

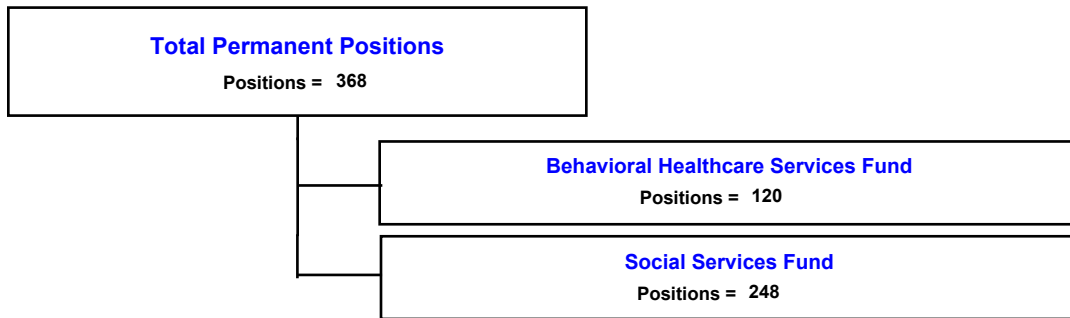
Public Health

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Public Health

Business Center Organizational Chart



**City of Portsmouth
Fiscal Year 2012 Adopted Budget**

Public Health

Description of Services Provided

This business center includes the departments of Public Health, Behavioral Healthcare Services, Social Services and the Office of Comprehensive Services. These departments are dedicated to promoting, protecting and preserving a healthy and safe community, provide Mental Health, Mental Retardation, Substance Abuse and Prevention Services to the citizens of Portsmouth and enhance the quality of life by promoting safety and self-sufficiency through agency programs and community partnerships.

Business Units	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
Behavioral Healthcare Services Fund	10,916,639	11,671,633	-	10,991,248	10,988,635
CSA Fund	5,765,725	9,138,607	-	7,666,467	7,666,467
Health	1,216,917	1,199,327	-	1,149,060	1,149,060
Social Services Fund	21,428,722	29,169,432	-	28,578,718	28,533,815
Total Budget	39,328,003	51,178,999	-	48,385,493	48,337,977
Total Permanent Positions	370	365	365	368	368

Funding Sources	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
100 General Fund	1,216,917	1,199,327	-	1,149,060	1,149,060
400 Behavioral Healthcare Svc Fund	10,916,639	11,671,633	-	10,991,248	10,988,635
410 Social Services Fund	21,428,722	29,169,432	-	28,578,718	28,533,815
415 Community Services Fund	5,765,725	9,138,607	-	7,666,467	7,666,467
Total Funding	39,328,003	51,178,999	-	48,385,493	48,337,977

**City of Portsmouth
Fiscal Year 2012 Adopted Budget**

Public Health

Health

Business Unit Mission Statement

The Portsmouth Health Department is dedicated to promoting, protecting and preserving a healthy and safe community.

Description of Services Provided

The Portsmouth Health Department (PHD) provides mandated and necessary services to PROMOTE, PROTECT and PRESERVE a safe and healthy community. Portsmouth Health Department delivers critical and quality services to citizens throughout their lives. PHD provides preventive, acute and chronic health services to pregnant women, to infants, teenagers, adults and geriatric populations. We also strive to keep food, water and other environmental conditions safe for our citizens and visitors. When public health emergencies arise -natural or man-made- PHD is well prepared to lead or to partner with public and private organizations to respond quickly and effectively. PHD provides services at our 1701 High Street location and throughout the City reaching more than 19,000 individuals and engaging in 1,000 community-based services annually. Pursuant to statutory authority, PHD is a state agency, which operates in close partnership with the City of Portsmouth through a cooperative agreement delineating the basic public health services and any additional services based on identified challenges and available funds.

