funded. Professional training is provided by the VCE, Virginia Tech, VSU, and Loudoun County Government. Federal and state grant funding may cover program costs whenever possible. Additional funding is provided through learner fees collected on a not-for-profit basis to offset the cost of supplies, food, and guest speaker honoraria.

Why We Do It: In addition to human costs, foodborne illness can result in the loss of customers and sales, loss of reputation, negative media exposure, lawsuits and legal fees, increased insurance premiums, and staff retraining. In Loudoun County, reported foodborne outbreaks occurred in restaurants, private homes, assisted living facilities, convenience stores, a college, a school (K-12), and a group residential setting, indicating the need for training catered to a variety of audiences and situations.

The FDA's 2011 FSMA emphasizes proactive food safety efforts that prevent illness rather than respond to it. The FSA has access to the scientists and infrastructure existing in the state's land-grant universities. The educational programming and technical information provided by the FSA for a variety of commercial and residence audiences in Loudoun County can



Extension Services: Family and Consumer Sciences

mitigate the common factors of foodborne illness, such as purchasing food from unsafe sources, failing to adequately cook and store food, using contaminated equipment and supplies, and poor personal hygiene, which, in turn, reduces the incidence of illness. In addition, the FSA supports County and state food regulatory agencies by aiding with technical applications to clients. This activity complements the Health Department's Food Safety activities.

How We Do It Now – Current Service Level: In FY 2020, Food Safety Education educated 260 participants in food safety requirements and best management practices. In subsequent years, this service was enhanced so that an average of approximately 600 participants were educated in food safety requirements/best management practices. In FY 2024, with current resources, the program will continue to educate approximately 600 participants in food safety requirements and best management practices, with the goal of having 90 percent of participants adopt requirements/best management practices.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level to provide responsible and sustainable food safety requirements and best management practice education. In the future, the Department recommends that this program continues to provide food safety requirements and best management practice education to approximately 600 residents each fiscal year.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase knowledge of safe food handling practices and methods for preventing foodborne illnesses.					
Percentage of participants who indicated they will adopt or modify a commercial food production best management or safety practice as a result of attending a program/consultation	84%	89%	92%	90%	90%
Number of participants in the Food Safety Education program	459	500	626	600	600



Extension Services: Family and Consumer Sciences

Community Nutrition Education

What We Do: This activity is a VCE initiative currently implemented through trained volunteers. These volunteers educate Loudoun County residents about nutrition, meal planning, cooking skills, food budgeting, and food safety. Services include hands-on training classes and informational presentations.

Mandate Information: This activity is not mandated.

Who Does It: A County community engagement coordinator supports this activity that is implemented through trained volunteers.

Why We Do It: There are three primary beneficiaries of the Department's volunteer efforts. First, residents and businesses benefit from receiving research-based information in response to their questions regarding nutrition. Second, Loudoun County Government and the nonprofit community benefit from the expertise and knowledge gained from the Commonwealth's land-grant universities in supporting County-led initiatives. Third, volunteers, who are residents, benefit from participating in training classes that provide knowledge relating to nutrition and cooking skills through hands-on activities and excellent-quality training materials.

How We Do It Now – Current Service Level: When this activity was created in FY 2022, the service level provided with current resources was offering five nutrition and physical programs, with 78 percent of participants indicating they will change their nutrition and/or physical activity habits following the program. In FY 2024, with current resources, approximately 20 nutrition and physical activity programs will be offered.

How We Plan to Do It in the Future – Recommended Service Level: With the addition of a dedicated nutrition education FTE, this program would be significantly enhanced. This would result in a projected increase of programming by approximately 200 percent (45 total programs annually), reaching over 100 percent more Loudoun residents (850 total residents) compared to current service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase the number of families making healthy food and activity choices.¹					
Number of participants in nutrition and physical activity programming	n/a	186	500	200	200
Percentage of participants who indicated that they would change their nutrition and/or physical activity habits following programming	n/a	78%	59%	80%	80%
Number of nutrition and physical programs offered	n/a	5	28	20	20

¹ Data shown as n/a indicates a measure that does not have historical data.





Family Services

The Department of Family Services (DFS) protects and advocates for those most vulnerable in the community and administers programs and services that support all individuals and families to live their best lives. DFS partners with community groups, businesses, nonprofits, the faith community, and other County entities to develop an array of high-quality human services and employment resources. The Department's vision is to better the health, safety, and wellbeing of all Loudoun County residents.

Department Programs

Prevention and Protective Services

Provides prevention and protective services for vulnerable children and adults, foster care and adoption services, and community-based services to improve and support the safety and wellbeing of youth at risk and their families.

Activities

- Adult and Aging Services
- Children's Services Act (CSA)
- Child Protective Services (CPS)
- Foster Care and Adoptions
- Family Engagement and Preservation Services (FEPS)
- Emergency Youth Shelter

Public Assistance and Supports

Connects Loudoun residents to County and community housing and health- and human-service-related programs, services, and resources. Provides referral, financial assistance, and supportive services to eligible individuals and families for basic human needs such as food, shelter, medical care, and employment. Provides no-cost resources and equipment to both job seekers and businesses through the Workforce Resource Center (WRC).

- Public Assistance and Benefits
- Child Care Subsidy Program
- Homeless Services
- Homeless Assistance Team (HAT)
- Information, Referral, and Coordinated Entry
- Workforce Resource Center (WRC)

Internal Operations

Manages the efficiency and effectiveness of DFS and its operations by maintaining a high-performing organization, maximizing available resources, and meeting or exceeding federal, state, and local compliance requirements while being fiscally sound.

- Customer Services
- Internal Operations

**Family Services****Financial Information****FY 2024 Adopted Information¹**

	Expenditures	Revenue	LTF	FTE
Prevention and Protective Services	\$13,043,279	\$4,702,241	\$8,341,038	96.00
Public Assistance and Supports	16,653,321	5,745,784	10,907,537	104.53
Internal Operations	10,972,543	2,388,309	8,584,234	46.00
Total	\$40,669,143	\$12,836,334	\$27,832,809	246.53

FY 2024 Adopted Information – Children's Services Act Fund¹

	Expenditures	Revenue	LTF	FTE
Prevention and Protective Services	\$10,331,436	\$9,417,008	\$914,428	0.00
Total	\$10,331,436	\$9,417,008	\$914,428	0.00

¹ Sums may not equal due to rounding.



Family Services: Prevention and Protective Services

Adult and Aging Services

What We Do: The Adult and Aging program, comprised of Adult Protective Services (APS) and Adult Services (AS), investigates allegations of abuse, neglect, and exploitation, and assists older adults and adults with disabilities to remain safely in their homes and communities with appropriate supports and services as they age.

APS includes services on-call 24 hours per day, seven days per week to receive, initiate, and investigate reports of abuse, neglect, and exploitation of adults aged 60 years and older and adults between the ages of 18 and 59 with a disability. Staff reviews and monitors annual guardianship reports, assuring the safety and wellbeing of older adults and aging adults with impairments. APS serves as the intermediary, filing guardianship reports to the Circuit Court pursuant to state requirements.

AS encompasses Companion Services, Long-Term Supports and Services (LTSS) screenings, Assisted Living Facility (ALF) placement screenings, and Intensive Case Management (ICM) Services. The mission of each program is to help older adults and adults with disabilities to age safely at home or in their community (“age in place”) while remaining in the least restrictive environment and preventing premature institutionalization.

Companion Services provide in-home assistance to vulnerable, income-eligible adults aged 60 years and older and adults between the ages of 18 and 59 with an impairment. This program helps support aging in place through task-based services such as bathing, light housekeeping, meal preparation, and shopping. This program is instrumental in preventing premature institutionalization and out-of-home facility placements.

LTSS and ALF screenings are conducted to assess if an adult meets the functional criteria for nursing home placement, home-based care, or an ALF placement. These services are often requested by family members or deemed as a last resort by APS specialists. These screenings must be completed for an individual to receive reimbursable services in a nursing facility or at home through the Elderly and Disabled Consumer Directed (EDCD) waiver.

ICM provides preventative support services to older adults and adults with significant impairments. These services promote aging safely at home by expanding community-based and multi-service intervention supports while reducing the risk of APS intervention.

Mandate Information: The Code of Virginia § 63.2-1605 mandates APS investigations for any complaints of abuse, neglect, or exploitation of an adult aged 60 years or older, or an adult aged 18 years or older if the individual is incapacitated when such complaint meets the state criteria for validation. Mandates require that investigations be initiated within 24 hours of the time the report is received, or seven days depending on the priority level. While mandates do not indicate a timeline for completion of the investigation, state guidelines are that every investigation should be completed within 45 days from receipt of complaint to assure safety of individuals.

The Code of Virginia § 64.2-2020 outlines the mandates for guardianship reports. Guardians are required to submit annual reports. Staff must then file the report in accordance with state code within 60 days with the Circuit Court that appointed the guardian. Additionally, state code requires that twice each year, local departments file a list of all guardians who are more than 90 days delinquent in filing their annual report. Reports are reviewed within ten days of receipt and assessed for APS concerns. If there are APS concerns, an APS report is initiated immediately.

The Code of Virginia § 63.2-1600 mandates the delivery of home-based services such as the Companion Care Program to the extent that federal or state matching funds are made available to the locality.

The Code of Virginia § 63.2-1602 identifies mandates for other adult services including LTSS screenings and ALF screenings. While state code does not identify the timeline in which screenings must be completed, state guidelines indicate that 90 percent of screenings should be completed within 30 days.

Who Does It: DFS staff provides services for all APS and AS programs including case management and oversight of contracted task-based services to all individuals receiving companion services.

Why We Do It: The provision of these services is required to reduce the risk of abuse, neglect, and exploitation of older adults and adults with impairments, while allowing them to age safely in their homes and communities. These services yield more



Family Services: Prevention and Protective Services

positive behavioral health, physical health, and social wellbeing, affording older adults and adults with impairments the critical connections to family and friends in their community, which may also lessen costs to government and health systems.

How We Do It Now – Current Service Level: At current service levels, APS receives over 600 complaints of adult abuse, neglect, or exploitation. With current resources, the program will likely experience:

- A slight reduction in the 100 percent timely response rate to address safety issues.
- Completing investigations at a rate of 96 percent rather than 100 percent within the 45-day timeframe.
- Provide less timely intervention.

At current service levels, AS provides intensive case management to approximately 95 older adults to support aging safely.

How We Plan to Do It in the Future – Recommended Service Level: Over time and as the County's older population continues to grow, staff anticipates the demand and need for APS and AS services to increase and expects the services or service levels associated with asterisks (*) below to be adjusted.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Respond to 100 percent of complaints of abuse and/or neglect within five days.					
Percentage of complaints responded to within mandated timeframes*	100%	100%	100%	100%	100%
Average response time (in days)	2	3	3	4	4
*Complete 100 percent of investigations for valid¹ APS complaints/reports within 45 days.²					
Number of complaints/reports deemed valid (investigation opened)	464	583	660	675	700
Percentage of investigations completed within 45 days	98%	97%	100%	96%	94%
Average APS specialist caseload	18	23	23	33	38
*Review 90 percent of guardianship reports within ten days; file 90 percent of guardianship reports with the Circuit Court within 60 days of receipt.³					
Number of guardianship cases	464	506	559	601	648
Percentage of reports reviewed within ten days	100%	100%	100%	100%	100%
Percentage of reports filed within 60 days	100%	100%	100%	100%	100%
*Provide companion services to eligible older and/or disabled adults so that 80 percent of adults receiving services maintain or regain independence.⁴					
Number of clients receiving companion services	125	137	101	135	137

¹ A valid complaint, as defined by criteria outlined in the Code of Virginia, is a complaint that requires further investigation.

² The FY 2023 Adopted Budget added 1.00 FTE family services specialist to support APS. FY 2023 actual and projected fiscal years reflect the additional position.

³ The FY 2023 Adopted Budget added 1.00 FTE family services specialist to guardianship cases. FY 2023 actual and projected fiscal years reflect the additional position.

⁴ The FY 2023 Adopted Budget added 1.00 FTE family services specialist to support companion services. FY 2023 actual and projected fiscal years reflect the additional position.



Family Services: Prevention and Protective Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of companion service hours delivered ¹	51,318	52,009	59,326	48,611	47,205
Percentage of clients who maintained or regained independence	99%	95%	93%	91%	95%
Complete 95 percent of Medicaid nursing home personal care prescreenings and adult prescreenings within 30 days as required by the Virginia Department of Medical Assistance Services.					
Number of prescreening requests	455	512	532	658	744
Percentage of prescreenings completed within 30 days	100%	100%	100%	100%	100%
*Provide intensive case management and services to support a minimum of 80 percent of older adults to age safely at home/in the community.					
Number of intensive case management cases	88	84	93	95	95
Average intensive case management caseload	60	22	29	30	30

¹ The number of service hours is anticipated to decrease due to increased rate of companion services.



Family Services: Prevention and Protective Services

Children's Services Act (CSA)

What We Do: The Children's Services Act (CSA) uses a state-local match formula to purchase services such as private educational services, foster care, services to prevent foster care placements, services for court-involved youth, and services to maintain students in the least restrictive educational setting. This program includes contract compliance, quality assurance, program effectiveness, utilization management, purchase of services, and parental co-pay assessment. For those who qualify, mandated funding is provided for the following: foster care prevention, foster care, less restrictive educational placements, and Special Education/Individualized Education Program (IEP) driven services. High-risk non-mandated youth are also served by the CSA.

Utilization review (UR) analysts monitor the quality of care through onsite review, review of clinical documentation, and standards compliance with contracted provider entities. Outcome data, face-to-face interviews, child and adolescent needs and strengths assessments, and chart reviews are used to assure contract compliance, quality of services, and treatment plan compliance.

The CSA is governed by a mandated local interagency body, the Community Policy and Management Team (CPMT), whose role is to manage cooperative efforts serving the needs of children, youth, and their families and to maximize the use of state and community resources. The CPMT is composed of the directors of the following County departments: Family Services; Mental Health, Substance Abuse, and Developmental Services (MHSADS); the Juvenile Court Services Unit (JCSU); and the Health Department; as well as County Administration representing the Board of Supervisors (Board); Loudoun County Public Schools (LCPS); and parent- and private-provider representatives.

Mandate Information: This activity is mandated by the CSA for At-Risk Youth and Families (1992), Virginia Code § 2.2-5200. Requirements in the Code of Virginia include creation of the CPMT, the process of referrals for CSA services, and the process for use of CSA funds as well as eligibility criteria.

Who Does It: County staff provides all administrative support for the CSA including accepting referrals, determining the mandate type of referral, coordinating multidisciplinary team meetings, completing individualized family service plans, and ensuring all invoices are paid timely and correctly. All direct services to children are provided by private providers under contract with the County. The CSA is funded, in part, by state funds and local matching funds. Local match rates vary depending on the type of service provided.

Why We Do It: The CSA was established to create a collaborative system of care that is child-centered, family-focused, and community-based when addressing the strengths and needs of troubled youth, and it requires agencies to work cooperatively to address the needs of the most at-risk youth in the community. CSA services target youth experiencing emotional and/or behavioral issues that place them at risk of requiring an out-of-home placement, with the goal of meeting their needs with services leveraged within the community. Staff coordinates and provides oversight of funds used to purchase services for at-risk children.

How We Do It Now – Current Service Level: Current service level reflects the ability to support approximately 180 CSA cases annually, representing an average monthly caseload of approximately 45 cases per UR analyst. Less than 20 percent of CSA cases are supported with congregate care services, including residential treatment centers (RTCs) and group homes, as the goal is to keep children and youth in their home and/or in family settings.

How We Plan to Do It in the Future – Recommended Service Level: Future service levels will need to be reviewed as the demand for CSA services is undetermined. The CSA program experienced a decrease in the total number of children served in FY 2021 and FY 2022; however, the cost of services has increased over the past fiscal year and is anticipated to continue into the next. The average FY 2023 contracted service rate increase was 7.57 percent. In FY 2024, the implementation of a private day school tiered rate model is expected to increase the cost of private day educational services by \$181,202 in Loudoun County alone.



Family Services: Prevention and Protective Services

While the full impact of the COVID-19 pandemic on youth and families has yet to be realized, research indicates that youth and families were greatly impacted. Nationally, it is estimated that one in five children between the ages of 3 and 17 have a behavioral health condition; and in the state of Virginia, 130,000 youth are believed to have a serious mental illness. Since the onset of the pandemic, there has been an increased demand for behavioral health services that has contributed to the preexisting service access barriers. Many services utilized by CSA youth and families have waitlists because of the high demand and insufficient supply of qualified providers, especially in evidence-based and specialty practice areas. Delays in accessing behavioral health services can result in worsening symptoms and the need for higher levels of care. The demand for CSA program services is also impacted by other DFS programs serving youth and families (i.e., foster care and child protective services); as these programs experience an increase in the demand for their services, so does the CSA. Due to these issues, the program expects that the metrics with asterisks (*) below will indicate that the County may need to adjust its services or service levels.

	FY 2021 Actual	FY 2022 Actual ¹	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
*Maintain a monthly caseload of no more than 45 cases per UR analyst.					
Average monthly caseload per UR analyst position	28	34	27	30	30
*Less than 20 percent of children will be supported by congregate care services (RTC and group home), and more than 80 percent of children will be supported by community-based services through the CSA.					
Number of new referrals	51	72	75	73	71
Number of children served	201	169	171	182	183
Percentage of cases receiving congregate care services	15%	10%	11%	10%	9%
Percentage of cases receiving community-based services	85%	90%	89%	90%	91%

¹ The FY 2023 Adopted Budget added 1.00 FTE CSA supervisor. FY 2022 and FY 2023 actuals and projected fiscal years reflect the additional position.



Family Services: Prevention and Protective Services

Child Protective Services (CPS)

What We Do: Child Protective Services (CPS) receives, screens, and validates reports of child abuse and neglect, investigates and assesses valid reports, and provides intensive case management services to mitigate high-risk family situations to prevent recurrence. CPS provides these services through one Intake Team (Hotline) that also receives, screens, and validates reports of adult abuse, neglect, and exploitation; three Investigation/Assessment (I/A) Teams including an evening shift; and two In-Home Services Teams.

Staff screens and validates reports of child abuse and neglect and adult abuse, neglect, and exploitation according to state code. Further, specialists determine timely responses to child abuse and neglect reports using an evidence-based decision-making tool and state guidance. Individual situations for adult abuse, neglect, and exploitation and family situations that do not meet the criteria for child abuse and neglect services are referred to prevention or other appropriate services. Respective child abuse and adult protective services programs assign specialists to either assess or investigate the individual or family situation relative to state code.

Specialists support families to enhance their capacities to provide appropriate care and nurturance for the child(ren) and youth within the home, preserve and reestablish safety with the family, and prevent separation of the child from the family when possible. If a child must be removed from the home, specialists work closely with family members and kin to find stable, permanent alternative placements and work to reunify children with their families as soon as possible.

Mandate Information: The Child Abuse Prevention and Treatment Act (CAPTA) is the key federal legislation that addresses child abuse and neglect for all state CPS programs. The Code of Virginia § 63.2-1503 requires local departments to receive reports or complaints of alleged child abuse or neglect and mandates that they provide child protective services by responding promptly 24 hours per day, seven days per week. This code section also mandates that local departments determine the validity of such reports for investigation or family assessment.

The Code of Virginia § 63.2-1505 mandates that departments determine if a complaint is founded or unfounded within 45 days of receipt of the complaint. Departments may submit written requests to extend this period to 60 days. If the investigation is being conducted in cooperation with a law enforcement agency and both parties agree, a written request can be submitted to extend the investigation period to 90 days.

Who Does It: DFS staff conducts the assessments and investigations and initiates purchased intensive home-based services, supervised visitation, parent education and mentoring, emergency child care, psychological evaluations, substance use assessment and evaluations, and counseling, among other services. These purchased services are funded through state grants and local funds, or can be requested through CSA services when criteria are met.

Why We Do It: Staff responds to secure child and youth safety and mitigate risks to reduce recurrence and prevent further harm from abuse or neglect.

How We Do It Now – Current Service Level: In FY 2020, there were 2,390 screened reports of child abuse and neglect, of which 1,104 (38 percent) were valid for either family assessments or investigations. In subsequent years (see chart below), additional resources were provided due to continuously increasing validated reports for family assessments or investigations where critical mandates were unmet due to very high caseloads. Loudoun County CPS had the highest caseload in the state and four times the professional practice standard of 1:10 per month. In FY 2023 with current resources, this activity will continue striving to meet mandates with high caseload ratios and meet practice standards addressing child abuse and neglect.

How We Plan to Do It in the Future – Recommended Service Level: According to the Annie E. Casey Foundation, eight in every 1,000 children under the age of 18 were confirmed victims of abuse and neglect in 2020, with children under the age of 10 the most at risk (72 percent).¹ Based on population growth, birth rates, risk factors, community needs, complexity of cases,

¹ Annie E. Casey Foundation, “Child Welfare and Foster Care Statistics” (Blog), 26 September 2022, <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>.



Family Services: Prevention and Protective Services

changes in policy, and number of validated referrals, among other factors, the program will continue to assess the service level and identify resources required to right-size the program to meet state and federal mandates and best practice standards.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Complete at least 95 percent of all CPS abuse and/or neglect complaint investigations within state-mandated timeframes.^{1,2}					
Number of investigations and family assessments opened (valid)	1,185	1,481	1,145	1,300	1,400
Total number of referrals received ³	2,666	3,578	3,505	3,700	3,800
Average CPS investigative/assessment monthly caseload per FSS ⁴	25	48	33	28	30
Percentage of cases completed within state-mandated timeframes	82%	40%	31%	40%	60%
At least 95 percent of first contacts with alleged victim child will be completed within mandated timeframes.⁵					
Percentage of first contacts completed within mandated timeframes	87%	78%	84%	80%	80%
At least 90 percent of families receiving in-home services will receive at least one face-to-face visit each month.					
Number of in-home cases	52	44	32	40	40
Percentage of cases receiving at least one face-to-face visit monthly	83%	44%	91%	85%	85%
Average in-home services worker caseload	6	5	3	4	4
Complete 90 percent of service plans for new families receiving in-home services within state-mandated timeframes of opening the case.^{6,7}					
Percentage of service plans completed within state-mandated timeframes	85%	38%	92%	85%	90%

¹ Mandates require that CPS investigations/family assessments be completed within 45 days of receiving the complaint. State guidelines provide that this is done 95 percent of the time. Extensions can be granted up to 90 days based on written requests.

² The Board approved an evening and overnight I/A Team including family service specialists (6.00 FTE) and a supervisor (1.00 FTE) as FY 2022 mid-year additions. FY 2023 actual and projected fiscal years reflect the additional positions.

³ Calls that do not meet state criteria for investigation are screened for the criteria of a Family in Need of Services.

⁴ The National Association of Social Workers-recommended standard ratio of family service specialists to new monthly CPS case assignments is 1:10.

⁵ State guidelines for first contact are: 24 hours, 48 hours, and five days, as dictated by the Structured Decision-Making to Risk Assessment. The first contact mandate is 95 percent.

⁶ Safety and risk assessments must be conducted with family members within the first 30 days and updated every 90 days until service completion.

⁷ The Board approved 2.00 FTE in-home family service specialists as FY 2022 mid-year additions. FY 2023 actual and projected fiscal years reflect the additional positions.



Family Services: Prevention and Protective Services

Foster Care and Adoptions

What We Do: The Foster Care and Adoptions program is mandated to serve children placed into the custody of DFS by the Juvenile and Domestic Relations Court. Staff are tasked with making temporary placements that assure the safety of each child or youth, meet their unique needs, and achieve safe and timely permanent custody or independent living arrangements. The program works with the birth family to achieve reunification, or another permanent plan should reunification not be achieved. Foster care staff is responsible for recruiting prospective foster parents, conducting required training to become a certified foster home, and completing assessments of the family. Each prospective foster parent must attend the Parent Resources for Information, Development, and Education (PRIDE) training. The PRIDE curriculum is an evidence-informed, competency-based model of practice that is state approved. Prospective foster families must also participate in a Mutual Family Assessment (MFA), which evaluates their ability to care for children in the Department's custody.