PHD services and programs can be broadly categorized as follows:

- Communicable disease prevention and control
- Environmental health hazards protection
- Emergency preparedness and response and emergency medical services
- Health assessment, promotion and education
- Vital records and health statistics
- Administrative and support services

Expenditure Categories	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
Other Operating Expenses	1,203,655	1,189,259	-	1,137,822	1,137,822
Internal Service Charges	13,262	10,068	-	11,238	11,238
Net Budget	1,216,917	1,199,327	-	1,149,060	1,149,060
Total Budget	1,216,917	1,199,327	-	1,149,060	1,149,060

Funding Sources	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
100 General Fund	1,216,917	1,199,327	-	1,149,060	1,149,060
Total Funding	1,216,917	1,199,327	-	1,149,060	1,149,060

Strategic Goals

Strategic Goals

The Portsmouth Health Department engages multiple programs with numerous goals and strategies to achieve its mission. The following major goals are a representation of how PHD will promote, protect and preserve the health of our community.

- Decrease the incidence of communicable disease and health hazards in Portsmouth
- Monitor our community environment for the development of significant public health threats and investigate/respond to such events on a timely manner
- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.
- Provide effective leadership and support to all of Portsmouth's stakeholders and public health service providers
- Create a culture of preparedness among all Portsmouth residents, businesses and stakeholders in order to ensure an optimal response to any nature or man-made health threat to our community

Public Health

Health

Outcomes and Accomplishments

Community Services:

Marketing:

July 2009 – June 2010

- Disseminated information about PHD at Portsmouth Public Schools Wellness Day.
- Attended five health fairs put on by local churches through out the city.
- Worked with City of Portsmouth Communications team to send out a variety of health messages through their e-blast system, including H1N1 activities.

July 2010 – June 2011

- Presentation to EVMS family medicine residents about the services PHD offers to the public and how they can refer their patients to us.
- Created a new presentation board that can be taken to health fairs to help market our services.
- Monthly presentations on PHD services to Social Services Empowerment Employment Class participants.
- Use mobile street digital sign to promote of drive-thru flu shot clinic.
- Use our digital message board in the clinic waiting room to promote our services.
- Happiest Baby on the Block classes are being advertised at the Portsmouth Community Health Center.
- Disseminate information about PHD at Portsmouth Public School Wellness Day.

Infant Mortality Prevention

- A multidiscipline group continues to meet every other month to review and discuss specific deidentified infant deaths to identify common medical, social, and economic contributing factors. Have partnered with Eastern Region Perinatal Council to provide client interview/home assessment information.
- Preconceptual health campaign has been implemented with literature strategically placed throughout the community stressing the importance of preconceptual health. Multivitamin containing folic acid offered at no cost to women of child-bearing age seeking public health services..
- Pregnant females are counseled on the importance of early prenatal care and those who begin care at less than 13 weeks gestation are rewarded.

Disease Prevention:

July 2009 – June 2010

- Collaborated with Virginia Cooperative Extension to host Healthy Eating Classes to churches, social organizations, and low income housing communities across the city. Approximately 15 classes.
- Several one-time speaking engagements on the importance of a healthy diet and exercise to Girl Scouts, church groups, senior citizen social groups, and day cares. Approximately 50 presentations.
- Presented hand washing classes to over 200 children in schools, daycares and after-school programs.
- Distributed over 200 mailings to daycare centers across the city about the importance of flu shots for parents, children, and day care workers. (licensed and unlicensed centers)
- Current –Continue to work with partners to review infant mortality cases to identify commonalities and system issues. Teen Pregnancy Prevention funding received and programs scheduled in the community to provide preventive education to teens.
- Projected - Enhance staffing to allow continued expanding of community efforts to address teen pregnancy, sti prevention, obesity, infant mortality, and disease prevention.

July 2010 – June 2011

- Collaborate with Virginia Cooperative Extension to host Healthy Eating classes to churches, social organizations, and low income housing communities across the city.
- Currently, three classes have been completed with plans to increase in 2011.
- Worked with Grove Baptist summer camp and taught 8 classes and reached 75 children using the BodyWorks curriculum.
- Presented healthy eating presentation Boys and Girls Club at Norfolk Naval. Approximately 35 children.
- Hand washing classes to summer camp participants at High Street YMCA, reaching 125 children between 5-12 years old.
- Hand washing classes to YMCA camp counselors and new employees.
- Have several handwashing classes scheduled for December and January. Approximately 200-300 children.