Foster care services are defined as the provision of a full range of casework, treatment, and community services to a child who has been abused or neglected, or whom by court order, needs services. The services should enhance the safety, permanency, and wellbeing of the child. In addition, services must be provided to assist older teens in acquiring skills to become self-sufficient and transition from foster care to independence. All youth aged 14 years or older, regardless of their permanency goal, must have an independent living plan which describes the services that will be provided to prepare them for independence. Foster care services can extend beyond the age of 18 through the Fostering Futures Program. If youth decide to participate in the program, and meet the requirements, they will receive supportive services as well as a monthly stipend until the age of 21.

Adoption is the method provided by law to establish the legal relationship of parent and child between persons who are not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. The primary purpose of adoption is to help children whose parents are incapable of assuming or continuing parental responsibilities to legally become part of a permanent family. Permanency is both a value and a goal of best practice to ensure that no child grows to adulthood without a lifelong connection to a caring adult. If permanency cannot be achieved through reunification with biological parents or placement with relatives, the goal of adoption is considered, either with relatives or non-relatives, to provide children with permanent family connections.

Children who are adopted from foster care often have special needs that may challenge an adoptive family's skill set and require specialized services after the adoption has finalized. DFS maintains a commitment to these children and their adoptive families until the child reaches the age of 18 or 21, depending on circumstances, and assumes an obligation to maintain the adoptive placement by delivering post-adoption services to children and families that provide a wide range of supports.

Mandate Information: This program is mandated by PL-96-272, the Adoption Assistance and Child Welfare Act of 1980; the Adoption and Safe Families Act of 1997; the Indian Child Welfare Act of 1978 (ICWA); the Chafee Independence Act of 1999; the Child and Family Services Improvement Act of 2006; the Fostering Connection to Success and Increasing Adoption Act of 2008; the Child and Family Services Improvement and Innovation Act of 2011; the Preventing Sex Trafficking and Strengthening Families Act of 2014; and the Family First Prevention Services Act of 2018 (Family First).

At the state level, these services are governed by § 63.2-900.1 of the Code of Virginia, mandating local departments to first seek kinship care options to prevent foster care, and as a placement option for those children already in foster care, if it is in the child's best interest. Searches for kinship options are mandated at the time of first placement, at least annually thereafter, and prior to any subsequent changes to the child's placement setting. Virginia Code § 63.2-904 lays out the mandates for investigation, visitation, and supervision of foster homes or independent living arrangements as well as removal of a child. Specific mandates in this section include an MFA prior to placement of a child to ensure suitability of the placement for the child, visitations as often as necessary to protect the interests of a child in placement, and supervision over homes or independent living arrangements.



Family Services: Prevention and Protective Services

Who Does It: DFS staff performs all the duties in the Foster Care and Adoptions program. Supportive services are referred to community organizations.

Why We Do It: Staff secures the best alternative placements and supportive services for wellbeing in instances where children and youth can no longer safely remain in their homes. Kinship care options (placement with other family members or fictive kin) are the priority for placements, in accordance with state code. MFAs, regular visitation, and placement recertifications are vital to ensuring that a placement continues to be in the child's best interest.

How We Do It Now – Current Service Level: In FY 2020, the service level reflected 82 children and youth in care, with 80 percent living in a family home setting and approximately 13 percent living with their kin or relatives. In subsequent years, this service was enhanced to assure a 1:15 worker to caseload ratio as well as more permanent placements of children and youth in foster care with kin or relatives. The Foster Care and Adoptions program now meets the caseload standards and the kinship placement mandate of 25 percent. However, the state anticipates increasing the kinship placement requirement to 50 percent to achieve more effective permanent outcomes for children and youth. In this fiscal year with current resources, this Foster Care and Adoptions team will continue meeting mandates to assure permanency and wellbeing of children and youth.

How We Plan to Do It in the Future – Recommended Service Level: DFS pays attention to trends and projections as it evaluates how it will respond in the future. Although the population has increased over the past five years, the number of children entering foster care has remained relatively stable. Therefore, it is not anticipated that the number of children entering foster care will increase or decrease significantly with the projected stabilization of the population growth over the next 20 years.

As the County's population growth stabilizes over time, the program anticipates that the service level will not change dramatically, as CPS specialists now provide services to strengthen families, so that children and youth remain safe, or assist families in identifying other familial living arrangements to assure the safety of children. In the future, the Foster Care and Adoptions program expects the metrics with asterisks (*) below may need to be adjusted or service levels enhanced.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support all children placed into the custody of DFS.					
Number of new placements	22	24	17	20	20
Total number of children in foster care	75	74	74	75	75
Number of children in foster care under the age of 12	13	13	14	12	10
Number of children in foster care between the ages of 12 and 18	19	13	16	13	12
Number of children in Fostering Futures between the ages of 18 and 21	20	21	16	25	25
*Place 85 percent of children in the foster care program who are under the age of 18 in an approved family home setting as opposed to congregate care.¹					
Number of children in foster care under the age of 18	31	26	29	25	18
Percentage placed in a family home setting	91%	91%	78%	85%	85%

***At least 50 percent of children discharged from foster care (aged 0 to 21 years) will achieve a permanent living situation.²**

¹ Congregate care is defined as placement in a group home, residential facility, juvenile detention center, hospital, or youth shelter.

² Permanent living situation is defined as returning home, placement with a relative, or adoption.



Family Services: Prevention and Protective Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of youth discharged ¹	23	34	19	21	20
Number of discharged youth achieving a permanent living situation	18	16	11	13	12
Percentage of discharged youth achieving a permanent living situation	78%	67%	67%	62%	60%
*Achieve or exceed the state standard that 86 percent of children between the ages of birth and 18 who are in foster care will experience two or fewer placements in the past 12 months.					
Percentage of children experiencing two or fewer placements in the past 12 months	93%	71%	86%	87%	86%
*At least 25 percent of children in foster care under the age of 18 will be placed in kinship care.²					
Number of children in kinship care	n/a	n/a	10	10	8
Percentage of kinship care placements	13%	23%	34%	36%	36%

¹ Youth are considered discharged when they age out of the program (reach the age of 21) or have achieved a permanent living situation.

² Data shown as n/a indicates a measure that does not have historical data.



Family Services: Prevention and Protective Services

Family Engagement and Preservation Services (FEPS)

What We Do: The Family Engagement and Preservation Services (FEPS) program provides services to improve family functioning, decrease stressors, and prevent family disruptions through mandated Family Support/Prevention Services and Family Partnership Meeting (FPM) programs as well as Youth and Family Support Services (YFSS) and the Fatherhood Initiative. The FEPS program assists families that experience financial, housing, domestic violence, behavioral health, substance use, and challenging youth behavioral crises. FEPS works to strengthen parental and family functioning through prevention, education, and supportive case management services. Program referrals are received from CPS, Foster Care and Adoptions, LCPS, MHSADS, the JCSU, nonprofit and medical providers, and the public. FEPS provides the following programs within a strengths-based and trauma-informed framework:

- Family Support/Prevention Services: Short-term, family-focused intensive case management services to families determined to be at low and moderate risk for child abuse and neglect.
- FPM Services: Neutrally-facilitated decision-making meetings designed to engage families and their natural support system to create plans for their children's safety, wellbeing, and permanence. FPMs are mandated to support CPS, Foster Care and Adoptions, and Family Support/Prevention cases.
- YFSS: Facilitated psychoeducational groups for families who need support managing difficult behaviors of youth who may be at risk of placement in foster care or other out-of-home placements. Services are offered on a group or individual basis in both English and Spanish. YFSS uses the evidence-based curriculum, "Parenting Wisely.*"
- Fatherhood Engagement: Educational groups for Loudoun County fathers using the National Fatherhood Initiative evidence-based curriculum, "24/7 Dad.*" By receiving peer support during group participation as well as individualized support from program staff, fathers become more engaged in service planning and decision-making for their children.

Mandate Information: Family Support/Prevention Services and the FPM facilitation program are mandated through the CAPTA and are supported by the Virginia Department of Social Services (VDSS). Further, § 63.2-1501 of the Code of Virginia identifies prevention as, "efforts that (i) promote health and competence in people and (ii) create, promote, and strengthen environments that nurture people in their development." FPMs are an integral part of CPS, Foster Care and Adoptions services, and Prevention Services. An FPM is a process by which families and their support networks are engaged in major decisions regarding their child's encounter with child welfare services.

Who Does It: DFS staff performs all FEPS program duties, tasks, and responsibilities.

Why We Do It: The overarching goals of the FEPS program are to promote the safety and wellbeing of children and youth and enhance family functioning so that children and youth thrive in their homes, schools, and communities; thereby, reducing the need for more costly and restrictive out-of-home placements.

How We Do It Now – Current Service Level: With current resources, FEPS is likely to meet mandates, but at a lower rate than previous years given the increase in referrals from CPS.

How We Plan to Do It in the Future – Recommended Service Level: Over time, FEPS anticipates the need for these services will shift with the latest child abuse and neglect trends as the program receives more referrals that do not meet criteria for family assessments or investigations but do present with low to moderate risk of child abuse and neglect. The program expects the metrics with asterisks (*) below will need to be revised or service levels adjusted.



Family Services: Prevention and Protective Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
*Family Support/Prevention Services – Receive and assess all referrals that meet the criteria for family support, with 90 percent of such cases completed within five days.					
Number of new family support cases opened	101	102	30	72	96
Number of cases transferred from CPS (I&A) to Family Support	24	11	7	28	40
Percentage of new cases with contact made within five days	100%	100%	100%	100%	100%
YFSS – At least 85 percent of families will indicate an increase in knowledge as a result of participating in the Parenting Wisely® curriculum.					
Number of clients served	138	271	375	358	412
Number of clients served in a Parenting Wisely® group	n/a	49	219	175	175
Percentage of families indicating an increase in knowledge	100%	100%	96%	100%	100%
YFSS – At least 75 percent of youth will demonstrate a decrease in problem behaviors at the completion of their participation in the program.					
Percentage of youth demonstrating a decrease in problem behaviors	100%	95%	84%	85%	90%
YFSS – At least 75 percent of families will indicate a decrease in psychosocial stressors in their home at the completion of their participation in the program.					
Percentage of families indicating a decrease in psychosocial stressors in their home	94%	95%	87%	90%	95%
*Fatherhood Engagement Initiative – At least 75 percent of fathers will indicate an increase in skills that can strengthen their ongoing relationships.					
Number of fathers participating in fatherhood group sessions	26	36	137	125	125
Number of fatherhood individual sessions	n/a	n/a	108	100	100
Percentage of fathers indicating an increase in knowledge	82%	93%	82%	90%	90%



Family Services: Prevention and Protective Services

Emergency Youth Shelter

What We Do: DFS arranges emergency shelter services for youth in need of temporary, out-of-home placement. DFS receives emergency youth shelter referrals for individuals awaiting foster care placement or reunification with family, or individuals who need a safe and stable environment while waiting for services to be arranged.

Mandate Information: Localities are not mandated to operate a youth shelter.

Who Does It: DFS currently contracts with a vendor licensed to serve eight youth between the ages of 13 and 17 by providing a three-week stay. (Not all beds are reserved for Loudoun County youth.)

Why We Do It: The primary purpose of the program is to provide a short-term, safe environment for youth when they cannot safely remain in their own home. Placements are based on a documented need, which verifies that no other placement is recommended or appropriate for the child at the time of admission, and there is an established plan by the admitting party or referring agency to secure a more permanent placement for the youth.

How We Do It Now – Current Service Level: In FY 2020, the service level reflected 62 youth with a 24 percent utilization rate. In subsequent years, the demand for this service declined and utilization rates remained consistently low as a result of the enactments of the Juvenile Detention Alternative Initiative in 2003 and the Family First Prevention Services Act in 2018, which shifted the programmatic aims of the departments of Juvenile Justice and Family Services, respectively, away from congregate care settings – i.e., group home, youth shelter, and juvenile detention centers – to more family and least restrictive settings, diversion, prevention, and community-based services. In this fiscal year with current resources, the youth shelter will serve fewer youth in this setting to achieve greater permanency for youth in their families or other safe supportive living situations.

How We Plan to Do It in the Future – Recommended Service Level: The service level has remained consistently low over several years given the philosophical shifts to serve youth in their homes and communities. It is anticipated that the need for these services will remain consistent as the community focuses on improved outcomes for youth and families. Moving forward, DFS expects the metrics and/or services with asterisks (*) below may need to be adjusted in response to lower service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
*Operate a youth shelter to allow children to remain within their community.					
Average daily population	2.55	2.61	1.98	2.00	2.00
Maximum daily population ¹	14.00	14.00	2.00	2.00	2.00
Total number of youth admitted to the youth shelter	33	36	27	18	18
Average length of stay (in days)	14	15	10	20	20
Annual utilization rate of the youth shelter	16%	18%	13%	10%	10%
*At least 90 percent of youth will be discharged from the youth shelter to a less restrictive setting.					
Number of youth discharged	33	35	30	15	15
Percentage of youth discharged to a less restrictive setting	90%	80%	96%	90%	90%
*At least 90 percent of youth will have a shelter stay of less than 45 days.					
Number of youth discharged within 45 days	28	32	25	13	13
Percentage of youth discharged in less than 45 days	88%	94%	87%	100%	100%

¹ The County's youth shelter closed in FY 2023 and is now contracting services.



Family Services: Public Assistance and Supports

Public Assistance and Benefits

What We Do: The Public Assistance and Benefits unit manages the following six federally-mandated public assistance programs:

1. The Supplemental Nutritional Assistance Program (SNAP)
2. Medicaid
3. FAMIS (Family Access to Medical Insurance Security Plan -- Virginia's Health Insurance Program for Children)
4. Energy Assistance
5. The Refugee Program
6. Temporary Assistance for Needy Families (TANF)

The unit is responsible for interviewing applicants, reviewing and processing applications, and determining eligibility for these state and federal programs. The unit is responsible for regularly reviewing eligibility for households that receive benefits to determine their continued eligibility, acting on case changes, and submitting federal and state reports that identify changes in household income and enrollment for benefits in other states. Most programs have specific standards related to the length of time required for processing. State-mandated standards include requirements to determine eligibility for benefits within specified timeframes, often seven, 30, or 45 days depending on the program. The federal standard for timeliness of determining eligibility is 100 percent; the state's informal standard is 97 percent.

In addition to the programs above, the Virginia Initiative for Education and Work (VIEW) is a program of employment, education, and training opportunities to assist individuals in attaining the goal of developing economic independence. VIEW offers case management and support services to Loudoun County residents who are or who have been, within the past 12 months, recipients of TANF. This program provides participants with support services such as employability assessments, coordination of educational and training opportunities, training on job search skills and job readiness, work experience, transportation, and assistance with child care and work-related expenses.

Mandate Information: SNAP is regulated by the Food and Nutrition Act of 2008, 7 Federal Code CFR Parts 271-283, and the 2014 Farm Bill. The Medicaid program is regulated by Title XIX of the Federal Social Security Act (Federal). In 2018, the General Assembly approved Medicaid Expansion which broadened Medicaid eligibility criteria in Virginia. The FAMIS program is regulated by Title XXI of the Social Security Act. The Energy Assistance Program is regulated by the Energy Policy Act of 2005, Public Law 109 – 58, and 45 Federal Code CFR Part 96 Subparts A – F (Federal). The County's Refugee Settlement Program is regulated by the United States Immigration and Naturalization Act and the Refugee Act of 1980 (Public Law 96-212), 45 Federal Code CFR Part 400, and the Federal Refugee Resettlement Program. The TANF program is regulated by the Social Security Act-Title IV-A, 45 Federal Code CFR Parts 260-265, and the Code of Virginia Chapter 6 of Title 63.2.

The VIEW program has a mandate through Virginia's TANF program and is based on Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the TANF State Plan. PRWORA allows states to establish program requirements in any manner which will reasonably accomplish the purpose of TANF.

Who Does It: DFS Public Assistance programs eligibility staff provides this service. While eligibility staff manages the programs, funding for financial disbursements are primarily at the state and federal levels.

Why We Do It: These programs assist individuals and families as they transition from dependency on Public Assistance programs to self-sufficiency. Additionally, these programs contribute to a healthier community by providing the financial means for low-income individuals and families to access food, health care, and workforce resources. Approximately \$12.5 million in SNAP benefits are distributed to 8,500 recipients in Loudoun County. Based on data from the United States Department of Agriculture (USDA), this equates to an estimated return on investment of \$23 million. Approximately \$130 million in Medicaid benefits are distributed to 29,000 individuals in Loudoun County each year.



Family Services: Public Assistance and Supports

How We Do It Now – Current Service Level: Current service levels are supporting more than 35,000 cases, compared to 20,000 in FY 2020, with an average Public Assistance caseload of more than 1,500 cases per FTE, compared to 600 cases per FTE in FY 2020. Applications for benefits are processed within mandated timeframes 97 percent of the time. Approximately 200 individuals receive support under VIEW, compared to 300 in FY 2020, which was a result of Public Health Emergency restrictions.

The demand for Public Assistance and Benefits programs has increased significantly due to changes in federal and state policy that relaxed some requirements and increased income limits to allow for more residents to be eligible for services. The economic climate also impacted the number of residents that applied for services.

In FY 2023, with current resources, eligibility for SNAP will continue to be determined in a timely manner at the rate of 97 percent or above. Increases in the caseload as a result of an increase in eligible individuals and households impacts the unit's future ability to meet timeliness standards and customer service outcomes.

How We Plan to Do It in the Future – Recommended Service Level: The Public Assistance and Benefits unit will need to adjust service levels to accommodate those residents who qualify for public assistance benefits. This unit is funded by federal and state agencies, and there is no threshold or “cap” on the number of residents served in relation to the number of staff DFS has allocated to determine eligibility. The Public Assistance and Benefits team is required to determine eligibility and provide service to anyone that qualifies for those benefits. Those who apply are typically in jobs with low or inconsistent pay, have part-time status positions that do not offer benefits, or are experiencing periods of unemployment. Public Assistance and Benefits programs fill the gaps when there is a weak economy and periods of recession. The services provided during these periods reduce food insecurity and improve health outcomes. It is anticipated that service levels will change with the state of the economy and future policy changes.

In addition, public benefits programs help stimulate a weak economy. According to the USDA, SNAP serves as an automatic stabilizer for the economy. SNAP participants spend their benefits in the community, which generates additional income to those that produce, transport, and market food and other goods purchased by SNAP participants.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Process at least 97 percent of all new program applications according to timeliness standards.¹					
Total number of new applications received	17,343	16,272	17,199	17,540	18,417
Number of new SNAP applications approved	2,262	2,667	3,127	3,144	3,301
SNAP timeliness rate	99%	98%	99%	98%	98%
Number of new Medicaid applications approved	4,080	3,291	4,131	4,488	6,058
Medicaid timeliness rate	85%	81%	88%	92%	95%
Number of new TANF applications approved	59	74	87	87	90
TANF timeliness rate	100%	98%	99%	99%	99%

Identify the return on investment to the County based on the provision of SNAP and Medicaid payments to recipients.

Total value of SNAP benefits distributed (in millions)	\$24.29	\$31.93	\$33.79	\$37.88	\$37.88
Number of SNAP recipients ²	10,260	11,006	12,654	12,448	13,070

¹ SNAP timeliness standards are seven, 30, or 60 days depending on the type of application. Medicaid timeliness standards are ten days for pregnant women, 45 days for regular applications, and 90 days for applications requiring a disability determination. TANF timeliness standards are 30 days.

² As the economy improves and unemployment decreases, the number of SNAP recipients also typically decreases.



Family Services: Public Assistance and Supports

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Average monthly SNAP benefit per recipient	\$197.68	\$242.00	\$224.00	\$322.20	\$338.31
SNAP return on investment ¹ (in millions)	\$43.73	\$57.53	\$60.82	\$80.96	\$97.55
Total value of Medicaid benefits distributed (in millions)	\$206.81	\$245.09	n/a ²	\$352.31	\$405.15
Number of Medicaid recipients	38,153	44,462	54,099	58,233	66,968
Average annual Medicaid benefit per recipient	\$454.00	\$550.00	n/a ²	\$728.00	\$837.00
Manage all benefit cases to assure compliance with program requirements.					
Number of SNAP cases	4,957	5,409	6,109	6,436	7,080
Number of Medicaid cases	21,085	25,046	28,790	32,745	37,657
Number of TANF cases	138	168	108	167	175
Number of other benefit cases	1,046	1,120	1,183	1,194	1,194
Total number of cases	27,226	31,743	36,190	40,542	46,106
Average caseload per FTE ³	884	1,148	1,275	1,526	1,755

¹ According to the USDA, every \$5 in new SNAP benefits generates as much as \$9.20 in economic activity.

² Data is provided by the state, and FY 2023 data was not available at the time of publication.

³ Caseload data is determined using the total number of benefit cases divided by the total number of benefit workers responsible for managing cases. This calculation excludes supervisory positions. Recommended caseload is between 600 to 700 per worker.



Family Services: Public Assistance and Supports

Child Care Subsidy Program

What We Do: DFS administers the Child Care Subsidy Program, which assists families with paying child care costs for children under the age of 13 who are not eligible to attend public school during the part of the day when public education is available, or children with special needs under the age of 18 who reside with the applicant. If someone is eligible and approved for services, the program can pay a portion of child care costs directly to the child care provider.

Mandate Information: Child care assistance is mandated by the Child Care Development Block Grant Act of 1990 (42 USC 9801 et seq.), as amended by the Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193) and the Balanced Budget Act of 1997, as implemented in regulation 45 Federal Code CFR Parts 98 and 99 as well as generally in the Code of Virginia § 63.2-319, and more specifically in the Code of Virginia §§ 63.2-611, 63.2-616, and 63.2-620.

Who Does It: The Virginia Department of Education is responsible for overseeing child care and early education programs; however, DFS child care staff determines eligibility and provides services related to child care assistance. Child care services are purchased through contracts with the VDSS with approved, licensed child care centers and providers.

Why We Do It: This activity helps eligible participants afford child care costs.

How We Do It Now – Current Service Level: More than 1,000 children receive services through the Child Care Subsidy Program. Applications to the program increased from 509 in FY 2021 to 1,017 in FY 2022, representing a 50 percent increase.

How We Plan to Do It in the Future – Recommended Service Level: DFS anticipates continued increase in the number of families needing child care subsidy. The increase in caseloads and additional children approved for subsidy is the result of a substantial increase in state funding for subsidy child care. This additional funding has increased the number of children receiving subsidy from 553 in FY 2020 to more than 1,000 in FY 2023. According to the VDSS, the additional funding will continue for the foreseeable future. Staff anticipates the need for services will continue to rise over the next five to seven years as a result of expanded eligibility, which includes families being eligible if their income is 85 percent or less of the State Median Income. Future projections beyond five to seven years indicate that the demand for this service may stabilize due to a decrease in the projected number of children in need of child care. However, this is dependent on future trends in family constellation.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Process at least 97 percent of child care applications within 30 days.¹					
Number of children receiving day care subsidy	448	714	1,060	1,000	1,000
Number of applications	509	1,017	1,109	1,300	1,400
Percentage of applications processed within 30 days	n/a	n/a	99%	96%	95%
Average caseload per worker	n/a	n/a	225	230	230

¹ Data shown as n/a indicates a measure that does not have historical data.



Family Services: Public Assistance and Supports

Homeless Services

What We Do: The Homeless Services program aids individuals and families who are experiencing homelessness and housing instability through four primary areas:

1. The Homeless Shelter
2. Permanent Supportive Housing (PSH)
3. Hypothermia Services
4. Drop-In Day Services

The Homeless Shelter, located at the Loudoun Homeless Services Center, provides short-term housing accommodations to single adults and families. The goal is to resolve immediate housing needs by providing assessments and housing-focused case management, to quickly move individuals or families into permanent housing. The 44-bed shelter can accommodate families with children and single adults.

PSH combines affordable housing through rental subsidies with case management services for individuals and families with disabilities and a lengthy history of homelessness. This program has demonstrated the ability to permanently assist individuals who enter the program from becoming homeless again. PSH provides case management to help households navigate services and move towards greater independence.

The Hypothermia and Drop-In Day Services support individuals who do not want to access shelter services with various daily needs. Hypothermia operates during the months of November through March each year and provides unsheltered, single adults aged 18 years and older with a warm place to sleep at night and a meal. Drop-In Day Services are available throughout the year and provide access to showers, laundry facilities, bagged meals, and case management for adults aged 18 years and older.

Mandate Information: This activity is not mandated by state or federal law.

Who Does It: The Homeless Services programs are operated by a nonprofit under contract with the County.

Why We Do It: These services provide individuals and families resources to end their experience with homelessness. These services also help Loudoun residents meet their basic needs for food, clothing, and shelter so they can pursue other important human needs, in conjunction with other services. Contributing factors of homelessness include a combination of low wages and a lack of available, affordable, and/or adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss are common issues that result in individuals losing housing.

A total of 220 individuals experienced homelessness in Loudoun County during the 2023 Point-in-Time (PIT) Count (one night a year, a nationwide count of all those experiencing homelessness is completed). This is an increase from the pre-pandemic PIT Count in 2020, which indicated that 169 individuals experienced homelessness. Of the 169 individuals, 42 were single adult households, with 48 children and 30 adults represented in the 21 family households. Overall totals for the 2023 PIT Count increased from previous years. Thus, the services provided by the Homeless Services programs help individuals and families to enter stable housing situations.

How We Do It Now – Current Service Level: Current service levels reflect an ability to support the more than 800 unduplicated individuals each year at the Homeless Services Center. There are over 15 households served each year under the PSH program offered as part of a federal grant program.

How We Plan to Do It in the Future – Recommended Service Level: As the County's population growth stabilizes over time, Homeless Services anticipates that the need for these services will increase for households experiencing a housing crisis due to the projected increase in the cost of affordable housing. Housing instability will continue to increase in Loudoun County due to the limited availability of affordable housing and the increase in housing/rental costs. Households making less than \$100,000 per year will be challenged to sustain affordable housing, resulting in the need for homeless services. In addition, with the projections of an increase in the population over 60 years of age in the next several years, Loudoun may see



Family Services: Public Assistance and Supports

an increase in the older population in need of homeless services due to this population's reliance on fixed and limited income. The increase in housing costs will put a strain on this population segment's ability to maintain stable housing, placing them at higher risk for housing insecurity and homelessness. The Homeless Services program expects that the metrics with asterisks (*) below will indicate that Homeless Services may need to adjust services or service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 50 percent of family households and 25 percent of single households admitted to the Loudoun County Homeless Services Center will be discharged into permanent housing.					
Number of family households (with children) admitted*	27	29	115	130	150
Number of single households (without children) admitted*	116	125	298	300	325
Total number of individuals admitted*	214	215	821	850	875
Percentage of family households (with children) discharged into permanent housing	58%	61%	59%	60%	65%
Percentage of single households (without children) discharged into permanent housing	32%	30%	42%	40%	40%
At least 85 percent of PSH households will remain permanently housed at least six months after admission.					
Number of individuals served by PSH ¹	23	19	16	20	25
Percentage of participants housed at least six months after admission	100%	100%	100%	100%	100%
No more than 10 percent of households will return to homelessness within two years of entrance into permanent housing.					
Percentage of family households who do return to homelessness within two years of entrance into permanent housing	15%	4%	11%	10%	10%

¹ PSH refers to programs that support access to housing in addition to provision of wrap-around services such as case management and mental health services.



Family Services: Public Assistance and Supports

Homeless Assistance Team (HAT)

What We Do: The Homeless Assistance Team (HAT) includes three programs:

1. Homeless Prevention and Diversion (HPD)
2. The Homeless Outreach Program
3. The Housing Location Services Program

These programs provide case management support to individuals and families who are experiencing homelessness or who are at risk of homelessness to obtain affordable housing and self-sufficiency. HAT works to prevent homelessness before it occurs, as well as reduce the length of time people spend homeless. The program believes in a “Housing First” approach, which is grounded in the underlying principle that people are better off moving forward in their lives if they are housed first.

HPD is a state-funded program that provides services to individuals and families who are at imminent risk of losing their current housing. The program provides ongoing case management, facilitates access to essential services, and coordinates referrals to other providers. Financial assistance may be provided as a last resort after non-financial assistance has been leveraged, where possible, to stabilize households in their current residence.

The Homeless Outreach Program serves unsheltered individuals and families in the community and connects them to services and resources to meet their immediate housing and basic needs. The program works in partnership with MHSADS’s Project for Assistance in Transition from Homelessness (PATH) program to support the unsheltered population.

The Housing Location Services Program serves individuals and families to quickly find permanent housing at fair market rent or any available affordable housing per the participant’s choice. The program also works with property owners to advocate for the households that the program serves.

Mandate Information: The services provided by HAT are not federally- or state-mandated.

Who Does It: County staff provides all these services and utilizes available resources from the community. HAT receives grant funding from the Virginia Homeless Solutions Program (VHSP) through the Virginia Department of Housing and Community Development.

Why We Do It: It is important to provide interventions that reduce the likelihood of individuals and families experiencing homelessness along with providing needed resources and supports to stabilize their housing. HAT programs work with households toward self-sufficiency, which ultimately reduces the risk of a reoccurrence of homelessness. Persistent outreach and engagement efforts bring services directly to people in the community who are experiencing homelessness and connect them to permanent housing and needed supports.

How We Do It Now – Current Service Levels: At current service levels, 15 households receive rental support from HPD, 15 receive only case management from HPD, 25 receive Homeless Outreach services, and 30 receive Housing Location Services.

How We Plan to Do It in the Future – Recommended Service Level: As this program is less than two years old, the recommended service levels are currently unclear. However, DFS is identifying trends and, already, the current number of new referrals outweighs the current capacity. HAT anticipates the need for these services to increase as housing instability will continue to increase in Loudoun County due to the limited stock in affordable housing and the increase in housing/rental costs. Households making less than \$100,000 per year will be challenged to sustain their housing, resulting in the need for HAT services. HAT expects the metrics with asterisks (*) below will indicate that the program may need to adjust its services or service levels.



Family Services: Public Assistance and Supports

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
HPD – Divert and prevent 80 percent of households from entering into emergency shelter within six months after exiting from the program.					
Number of new referrals*	97	133	64	100	100
Number of individuals served	45	31	32	38	41
Average caseload per position working on Prevention and Diversion cases	12	9	11	15	15
Percentage of households exited to permanent housing (rent or with family)	64%	73%	77%	88%	97%
Percentage of households exited to temporary housing with family/friends	9%	50%	23%	41%	38%
Percentage of households exited to homelessness	0%	0%	0%	0%	0%
Housing Location Services – House at least 60 percent of households within 90 days.¹					
Number of referrals received	n/a	n/a	6	10	10
Number of households housed	n/a	n/a	3	5	5
Number of households housed within 90 days	n/a	n/a	2	5	5
Average caseload per position working on Housing Location Services cases	n/a	n/a	1	2	2
Percentage of households housed within 90 days	n/a	n/a	67%	70%	70%
Outreach – Engage with at least 70 percent of households within 90 days of outreach.¹					
Number of households outreached (unenrolled)	n/a	n/a	24	35	40
Number of households engaged in the program within 90 days	n/a	n/a	19	30	35
Average caseload per position working on Outreach cases	n/a	n/a	3	4	4
Percentage of households engaged in the program within 90 days	n/a	n/a	70%	75%	78%
At least 30 percent of households will maintain housing for at least six months after exit.¹					
Number of households exiting to housing	n/a	n/a	5	8	10
Number of households maintaining housing for six months	n/a	n/a	3	3	4
Percentage of households maintaining housing for six months	n/a	n/a	100%	80%	80%
Housing Location – At least 50 percent of households will meet one of the goals from the action or service plan.¹					
Number of households receiving supportive services (employments, benefits, child care, mental health, etc.)	n/a	n/a	89	90	95
Percentage of households that met objective	n/a	n/a	91%	80%	80%

¹ Data shown as n/a indicates a measure that does not have historical data.



Family Services: Public Assistance and Supports

Information, Referral, and Coordinated Entry

What We Do: Loudoun County offers a coordinated approach to helping residents access health and human services through both Information and Referral (I&R) activity and Coordinated Entry. The I&R staff conducts thorough screenings to determine the needs of individuals and families and provides links to County and community programs. I&R staff offers a warm handoff to make sure residents are connected to the most appropriate resources, rather than just providing a telephone number or web link. Residents are linked to DFS programs, as well as services offered by other County departments and nonprofit, civic, and faith-based organizations.

Coordinated Entry provides a streamlined approach for individuals and families who are experiencing or are at risk of homelessness. The process quickly assesses strengths and needs and connects individuals to appropriate, tailored housing and mainstream services within the community. Standardized assessment tools and practices consider the unique needs of the individual or family. The assessment prioritizes those with the highest needs and allows households to access the best options for their needs, considering participants' preferences, rather than just evaluating them for a single program within the system.

To streamline the processes and enhance the clients' experience, I&R utilizes CallPoint software, which captures the caller's information and maintains an extensive resource database. Furthermore, the I&R team conducts community outreach, delivers presentations and public education, and cultivates partnerships with County and community groups. I&R defines partnerships as an ongoing and meaningful relationship that can be evidenced through joint events, shared programming, mutual initiatives, or other significant collaborations.

Mandate Information: The Coordinated Entry Program is mandated by federal law when federal funding is utilized. Under the authority of 24 CFR 578.7(a)(8), Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet requirements related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people who are experiencing homelessness.

Who Does It: County staff provides I&R and Coordinated Entry services.

Why We Do It: Providing these services is a crucial part of an infrastructure of care. It leads to higher customer satisfaction by reducing frustration and minimizing the duplication of efforts across the system. It also streamlines the allocation of resources and results in better outcomes.

How We Do It Now – Current Service Level: The service level addresses nearly 9,000 telephone calls annually, with an average wait time of 55 seconds before representatives respond to the call. There are prompt responses to the approximately 800 emails received in the DFS mailbox. Furthermore, I&R conducts approximately 20 outreach events annually to increase awareness of community and departmental programs and services. These outreach activities include community public education presentations, resource fairs, and similar initiatives.

How We Plan to Do It in the Future – Recommended Service Level: The current service level will continue into the foreseeable future.



Family Services: Public Assistance and Supports

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Reduce average response time to one minute or less.					
Average wait time until a call is answered (in minutes)	1:43	0:55	1:09	0:55	0:55
At least 85 percent of calls will be accurately assessed and contact information of appropriate programs and/or resources provided.					
Number of telephone calls received	9,986	7,258	8,865	8,910	9,801
Number of referrals provided	13,989	9,437	15,544	20,493	22,542
Percentage of calls linked to resources	100%	100%	100%	100%	100%
Respond to 100 percent of email inquiries within one business day.¹					
Number of email inquiries received	n/a	849	1,105	1,027	1,130
Percentage of email inquiries responded to within one business day	n/a	100%	100%	100%	100%
Engage in at least 12 outreach activities annually, such as community public education presentations, resource fairs, etc., to increase awareness of programs and services.					
Number of community outreach activities	8	12	24	18	21

¹ Data shown as n/a indicates a measure that does not have historical data.



Family Services: Public Assistance and Supports

Workforce Resource Center (WRC)

What We Do: The mission of the Loudoun Workforce Resource Center (WRC) is to connect employers and job seekers to enable both to achieve their employment goals and promote Loudoun County's economic prosperity and long-term growth. The WRC is a certified Virginia Career Works affiliate and collaborates with the Virginia Career Works – Northern regional office for workforce initiatives, which includes Loudoun, Fairfax, and Prince William counties. The WRC provides high-quality, no-cost resources, services, and equipment to both job seekers and businesses. These include same-day, walk-in access to a resource room and a training lab with computers, faxing, scanning, and copying equipment. The WRC assists with job searches including career assessments, access to local job leads from employer partners, employment coaching, a staff-facilitated bi-monthly Job Seeker Support Group, and virtual and in-person community-based job/career fairs.

Job seeker services offered by the WRC include information sessions, resource navigation, career counseling, labor market information, basic computer skills training, workshops on job readiness and job retention skills, interactive computer-based learning, LinkedIn profile assistance, and screenings for Workforce Innovation and Opportunity Act (WIOA) eligibility. For those individuals found eligible for WIOA services, staff provides intensive case management. WIOA-funded occupational skills training is available for those eligible through a network of approved regional providers. Staff also provides both basic- and professional-level résumé development with access to resource materials, writing assistance, and critiquing. Workshops are provided addressing job search strategies, mock interviews, and online job preparation skills training. The WRC's training coordinator and career coach both provide direct services and support to the Loudoun County Department of Human Resources Internal Candidate Preparation Program.

The WRC works collaboratively with workforce partners and volunteers to provide services. Job-ready candidates are connected to employment opportunities with WRC's business customers. Resource navigation and referral assistance is offered to any customer experiencing obstacles to employment, such as lack of transportation or child care, disability and accommodation needs, limited English proficiency, and criminal background issues. Employers benefit from recruiting and hiring assistance, allowing for a broader talent pool, fresh perspectives, and more innovative ideas within an organization's culture. Employers also have access to on-the-job training initiatives, information on tax incentives, layoff assistance, business consultations, and free job postings. Additionally, workforce development consultation services provide employers with crucial labor information to make key decisions about compensation.

Mandate Information: Localities are not mandated to operate a workforce resource center. However, since the County has chosen to operate one, there are obligations as a Virginia Career Works Center and legal requirements that must be met under Public Law 113-128 – WIOA. Per the WIOA Combined State Plan, each local area is required to have a Business Services Team to drive sector strategies for the locality. The WRC's employer services coordinator serves on the Northern Virginia regional team. The County Administration is a signatory on a memorandum of understanding with the Virginia Career Works – Northern regional office consistent with WIOA Sec. 121(c)(2), concerning the operation of the one-stop employment service delivery system in a local area. The purpose of this memorandum of understanding is to define the parameters within which education, workforce, economic development, and other partner programs and entities operating in the Virginia Career Works – Northern Region create a seamless, customer-focused service delivery system. Additional requirements to include accessibility and workforce program monitoring are required annually to maintain the Center's Virginia Career Works affiliate certification.

Who Does It: Loudoun County staff provides most of the services to job seekers and employers. Through a resource sharing agreement, the Fairfax County Department of Family Services provides Adult and Youth WIOA services as well and is collocated at the Loudoun WRC. Community workforce partners and volunteers from the community and businesses also deliver some occasional onsite and virtual services.

Why We Do It: The WRC provides services to all job seekers regardless of income or resources as well as businesses in Loudoun County. At a time of low unemployment rates, the WRC is able to assist individuals in learning new skills, improving existing skills, and addressing/removing barriers in order to gain a competitive edge in recruitment processes. As



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individuals gain employment or gain higher-level employment, they move away from public assistance payments and towards self-sufficiency. Lives are improved as more individuals can access or upgrade employment through skill enhancement and job application/resume development plus interview preparation.

Additionally, employers benefit from the services offered at the WRC by being able to identify employment gaps, react to the labor market, and connect with candidates for vacancies while working with the WRC staff to advertise for these positions. Connecting employers with candidates with the right skills is key to economic prosperity in the County.

How We Do It Now – Current Service Level: In FY 2020, the service level provided with current resources was adequate. In subsequent years, this service was held steady and reflected the economic impacts of the pandemic. FY 2021 and FY 2022 showed a gradual recovery of opportunities and employment in Loudoun, specifically in the hardest hit industries of retail, entertainment, hospitality, and food services where labor shortages still exist. The airline industries and support employment surrounding Dulles Airport were also greatly impacted. In addition to employers, many training providers either shut down classroom training or offered limited virtual training options. In this fiscal year with current resources, the WRC services to job seekers and employers have shifted to more in-person services at the Center as well as community-based, in-person job fairs based on employer demand. Preferences for Saturday job events have continued to support the needs of employers and better serve community residents who are currently employed and seeking new or different career opportunities.

How We Plan to Do It in the Future – Recommended Service Level: The recommended service level is not clear now, but DFS is watching trends and projections, especially the unemployment rate and labor market shortages. Shifts in the Information Technology (IT) sector show delays in filling vacancies and suggest perhaps another IT bubble may be at play. Labor demands and unemployment rates can generally describe the direction they anticipate service levels will go and why. For example, when the community is experiencing a labor shortage, the demand for business services increases. This may look like: more in-person job events for both job seekers and employers and programs to prepare workers for the labor market's needs. Stabilization also shows there will be future increased needs for services to older workers and career switchers with more skills training, credentials, and employment attainment for administrative- and professional-level work. Shifting needs with employers in technology, government contracting, and the airport will also impact changes in programs and services. Dependent on market and economic trends, the WRC may need to reassess the type and number of offerings provided to job seekers and employers.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 65 percent of customers in WIOA-funded training programs will attain occupational credentialing.					
Number of individuals enrolled	56	49	67	68	74
Percentage who attained occupational credentialing (overall)	80%	49%	68%	64%	65%
Based on the WRC's after-course surveys, 75 percent of clients will be highly satisfied with the job readiness/job retention skills workshops.					
Number of clients attending job-preparation and job-keeping courses	687	601	604	600	600
Percentage who responded as "highly satisfied"	96%	94%	93%	91%	89%
Number of clients attending basic computer software courses	197	113	115	137	150
Percentage who responded as "highly satisfied"	94%	95%	94%	93%	92%

At least 70 percent of businesses will receive employer recruitment and business consultation services more than once.



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	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of employers receiving recruitment and business consultation services	161	610	446	500	550
Number of returning business employers	134	531	531	535	540
Percentage of business customer retention	83%	87%	81%	95%	99%
At least 90 percent of Career Coaching clients who reported employment will still be employed at 90 days.					
Total clients who report employment	104	136	114	112	104
Percentage still employed at 90 days	59%	94%	69%	75%	75%
Engage in at least 12 outreach activities, such as staff training, stakeholder meetings, public education presentations, resources, and job fairs, etc. to increase awareness of programs and services.¹					
Number of outreach activities	n/a	18	45	50	50
Number of attendees	n/a	541	635	650	650

¹ Data shown as n/a indicates a measure that does not have historical data.



Family Services: Internal Operations

Customer Services

What We Do: Customer Services manages all incoming calls from the DFS's external service telephone line and the reception function for clients and residents. Staff provides information on resources, answers general inquiry questions regarding active Public Assistance and Benefits cases, and assists with the completion of documents if requested by the client. Customer Services assists with connecting clients in need of interpretation services with the language line. In addition, Customer Services issues Electronic Benefit Transaction (EBT) cards when approved through SNAP. Customer Services also supports DFS by managing incoming and outgoing mail and in the maintenance of several motor pool vehicles. This team manages the On-Demand Transportation (ODT) program, which provides transportation to Loudoun County residents to non-emergency medical appointments through the coordination of contracted vendors.

Mandate Information: Customer Services is not mandated. However, the issuing of EBT cards for SNAP is mandated and regulated by the Food and Nutrition Act of 2008, 7 Federal Code CFR Parts 271-283, and the 2014 Farm Bill. In addition, the ODT program is not mandated; however, it provides a vital transportation service to Loudoun County residents who meet the eligibility requirements.

Who Does It: DFS staff provides the services of managing incoming calls, the reception function for in-person visits, supporting Public Assistance and Benefits clients, and issuing EBT cards to SNAP recipients. County staff also coordinates transportation rides for the ODT program with contracted vendors.

Why We Do It: Customer Services is the first point of contact for any customer. Approximately 90 percent of customers are Public Assistance and Benefits clients and are either current or potential recipients gathering information on how to apply for public benefits.

The mission of the ODT program is to make sure eligible residents have access to transportation service to attend non-emergency medical appointments. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated health care. The populations that the ODT program services include older adults, people with disabilities, low-income individuals and families, veterans, and people with special health care needs who often travel long distances to access care, etc.

How We Do It Now – Current Service Level: Customer Services is frequently the first encounter for many customers with DFS. The goal is to answer questions, provide information, and help customers contact DFS staff. The current service level can accommodate approximately 21,000 calls, support 16,000 in-person visits, and issue 2,000 EBT cards between two sites.

Customer Services receives telephone calls and all walk-in customers seeking information about Public Assistance and Benefits programs. The Public Assistance and Benefits service levels directly impact the service level of Customer Services. The workflow is impacted by policies and changes to policies and procedures implemented by Public Assistance and Benefits. These changes increase the number of in-person visits and the call volume. Key points in time that impacted Customer Services workflow were:

- April 2020 – approval of Emergency SNAP benefits, relaxing eligibility requirements for SNAP.
- May 2020 – the launch of the pandemic EBT Program, relaxing eligibility requirements for TANF.
- July 2021 – the increase of SNAP and TANF maximum income limits.
- December 2021 – the implementation of the Elderly SNAP project, relaxing eligibility for the disabled and residents over the age of 60 and increasing allotments.
- January 2022 – increased income limits for federal poverty levels and relaxed Medicaid eligibility requirements for permanent immigrant pregnant women.

Current service levels for ODT reflect an average of ten requests weekly, supporting more than 1,000 rides annually. With current resources, the unit processes requests in a timely manner; i.e., within three business days.

How We Plan to Do It in the Future – Recommended Service Level: Customer Services mainly supports the Public Assistance and Benefits program, which anticipates increases in service needs due to changes in policy that will require



Family Services: Internal Operations

changes to implementation. Customer Services will need to adjust service levels to accommodate these changes. In addition, since there is no limit on the number of eligible residents per federal and state requirements, Customer Services will need to support those currently eligible and those seeking eligibility to field questions, accept document submissions, and issue an EBT card approved through SNAP.

The recommended service level for ODT is not clear now. However, it is anticipated that the program will see an increase in demand for transportation given the expected increase in the older adult population in the next several years. Between now and then, Customer Services expects the metrics with asterisks (*) below may need to be revised or its services or service levels adjusted.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
*Provide services for in-person visits within ten minutes.					
Number of in-person clients assisted	8,747	13,489	15,823	16,000	19,000
*At least 85 percent of calls will be answered by a customer service agent.					
Number of telephone calls received	20,712	20,651	19,906	21,000	22,000
Percentage of calls answered before hanging up	82%	74%	64%	70%	75%
*Reduce average response time to one minute or less.					
Average speed to answer a call (in minutes)	0:20	2:21	3:57	2:00	1:00
At least 90 percent of eligible requests for non-emergency medical transportation services will be scheduled within three business days.					
Number of eligible requests for non-emergency medical transportation services	416	637	550	688	729
Percentage of requests scheduled within three business days	99%	99%	99%	99%	99%
Number of rides provided	1,946	1,497	1,118	1,575	1,650



Family Services: Internal Operations

Internal Operations

What We Do: The Administration; Finance; and Quality, Data, and Compliance (QDC) activities include the following: finance and budgeting, human resources management, development and wellness, records management, research and management information systems, fraud investigations, internal audit, department contract and grant oversight, data and system analysis, and paralegal and Freedom of Information Act (FOIA) activities. DFS is also the lead department for the County's CoC services. Staff is responsible for the management of all funding received by DFS from federal, state, and local governments, grants, donations, and other contributions. Staff monitors and tracks the CSA budget of approximately \$10 million. This unit is responsible for confirming that all DFS's state and County computers are functioning properly. Staff supports and manages all software programs and applications used by DFS (currently there are 23 state programs and seven County programs). Staff supports the local financial and case management system, which is a comprehensive, departmentwide information system; and provides all training and support for this system.