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- Working with CINCH on a BMI collection project. If successful, the program will be piloted in select grades at selected schools.
- Presented to 35 behavioral health care participants on diabetes and hypertension prevention.
- Distributed over 200 mailings to daycare centers across the city about the importance of flu shots for parents, children and day care workers. (licensed and unlicensed centers).
- Happiest Baby on the Block classes: PHD has conducted three classes at the Community Health Center, reaching approximately 24 women. Monthly classes are scheduled.

July 2011 – June 2012

- Work with Virginia Cooperative Extension to present our Healthy Eating curriculum. The goal is to teach this course to seven groups (each course will have six weekly sessions).
- Present to local organizations on various disease prevention topics.
- Conduct handwashing classes and reach 300 children.
- Keep daycares up to date on various strategies to prevent disease within their centers.
- Educate local businesses about the importance of flu shots for employees.
- Finalize BMI project to be rolled out in September.
- PHD will teach 12 Happiest Baby on the Block classes at the Community Health Center.

Nutrition:

- Increased the number of women enrolled in WIC during the first trimester by 10% from 20 to 22.
 - Decreased the number of overweight children on the WIC program from by 5% from 163 to 154.
- Increase the pregnant women on WIC by 5%, from 426 to 447.
- Increase the number of breastfeeding infants on WIC by 8%, from 39 to 42.

Resource Development

July 2009 – June 2010

- Finalize agreement to contract with The Planning Council to implement MAPP (Mobilizing for Action through Planning and Partnerships), a community-driven strategic planning process for improving community health.

July 2010 – June 2011

- With The Planning Council, the Vision and Forces of Change steps have been completed. PHD will continue to work The Planning Council and the community on the remaining MAPP assessments.

July 2011 – June 2012

- The MAPP process will be complete.

Environmental Health

FY 2010

- 210 Reported animal exposures cases were investigated. 10 specimen collections were sent to DCLS to be analyzed for the Rabies virus. 2 confirmed Rabies cases (1 fox, 1 raccoon) resulted in the canvassing of over 110 homes. Rabies educational brochures were distributed in neighborhoods, businesses and public buildings to aid in public awareness.
- 225 inspections of City permitted convenience stores were performed. Emphasis was placed on those convenient stores that served food items that were made from raw ingredients, cooked and stored hot. These stores were inspected using the state variable frequency as high risk establishments.
- 695 inspections of State permitted food facilities were performed. 7 intervention hearings were given, with 3 establishments being placed on 1 year probation.
- 35 USDA summer program inspections and 11 courtesy DSS inspections were made.
- 36 Temporary Event inspections over 9 events were made.
- 141 public pool inspections were performed with 9 closures/re-inspections due to inadequate pool chemistry.
- All Hotels/Bed & Breakfasts were surveyed for Bed Bug infestations. Each establishment was given literature concerning prevention and monitoring of bed bugs. 24 Hotel inspections were made in addition to on-going surveillance.
- 25 Marina inspections were performed.

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Health

- 1,391 food workers have taken food handler's classes. 42 have taken Manager Certification/Re-certification classes.
- 57 food and environmental complaints were received, investigated and abated

FY 2011(7/2010-12/2010)

- 107 reported animal exposure cases were investigated.
- 310 State permitted food facility inspections made.
- 110 City permitted food facility inspections made
- 23 USDA food inspections, 8 DSS inspections made.
- 18 Hotel inspections made
- 56 Public pool inspections
- 675 food workers have received food handler cards. 23 have taken Manager Certification classes.
- 25 food and environmental complaints have been received, investigated and abated.

Projected FY 2010:

- Due to economic factors, numbers of restaurants will trend downward, however most of the inspected facilities will remain fairly static.
- With the adoption of the Manager Certification requirement class numbers will increase.
- Becoming fully staffed will enable all facilities to be inspected in a time frame that will be more in alignment with required frequency set by OEHS.