Mandate Information: The fraud investigator is mandated by the Code of Virginia § 63.2-526. FOIA is regulated by the Code of Virginia § 2.2-3700.

Who Does It: County staff provides these services.

Why We Do It: The finance and budgeting personnel provide various levels of support to the public, clients, departmental staff, and granting agencies at the federal, state, and local levels as well as County Administration for both mandated and non-mandated programs and services. DFS's Adopted Budget, including the CSA Fund, exceeded \$40 million in FY 2023 and is highly complex. Staff manages several different finance and budget systems, both state and local. Processes and procedures are in place to ensure that dollars are spent appropriately and have varying levels of oversight.

All personnel issues are managed through one central point which establishes consistency, efficiency, accuracy, and compliance. Record keeping is consistent and includes all required documentation and an appropriate paper trail for each action.

Fraud investigations are conducted for Public Assistance and Benefits cases that are referred by the program or through interstate matches where people are receiving benefits in multiple states. These investigations may turn into hearings or court prosecutions. If someone is found to have committed fraud and pays back the claim, the County receives a portion of that payback.

The paralegal manages DFS's FOIA requests. These requests may trigger a need for cases to be redacted for the requester. The paralegal also reviews, redacts, and works with the County attorneys for all foster care, CPS, and APS cases that are appealed or where other actions need to be taken.

How We Do It Now – Current Service Level: Current service level reflects support for an operating budget in excess of \$40 million, of which approximately 40 percent is supported by state and/or federal funding. Current service level allows for support for more than 240 FTE in DFS.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level as DFS works to achieve federal, state, and County mandates. As time progresses, processes are put in place, and systems are enhanced, the program will review the service levels for sustainability and make improvements where necessary. The metrics with asterisks (*) below indicate that the program may need to adjust its services or service levels.



Family Services: Internal Operations

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support the budget, finance, human resources, and technology needs of DFS.					
Adopted Expenditure Budget (General Fund)	\$29,479,976	\$31,070,708	\$32,146,048	\$33,173,474	\$34,200,901
Adopted Expenditure Budget (Other Funds) ¹	\$9,301,500	\$9,554,193	\$9,786,886	\$10,029,579	\$10,272,272
*Achieve DFS quality targets and objectives for external audits or reviews.					
Number of external audits or reviews	19	14	22	14	14
Number of findings against external audits/reviews	87	46	109	80	75
Reduce turnover rate to 10 percent by providing learning and development programs.²					
Authorized staffing (FTE)	203.53	207.45	229.53	248.53	248.53
Number of new hires	n/a	n/a	53	63	64
Number of employee exits	n/a	n/a	38	36	36
Turnover rate	9%	15%	16%	12%	12%
Number of consultations conducted for professional and leadership development	n/a	n/a	39	68	75
Number of pulse checks conducted for retention efforts	n/a	n/a	19	25	30
*Provide redacted records within 45 days of receiving FOIA requests.²					
Number of FOIA records requests received (includes appeals)	301	231	325	350	375
Number of records redacted	252	268	317	324	356
Average number of pages per completed request	n/a	140	97	170	186
Average number of days from the record being provided to the date completed	n/a	8	6	10	10
Average total number of days from the date the request was received to the date the record was provided	n/a	38	55	30	30
*Resolve at least 75 percent of PARIS Matches.²					
Number of PARIS Matches received	n/a	444	656	705	775
Number of PARIS Matches resolved	n/a	146	317	325	325
Percentage of PARIS Matches resolved	n/a	33%	48%	46%	42%
*Complete 100 percent of SNAP and TANF investigations within 90 days of the start of the investigation.²					
Number of referrals received	n/a	39	102	107	128
Number of investigations completed within 90 days	n/a	6	53	60	60

¹ Other operating funds include the CSA Fund, the Rental Assistance Program Fund, and the State and Federal Grant Fund.

² Data shown as n/a indicates a measure that does not have historical data.



Family Services: Internal Operations

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of investigations completed beyond 90 days	n/a	3	17	26	34
Total number of investigations completed	n/a	9	70	86	94
Percentage of investigations completed within 90 days	n/a	67%	72%	70%	65%
Value of claims submitted for collections	n/a	\$15,205	\$176,578	\$211,000	\$232,000
Value of collections from fraud	\$20,638	\$15,972	\$30,587	\$40,000	\$44,000





Health Department

The Health Department provides services that enhance and ensure the health of all Loudoun County residents. The Health Department's community and environmental health programs offer population-based services in collaboration with the Loudoun Health Commission, such as communicable disease surveillance and treatment, Lyme disease mitigation initiatives, and community-based health improvement efforts. Other services include emergency and pandemic preparedness and response; the provision of birth and death certificates; and restaurant, swimming pool, private well, and septic system permitting and inspections to ensure environmental and public health protection. The Health Department also provides essential individual-based services to women and children who would otherwise not receive medical, dental, or nutritional evaluation and care. The Health Department transitioned from a state agency to local administration effective July 1, 2023. For all data presented, FY 2021 and FY 2022 may represent service delivery changes during the COVID-19 pandemic.

Department Programs

Management Services

Provides internal operations support for all Health Department programs per the rules, regulations, and policies of federal, state, and County governments; addresses administrative expectations, activities, and initiatives of the Virginia Department of Health (VDH) in accordance with its performance contract with the County, and all rules and regulations promulgated by the Virginia Board of Health, while remaining accountable to the Board of Supervisors (Board). Management Services activities include strategic planning, human resources, finance, operations support, quality assurance, and compliance.

Activities

- Management Services

Population Health

Supports Loudoun County's communitywide roadmap focused on addressing social determinants of health. This program seeks to improve health and wellness outcomes by addressing the social determinants of health that challenge the Loudoun community.

- Population Health

Epidemiology and Emergency Preparedness

Provides disease surveillance and prevention and public health emergency preparedness and response activities including, but not limited to, pandemic preparedness. This program aims to enhance public health safeguards through collaboration, strategic planning, workforce development, and Loudoun Medical Reserve Corps (MRC) Unit growth.

- Epidemiology
- Emergency Preparedness



Health

Clinical Health Services

Provides patient care, nursing home screenings, and nutrition services to Loudoun County's most vulnerable residents, including WIC nutrition, clinical, and dental services.

- Safety Net Services (including WIC)
- Communicable Disease Prevention, Investigation, and Treatment (including TB)

Environmental Health

Provides rabies surveillance and education; vital records; restaurant, hotel, and pool inspections; public health nuisance complaint investigations; and well and septic system evaluations.

- Vital Records
- Rabies Surveillance
- Nuisance and Complaint Investigation
- Restaurant, Hotel, and Pool Safety
- Onsite Water and Sewage

Financial Information

FY 2024 Adopted Information¹

	Expenditures	Revenue	LTF	FTE
Management Services ²	\$9,902,230	\$2,582,163	\$7,320,067	92.00
Population Health	556,000	556,000	0	0.00
Epidemiology and Emergency Preparedness	391,181	391,181	0	0.00
Clinical Health Services ³	900,079	900,079	0	0.00
Environmental Health	3,099,140	270,470	2,828,670	24.00
Total	\$14,973,000	\$4,699,893	\$10,273,107	116.00

¹ Sums may not equal due to rounding.

² Reflected as "Administration" in the FY 2024 Adopted Budget.

³ Reflected as "Medical Care" in the FY 2024 Adopted Budget.



Health: Management Services

Management Services

What We Do: The Management Services activity provides both strategic and operational support within the Health Department and is responsible for strategic-level services such as strategic planning, quality improvement, workforce development, and business solutions; and operational services such as purchasing, Health Insurance Portability and Accountability Act (HIPAA), grants management, internal budget management, and accounts receivable to include patient billing.

Mandate Information: The Code of Virginia requires collection of accounts receivable (§§ 2.2-4800 and 2.2-4806) and compliance with Freedom of Information Act (FOIA) requests (§ 2.2-3700 et seq.). The Health Department is required to maintain compliance with federal, state, and local laws and regulations governing human resources as well as financial regulations, and will continue to be subject to regular financial audits by the VDH. The Health Department continues to be required to follow the Health Department provisions in the Virginia Administrative Code.

Who Does It: Beginning in FY 2024 with the implementation of local administration, this service is administered by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: The Management Services activity is critical to the strategic and operational activities of the Health Department, ensuring that staff are able to successfully accomplish the departmental preventative health activities. Not providing this service adequately could result in a lack of strategic direction and staff development; loss of resources needed to support the Health Department, including third-party-payer revenue; increased staff complaints and turnover; inefficient use of local tax funds; and loss of grant funds, which would impact the Health Department's ability to provide services.

How We Do It Now – Current Service Level: From FY 2020 to FY 2023, this activity was provided by state employees, with the majority of the workload being associated with state policies, procedures, and practices with the exception of planning for the transition to local administration. Effective FY 2024, all Management Services are associated with the County's policies, procedures, and practices, which is a significant change. In FY 2020, 100 percent of employees completed County-required department training; and in FY 2024, a projected 100 percent of employees completed County-required department training prior to year-end. In FY 2020, the turnover rate for County employees in the Health Department was 10 percent; and in FY 2024, turnover for County employees is projected to be 6 percent. In FY 2020, the Health Department was awarded and managed one grant; and as of FY 2024, the Health Department was awarded and managed approximately 25 grant awards. In FY 2024, patient revenue transitioned to the County. The Health Department measures the performance of timely patient revenue collection by working to have all aging receivables greater than 60 days at 15 percent or less of total receivables.

How We Plan to Do It in the Future – Recommended Service Level: With the Health Department's transition to local administration, it is hard to estimate the future service level and the scope of the work ahead, including the time commitment to conduct business. The changes in other Health Department programs will impact Management Services, although the scope is yet to be determined. There is also a renewed focus on improving and transforming public health; and this will require a focus on public health modernization and the foundational public health services to build a strong foundation of public health infrastructure. The locally-administered Health Department will continue to evaluate resource needs required to meet the obligations of the County and to serve as a high-performing Health Department.

**Health: Management Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Annual staff turnover will be less than 10 percent each year; and all staff will complete required department training each year.					
Annual staff turnover rate	9%	8%	2%	6%	6%
Percentage completion of required department training	100%	90%	100%	100%	100%
Efficiently bill and collect on patient accounts.					
Percentage of patient accounts due that are greater than 60 days ¹	n/a	n/a	44%	15%	15%
Number of patient encounters	9,016	11,614	11,882	12,132	12,382
The Health Department will provide operational management of awarded grants.²					
Number of grants awarded	n/a	n/a	n/a	25	27
Total dollar value of grants awarded (in millions)	n/a	n/a	n/a	\$4.7	\$4.8

¹ New measure as of FY 2023. FY 2023 data reflects all inception to-date receivables transferred from the VDH prior to FY 2024. Data shown as n/a indicates a measure that does not have historical data.

² New measure as of FY 2024. Data shown as n/a indicates a measure that does not have historical data.



Health: Population Health

Population Health

What We Do: The newly formed Population Health Division engages residents, community partners, and health care providers to improve the lives of all Loudoun County residents with a focus on addressing disparities in health. It does this by assessing and understanding community health needs and wellbeing in Loudoun County; and seeks to implement strategies to achieve positive health outcomes in the communities served by addressing the social determinants of health and health equity, with a focus on designing policies, convening coalitions and community partners, providing data expertise, and leading evidence-based community health promotion efforts. The Population Health Division also delivers innovative and effective health communications and marketing, including internal and external health education programs, as well as connects the community health needs assessments and improvement plans to the Health Department's strategic planning and quality improvement efforts. The Population Health Division is also responsible for leading the Health Department in workforce development related to population health and public health transformation.

Mandate Information: These services are not mandated by law.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run, locally-administered Health Department, this service is provided solely by County employees and several short-term contractors, funded primarily with a combination of state and County tax funds.

Why We Do It: The mission of the Health Department is to ensure and enhance the health of all Loudoun County residents. The Population Health Division helps achieve this by providing community-facing services such as community health assessment, community health data, health education, evidence-based health promotion, communications, and community engagement. While these services are not mandated, they are recommended by national bodies such as the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), and the Public Health Accreditation Board (PHAB).

How We Do It Now – Current Service Level: The Population Health Division was formed in FY 2023 with the addition of 3.00 FTE added during the budget process. This fiscal year with current resources, the Population Health Division has begun transitioning away from a primary focus on short-term COVID-19 initiatives to developing a long-term population health vision with corresponding priorities, goals, objectives, and measures.

How We Plan to Do It in the Future – Recommended Service Level: This population health approach will be based around the national call for public health transformation, with a focus on community engagement and multisector stakeholders in order to improve social determinants of health.¹ This will include the continued development of essential population health services, as defined by the CDC - 10 Essential Public Health Services - Public Health Infrastructure Center. As the County's population stabilizes, the Population Health Division will continue to track data points (including, but not limited to, life expectancy; access to physical and mental health care; transportation, housing, or other barriers to economic stability; and obesity rates) to understand where to adjust services and service levels.

¹ Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century (cdc.gov).



Health: Epidemiology and Emergency Preparedness

Epidemiology

What We Do: The Epidemiology team contributes to Loudoun County's capacity to prepare for, detect, and respond to communicable disease and other community threats. This is accomplished by monitoring trends through reportable disease surveillance, identifying emerging threats through enhanced surveillance, conducting epidemiologic investigations of clusters or outbreaks of communicable disease, implementing non-pharmaceutical interventions to limit disease transmission, participating as part of the local Health Department Emergency Preparedness team, and providing subject matter expertise to hospitals, health care providers, and other community partners to enhance community preparedness. The Epidemiology team coordinates externally with the Office of Epidemiology within the VDH and the Virginia Division of Consolidated Laboratory Services to conduct public health investigations and analysis to inform evidence-based planning and implementation of disease control measures and other programs and services affecting the health of the community. The Epidemiology team also works closely with other sections within the local Health Department, such as the Communicable Disease team in Clinical Health Services, the Environmental Health Program, and the Emergency Preparedness activity. The Epidemiology team collaborates with community partners to improve epidemic preparedness in several ways. A health alert system is maintained and used to provide key updates, notifications, alerts, or warnings related to the control of communicable disease to the health care provider community. The team also shares key information to community partners through targeted presentations on topics related to disease control strategies and information on emerging issues. Team members also attend infection control meetings with local hospital partners and collaborate with the VDH to engage regional partners such as Northern Virginia Emergency Response System (NVERS) and the CDC Quarantine Station and Metropolitan Washington Airports Authority at Dulles Airport.

Mandate Information: The Code of Virginia requires the Health Department to provide surveillance and investigation of communicable diseases (§§ 32.1-35 and 32.1-39). This service is required by the local government agreement between the state and County for the operation of the Health Department. In addition, communicable disease surveillance and investigation and epidemiological emergency preparedness and response activities are required services as a condition of accepting funding through the federal Public Health Emergency Preparedness (PHEP) and Epidemiology and Laboratory Capacity (ELC) cooperative agreements, which fund two positions on the Epidemiology team. Epidemiology response functions are part of Loudoun County's Emergency Operations Plan (EOP) in response to communicable disease emergencies.

Who Does It: As of July 1, 2023, this function is performed by County staff. In addition, grant funding through FY 2024 supports several contractors who provide data management and epidemiology functions specific to the COVID-19 pandemic.

Why We Do It: Epidemiology serves as the front line in monitoring local disease and health trends that impact Loudoun County residents. The Epidemiology team contributes to local capacity to prepare for, detect, and respond to communicable disease and other public health threats and emergencies.

National standards for public health emergency preparedness and response capabilities recommended by the CDC include activities carried out by the Epidemiology team, including those described above. Epidemiology also plays an important role in maintaining jurisdictional ability to manage data related to communicable disease and other community health investigations and trends.

This activity is critical to the Health Department's mission of ensuring and enhancing the health of Loudoun County's residents; and serves to strengthen community resilience. Not providing this service would limit the ability of the Health Department to prepare for and respond to communicable disease and community threats thus increasing the risk of communicable disease transmission in Loudoun County.

How We Do It Now – Current Service Level: The Epidemiology team conducted disease surveillance activities including syndromic surveillance of local urgent care and emergency room visits as part of the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) and coordination of sentinel surveillance of COVID-19 hospitalizations as part of a statewide surveillance program called RES-NET, in addition to serving as subject matter experts



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for routine reportable surveillance in support of the Communicable Disease team in the medical clinic. The Epidemiology team – along with VDH COVID-19 contractors and the Communicable Disease team – investigated a surge in communicable disease outbreaks between FY 2021 and FY 2023. This compares to 29 outbreaks investigated in FY 2020. The service level increased due to the temporary need caused by the pandemic. The current service level reflects pre-pandemic service level of 45 investigations of suspected outbreaks.

For FY 2023, the Epidemiology team conducted several activities in coordination with the VDH Regional and Central Offices in response to emerging public health threats, such as traveler monitoring in response to an Ebola outbreak in Uganda, investigation and contact tracing in response to the international outbreak of Monkeypox (Mpox), and implementing the CDC disease containment strategy for Multi-Drug Resistant Organisms (MDROs) in partnership with local hospitals and nursing homes. FY 2020 was an unusual year as the response to the pandemic required an unprecedented level of effort across the Health Department. However, the number of response activities the Epidemiology team has participated in has increased since FY 2020. The current service level for the number of response activities reflects four per year.

The current service level involves participation in six preparedness activities by the Epidemiology team, including coordinating four quarterly meetings of the All-Loudoun Emergency Response Team (ALERT), which serves to prepare key Health Department and County staff for health emergencies, participating in Point of Dispensing (POD) exercises with the Emergency Preparedness and Response section, and participating in a Shelter Plan exercise with Loudoun County's Department of Family Services (DFS). In addition, the Epidemiology team participated in specialized training provided by the County and state. These activities have all increased since FY 2020 as the Health Department and local partners shift from emergency response to the pandemic to a renewed focus on routine emergency preparedness.

As a measure of outreach activities, the current service level for health notifications sent to the health care provider community is ten. This activity has increased since FY 2020 due to the need for communications related to changing COVID-19 guidance and the need for notifications regarding newly emerging health matters.

How We Plan to Do It in the Future – Recommended Service Level: The Epidemiology team is currently at the recommended service level. This activity will continue to build on the relationships established with Loudoun County community partners that were developed through the COVID-19 response between FY 2020 and FY 2023. Ongoing two-way communication will serve to better inform partners of potential public health threats as well as fosters prompt reporting to the Health Department of outbreak situations in the community. Since the pandemic continues to be on the decline, this activity intends to update emergency response plans, conduct internal training, provide quality assurance on data collection, and provide education to the medical community.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Epidemiologic investigations conducted and disease control measures implemented in response to clusters and outbreaks of communicable disease and other public health threats:					
Number of suspected outbreaks reported to the VDH Central Office	105	338	141	45	45
Percentage of suspected outbreaks reported to the VDH Central Office within three days of identification	34%	18%	55%	95%	95%
Number of activities coordinated with the VDH Regional and Central Offices in response to emerging public health threats (e.g., containment of emerging infections, traveler monitoring programs, and active surveillance programs)	1	3	4	4	4



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	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Epidemic emergency preparedness and operational readiness to respond to infectious disease and other public health threats maintained¹:					
Quantity of annual reviews/updates of the following plans:					
• Epidemiology Response Plan					
• Pandemic Influenza Plan					
• Isolation and Quarantine Plan	0	0	3	3	3
Number of preparedness activities (meetings of ALERT, exercises, and other events) facilitated/participated in annually	n/a	n/a	6	6	6
Number of updates, notifications, alerts, or warnings related to the control of communicable disease disseminated annually to community partners	2	14	14	10	10

¹ Data shown as n/a indicates a measure that does not have historical data.



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Emergency Preparedness

What We Do: The Emergency Preparedness activity prioritizes Loudoun County's preparedness for a variety of public health emergencies including widespread outbreak of disease (either natural or due to a manmade or terrorist attack), supporting preparations for natural disasters of wide-ranging public health implications, while supporting continuity of operations planning and department disaster recovery efforts. As part of its mission, the Emergency Preparedness activity works jointly with Epidemiology, other Health Department sections, County agencies, and regional and state partners for public health emergency preparedness and response activities.

This activity is responsible for program management measures such as coordinating with partners on the development of public health emergency response plans, Health Department emergency asset/inventory control, preparedness grant management, and continuous quality improvement processes such as pursuing standardized public health accreditations and ongoing workforce development through training and exercises. Furthermore, to increase resiliency of public health surge capacity, the MRC Unit is maintained within the Emergency Preparedness activity. Medical and non-medical community volunteers undergo training to support ongoing public health initiatives and respond to public health emergencies.

Mandate Information: The Health Department is required to provide this service as a condition of accepting federal emergency preparedness grants and by the local government agreement between the state and County for operation of the Health Department. This role is part of Loudoun County's EOP.

Who Does It: Beginning in FY 2024 with the implementation of the locally-administered Health Department, this activity is administered by County employees, which are partially funded by federal grants in addition to state and local tax funds. This activity's ongoing public health initiatives and emergency response operations are augmented by the Loudoun MRC Unit.

Why We Do It: This service is critical to the Health Department's mission of safeguarding the health of people who live in, work in, or visit Loudoun County; and is vital to the Health Department's mandate of collaborative public health emergency preparedness. With the increased prevalence of natural disease outbreaks, expansion of area international and regional transportation means (e.g., Dulles International Airport and Metro Stations), proliferation of critical infrastructure (e.g., data centers), and the County's history with such issues as COVID-19, anthrax, Ebola, and pandemic influenza, there is basis for public health emergency preparedness expansion.

Failure to provide this service increases the likelihood of higher hospitalizations and mortality rates from widespread disease outbreaks, diminished ability for the Health Department to provide emergency planning and response support causing service delays and/or degraded service levels, decreased public health workforce development, reduced revenue capability for preparedness initiatives, and loss of local public health workforce surge capacity through access to the Loudoun MRC Unit.

How We Do It Now – Current Service Level: This fiscal year, with current resources and as pandemic response has ebbed, Emergency Preparedness is focused on evaluating the Health Department's response to the pandemic to begin preparing for the next potential event. This fiscal year, the focus is to:

- Review and revise Health Department emergency response plans.
- Assess and enhance the readiness of Health Department staff and MRC Unit volunteers to respond to emergencies.
- Recruit 75 MRC Unit volunteers.

How We Plan to Do It in the Future – Recommended Service Level: As part of the National Capital Region and home to Washington Dulles International Airport, Loudoun needs to be prepared to respond to a wide variety of emergencies, whether naturally occurring or manmade. It is expected that this challenge will continue to grow in the future. To respond effectively, priority should be given to:

- Enhancing coordination with other response entities within local government, regionally, and in the community.
- Increasing training resource availability for public health staff and volunteers utilizing Training Needs Assessments (TNA) and modern instructional systems for various adult learning styles.



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- Improving operations resiliency through continued staff and volunteer professional development and the integration of new positions.
- Continuing assessment of department-level public health emergency preparedness assets to increase Health Department resiliency and enhance scalability.
- Developing focused, inclusive, non-traditional recruitment and retention strategies and associated metric tracking in the MRC Unit.

The Health Department expects that the metrics with asterisks (*) below will indicate that the County may need to adjust its services or service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Have an engaged MRC Unit that serves the community.					
Number of emergency preparedness exercises or training opportunities	17	24	39	17	17
Number of new MRC Unit recruits*	2,925	329	41	75	75
Number of events <u>or</u> exercises to which MRC Unit volunteers responded*	563	365	14	17	22



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Safety Net Services (including WIC)

What We Do: The Health Department provides and/or assures basic direct patient care services primarily to women and children in Loudoun County with low income. As background, Loudoun had an estimated population of 430,000 residents in 2021, according to the United States Census, of which approximately 4 percent are deemed to be at or below the poverty level. This translates to over 15,000 residents living in poverty. Similarly, approximately 6 percent of Loudoun residents are uninsured, which translates to over 25,000 residents who have significant challenges with accessing basic medical care.

The Health Department offers the following safety net services to Loudoun residents:

- **Women, Infants, and Children (WIC) nutrition services:** Through the two offices located in Ashburn and in Leesburg, services are provided by appointment to pregnant women with low income and children up to 5 years of age.
- **Children's dental care:** A public health dentist in Leesburg sees patients in-office, performs school screenings, and sees adults and children on an emergency basis.
- **Sexually transmitted disease (STD) screening and treatment:** The clinic team is available to see clients five days a week. STD treatment is provided to clients free of charge for reportable diseases, such as chlamydia, gonorrhea, and syphilis. Testing for these diseases, as well as human immunodeficiency virus (HIV), is offered and available on a sliding scale based on income eligibility, or free of charge for individuals referred for services by health care providers or determined to be contacts to confirmed cases.
- **Nursing home screenings:** Public health nurses provide comprehensive in-home screening to clients requesting an evaluation of eligibility to receive nursing-home-level services. This program is managed through the Virginia Department of Medical Assistance Services. The screening evaluation is mandated to be performed and completed within 30 days of the client request. Adult screenings are coordinated with DFS social workers, and child screenings are performed exclusively with Health Department public health nurses.
- **Maternal-child support services:** The Health Department offers screening and referral of women with low income to maternity care, the car seat distribution program, school entrance physicals, and family planning. The Health Department assures that pregnant women with low income have access to high-quality maternity services by screening for pregnancy, providing health counseling, and referring clients for prenatal care to community providers. Through a partnership with Inova, the Health Department performs income eligibility to uninsured women and facilitates their prenatal care at the Inova Cares Clinic for Women maternity program in Lansdowne. The Health Department distributes infant/child car seats to families with low income and group education on the use, at no charge to the client. The clinic offers school entry physical exams to ensure children can register in school, a requirement for Pre-K to the fifth grade in Loudoun County. Exams are offered on sliding-scale-fee schedules and Medicaid is accepted. Family planning services are available in the clinic and on a sliding-fee scale. This program allows women to plan the timing of their pregnancies and have access to affordable, safe methods of birth control. Family planning services include pregnancy testing and counseling and preventative health care for women such as pap smears, breast exams, contraception, and STD screenings.

Mandate Information: The Code of Virginia requires the Health Department to provide or assure direct medical services at no charge to medically-indigent residents (§ 32.1-11 (B)). The Health Department is required to provide or assure family planning, WIC, and maternity services by Public Law 108-265 as amended; Child Nutrition Act of 1966; Healthy, Hunger-Free Kids Act of 2010; and Services for Children with Special Health Needs, Title V, Social Security Act. These services are also required in the local government agreement between the state and County for the operation of the Health Department. In addition, the following regulations specify services mandated by state or federal governments that are provided by the local Health Department:

- 42 United States Code § 1786 (Special supplemental nutrition program for women, infants, and children) was established by congress to provide supplemental foods and nutrition education, including breastfeeding promotion



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and support. The program shall serve as an adjunct to good health care, during critical times of growth and development, to prevent the occurrence of health problems, including drug abuse, and improve the health status of these persons.

- Virginia Code § 32.1-57 states that the local Health Department must provide treatment for persons infected with select venereal diseases, at no charge.
- Virginia Code § 32.1-37.2 states that the Health Department must assist in notifying contacts of persons identified with HIV for referral to services.
- Virginia Code § 46.2-1097 states the Health Department shall operate a program to promote, purchase, and distribute child restraint devices to applicants who need a child restraint device but are unable to acquire one because of financial inability.
- Virginia Code § 32.1-330 (Long-term services and supports screening required) states that if an individual who applies for or requests long-term services and supports as defined in the state plan for medical assistance services is residing in a community setting at the time of such application or request, the screening for long-term services and supports shall be completed by a team that includes a nurse, social worker or other assessor designated by the Department who is an employee of the Department of Health or the local department of social services and a physician who is employed or engaged by the Department of Health.
- Virginia Code § 22.1-270 states that all children must receive an evaluation by a qualified provider to verify that the child is in good health and free from any communicable or contagious disease prior to enrollment in school for the first time. If the child is deemed homeless or indigent, the Health Department must provide or assure the child this evaluation.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, these services are provided solely by County employees, funded with a combination of state and County tax funds, federal and state grants, insurance collections, and sliding-scale fees. Most services are offered face-to-face in clinical offices, with the exception of nursing home placement screenings, which are performed by nurses in the client's home.

The Clinical Health Services Division staff supports both Safety Net Services and Communicable Disease Prevention Services (see the next activity under this program).

Why We Do It: These specialized health care services help improve the health of Loudoun County's residents who face significant challenges with accessing basic medical care, ensure healthy babies are born to healthy women, help children receive basic services to stay healthy and attend school, and provide services to prevent disease transmission in the community. Not providing these services would significantly impact access to care and nutritional support and would result in increased risk of disease and poor health outcomes for Loudoun's most vulnerable populations. In addition, these services serve a dual function of helping individuals and families, while also protecting the public by reducing and preventing communicable disease.

Many of these service offerings – including WIC, free car seat distribution, community-based nursing home screenings, and free STD treatments – are available exclusively to the Health Department as a government agency with access to federal and state grants; and are not available elsewhere in the private or nonprofit health care sector.

Several key indicators to justify the safety net service offerings are as follows:¹

Infant mortality rate in Loudoun was last assessed in 2020 and was found to be 2.3/100,000. This compares to a rate of 5.0/100,000 in Virginia, and 5.7/100,000 for the United States. Early access to maternity care is another measure of maternal-child health. For 2021, the rate of access to early prenatal care was 83.8 percent, compared to 79.2 percent in Virginia, and 78.3 percent in the United States. Early prenatal care is associated with improved birth outcomes and lower health care costs,

¹ Data provided here has been accessed from the <https://www.livehealthyloudoun.org/> dashboard.



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by reducing the likelihood of complications during pregnancy and childbirth. These two metrics serve as a testament to the level of high-quality maternal-child services available in the Loudoun community and the value of the services the Health Department provides to those who need assistance accessing care.

Chlamydia infection, the most frequently reported communicable disease in the United States, can be measured similarly. In 2021, Loudoun had a rate of 203.2/100,000, compared to 469.2/100,000 in Virginia, and 481.3/100,000 in the United States. The availability of free treatment for this highly-contagious infection for all residents is critical to the control of this and similar STDs, as costs for medical treatment can be a barrier to care for uninsured clients.

For nutrition services and the value of the WIC nutrition program, the Health Department looks at food insecurity statistics for the community. Food insecurity is defined as limited or uncertain availability of nutritionally-adequate food or the ability to acquire these foods, often due to poverty or unemployment. Overall, the rate for food insecurity in Loudoun is 3.9 percent, as of 2020 statistics. This compares to 7.7 percent in Virginia and 11.8 percent in the United States. While the rate in the community is low, there is still a large need to provide this support. Providing nutrition support to pregnant women and children with low income during critical times of growth and development improves birth outcomes and improves overall health.

For pediatric dental care, it is known that dental tooth decay is the most prevalent chronic infectious disease affecting children in the United States, impacting more than a quarter of children between the ages of 2 and 5, and more than half of children between the ages of 12 and 15. Providing early access to dental care for children in households with low income provides improvement to overall health and wellbeing. The Health Department looks at statistics regarding children without health insurance in Loudoun, noted to be 3.6 percent for 2020. This equates to roughly 4,100 children who are not covered by health insurance; and a significant portion of these families likely will not seek out preventative dental care without insurance coverage due to cost.

How We Do It Now – Current Service Level:

- **WIC Program:** Prior to the pandemic, in FY 2020, the WIC program served an average of 2,282 clients per month. During the pandemic, services were authorized to be performed virtually to clients, waiving in-person requirements. This waiver allowed the program to increase participation by 44 percent over pre-pandemic levels. However, the authorization to waive in-person services ended in August 2023 and the number of clients projected to be served in FY 2024 is expected to drop closer to pre-pandemic levels. With current resources, the WIC program has an eight-week wait time for appointments despite projected decreased volume due to current staffing shortage in this area. The wait time is expected to decrease as staff levels stabilize.
- **Dental services for children:** In FY 2020, the program provided care for approximately 1,200 children. Since that time, volume decreased by approximately 200 to 300, with additional safety measures needed to prevent disease transmission in the dental setting due to COVID-19. With current resources, this activity serves approximately 1,000 children annually, with a currently four-week average wait time for services.
- **STD services:** For FY 2024, the current service level is approximately 350 visits. This compares to 385 visits in FY 2020. Health Department staff believes that COVID-19 impacted the demand for clients seeking services. However, the need for STD care is greater than pre-pandemic levels based on increasing STD rates regionally and nationally. The Health Department has one-week-or-less wait-time availability to provide STD services in the clinic.
- **Preadmission nursing home screenings:** Demand for screenings from the community has been on the rise over the last four years. This year, with current resources, the Health Department anticipates conducting approximately 600 nursing home screenings. This compares to 399 in FY 2020, a 33 percent increase in four years.
- **Maternal-child services:** The Health Department saw a significant drop in appointments for this service starting in July 2021, as Medicaid expansion policies were enacted, increasing access to Medicaid for pregnant women. While the numbers have dropped, there is still a need to offer access to women without private insurance for pregnancy. This year, with current resources, the service level is approximately 350 visits. This compares to 713 visits in FY 2020. The Health Department offers appointments within less than one week for this service.



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- This year, with current resources, the service level for distributing car seats is approximately 175. This number represents an increase from 147 car seats distributed in FY 2021.
- School entry exams were added as a new service offering in the summer of 2022, due to recognition of new mandates from the state to provide this care directly at the Health Department. This year, with current resources, the Health Department offers this service to approximately 150 students within one to two weeks of a request for an appointment.
- This year, with current resources, the Health Department expects to conduct 900 visits for family planning – including pregnancy tests – within one to two weeks of a request for an appointment, compared to 442 visits in FY 2020. Appointment wait times were not collected for this service in FY 2020.

How We Plan to Do It in the Future – Recommended Service Level: Given the transition to local administration for the Health Department this fiscal year, and the post-pandemic economy impacting the number of uninsured clients needing services, it is challenging to predict the proper future service levels for these safety net programs. However, the Health Department has not had the opportunity to expand clinical staffing significantly with respect to population growth in the last ten years. Currently, there is no capacity to add or expand services for new challenges or initiatives or an increase in demand for services. In addition to the metrics identified below, the Health Department will track wait times for all safety net services to understand where demand is higher than the supply of services being offered.

The recommended service levels for maternal-child health programs in Leesburg are currently being met. This is supported by reviewing the current wait time for these services at this location, which is one to two weeks. However, because child school entry physicals is a new program, the Health Department is monitoring demand for this service. Given the challenges associated with the population served within Loudoun County (e.g., economic, language barriers, lack of transportation) and the distribution of families with low incomes in the health district, the Health Department recommends access to these same services be available in the Sterling area as a future goal.

The recommended benchmark for appropriate nursing home screening service delivery is to provide the service within 30 days of the request. However, to satisfy this requirement, the number of staff devoted to this program has increased in the last few years, taking away service provision from other areas, such as tuberculosis (TB) screenings. Health Department staff is monitoring trends in requests for care, which have risen 11 percent in the last two years. Additional nursing support is needed to sustain the level of care currently provided and to meet the anticipated future increase in demand for services.

The service levels currently provided are insufficient for the pediatric dental care and WIC services. This is evidenced by the wait time for services in both areas. Additional staff and sites are needed to better serve the community in the provision of these services. Based on participants who utilize this care, a Sterling site is recommended for both services.

In order to improve customer service to all patients as the population stabilizes, this activity is likely to need to increase the number of Spanish-speaking interpreters from the current one person covering two clinic sites to one interpreter at each of the two clinic locations. Between now and then, the Health Department expects that the metrics with asterisks (*) below will indicate that the program may need to adjust its services or service levels.



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	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide dental services to children in households with low incomes to ensure good dental health.					
Number of children receiving dental care	815	1,012	969	1,000	1,000
Number of children receiving corrective dental treatments	492	441	389	400	400
Number of children receiving preventative dental care	561	711	810	750	750
Provide direct medical services, such as pregnancy testing, family planning, childhood school entry physicals, and STD screening and treatment.¹					
Number of clinic visits for child physicals for school entry*	n/a	5	110	150	150
Number of clinic visits for family planning, including pregnancy testing	735	825	909	900	900
Number of visits for STD services	369	311	324	350	350
Ensure access to maternity care through financial eligibility screenings and referral to Inova for maternity care.					
Number of appointments for maternity eligibility	734	621	315	350	350
Average number of participants for WIC services seen each month:					
Average number of WIC participants seen per month	2,744	3,073	3,400	2,500	2,500
Preadmission nursing home screening services, per quarter:					
Number of screenings performed	509	596	609	600	600
Percentage completed in less than 30 days	98%	98%	95%	95%	95%
Provide infant/child car seats to Loudoun residents with low incomes.					
Number of car seats provided	147	137	157	175	200
Keep the average time on waitlist for services to under two weeks.^{1*}					
Average waitlist for dental visits	3.5 weeks	4.5 weeks	4 weeks	4 weeks	4 weeks
Average waitlist for clinic (school physicals and maternal-child health) visits	n/a	1-2 weeks	1-2 weeks	1-2 weeks	1-2 weeks
Average waitlist for WIC visits	3-4 days	2-3 weeks	8-9 weeks	8 weeks	8 weeks
Average waitlist for preadmission nursing home screenings*	< 30 days	< 30 days	< 30 days	< 30 days	< 30 days

¹ Data shown as n/a indicates a measure that does not have historical data.



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Communicable Disease Prevention, Investigation, and Treatment (including TB)

What We Do: The Communicable Disease Prevention, Investigation, and Treatment activities help identify, prevent, and respond to diseases that can be spread from animals to people or from person to person. The following services are provided in this activity area: immunizations for children and adults, TB screening and treatment, communicable disease investigation response (which includes investigating cases of required reportable diseases to prevent further spread in the community, such as vaccine-preventable diseases, Lyme, COVID-19, gastrointestinal illnesses, and others), elevated lead levels in children, and refugee health services. Staff responds to and/or examines reportable diseases within the County and provides direct management and/or guidance to individuals, providers, and organizations in order to prevent the further spread of disease.

Mandate Information: The Code of Virginia requires the Health Department to provide surveillance and investigation of communicable diseases on behalf of – and in accordance with – the State Board of Health (“Board,” §§ 32.1-35 and 32.1-39). The Board shall provide for the surveillance and investigation into all preventable diseases and epidemics in this Commonwealth and into the means for the prevention of such diseases and epidemics. Surveillance and investigation may include contact tracing in accordance with the regulations of the Board. When any outbreak or unusual occurrence of a preventable disease shall be identified through reports required pursuant to Article 1 (§ 32.1-35 et seq.) of this chapter, the Commissioner or his designee shall investigate the disease in cooperation with the local health director or directors in the area of the disease.

The Code of Virginia § 32.1-46 requires the Health Department to provide childhood immunizations required by the State Board of Health Regulations for the Immunization of School Children without charge.

The Code of Virginia §§ 32.1-49, 32.1-50, and 32.1-50.1 states that any local health director may request any person having or reasonably suspected of having active tuberculosis disease to be examined immediately for the purpose of ascertaining the presence or absence of the disease. Such examination may be made by any licensed physician or licensed nurse practitioner at his own expense or by the local health director at no cost to such person.

According to Virginia Code § 32.1-37.2, every person who has a confirmed positive test result for HIV shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling shall include, but not be limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of acquired immunodeficiency syndrome, the availability of appropriate health care, mental health care and social services, the need to notify any person who may have been exposed to the virus and the availability of assistance through the Department of Health in notifying such individuals.

These services are also required in the local government agreement between the state and County for operation of the Health Department.

Who Does It: Beginning in FY 2024 with the implementation of local administration, these services are administered primarily by County employees. Funding for core services comes from a combination of state and County tax funds, federal and state grants, insurance collections, and sliding-scale fees. Contractor nurses have been utilized to supplement core efforts by supporting offsite vaccinations, with funding available through COVID-19 grants. In addition, contractors are working in the Communicable Disease unit for COVID-19 mitigation, paid for with COVID-19 grant funding, which is expected to continue through FY 2024.

Why We Do It: This Health Department service area prevents, investigates, and treats illness with the aim of reducing overall disease burden in the Loudoun community.

- The immunization services provide critical vaccination coverage to the community for the prevention of disease. Through its programs, the Health Department offers routine childhood and adult immunizations, which can also be classified in the Safety Net activity. Vaccines are provided as post-exposure prophylaxis to individuals exposed to communicable diseases, such as is the case with contacts to Hepatitis A, Measles, and other vaccine-preventable diseases. In addition, the Health Department trains staff for emergency distribution of immunizations and serves as



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the primary delivery source of vaccines for emergent infectious agents, as demonstrated through the initial COVID-19 vaccination response and Mpox. The Health Department is also in a key position to work with Loudoun County Public Schools (LCPS) and private schools to enhance student vaccination coverage through collaboration in compliance efforts. The Health Department is the only agency in the County with the ability to offer free school-mandated vaccines to all students, with no out-of-pocket costs to the families, allowing the Health Department to provide onsite vaccination events in schools. Further, LCPS provides annual community surveillance of school-based facilities (preschools, private, and public grade schools) to determine levels of vaccination coverage in the community.

- TB services encompass several activity areas, all of which promote the health of the community. Active TB care is a comprehensive service providing medical care related to TB treatment, nursing case management, daily observation of medication compliance, and rigorous detail to protocols that ensure people with the communicable form of the disease are treated appropriately and do not pose a danger to the spread of illness. Contact investigations associated with TB cases occur as part of this process for each identified case. Children under the age of 5 who are contacts to active cases are at the highest risk of developing TB. These contacts receive “window prophylaxis” treatment daily for eight weeks. The program also provides preventative medications for individuals identified as exposed to TB, to prevent active disease in the future. The other main area of service is the TB screening program, which is required for school entry and for certain occupations. The Health Department offers TB screening free for McKinney-Vento¹ children in need of screening at LCPS, and free for certain classes of immigrants newly entering the country.
- For refugee health services, the health status of new arrivals to the County is assessed through an initial health screening. This screening is often the first encounter that new arrivals have with the United States health care system. It provides the opportunity for early identification of communicable diseases, intervention on conditions of public health concern, and identification of other health conditions that must be addressed to ensure successful resettlement. Clients receive a physical exam, immunizations, evaluations for infections, and referrals to support services in the community.
- The Communicable Disease program provides investigation and follow-up of all other communicable diseases that are required to be reported to the Health Department by law. As of January 2023, there were 79 diseases that are required to be reported to the VDH, either immediately or within 72 hours². In general, these types of conditions include respiratory infections (e.g., pertussis and influenza), gastrointestinal illnesses (e.g., norovirus and salmonellosis/typhoid fever), zoonotic diseases (e.g., Lyme and malaria), environmental illnesses (such as childhood lead exposure), agents that can be used for bioterrorism (e.g., anthrax and smallpox), infections and conditions potentially associated with spread in health care facilities, and other conditions of public health importance (e.g., emerging infectious diseases and drug-resistant infections). Public health nurses investigate reportable conditions, working with affected individuals, schools, hospitals, and medical providers in the community. Staff provides recommendations and guidance to prevent the further spread of communicable disease to others in the County. The team works closely with the Epidemiology team in Loudoun and the VDH Division of Surveillance and Investigation.

¹ McKinney-Vento refers to Subtitle VII-B of The McKinney-Vento Homeless Assistance Act, which authorizes the federal Education for Homeless Children and Youth (EHCY) Program and is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. It was reauthorized in December 2015 by Title IX, Part A, of the Every Student Succeeds Act (ESSA). More information can be found here: <https://nche.ed.gov/legislation/mckinney-vento/>.

² The diseases that are required to be reported to the VDH can be reviewed here: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>.



Health: Clinical Health Services

How We Do It Now – Current Service Level:

- For immunization services, this year with current resources, the Health Department expects to provide 4,000 vaccine visits, compared to 3,139 visits total for this service in FY 2020. In addition, 1,500 community vaccinations, outside the clinic, are expected to be conducted. With current resources, the wait time for clinic immunization appointments is currently three weeks, with an ideal wait time for service being one to two weeks or less. The community vaccinations from FY 2021 to FY 2023 were accomplished using contractor services in addition to current staff.
- For TB care, this year with current resources, staff anticipates identifying approximately 250 new infections, having 110 residents suspected of or confirmed to be sick with TB, and providing a total of 4,000 client visits for TB services. Currently, the Health Department offers screening services two days per week and has a three-week wait time for appointments. This compares to 326 infections identified in FY 2020, 125 suspected or confirmed cases of TB, and 5,173 client encounters. TB service delivery has changed somewhat since FY 2020, due to COVID-19 restrictions preventing walk-in services, thereby reducing the total number of clients receiving screening services. Should staffing permit, the Health Department will increase TB screening moving forward.
- The refugee program has high variability in the number of clients served annually, based on conditions worldwide and political authorization for refugees to enter the United States. In FY 2020, 104 visits were performed for 51 clients. This year, with current resources, the Health Department anticipates conducting 250 visits. Since FY 2021, the Health Department has clients predominantly from Afghanistan and Ukraine.
- For the Communicable Disease program, the Health Department anticipates investigating approximately 200 reports of vaccine-preventable diseases reported in FY 2024, being sent 650 total reports for evaluation (excluding COVID), and being sent 120 total Communicable Disease reports to be evaluated for response time, with 95 percent responded to in the recommended timeframe. This year, the Health Department anticipates 10,000 reports of COVID-19 (down from 21,000 in FY 2023) added on top of the expected disease burden managed by the team. This compares to FY 2020, when there were 218 reports of vaccine-preventable diseases reported, 744 total Communicable Disease reports sent to the Health Department for evaluation (excluding COVID), and 81 diseases that were evaluated for response time, in which 92 percent were responded to in the recommended timeframe. There were also 4,395 reports of COVID-19 added on top of the expected disease burden managed by the team. The Health Department has been able to keep up with expectations for disease control through the assistance of contractors. The standard for measurement of meeting demand is the percentage of cases reported to within the recommended timeframe of 95 percent or better.

How We Plan to Do It in the Future – Recommended Service Level: Given the transition to local administration and the unpredictable nature of communicable diseases, it is challenging to anticipate the proper future service levels for Health Department programs, though the demand tends to increase with population growth. However, the Health Department has not had the opportunity to expand clinical staffing significantly with respect to population growth in the last ten years. Currently, there is no capacity to add or expand services for new challenges or initiatives or an increase in demand for services. In addition to this tight staffing, the Health Department has held a 10 percent vacancy rate on positions, which is anticipated to continue increasing after the transition to local administration, due to the transition and expected retirements. Recommendations for each of these clinical areas are as follows:

- Immunization service demands grow annually, as the number of children without health insurance grows. In addition, the number of private medical offices in the community providing vaccinations to Medicaid-insured children has decreased, leaving more of these children to come to the Health Department for care. As stated earlier within the Safety Net program, there is a need for service delivery in the Sterling area of the County, to best serve residents living there with transportation challenges. Given these factors, along with the current wait time for care, which is above the recommended less than two weeks, the Health Department suggests increasing the service delivery for this program with additional staff and clinic space. Further, the Health Department has greatly



Health: Clinical Health Services

increased capacity in the provision of vaccinations using contractor support; however, this is not a permanent solution, as COVID-19 grant funding will end. Additional dedicated staff for vaccination support with LCPS and the community would allow the Health Department to continue the level of service currently provided.

- The recommended service level for the TB section is to ensure the provision of high-quality, timely care for all active TB cases, infection prevention medical management, and to be able to provide TB screening to those desiring the service with a less than two-week wait time. Additional nursing staff, administrative support staff, and office space are necessary to achieve this service level.
- Refugee services are currently provided at the recommended level, based on the ability for families to receive appointments in less than two weeks. Should the demand for care increase, which is not predictable for this area, the Health Department will suggest additional staff, including a program leader for care coordination.
- The pandemic demonstrated that the Health Department has limited capacity to deal with large, prolonged communicable disease responses with existing staff. Given mandates for care delivery for other Communicable Disease and Safety Net services, this can only be sustained in the short-term. For longer or larger responses, additional staff can be brought in to assist efforts through activation of MRC Unit volunteers, or through the utilization of contractors. However, using volunteers or contractors has limitations, including finding suitable personnel to fill the positions, training to be performed, competency evaluations with ongoing quality assurance, supervisory oversight, and procurement. The management of contractors also places an additional burden on human resources functions and the business office, making it not an ideal solution. Additional public health nurse staffing for this section is recommended to strengthen response capabilities for emergencies and to provide coverage where vacancies exist within the nursing program.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Refugee services:					
Number of refugee service visits to clinic	52	130	305	250	250
TB services:					
Number of TB infections	172	225	225	250	250
Number of residents suspected of or confirmed to be sick with TB	55	117	100	110	120
Total number of encounters for TB services, including screenings and case management	3,881	4,176	3,700	4,000	4,000
Immunization services:					
Number of vaccination visits to clinic	2,369	4,392	4,635	4,000	4,000
Number of vaccines provided offsite in the community	281,248	69,464	2,208	1,500	2,000
Wait time for immunization visits	2 weeks	1 week or less	3 weeks	3 weeks	3 weeks
Communicable diseases reported and investigated:					
Number of reports of vaccine-preventable diseases	121	138	188	200	200
Rate of vaccine-preventable diseases (per 100,000 population)	28.70	32.90	39.58	40.00	40.00
Number of all notifiable diseases reported to the County (excluding COVID-19)	566	609	631	650	650
Number of COVID-19 cases reported to the County	25,436	53,841	21,000	10,000	5,000

**Health: Clinical Health Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 95 percent of select diseases required by law to be reported to the Health Department will have public health control measures initiated within the appropriate timeframe, as measured by the Virginia Electronic Disease Surveillance System (VEDSS).					
Number of select reportable diseases	54	79	114	120	135
Percentage of selected reportable diseases with measures initiated within the appropriate timeframe	96%	93%	95%	95%	95%



Health: Environmental Health

Vital Records

What We Do: The Loudoun County Health Department Office of Vital Records issues certified copies of vital records (or “certificates”) for these events that occurred in Virginia:

- Births – June 1912 to present+
- Marriages – 1936 to present+
- Divorces – 1918 to present+
- Deaths – June 1912 to present+

Vital records are available for oneself or for immediate family members (defined as mother, father, husband, wife, adult son or daughter, brother, sister, grandparents, and adult grandchildren with valid identification). Aunts, uncles, cousins, in-laws, ex-spouses, etc. cannot obtain a vital record. Birth records become public information after 100 years; while death, marriage, and divorce records are public information after 25 years.

Mandate Information: The provision of vital records is mandated by the local government agreement between the state and County for operation of the Health Department (the Code of Virginia §§ 32.1-254, 32.1-255, and 32.1-272).

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds. This service is provided in-person only by staff members who also perform other customer-service-related functions including permit application processing, as regulated by the state.

Why We Do It: This Health Department service area is a Code of Virginia-mandated service provided by all local health departments.

How We Do It Now – Current Service Level: In FY 2020, the state rolled out the availability of all vital records at local health departments, and the service level was 7,700 death certificates. Further in FY 2020, the Health Department issued 56 birth certificates and nine marriage certificates. Prior to the pandemic, the Health Department issued over 8,500 death certificates. In subsequent years, these service levels were degraded due to pandemic-related disruptions (including reduced staff capacity as staff was redirected to pandemic response) and a reduced demand by the public for vital records.

In this fiscal year with current resources, this activity is expected to provide approximately 3,600 death certificates, 340 birth certificates, 65 marriage certificates, and 12 divorce certificates.

How We Plan to Do It in the Future – Recommended Service Level: Vital Records will remain an in-person service. The Health Department expects to see a slow increase back to pre-pandemic levels. The Health Department expects that the metrics with asterisks (*) below will indicate that the County may need to adjust its services or service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Vital Records:					
Number of death certificates provided*	1,588	1,523	3,443	3,617	4,000
Number of birth certificates provided*	139	344	323	339	350
Number of marriage certificates provided*	8	41	47	65	70
Number of divorce certificates provided*	4	6	11	12	15



Health: Environmental Health

Rabies Surveillance

What We Do: In collaboration with the Department of Animal Services, the Rabies Surveillance activity investigates potential human and domestic animal exposures to rabies and evaluates requests for exemptions to domestic animal rabies vaccination requirements.

Mandate Information: The Health Department is required to administer Loudoun County's rabies ordinance (Chapter 612.18) in addition to being mandated by the local government agreement between the state and County for operation of the Health Department. Pursuant to § 3.2-6600 et seq. of the Code of Virginia, the local Health Department is responsible for investigating complaints and reports of suspected rabid animals exposing a person, companion animal, or livestock to rabies.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds. County staff provides on-call coverage outside of normal working hours on a rotating schedule.

Why We Do It: This activity serves people who live in, work in, or visit Loudoun County as all are at risk of being exposed to rabies. Rabies is endemic to the area; and with the increase in rural development, people and domestic animals are increasingly coming into contact with wildlife. This service plays a significant role in addressing quality-of-life issues in Loudoun County and preventing rabies in people and domestic animals.

How We Do It Now – Current Service Level: Current service level meets the demand for timely follow-up of animal exposure and complaint reports. In FY 2020, Health Department staff investigated 842 animal bite exposure cases, 182 specimens were submitted for testing, and 30 of those specimens were positive for the rabies virus. In this fiscal year with current resources, this activity will investigate approximately 1,200 animal exposure cases and submit 150 specimens for testing, with an estimated 36 testing positive.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is expected to continue with a small percentage increase as the population grows.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Prevent and improve awareness of rabies in Loudoun County while responding to 95 percent of rabies animal exposure reports within one business day.					
Number of rabies animal exposure investigations	854	990	1,152	1,200	1,200
Number of positive rabies samples	27	23	35	36	36



Health: Environmental Health

Nuisance and Complaint Investigation

What We Do: The Nuisance and Complaint Investigation activity investigates complaints related to potential public health nuisances, as defined in Loudoun County Codified Ordinances, or other issues under Health Department oversight.

Nuisances may include, but are not limited to, unsanitary disposal of trash, garbage, debris, construction waste, or compost; unburied dead animals; and hazards, including vacant structures, open wells, etc.

Mandate Information: The Health Department is required to administer Loudoun County's nuisance ordinance (Chapter 648 Loudoun County Public Health Ordinances) and is mandated by the local government agreement between the state and County for operation of the Health Department.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: This activity serves people who live in, work in, or visit Loudoun County as all are at risk of being exposed to a potential public health nuisance. This service plays a significant role in addressing quality-of-life issues in Loudoun County. Responding to nuisance complaints addresses any concerns from Loudoun County residents, businesses, and visitors on any issue related to public health.

How We Do It Now – Current Service Level: In FY 2020, the Health Department investigated 425 complaints. While the current service level meets the demand for timely response to complaints, staff currently prioritizes complaint investigation at the expense of routine restaurant inspections. This service is population-dependent, and the demand for services is expected to continue to grow. In this fiscal year with current resources, this activity is expected to investigate approximately 140 complaints.

How We Plan to Do It in the Future – Recommended Service Level: Demand for service is expected to increase post-pandemic and as the County's population continues to grow.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Initiate 90 percent of onsite investigations of environmental health complaints within two days to protect the public from environmental and communicable disease hazards.					
Percentage completed within the recommended timeframe	100%	100%	100%	100%	100%
Respond to health complaints.¹					
Number of complaints investigated	1,550	479	508	627	675
Number of foodborne illness investigations	51	101	102	140	150

¹ The complaint subcategories are not all inclusive and do not equal the total number of complaints.



Health: Environmental Health

Restaurant, Hotel, and Pool Safety

What We Do: The Health Department issues permits and inspects food establishments including schools, hotels, camps, and commercial and community pools to help assure the health and safety of everyone who lives in, works in, or visits Loudoun County.

Mandate Information: The Code of Virginia requires Health Department regulation of hotels (§ 35.1-13) and restaurants (§ 35.1-14). Loudoun County Codified Ordinances require Health Department oversight of swimming facilities (Chapter 838) and food concessions (Chapter 807). These functions are also required by the local government agreement between the state and County for operation of the Health Department. Pursuant to §§ 32.1-203 through 32.1-211 of the Code of Virginia, local health departments are responsible for issuing, denying, suspending, and revoking permits to operate migrant labor camps. Pursuant to §§ 35.1-16 and 35.1-17 of the Code of Virginia and the corresponding regulations, local health departments are responsible for issuing, denying, and revoking permits to operate summer camps and campgrounds.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, these services are provided solely by County employees, funded primarily with a combination of state and County tax funds. These services are also funded with revenue earned from restaurant, hotel, and pool permits.

Why We Do It: These services are critical to the health of anyone who eats at a Loudoun County restaurant, sleeps in a Loudoun County hotel or camp, or swims in a community or commercial swimming pool. This service helps to ensure the safe construction and management of these covered facilities.

How We Do It Now – Current Service Level: In FY 2020, the Health Department permitted 1,338 restaurants, 299 swimming pools, 135 temporary events, and 95 schools. In FY 2020, staffing allowed the Health Department to perform over 3,200 inspections per year, significantly below the 4,300 permitted facilities in need of inspection, as required. These services are population-dependent and the demand for services is expected to continue to grow. In FY 2020, staff conducted over 105 foodborne outbreak investigations, compared to 140 anticipated for FY 2024. In this fiscal year with current resources, this activity will conduct approximately 3,500 food facility inspections, 700 swimming pool inspections, 400 temporary event inspections, and 215 public school cafeteria inspections.

How We Plan to Do It in the Future – Recommended Service Level: The Health Department expects to see a continued increase in the demand for these services as the County's population grows. Also, as the diversity of food establishments (mobile food vendors, camps, hotels) within the County increases, this is leading to more complex food-service operations, placing increasing demand on staff resources.



Health: Environmental Health

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Maintain the rate of inspections of food establishments, public and private schools, public swimming pools, hotels, campgrounds, temporary events, and tourist establishments to protect the public from environmental and communicable disease hazards.					
Number of permitted food facilities	1,196	1,338	1,356	1,550	1,620
Average number of inspections per permitted food facility	1.3	2.0	1.9	2.3	2.3
Number of permitted pool facilities	271	299	276	280	325
Average number of inspections per permitted swimming pool facility	1.4	2.7	1.6	2.5	2.5
Number of foodborne illness investigations	51	101	102	140	150
Number of temporary event inspections	12	135	114	400	300
Number of temporary event permits	13	94	126	250	250
Provide at least two inspections of each public-school cafeteria per year.					
Number of public-school cafeterias	95	97	100	103	110
Average number of inspections per school	2.0	2.2	2.2	2.2	2.2



Health: Environmental Health

Onsite Water and Sewage

What We Do: This activity issues permits and inspects private individual onsite well water and sewage disposal systems in Loudoun County in support of County and state requirements to protect the surface water, ground water, and health of those exposed to this water and wastewater.

Mandate Information: The Code of Virginia requires Health Department regulation of onsite sewage disposal (septic) systems (§ 32.1-163 et seq.), private wells (§ 32.1-176.2 et seq.), summer camps (§ 35.1.16), and campgrounds (§ 35.1.17). Loudoun County Codified Ordinances require Health Department oversight of water wells (Chapter 1040), private sewage disposal systems (Chapter 1066), and alternative onsite sewage disposal systems (Chapter 1067). These functions are also required by the local government agreement between the state and County for operation of the Health Department. Onsite construction permits must be processed and issued within 15 business days.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: As Loudoun County grows, a significant proportion of the population remains on well water and onsite septic systems, and many new homes are constructed with onsite systems. Preventing well water contamination and septic system failures requires considerable customer-focused oversight of these systems and those who work to install them. Preserving the health of water for residents is a life and safety issue for the County.

How We Do It Now – Current Service Level: Current service level meets the demand for safe and timely oversight of the County's Onsite Water and Sewage program. In FY 2020, the County had over 2,100 alternative septic systems, all of which are required to be inspected annually, as well as over 13,000 conventional septic systems. Each year, there are about 200 newly-installed conventional septic systems and over 130 newly-installed wells. Each year, around 250 conventional onsite sewage system deficiencies occur, while there are approximately 650 alternative onsite sewage system deficiencies. At least 90 percent of these deficiencies are corrected within that same year. In this fiscal year with current resources, this activity will inspect 98 percent of alternative onsite septic systems and provide support to correct 97 percent of failing onsite sewage disposal systems annually.

How We Plan to Do It in the Future – Recommended Service Level: The Health Department expects to see an increase in demand for services as the County continues to expand into the agricultural west. Water resources are becoming a challenge with development placing increased demand on staff resources.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 95 percent of alternative onsite septic system owners will have their systems inspected and deficiencies corrected each year.					
Number of alternative systems	2,147	2,237	2,307	2,377	2,400
Percentage inspected	98%	98%	98%	98%	98%
Meet the demand for processing new onsite septic systems and wells and oversee existing systems.					
Number of newly-installed septic systems	166	113	117	120	125
Number of conventional septic systems	12,926	12,983	13,022	13,050	13,100
Number of newly-installed wells	108	180	157	160	150
At least 93 percent of known failing onsite sewage disposal systems are corrected annually.					
Percentage corrected	95%	96%	97%	97%	97%



Mental Health, Substance Abuse, and Developmental Services

To promote mental, behavioral, and developmental health and wellness by connecting individuals and their families with person-centered, recovery-oriented services and supports in partnership with the Loudoun community.

Department Programs

Residential Services

Provides community residential living service options in a variety of settings.

Activities

- Group Homes
- Supervised Living
- Mental Health Skill Building Services

Community-Based Support Services

Provides therapies and case management to support infants and toddlers with developmental delays. Provides treatments and supports for adults living with a developmental disability or serious mental illness to work, volunteer, and engage in activities throughout the community.

- Early Intervention
- Employment and Day Support Services
- Community Access Program
- Psychosocial Rehabilitation
- Job Link

Outpatient Services

Provides behavioral health treatment to individuals and families through therapy, psychoeducation, psychological evaluation, psychiatric evaluation, medication, and medical management. Some services are clinic based and others are provided in the community.

- Outpatient Treatment
- Forensic and Psychological Services
- Intensive Community Treatment
- Psychiatry and Nursing

Outreach and Coordination Services

Promotes behavioral health awareness to strengthen resilience and foster wellness. Activities increase public awareness, link individuals to support by assessing strengths and needs, coordinate care across providers, facilitate linkage to resources, and intervene in behavioral health crises.

- Prevention and Intervention
- Case Management
- Access
- Emergency Services¹
- Discharge Planning
- Project for Assistance for Transition of Homelessness (PATH)

¹ The Department is in the infancy stages of developing two new activities within the behavioral health (serious mental illness and substance use disorders) continuum. FY 2024 is the Loudoun planning year prior to Marcus Alert implementation. This activity is the behavioral health co-response with law enforcement. The second activity is the development of a Crisis Receiving and Stabilization Center, a facility anticipated to be built by the end of FY 2025.



Business Operations

Provides internal operations support for all MHSADS programs in accordance with the rules, regulations, and policies of Federal, State, and County Government; addresses administrative expectations of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Performance Contract while remaining accountable to the direction of the Board of Supervisors (Board) and coordinating with the Community Services Board (CSB).

- Human Resources
- Finance
- Operations Support
- Quality Assurance
- Compliance

Financial Information

FY 2024 Adopted Information¹

	Expenditures	Revenue	LTF	FTE
Residential Services	\$19,748,978	\$3,625,672	\$16,123,306	121.24
Community-Based Support Services	12,682,205	908,456	11,773,749	76.99
Outpatient Services	12,274,348	4,974,298	7,300,050	80.75
Outreach and Coordination Services	17,334,671	5,513,687	11,820,984	113.06
Business Operations	8,782,584	285,290	8,497,294	69.53
Total	\$70,822,786	\$15,307,403	\$55,515,383	461.57

¹ Sums may not equal due to rounding.



MHSADS: Residential Services

Group Homes

What We Do: This activity provides safe and supportive homes for adults who require supervision, care, and treatment due to a developmental disability or serious mental illness. Staff provides support 24 hours per day, all 365 days of the year. Between four and six individuals reside in each group home. Staff supports individuals with medication management, personal budgeting, meal preparation, personal care, social interaction, and community engagement. Staff provides behavioral, medical, social, and emotional support. Community-based nurses consult and assist with medical needs. Four homes serve individuals with serious mental illness; and seven homes serve individuals with developmental disabilities.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding, Medicaid, and fees. County staff delivers services in all four of the County-owned group homes that serve individuals with serious mental illness. Of the seven County-owned group homes that serve individuals with developmental disabilities, County staff delivers services in four of the seven homes while contractors deliver services in the remaining three homes.

Why We Do It: Group home services reduce reliance on higher levels of institutional care and treatment, such as nursing homes or hospitals. The County is the only licensed group home provider for individuals with serious mental illness. For individuals with developmental disabilities, there are also private providers of group home services in Loudoun County.

How We Do It Now – Current Service Level: The service level of this activity has been stable. The eight County-operated group homes have a total capacity of 41 residents. The three vendor-operated, County-owned group homes have a total capacity of 14 residents. When residents require specialized attention due to health and safety concerns, the number of staff needed to operate the homes increases. The typical staff-to-resident ratio is one staff to two residents during the day, and two staff per group home overnight. At current service level, there is a waitlist of 23 individuals. This includes 18 individuals waiting for a mental health group home and five individuals waiting for a developmental services group home. There are private providers of developmental services group homes in the community available to the five individuals on this waitlist.

How We Plan to Do It in the Future – Recommended Service Level: MHSADS is currently the only provider of group home services for individuals living with serious mental illness. Based on the County's Capital Needs Assessment, there is a projected need for an additional 21 residential beds for individuals living with serious mental illness by 2040. The current Capital Infrastructure Plan (CIP) includes development of two four-bedroom group homes. MHSADS will continue to monitor waitlists and population growth for the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Group homes provide quality services that meet the changing needs of individuals with serious mental illness or developmental disabilities who require the highest level of supports.					
Number of individuals living in a group home	46	45	43	43	43
Number of individuals on the waitlist	22	21	23	25	25
Number of individuals who need a ratio of 1:1 staffing	23	23	18	20	20
Promote community engagement, as evidenced by at least 50 percent of individuals in a group home as having more than one sustained community connection.					
Percentage of individuals living in a group home who have more than one sustained community connection	22%	27%	21%	26%	31%

**MHSADS: Residential Services****Supervised Living**

What We Do: Supervised living residences provide a home to adults living with serious mental illness who typically require less assistance than is provided in a group home. Staff visits multiple homes each day. Services are generally provided from 8:00 a.m. to 10:00 p.m., with access to on-call staff available 24 hours per day. Residents receive support from staff with activities such as medication management, personal budgeting, meal preparation, personal care, social interaction, community engagement, nursing consultation, and assistance with medical needs. Supervised living is provided in County-owned or leased single-family homes, townhomes, and apartments located throughout Loudoun County.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding and fees.

Why We Do It: Supervised living services reduce reliance on higher levels of care and treatment, such as group homes, and on higher levels of institutional care and treatment, such as nursing homes or hospitals.

How We Do It Now – Current Service Level: With current resources, this activity serves approximately 30 individuals in 11 County-owned or leased homes. In the FY 2023 budget, service capacity was increased to support operations in five condominiums. A contract award is anticipated in FY 2024. At current service level, there is a waitlist of approximately five individuals who will move into these homes.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resources may be required to initiate services at future homes.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide supervised living services for adults with serious mental illness.					
Number of individuals enrolled	31	31	32	32	32
Number of individuals on the waitlist	10	6	10	3	5
Promote independent living skills, as evidenced by at least 75 percent of individuals in supervised living administering their own medications.¹					
Number of individuals enrolled who independently administer medications	21	22	18	20	21
Percentage of individuals enrolled who independently administer medications	68%	71%	56%	61%	66%

¹ For individuals who cannot administer their own medication, medication is administered by County staff, which impacts the number of individuals that can be supported in this program.



MHSADS: Residential Services

Mental Health Skill Building Services

What We Do: This activity provides support to adults living with serious mental illness who reside in their own homes. Staff supports individuals with medication management, personal budgeting, meal preparation, personal care, social interaction, and community engagement.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: Contractors provide this activity. This activity is supported by local funding and Medicaid.

Why We Do It: This activity assists individuals who reside in their own homes and thus reduces reliance on higher levels of care and treatment, such as hospitals, nursing homes, group homes, or supervised living.

How We Do It Now – Current Service Level: The current service level supports up to 75 individuals annually. The number served fluctuates based on the amount of weekly service hours.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support individuals living with serious mental illness in their own homes by providing mental health skill building services.					
Number of individuals receiving mental health skill building services	67	73	67	70	70
Number of individuals on the waitlist for mental health skill building services	4	11	1	5	5



MHSADS: Community-Based Support Services

Early Intervention

What We Do: This activity provides therapeutic services to children under the age of 3 whose development is delayed or might be delayed. Early intervention is intended to minimize the impact of developmental delays and enhance the development of children by capitalizing on the significant brain growth that takes place in the first three years of life. Staff provides initial screenings and assessments to determine service needs from the following: occupational therapy, physical therapy, developmental services, hearing services, vision services, speech therapy, social work, infant mental health support, family training, and case management. At the first contact with Early Intervention, a family is assigned a case manager who helps them understand the processes from entry to exit and identify other community resources. Other early intervention services are provided based on the needs of the child and the priorities of the parent(s). All early intervention services are provided in homes, daycares, parks, and libraries. The services are delivered within typical family routines, and are designed to help parents support their child(ren)'s development throughout their regular activities and engage fully in their community.

Mandate Information: This activity is mandated under federal law, specifically Part C of the Individuals with Disabilities Education Act. MHSADS is required to serve 100 percent of the children who, after screening, require the development of an Individualized Family Service Plan. Services must be initiated within 30 days of plan approval. Virginia requires that 3.43 percent of the population aged 0 to 3 years receive specialized services under the Individuals with Disabilities Education Act.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding and federal grants, Medicaid, commercial insurance, and fees.

Why We Do It: The County is currently the only provider of early intervention services in Loudoun County. The provision of early intervention services at a very early age may correct or ameliorate developmental delays and disabilities, minimizing the need for special education services and other community services.

How We Do It Now – Current Service Level: In FY 2021 and FY 2023, the service level was maintained with additional resources. Approximately 750 children are referred for early intervention services annually, of which around 90 percent are deemed eligible. At current service level, services are provided to approximately 1,400 children annually. The service level for the Early Intervention activity is between 45 and 55 children per case manager.

How We Plan to Do It in the Future – Recommended Service Level: County demographics project that by 2028, more than 18,300 children aged 36 months and younger will be living in Loudoun County. Based on those projections, MHSADS anticipates that the Early Intervention activity will serve 630 children at any given time. MHSADS will continue to monitor data and request additional resources as indicated by population changes. Based on the decreasing population growth rate, it is anticipated that the need for case managers and service providers will increase, although at a slower pace.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Children in early intervention will advance their skills and close developmental gaps by the time they exit the program.					
Number of children referred for early intervention services	638	696	761	790	835
Number of children served	1,084	1,199	1,329	1,400	1,500
Percentage of children functioning within age expectations in social-emotional development by the time they exit the program	47.00%	44.50%	n/a ¹	57.60%	57.60%

¹ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Community-Based Support Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 85.40 percent of families participating in early intervention will report that early intervention services helped them to help their child learn.					
Number of families completing the annual state-administered family survey	38	126	n/a ¹	90	90
Percentage of families who report that early intervention services helped them to help their child learn	71.00%	86.00%	n/a ¹	85.40%	85.40%
Deliver early intervention services to 3.43 percent (federal regulation) of the population of children under the age of 36 months.					
Percentage of target population receiving services	2.51%	3.27%	n/a ¹	3.35%	3.40%

¹ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Community-Based Support Services

Employment and Day Support Services

What We Do: This activity provides adults living with developmental disabilities an opportunity to work, volunteer, and engage in activities throughout the community. These services are provided to individuals who have completed school by the age of 22, who are ineligible for Virginia Department of Aging and Rehabilitation Services (DARS), and who may be on the waitlist for a Developmental Disability Waiver. The County's contracts provide individuals with a choice of Employment and Day Support Services providers. These services are typically provided Monday through Friday during business hours.

Employment services assist individuals to gain and maintain paid, competitive employment in community work settings. Individuals receive support from staff to learn and complete work tasks, interact with coworkers and the public, and safely engage in the workplace. Individuals earn at least minimum wage.

Day support services assist individuals to engage in social interactions, community integration activities, and other skill building in various non-residential settings throughout the community. Staff provides behavioral, medical, and emotional support. Individuals with more intensive medical conditions receive day support services at a center with nursing support.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: Contractors provide this activity. This activity is supported by local funding and Medicaid.

Why We Do It: This activity supports individuals with developmental disabilities in the years following high school graduation. These services support skill building and the development of community relationships and exploration through work, volunteering, and community interaction.

How We Do It Now – Current Service Level: The current service level supports up to 65 individuals annually. Each year, the service level fluctuates based on the needs of the individuals and the availability of the providers. Currently, there are approximately 35 individuals on the waitlist.

How We Plan to Do It in the Future – Recommended Service Level: The recommended service level is not clear now, but MHSADS is monitoring trends and waitlists. The service level is impacted by several fluctuating variables, including the number of Loudoun high school graduates each year who are ineligible for other post-high school programs, the number of waiver slots approved by the General Assembly each fiscal year, and the contracted agencies' service capacity.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote community participation for individuals living with developmental disabilities by providing employment and day support services.¹					
Number of individuals enrolled in day support services	28	35	34	35	35
Number of individuals enrolled in employment services	37	38	36	37	37
Number of individuals graduating from high school who may need services	9	9	10	10	10
Number of individuals on the waitlist	n/a	n/a	35	35	35

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Community-Based Support Services

Community Access Program

What We Do: This activity provides day support services to adults living with developmental disabilities. Community Access Program services are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Day support services include opportunities for social interaction, community engagement, workplace assistance, and skill building in a variety of community-based, non-residential settings. Services are provided Monday through Thursday from 8:30 a.m. to 3:00 p.m., and on Friday from 8:30 am to 2:00 pm.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this service. This activity is supported by local funding and Medicaid.

Why We Do It: The Community Access Program is an intensive, long-term, day support program. This service provides support to qualified individuals in the years following high school graduation.

How We Do It Now – Current Service Level: The current service level supports up to 16 individuals at a staff-to-individual ratio ranging from 1:1 to 1:3. The number of individuals served fluctuates based on the type of service received. Currently, there are approximately 20 individuals on the waitlist. The individuals on the waitlist are currently receiving services from other providers.

How We Plan to Do It in the Future – Recommended Service Level: The recommended service level is not clear, but MHSADS is monitoring trends and waitlists. The number of individuals served may change based on private provider capacity and the number of individuals requiring 1:1 staffing.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote community integration and independence by providing community engagement and workplace assistance services.					
Number of individuals enrolled	14	14	14	15	16
Total number of service hours	3,301	13,796	14,674	15,000	16,000
Number of community engagement service hours ¹	55	852	528	800	850
Number of workplace assistance service hours	1,176	1,364	1,632	1,700	1,800
Percentage of service hours spent on community engagement or workplace assistance services	37%	16%	15%	17%	17%

¹ The number of hours decreased in FY 2023 due to vacancies.



MHSADS: Community-Based Support Services

Psychosocial Rehabilitation

What We Do: This activity provides adults living with serious mental illness community-based group treatment and support to develop and practice social skills, budgeting, personal care, meal preparation, and community involvement skills. Staff provides educational and therapeutic group activities. Staff assesses each individual and develops an individualized treatment plan. Services are provided from 8:30 a.m. to 3:00 p.m., Monday through Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, and fees.

Why We Do It: Psychosocial rehabilitation provides recovery-oriented services that promote mental health and reduce reliance on higher levels of care, such as hospitalization. MHSADS is currently the only provider of psychosocial rehabilitation in Loudoun County.

How We Do It Now – Current Service Level: The current service level supports up to 65 individuals annually, and currently serves approximately 60 individuals.¹ Services are provided at a ratio of one staff member to six individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote recovery, symptom reduction, and increased coping skills, as evidenced by at least 90 percent of individuals enrolled in psychosocial rehabilitation participating in community-based skill building activities.					
Number of individuals enrolled in psychosocial rehabilitation	74	57	53	60	65
Percentage of enrollees who participate in community-based skill building activities ²	n/a	34%	85%	90%	90%

¹ Due to staff vacancies, this activity could not serve more than 53 individuals in FY 2023. Staff anticipates that vacancies will be filled by FY 2025.

² Due to COVID-19, MHSADS did not offer community-based skill building activities in FY 2021.



MHSADS: Community-Based Support Services

Job Link

What We Do: This activity provides employment support to adults living with a developmental disability or serious mental illness. Job Link services are accredited by CARF, and include job exploration and development, job training, benefits counseling, job application assistance, and assistance with workplace concerns. Individuals are provided with staff support based on their work schedule; and this requires service delivery outside of County business hours.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this service. This activity is supported by local funding and payments from DARS.

Why We Do It: Employment is a social determinant of health and contributes to economic self-sufficiency. Loudoun adults living with a developmental disability or serious mental illness receive staff support to access employment.

How We Do It Now – Current Service Level: Current staffing levels of 8.00 FTE support employment services for up to 80 individuals annually. At current service level, there is not a waitlist.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
More than 90 percent of individuals enrolled in Job Link employment services will be employed.¹					
Number of individuals enrolled in Job Link	82	76	78	80	80
Percentage of Job Link enrollees who are employed	90%	90%	91%	90%	90%
Total wages earned by individuals	n/a	n/a	\$1,000,798	\$1,100,000	\$1,200,000
At least 95 percent of individuals employed through Job Link will maintain their employment for more than 90 consecutive days.					
Percentage of Job Link enrollees who maintain employment for more than 90 consecutive days	97%	95%	98%	95%	95%

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Outpatient Services

Outpatient Treatment

What We Do: This activity provides therapeutic services to adults with serious mental illness, youth who are at risk for – or who have – a serious emotional disturbance, and individuals with a substance use disorder. This activity is provided at locations in Leesburg and Sterling as well as by telehealth. This activity provides behavioral health treatment to individuals enrolled in the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: Outpatient treatment reduces reliance on higher levels of care and treatment, such as emergency services, hospitalization, and incarceration. Outpatient treatment serves individuals with behavioral health needs who require publicly-funded services. In the absence of this activity, individuals would likely seek emergency services, overwhelming the resources allocated for acute behavioral health emergencies.

How We Do It Now – Current Service Level: In FY 2020 and FY 2022, the service level was maintained with additional resources. This activity serves approximately 1,000 individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resource needs are determined by population change, complexity and acuity, and the required frequency and duration of treatment. The demand for outpatient behavioral health services will continue to be monitored as the full impact of the COVID-19 pandemic on individuals' behavioral health and wellness is realized. Additional resources will be requested if supported by data.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote symptom reduction and meaningful change in individuals' daily functioning by providing behavioral health outpatient treatment.					
Number of individuals enrolled in behavioral health outpatient treatment ¹	1,466	1,142	909	1,150	1,200
At least 35 percent of individuals receiving outpatient treatment services scoring below a 4.0 on a DLA-20 assessment will demonstrate at least 0.5 growth within two fiscal quarters.²					
Percentage of adults who scored below a 4.0 on a DLA-20 assessment who demonstrated 0.5 growth within two fiscal quarters	n/a	25%	n/a ³	35%	35%
Percentage of children who scored below a 4.0 on a DLA-20 assessment who demonstrated 0.5 growth within two fiscal quarters	n/a	43%	n/a ³	35%	35%

¹ High staff vacancies contributed to the decrease in individuals served in FY 2023. Those vacancies are now filled, and staff anticipates the number of individuals served to gradually increase.

² The DLA-20 Functional Assessment is a comprehensive functional assessment and outcome measurement tool for behavioral health providers who need a reliable and valid measure of their clients' level of functioning in daily living activities.

³ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Outpatient Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote early identification and mitigation of suicide risk, as evidenced by at least 86 percent of adults newly enrolled in behavioral health outpatient treatment receiving a suicide risk assessment within 30 days before or five days after the case opening.¹					
Number of adults newly enrolled in behavioral health outpatient treatment	335	391	n/a ²	345	360
Number of adults newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	275	245	n/a ²	297	310
Percentage of adults newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	82%	63%	n/a ²	86%	86%
Promote early identification and mitigation of suicide risk, as evidenced by at least 86 percent of youth newly enrolled in behavioral health outpatient treatment receiving a suicide risk assessment within 30 days before or five days after the case opening.¹					
Number of youth newly enrolled in behavioral health outpatient treatment	97	118	n/a ²	115	120
Number of youth newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	72	72	n/a ²	99	103
Percentage of youth newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	74%	61%	n/a ²	86%	86%

¹ The state's benchmark for this metric has changed from 60 percent in FY 2022 to 86 percent in FY 2023.

² Data is provided by the state, and FY 2023 data was not available at the time of publication.

**MHSADS: Outpatient Services****Forensic and Psychological Services**

What We Do: This activity is provided in collaboration with judicial partners. Clinical psychologists conduct forensic evaluations, administer psychological testing, write reports, provide recommendations for treatment, and testify in court. Staff serves as independent examiners for the involuntary civil commitment process. Staff evaluates and coordinates individuals found Not Guilty by Reason of Insanity, and coordinates all Conditional Release Plans and related services.

Behavioral health professionals at the adult and juvenile detention centers provide crisis stabilization for incarcerated individuals in acute psychiatric distress, behavioral health and substance use treatment, and release planning for individuals with serious mental illness. Staff at the Adult Detention Center provides eligibility screenings for the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court.

Staff serves as clinical coordinators for the Crisis Intervention Team; and conducts training with the Loudoun County Sheriff's Office to divert individuals with behavioral health needs from the criminal justice system and into treatment.

Mandate Information: Per the Code of Virginia § 37.2-815, the General District Court is responsible for ensuring that independent examinations are completed. These examinations include Competency to Stand Trial, Not Guilty by Reason of Insanity, Sanity at the Time of Offense, and Psychosexual/Sex Offender. MHSADS has agreed to provide these evaluations on behalf of the General District Court. Coordination of services for individuals found Not Guilty by Reason of Insanity is mandated by the Code of Virginia § 19.2-182.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: Forensic evaluations provide judges, probation officers, and the legal community with information relevant to the sentencing process. Not Guilty by Reason of Insanity coordination contributes to effective community reintegration. Detention center-based behavioral health services reduce inpatient forensic hospitalization. Individuals with mental health and substance use concerns may deteriorate without behavioral health intervention during incarceration. Crisis Intervention Team training equips first responders with knowledge and skills to safely respond to behavioral health crises.

How We Do It Now – Current Service Level: The service level of this activity was supported with additional resources in FY 2021. Current service level involves conducting approximately 170 forensic evaluations and 400 independent evaluations for civil commitment. Current service level within the Adult Detention Center is a ratio of approximately one therapist for every 100 individuals. Current service level also includes 60 eligibility screenings for the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court. Staff provides a minimum of six Crisis Intervention Team trainings annually with the Loudoun County Sheriff's Office for community first responders.

How We Plan to Do It in the Future – Recommended Service Level: As crisis services develop across Virginia, there may be changes to the service levels required of this activity. The future service level is not clear, but the Department is watching trends. The service level of this activity is directly related to the number of inmates with behavioral health conditions.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Contribute to a safe community by providing court-ordered forensic and civil evaluations as requested by the courts.					
Number of court orders received for forensic evaluations	113	129	152	170	190
Number of extensions requested of the court	1	4	6	7	8
Number of civil commitment independent evaluations	258	355	377	412	447
Reduce risk and recidivism among individuals in the Adult Detention Center.					
Number of clinical screenings	2,192	2,360	2,407	2,300	2,200
Number of individuals who received a clinical screening	1,008	1,228	1,459	1,600	1,800



MHSADS: Outpatient Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support diversion efforts from the criminal justice system into behavioral health treatment by providing at least six Crisis Intervention Team trainings annually in partnership with the Loudoun County Sheriff's Office.¹					
Number of Crisis Intervention Team training sessions	6	6	16	10	10
Number of attendees	100	98	424	340	340
Reduce reinvolverment in the criminal justice system for individuals living with mental illness by providing coordinated treatment through the Mental Health Docket.					
Number of individuals who participated on the Mental Health Docket	18	14	16	16	18
Number of individuals who successfully completed the Mental Health Docket	7	5	4	5	6
Reduce reinvolverment in the criminal justice system for individuals living with substance use disorders by providing coordinated treatment through the Adult Drug Court.					
Number of individuals who participated on the Adult Drug Court	31	30	27	30	35
Number of individuals who successfully completed the Adult Drug Court	4	7	8	10	12
Reduce reinvolverment in the criminal justice system for veterans living with mental illness by providing coordinated treatment through the Veterans Treatment Court.²					
Number of individuals who participated on the Veterans Treatment Court	n/a	n/a	2	5	5
Number of individuals who successfully completed the Veterans Treatment Court	n/a	n/a	0	4	4

¹ Per a memorandum of understanding with the Loudoun County Sheriff's Office, this activity is required to provide six trainings per year but periodically offers additional trainings.

² Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Outpatient Services

Intensive Community Treatment

What We Do: This activity provides integrative health care to individuals who frequently experience homelessness, incarceration, and/or psychiatric hospitalization. This interdisciplinary team uses innovative practices to engage adults with serious mental illness. Staff assists individuals with accessing benefits and developing community connections. Staff partners with other agencies to support and transition individuals to stable environments, and to provide consistent access to services. Services are primarily provided between the hours of 8:30 a.m. and 8:00 p.m. Monday through Thursday, and 8:30 a.m. to 5:00 p.m. on Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local funding.

Why We Do It: This activity reduces hospitalization, incarceration, and episodes of homelessness while promoting recovery for adults with serious mental illness.

How We Do It Now – Current Service Level: The capacity for this activity is 50 individuals annually.

How We Plan to Do It in the Future – Recommended Service Level: The intent is to transition from intensive community treatment to assertive community treatment in response to a state-led initiative. Additional resources will be required to complete this transition. Assertive community treatment requires service availability 24 hours per day, all 365 days of the year.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote sustained engagement in treatment, as demonstrated by at least 75 percent of individuals who are enrolled in intensive community treatment remaining in treatment for at least 90 days; and of those, at least 75 percent being connected to primary care services.					
Number of individuals enrolled in intensive community treatment	29	36	46	50	50
Number of individuals enrolled in intensive community treatment for more than 90 days	27	29	41	38	38
Percentage of individuals enrolled in intensive community treatment for more than 90 days	93%	81%	89%	75%	75%
Number of individuals enrolled in intensive community treatment for more than 90 days and connected to primary care services	19	27	31	28	28
Percentage of individuals enrolled in intensive community treatment for more than 90 days and connected to primary care services	70%	93%	76%	75%	75%



MHSADS: Outpatient Services

Psychiatry and Nursing

What We Do: Psychiatric services are provided to adults, adolescents, and children. Staff includes psychiatrists, nurse practitioners, nurses, and service coordinators. Psychiatrists and nurse practitioners evaluate, diagnose, and treat individuals. Nurses assist with medication management and facilitating appointments with external medical specialists. Staff assesses the individual's overall health and assists with linkages and follow-up care. The center-based nurses conduct primary care screenings and assist in obtaining psychiatric medications. Many individuals in psychiatric services are co-enrolled in other MHSADS services; however, for those who are solely enrolled in psychiatric services, service coordinators are the primary point of contact. Service coordinators can refer individuals to other services within MHSADS when the need arises. An on-call psychiatrist is available by telephone 24 hours per day, seven days per week.

Community-based nurses also provide psychiatric and medical assessments to individuals living in MHSADS group homes and supervised living residences. These nurses administer medications, support the navigation of the health care system, educate individuals and their treatment teams, and serve as the liaison between residential services, hospitals, and medical providers. An on-call community nurse is available by telephone 24 hours per day, seven days per week.

Mandate Information: The activity of primary care screening and monitoring is mandated by the Code of Virginia § 37.2-500.

Who Does It: This activity is provided by County staff and contractors. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: This activity provides highly-skilled, specialized services to treat individuals with serious mental illness, developmental disability, and other behavioral health conditions, including substance use disorders. This activity provides the ability for individuals to receive treatment in the least restrictive environment. Timely and prompt psychiatric intervention reduces reliance on emergency department visits and in-patient psychiatric hospitalizations.

How We Do It Now – Current Service Level: The current service level was supported with additional resources in FY 2020, FY 2021, and FY 2022. This activity supports approximately 1,200 individuals in psychiatric services. Additionally, in FY 2023, staff provided integrated health care education to approximately 50 percent of individuals receiving psychiatric services; and provided a primary care screening (height, weight, body mass index, and vitals) to 50 percent of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management. (see the Case Management activity description for more details)

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resources will be needed to reduce reliance on contracted services. Staff will continue to monitor the number of individuals enrolled and the services provided to ensure that staffing and resources match the service level needed.

**MHSADS: Outpatient Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide integrated health care education to at least 95 percent of individuals receiving psychiatric services.¹					
Number of individuals enrolled in psychiatric services	1,218	1,109	1,097	1,200	1,200
Percentage of individuals provided with integrated health care education during a psychiatry or nursing appointment ²	97%	n/a	50%	95%	95%
Promote integrated physical and behavioral health care by providing or coordinating an annual primary care screening to at least 75 percent of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management.					
Number of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management	401	466	472	475	475
Number of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management and are receiving a primary care screening at least annually	94	199	245	356	356
Percentage of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management and are receiving a primary care screening at least annually	23%	43%	52%	75%	75%

¹ Data shown as n/a indicates a measure that does not have historical data.

² Due to a change in the Department's electronic health record, FY 2022 data is not available. In FY 2023, the decrease in numbers is also attributed to the transition to a new electronic health record, resulting in a different data collection method.



MHSADS: Outreach and Coordination Services

Prevention and Intervention

What We Do: This activity promotes public behavioral health by providing comprehensive programs to youth at risk of behavioral health disorders or gang activity. Staff provides year-round school- and community-based programs for elementary, middle, and high school students from select schools. Raising Education, Achievement, and Leadership (REAL), a community-based after-school (Club) and summer program (Camp) includes Life Skills Training, an evidence-based violence/gang and substance abuse prevention/intervention group service for selected high risk elementary, middle, and high school students. Staff provides community trainings, such as Mental Health First Aid and Understanding Adverse Childhood Experiences, to increase awareness, knowledge, and response to behavioral health disorders. Opioid abuse is addressed by providing naloxone through REVIVE! and Rapid REVIVE! trainings.¹ Strong collaborative partnerships with Loudoun County Public Schools, public and private agencies, and housing complexes are foundational to the success of this activity. Staff facilitates the Prevention Alliance of Loudoun, a coalition of diverse stakeholders addressing substance use-related issues. Hours of operation vary based on the needs of the community.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding and federal revenue.

Why We Do It: Community-based prevention strategies are critical to behavioral and physical health. This activity is a primary point of contact for supporting at-risk youth, and for providing public behavioral health training.

How We Do It Now – Current Service Level: This activity was supported with additional resources in FY 2020. At current service level, this activity supports approximately 495 participants in the R.E.A.L. Program, with 180 students attending Camp R.E.A.L. (90 percent of whom reported positive attitudes, skills, and community engagement), and 315 students attending Club R.E.A.L. (80 percent of whom reported high levels of decision-making, emotional support, and peer affiliations).

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level; however, the future service level is not clear. The Department is watching trends that may contribute to requests for additional resources.

¹ REVIVE! and Rapid REVIVE! are the Commonwealth of Virginia's opioid overdose and naloxone education programs.



MHSADS: Outreach and Coordination Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase or maintain skills for youth who are at risk of mental illness, substance use disorder, or gang activity by providing education and positive engagement.					
Number of enrollments in prevention and intervention services	849	838	867	850	850
Number of youth participating in the life skills training curriculum	762	625	522	500	500
Percentage of youth who completed the life skills training curriculum who increase or maintain prevention skills	85%	84%	78%	75%	75%
At least 90 percent of youth attending the Camp R.E.A.L. summer program will indicate positive attitudes, skills, and community engagement.					
Number of youth served by prevention and intervention in Camp R.E.A.L.	120	180	180	180	180
Percentage of Camp R.E.A.L. participants who indicate positive attitudes, skills, and community engagement	92%	90%	82%	90%	90%
At least 80 percent of youth attending Club R.E.A.L. after-school programs will report high levels of decision-making, emotional support, and peer affiliations at Club R.E.A.L..					
Number of youth served by prevention and intervention in Club R.E.A.L.	275	310	315	300	300
Percentage of youth who report high levels of decision-making, emotional support, and peer affiliations at Club R.E.A.L.	83%	87%	83%	80%	80%
Promote awareness, identification, and understanding of mental illness and substance use disorder by providing mental health first aid training to community members.					
Number of mental health first aid training sessions provided	27	31	18	18	18
Number of individuals trained in mental health first aid ¹	299	353	174	200	200
Provide REVIVE! training to the community so they can identify the signs of opioid overdose and respond with the administration of naloxone.²					
Number of individuals trained in naloxone administration ³	379	562	1,795	2,000	2,000
Number of requests for naloxone	n/a	n/a	1,389	1,500	1,500

¹ The FY 2023 decrease is attributed to a decrease in demand for mental health first aid.

² Data shown as n/a indicates a measure that does not have historical data.

³ Introduction of Rapid REVIVE! resulted in a large increase in the number of individuals trained in FY 2023.



MHSADS: Outreach and Coordination Services

Case Management

What We Do: Case management is provided to adults with serious mental illness, youth who are at risk for – or who have – a serious emotional disturbance, individuals with a substance use disorder, and individuals with a developmental disability. MHSADS also provides case management to individuals enrolled in the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court. Case management includes assessing strengths and needs; developing, implementing, and reviewing service plans; and working with other community resources to treat and support individuals and families. Case management for individuals with a developmental disability is referred to as support coordination.

MHSADS is the only licensed provider of behavioral health and developmental disability case management. Some individuals need enhanced case management, which is case management with more frequent and intense supports. Wraparound is the most intensive care coordination specifically for youth and families. Youth served by wraparound are at risk of out-of-home placement and/or are transitioning from an out-of-home placement. Services are provided at least three times per week for an estimated 18-month episode of care.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, and fees.

Why We Do It: MHSADS is the sole licensed provider of this activity. This activity connects individuals and families to medical and non-medical resources and services. Case management reduces reliance on costly higher levels of care.

How We Do It Now – Current Service Level: The service level for case management was supported with additional resources in FY 2020, FY 2021, and FY 2023. This activity supports approximately 450 individuals with a mental health and/or substance use disorder diagnosis (for an average caseload of 20-25 individuals per case manager); 460 individuals with a developmental disability (for an average caseload of 20-25 individuals per support coordinator); and 90 youth in wraparound services (for an average caseload of 8-12 individuals per case manager). Current service level supports a total of up to 25 individuals in the Mental Health Docket and the Veterans Treatment Court, and up to 50 individuals in the Adult Drug Court.

Every individual who receives a Developmental Disability Waiver is required to have support coordination; and additional waivers are made available by the General Assembly as funding allows. Approximately 850 individuals are currently on the waitlist for the Developmental Disability Waiver.

How We Plan to Do It in the Future – Recommended Service Level: The service level for case management is established. The future service levels will need to be reviewed as population growth stabilizes. The demand for case management is impacted in part by access to Waiver slots, initiation and/or expansion of specialty dockets within Loudoun County, and increased demand for services via the Children's Services Act (CSA).

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support and address the needs of individuals living with mental health, substance use disorder, intellectual disabilities, or developmental disabilities by providing case management services.					
Number of individuals with a mental health and/or substance use disorder receiving case management services	339	402	433	450	450
Number of individuals with a mental health and/or substance use disorder who require a higher intensity and frequency of case management services	234	281	323	330	330
Number of individuals with an intellectual disability or developmental disability receiving case management services	383	393	433	460	490

**MHSADS: Outreach and Coordination Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of individuals with an intellectual disability or developmental disability who require a higher intensity and frequency of case management services	110	101	104	101	101
Number of youth who are at risk for residential placement, hospitalization, and interaction with the Juvenile Court Service Unit receiving intensive care coordination	68	76	63	90	90
Assist youth and families in accessing community-based therapeutic supports through the CSA.					
Number of youth seeking access to the CSA	27	43	51	50	50
Number of youth offered intake within ten business days	25	31	39	43	43
Percentage of intakes offered within ten business days	56%	72%	100%	85%	85%
Number of youth receiving CSA case support	63	51	59	60	60



MHSADS: Outreach and Coordination Services

Access

What We Do: This activity provides same-day triage, screening, and referral to behavioral health services within MHSADS and/or to other resources in the community. Peer recovery specialists use their lived experience to engage with individuals seeking services, including military service members, families, and veterans. Staff provides contract administration for multiple clinical contracts.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this service. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: Access provides a timely response for individuals with behavioral health needs seeking treatment.

How We Do It Now – Current Service Level: In FY 2022, resources were added to maintain the service level. The current service level supports providing this activity at one location, with walk-in appointments accepted Monday through Friday from 9:00 a.m. until 2:00 p.m. This activity currently receives approximately 2,205 requests for access, of which 651 individuals received at least one service.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Expansion of hours and/or locations where the service is offered will require additional resources.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Connect individuals to services by completing the same-day access process within one day.¹					
Number of individuals who are eligible for same-day access	n/a	n/a	651	650	650
Percentage of eligible individuals who completed the same-day access process on the same day ²	n/a	n/a	39.0%	60.0%	75.0%
Ensure prompt access to services, as evidenced by at least 86 percent of individuals being offered an appointment within ten business days.					
Percentage of individuals who are offered an appointment within ten business days	70.1%	73.5%	82.7%	86.0%	86.0%
Promote engagement in treatment, as evidenced by at least 70 percent of individuals attending an appointment within 30 calendar days.					
Percentage of individuals who attend an appointment within 30 calendar days	99.7%	89.6%	n/a ³	70.0%	70.0%

¹ Data shown as n/a indicates a measure that does not have historical data.

² Same-day access underwent many process changes as a result of the pandemic and outpatient staffing vacancies. A workgroup has made changes to the same-day access process so that more individuals will complete the process in one day.

³ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Outreach and Coordination Services

Emergency Services

What We Do: The Emergency Services activity operates 24 hours per day, all 365 days of the year, providing crisis intervention, pre-screening for inpatient care, coordination of the civil commitment process, and consultation and training to law enforcement. Services are available in-person and by telehealth for individuals of all ages who present in behavioral health crisis. Staff provides crisis intervention services at various locations and in coordination with law enforcement and numerous community partners. Staff may provide time-limited services while individuals await intake into ongoing services.

Staff conducts evaluations for Emergency Custody Orders, Temporary Detention Orders, and Mandatory Outpatient Treatment Orders. Staff provides reports to the court, monitors Mandatory Outpatient Treatment plans, and petitions for review hearings. Additionally, staff coordinates and attends civil commitment hearings, and collaborates with other jurisdictions throughout the state.

Staff facilitates Crisis Intervention Team training with the Loudoun County Sheriff's Office. Emergency Services is a member of the Sheriff's Office's crisis negotiation team. Staff may assist with debriefing community members after traumatic events.

The Emergency Services activity supports the Crisis Intervention Team Assessment Center, which is staffed by MHSADS and Loudoun County Sheriff's Office employees, and provides a non-criminal justice, non-emergency room setting for individuals to connect with a mental health professional to de-escalate a crisis.

This activity is part of the multi-agency effort to implement the 2020 Marcus-David Peters Act, which aims to establish protocols for law enforcement dealing with people experiencing a behavioral health crisis. MHSADS and the Loudoun County Sheriff's Office are in the planning stage of implementing a co-responder program – a team-based, behavioral health and law enforcement, mobile community response to 911 emergency calls. In addition to emergency response, the team will analyze 911 call data to identify behavioral health concerns and contact individuals to connect them to community resources.

Also in the planning stage, MHSADS will support Crisis Receiving and Stabilization Centers, which will provide onsite medical assessment and therapeutic intervention services, as well as provide secure behavioral health assessment and treatment locations for individuals subject to an Emergency Custody Order 24 hours per day, all 365 days of the year.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, Medicare, commercial insurance, and fees.

Why We Do It: Emergency Services reduces reliance on higher levels of care and treatment, such inpatient hospitalization and incarceration.

How We Do It Now – Current Service Level: In FY 2021, additional resources were added to maintain the service level. Due to the unpredictability of behavioral health crises, staff is required to respond at any time. At current service level, staff conducts approximately 950 crisis evaluations annually.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. As crisis services develop across Virginia, there may be changes to the service levels required of this activity. In FY 2024, the co-responder activity will launch. This is a coordinated community-based response with law enforcement for individuals experiencing behavioral health crises.



MHSADS: Outreach and Coordination Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Help keep individuals safe in their preferred setting, as evidenced by at least 60 percent of evaluations provided by Emergency Services resulting in voluntary treatment.					
Number of crisis intervention evaluations provided by emergency services	1,089	1,100	951	950	950
Number of evaluations that resulted in voluntary treatment	691	609	418	570	570
Percentage of evaluations that resulted in voluntary treatment	63%	55%	44%	60%	60%
Provide coordinated response with law enforcement to individuals experiencing a behavioral health crisis through the co-responder program.¹					
Number of behavioral health crisis calls that received a joint response between law enforcement and MHSADS	n/a	n/a	n/a	n/a	475
Percentage of those behavioral health crisis calls that were resolved without going to an emergency department	n/a	n/a	n/a	n/a	40%
Percentage of those behavioral health crisis calls that did not result in law enforcement custody	n/a	n/a	n/a	n/a	40%

¹ Full-year implementation of the co-responder program is anticipated in FY 2025.



MHSADS: Outreach and Coordination Services

Discharge Planning

What We Do: This activity provides treatment planning and coordination of services to individuals preparing for discharge from psychiatric hospitalization, partial hospitalization, or crisis stabilization, and who need publicly-funded services. Staff facilitates transition into the community, including addressing potential barriers for a successful transition out of a state psychiatric hospital.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: This activity supports individuals so that they can be successful in the community after being discharged from a higher level of care.

How We Do It Now – Current Service Level: For individuals discharged from a higher level of care, staff schedules approximately 200 aftercare appointments with MHSADS annually.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. As crisis services develop across Virginia, there may be changes to the service levels required of this activity.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Facilitate stabilization in the community and reduce the risk of rehospitalization, as evidenced by at least 90 percent of individuals referred into MHSADS services having their aftercare appointments scheduled within seven calendar days of hospital discharge.					
Number of aftercare appointments scheduled with MHSADS	185	172	219	210	210
Number of aftercare appointments scheduled within seven calendar days of hospital discharge	182	169	205	189	189
Percentage of aftercare appointments scheduled within seven calendar days of hospital discharge	98%	98%	94%	90%	90%



MHSADS: Outreach and Coordination Services

Project for Assistance for Transition of Homelessness (PATH)

What We Do: The Project for Assistance for Transition of Homelessness (PATH) activity provides behavioral health screenings, counseling, and referrals to adults with a serious mental illness who are experiencing homelessness. Staff engages individuals wherever they are located and assists with applications for public benefits, employment, and housing programs. Services are provided from 8:30 a.m. to 8:00 p.m. Monday through Thursday, and from 8:30 a.m. to 5:00 p.m. on Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: These services are provided to enhance wellness and stabilization for community members with serious mental illness who are experiencing homelessness.

How We Do It Now – Current Service Level: Current service level reflects supporting approximately 45 individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The service level of this activity is directly related to the number of people with serious mental illness and experiencing homelessness.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote engagement in services, as evidenced by at least 70 percent of individuals being enrolled in ongoing PATH services within 90 days of initial outreach.					
Number of individuals outreached	37	29	45	45	45
Number of individuals enrolled in ongoing PATH services	44	28	35	35	35
Percentage of eligible individuals enrolled in ongoing PATH services within 90 days of outreach	79%	65%	44%	70%	70%
Ensure that comprehensive needs are met, as evidenced by at least 50 percent of individuals who are enrolled in PATH transitioning to treatment.					
Percentage of individuals successfully connected to needed services	36%	18%	57%	60%	60%



MHSADS: Business Operations

Human Resources

What We Do: This activity supports MHSADS with workforce planning, employee relations, training, personnel record management, benefits and payroll, and administrative functions. This activity ensures compliance with federal and state regulations, as well as County and departmental policies and procedures. Personnel files for MHSADS staff are maintained separately from the County human resources files.

Human resources staff manages the Department's personnel records and background check process. Staff provides support to regulatory audits, Family and Medical Leave Act benefit administration, short-term disability, long-term disability, and education leave requests. Additionally, staff is responsible for the creation and maintenance of the Department's organizational charts and support recognition programs.

Workforce planning staff assists hiring managers by providing guidance about the recruitment, selection, hiring, and onboarding of all positions, including highly technical and difficult-to-recruit positions.

Employee relations staff provides consultation and guidance on performance management matters. Staff engages with employees to complete the interactive process requirements in support of the Federal Americans with Disabilities Act.

Training staff oversees the Department's training program including multiple mandated requirements. Staff facilitates classes, identifies training needs, and researches potential training resources.

Payroll staff facilitates and troubleshoots accurate and timely timecard submission. Staff works to identify needed system fixes, coordinates with County Payroll staff, and participates in testing of payroll functions.

Mandate Information: This activity supports compliance with the Federal Americans with Disabilities Act and Family and Medical Leave Act. The provision of background checks is required by the Code of Virginia §§ 37.2-506 and 37.2-506.1.

Who Does It: County staff provides this activity.

Why We Do It: This activity provides support to a health care workforce with specific licensure and regulatory requirements. This activity reduces departmental reliance on other County resources and delivers tailored and efficient human resources guidance, support, and training.

How We Do It Now – Current Service Level: The service level of this activity was supported with additional resources in FY 2020 and FY 2023. This activity supports more than 456.00 FTE, the recruitment and onboarding of 110 positions, and the processing of 510 employee actions annually. Additionally, this activity provides approximately 150 required compliance training classes, and ensures staff training compliance at a rate of 95 percent.

How We Plan to Do It in the Future – Recommended Service Level: Current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to the expansion of programs and staffing levels, and expansion of existing services. The impact of possible future collective bargaining agreements on this activity is uncertain. If changes occur to increase demand on human resources staff, a service level change would be considered at that time.



MHSADS: Business Operations

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Mitigate employment-related risk by achieving a 95 percent compliance rate for timely completion of required trainings.					
Number of mandated training classes	131	140	152	150	155
Percentage of workforce completing required training	92%	94%	95%	95%	95%
Promote cultural competence in the workforce by providing trainings focused on trauma, military service members, veterans, and military families in support of regulatory mandates.					
Number of hours of clinical training attended by MHSADS staff in support of regulatory mandates ¹	2,396	2,137	5,025	4,500	5,000
Ensure the delivery of exceptional programs and services through consistent staffing.					
Number of authorized FTE	430	435	451	462	470
Number of employee actions processed	344	544	490	510	530
Vacancy rate	13.3%	18.9%	9.5%	13.9%	13.9%
Turnover rate	11.0%	18.9%	13.6%	14.5%	14.5%
Support hiring managers by providing guidance on recruitment, selection, hiring, and onboarding processes.					
Number of new hires onboarded	66	90	129	110	110

¹ The increase in training hours is due to increases in trainings mandated by Step-VA.



MHSADS: Business Operations

Finance

What We Do: This activity manages MHSADS responsibilities for accounts payable, accounts receivable, managed care organization contracting, credentialing, and budget and financial reporting.

The accounts payable function includes fiscal, budgetary, and forecasting oversight of the Department's operational needs, timely and fiscally-responsible procurement and payment of all goods and services, and reconciliation and management of grants according to policies established by the Department, County Procurement, and County Financial Services.

The accounts receivable function includes evaluating and analyzing insurance coverage and charges, interfacing with insurance companies to determine eligibility and responsibility for payment, managing processes for billing, collecting accurate payments from insurance plans and/or individuals served, reviewing and tracking revenue for accuracy, and reviewing and managing accounts to determine collection options, including the Debt Set-Off Program.

The credentialing function establishes the qualifications of licensed health care professionals and assesses their background and eligibility with third-party payers.

The managed care company contracting function involves the maintenance, monitoring, and management of multiple managed care organization contracts to maximize revenue.

The budget function includes involvement in the County's annual budget process, managing and monitoring the Department's annual personnel and operating budgets, and forecasting and projecting MHSADS budgetary needs. All financial reporting to local, state, and federal entities is included in this activity.

Mandate Information: This activity includes services mandated in the Code of Virginia § 2.2-4352 for payment of bills, and Virginia Code § 37.2-511 for a CSB reimbursement system to maximize collection of fees.

Who Does It: County staff provides this activity.

Why We Do It: This activity is required to comply with the County's budget, accounting, and purchasing policies and procedures, and to maximize collections. This activity reduces reliance on other County operations to develop expertise in the areas of third-party billing and the more than 50 funding sources associated with the Department.

How We Do It Now – Current Service Level: The service level was supported with additional resources in FY 2020, FY 2021, and FY 2024. Staff supports and manages a nearly \$67 million annual expenditure budget, including \$52 million in personnel and \$13 million in operating and maintenance; and a revenue budget of approximately \$15 million, including \$8 million in state and federal funds. This activity processes approximately 35,000 health care claims for reimbursement annually, and processes payment of more than 95 percent of invoices within 30 days of receipt.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to changes in state mandates, managed care contracts, credentialing requirements, and financial reporting. MHSADS also anticipates that with the introduction of new services and expansion of existing services, this activity may require additional staffing resources to adequately maintain service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Process claims for payment to reduce the Department's reliance on local tax funding.					
Number of claims submitted	28,047	31,440	50,092	34,584	38,042
Support continuity of services and meet contractual obligations, as evidenced by 95 percent of accurate invoices being paid within 30 days.					
Percentage of accurate invoices paid within 30 calendar days	98%	98%	98%	95%	95%



MHSADS: Business Operations

Operations Support

What We Do: This activity provides customer service and an array of administrative supports to internal and external customers of the Department. These customers include individuals accessing MHSADS services, Department staff, Loudoun County CSB members, and community stakeholders and partners. It is the goal of this activity to promote the efficient and effective operations of service lines throughout the Department.

This activity coordinates reception and general front desk operations across MHSADS office locations, including two outpatient behavioral health clinics and the Crisis Intervention Team Assessment Center. This activity is responsible for conducting financial assessments to determine an individual's financial responsibility and to verify insurance information required for the billing process. Staff works varying schedules Monday through Friday to support activities between the hours of 8:30 a.m. and 8:00 p.m.

In support of internal functions, this activity develops marketing materials, maintains the Department's webpage, and supports Department participation in community outreach events. The team serves as the Department's Freedom of Information Act (FOIA) records custodian. Staff is responsible for the planning, organization, management, and coordination of maintenance for the Department's 29 residential settings, seven office locations, and fleet of more than 125 vehicles.

Additionally, staff provides executive support to the department director, executive leadership team, and CSB executive council and members.

Mandate Information: This activity supports services mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity.

Why We Do It: This activity provides internal administrative support across the Department to promote efficient and effective program operations. This activity coordinates community outreach to advance public awareness of behavioral health and developmental disability resources, and connects individuals to services. Staff monitors Department facilities and vehicles to ensure safety and compliance with DBHDS licensing regulations.

How We Do It Now – Current Service Level: The service level was supported with additional resources in FY 2020, FY 2021, and FY 2022. Staff conducts approximately 1,000 financial assessments annually, with each taking 25 minutes to complete on average. Additionally, the current service level reflects answering approximately 23,000 calls in an average of ten seconds.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. This activity's service level is directly related to the number of individuals served, the number of staff within the Department, the introduction of new services, and expansion of existing services. If those areas were to increase, demand for this activity would also increase, and a service level change would be considered at that time.

**MHSADS: Business Operations**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Conduct financial assessments with individuals receiving services to reduce the Department's reliance on local tax funding.					
Number of financial assessments conducted	1,017	884	964	1,150	1,250
Provide responsive customer service by answering incoming calls to MHSADS reception desks within ten seconds.					
Number of incoming calls	22,007	21,352	22,125	23,000	23,500
Average time to answer calls (in seconds)	10.53	9.79	10.06	10.00	10.00
Number of FOIA requests received ¹	n/a	4	8	6	6
Promote community awareness and access to publicly-funded behavioral and developmental health resources in the Loudoun community by participating in outreach events.					
Number of outreach events attended ¹	n/a	7	18	20	25
Promote the safety of MHSADS staff and individuals served, as evidenced by 100 percent of MHSADS facilities receiving an annual inspection.					
Percentage of MHSADS facilities that receive an annual inspection ¹	n/a	n/a	100%	100%	100%

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Business Operations

Quality Assurance

What We Do: This activity includes the outcomes and evaluation, technology, and health information management functions. This activity provides support to workforce members and individuals receiving services across the Department.

The outcomes and evaluation function provides access to data needed for effective and efficient oversight, accountability, and quality improvement. In collaboration with the technology function, staff extracts, analyzes, reviews, and submits data to meet local, state, and federal reporting requirements.

The technology function provides support 24 hours per day, seven days per week for MHSADS software and clinical applications, such as the electronic health record, which is required for service delivery, revenue collection, and to meet regulatory requirements. Technology staff provides support to MHSADS workforce members as the front-line helpdesk/troubleshooters; and manages the technology of the Department, including computers, peripherals, and mobile phones. In conjunction with the County's Department of Information Technology, staff provides security oversight for protected health information, as required by the Health Information Portability Accountability Act (HIPAA) Security Rule, and in collaboration with the countywide HIPAA compliance officer.

The health information management function is responsible for managing the storage of – and access to – health records generated or maintained by MHSADS. Staff responds to record requests from workforce members, individuals in service, and external entities, as well as to subpoenas and search warrants. Staff ensures that electronic health records are maintained in accordance with regulatory requirements.

Mandate Information: This activity is mandated by the Virginia Administrative Code 12VAC35-105-620 (monitoring and evaluating service quality), and supports services mandated by the Code of Virginia § 37.2-500. This activity also supports compliance with federal regulation 45 CFR 164.530 (HIPAA).

Who Does It: County staff provides this activity.

Why We Do It: Continuous quality improvement of operations and services is required. This activity promotes compliance with privacy regulations and reporting requirements, and effective use of technology. Staff reports data to funding agencies and other stakeholders. Technology and software programs that protect health information and meet HIPAA standards and other applicable regulations are maintained. Beyond meeting basic privacy and confidentiality regulations, this activity reduces vulnerability. Additionally, staff facilitates training for the MHSADS workforce.

How We Do It Now – Current Service Level: The current service level was supported with additional resources in FY 2021. Current service level reflects the creation of monthly, quarterly, and annual reports for multiple stakeholders. At current service level, staff maintains approximately 44,000 electronic health records, responding to at least 95 percent of requests for health records within 30 calendar days. Of the approximately 1,250 information technology helpdesk tickets, 90 percent are resolved within two days.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to the number of individuals served, the number of staff within the Department, and reporting requirements due to federal, state, and local mandates.

**MHSADS: Business Operations**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Accurately and effectively process at least 95 percent of requests for health records within 30 calendar days.¹					
Number of health records maintained	n/a	n/a	41,531	44,200	46,900
Number of Releases of Information (ROI) requests received and processed	266	256	335	330	330
Percentage of ROI requests processed within 30 calendar days	98%	99%	99%	95%	95%
Provide responsive customer service by resolving 90 percent of IT helpdesk tickets within two business days.¹					
Number of IT helpdesk tickets opened	n/a	n/a	1,474	1,250	1,250
Percentage of IT helpdesk tickets resolved within two business days	n/a	n/a	81%	90%	90%

¹ Data shown as n/a indicates a measure that does not have historical data.¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Business Operations

Compliance

What We Do: This activity serves as the MHSADS liaison to the DBHDS Offices of Licensing and Human Rights, the Virginia Department of Medical Services, and other regulatory agencies. Staff develops and reviews departmental policies and procedures, completes regular internal health record audits, and provides training to the workforce to meet licensing and regulatory requirements.

Staff conducts human rights investigations of alleged abuse, neglect, and/or exploitation; manages the Department's incident reporting system; facilitates external incident reporting; conducts root cause analyses of serious incidents; and conducts quarterly risk assessment reviews. Services are primarily provided during regular County business hours; however, staff provides incident system monitoring and mandated state reporting on weekends and holidays.

Staff monitors MHSADS-licensed services and travels to the various locations where services are delivered for internal auditing and investigative purposes. Staff coordinates departmental responses to external audits. Staff submits corrective action plans for any audit findings.

MHSADS provides health care services covered by HIPAA, which requires a HIPAA privacy officer. The MHSADS HIPAA privacy officer is a Compliance staff member.

Mandate Information: This activity is mandated by the Virginia Administrative Code 12VAC35-105 (Licensing) and 12VAC35-115 (Human Rights). This activity also supports compliance with federal HIPAA regulations (45 CFR 164.530).

Who Does It: County staff provides this service.

Why We Do It: This activity provides support to a health care workforce with specific licensure and regulatory requirements. This activity reduces departmental reliance on other County resources and delivers tailored guidance, support, and training.

How We Do It Now – Current Service Level: The service level of the Compliance team has been stable in recent years. This activity processes approximately 1,820 incident reports, submits 200 reports to DBHDS as required per regulations, and completes 20 mandated human rights investigations into allegations of abuse and neglect each year. In addition, this activity conducts comprehensive file reviews for approximately 15 percent of individuals enrolled in licensed services.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching data trends in reporting incidents, investigations, and the number of individuals in service. The service level of this activity is directly related to external regulatory requirements and the service level across the Department. If those areas were to increase, demand for the resources of this activity would also increase, and the service level would be considered at that time.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Manage risk in the Department by reporting adverse incidents.					
Number of adverse incidents reported externally	193	187	185	200	200
Percentage of adverse incidents reported externally by the established deadline	97.9%	98.4%	96.8%	100.0%	100.0%
Number of mandated human rights investigations	15	19	16	20	20
Support regulatory compliance by conducting internal health record reviews for 15 percent of individuals enrolled in services licensed by DBHDS.					
Total number of records reviewed	358	343	188	255	255
Total number of individuals enrolled in licensed services	2,260	1,656	1,466	1,700	1,700
Percentage of records reviewed	15.8%	20.7%	12.8%	15.0%	15.0%