Communicable Disease Prevention & Control

July 2009 – June 2010

- General communicable disease surveillance. Surveillance identifies disease of public health concern. PHD staff assesses risks and takes appropriate actions to reduce transmission and prevent illness.
 - Bioterrorism monitoring through syndromic surveillance data collected through hospital and schools.
 - Performed seasonal and H1N1 influenza surveillance and data analysis. Recruited healthcare providers for sentinel surveillance program.
 - Data are analyzed for trends and commonalities. Results help guide intervention and education strategies.
 - Staff dedicated to address the rising rates of sexually transmitted disease within our community, esp the teen age group.
- Influenza campaign has been very successful this flu season with educations and immunization outreach to many community businesses, organization, and faith based. This success is due to dedicating staff to address issues in the community. Utilized VDH immunization funding initiative to provide immunizations as no cost to specific risk groups

July 2010 – June 2011

- General communicable disease surveillance. Surveillance identifies disease of public health concern. PHD staff assesses risks and takes appropriate actions to reduce transmission and prevent illness.
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July 2011 – June 2012

- General communicable disease surveillance. Surveillance identifies disease of public health concern. PHD staff assesses risks and takes appropriate actions to reduce transmission and prevent illness.
- Bioterrorism monitoring through syndromic surveillance data collected through hospital and schools.
- Perform seasonal influenza surveillance and data analysis. Recruit healthcare providers for sentinel surveillance program.
- Analyze data for trends and commonalities. Results help guide intervention and education strategies.

Medical Services:

- July 2009-June 2010 showed a continued increase in service demand 7564 clients were served with 12,455 visits. Clinical staffing changes has allowed PHD to provide less fragmented service. Employed a clinician able to all clients for all services provided by PHD. Nursing staff support has been a concern due to laboratory service abolishment and increase demands on

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the limited nurses.

- July 2010-June 2011 - Projected staffing module will allow for cross-trained staff. All clinic nurses will be trained to augment the clinician in providing STI services.

Emergency Preparedness & Response:

- On –site Local Technical Assistance Review (LTAR) completed by Centers for Disease Control (CDC). Score of 97 was received; which was the highest score ever in the Commonwealth. (Chesapeake has since scored a 100)
- Continue to expand and exercise home delivery of antibiotics as method of initial response to anthrax event. (Cities Readiness Initiative - CRI)
- Completed development of full regional distribution plan for CRI broadsheet.
- Completed ICS 400 training for management and select staff.
- Attained 85-90% response rate for health dept. emergency response system (HAN).
- Hired new Medical Reserve Corps Coordinator and will continue to build capacity in the program..
- Continue support of development of a special needs shelter for Portsmouth.
- Continue to work with Norfolk Naval Shipyard (NNSY) to develop nuclear and radiation plans for public health.
- Prepare health district for National Association of City and County Health Officials (NACCHO) certification as “Public Health Ready”.

Major Budget Variances

Portsmouth Health Department receives 38.7% of its expenditure funding from the City of Portsmouth as part of its cooperative agreement with the Virginia Department of Health.

Environmental Assessment - Internal environmental factors impacting PHD's ability to achieve its mission are generally budgetary and legislative. Although more services to address the City's public challenges are needed, state cooperative budget funds are to be allocated only to mandated programs. Therefore, local initiatives and ordinances passed by City Council will require additional funding.

External environmental factors - Factors providing the greatest impact are: 1) Changes in the number of restaurants, new housing, and neighborhood blight and development, which require additional environmental health resources; 2) socioeconomic conditions that influence disease trends; and 3) the ease of access (financial and service availability) for preventive medical care and early and consistent treatment for expensive therapies. It is well established that economic hardships result in an increase in demand for public services. Public health programs, especially medically related services, are not an exception to this phenomenon.

**City of Portsmouth
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Public Health

Behavioral Healthcare Services Fund

Business Unit Mission Statement

The mission of the Portsmouth Department of Behavioral Healthcare Services is to promote independence, recovery, and positive human outcomes for those we serve, through excellence in the delivery of integrated Mental Health, Mental Retardation, and Substance Abuse and Prevention services. We accomplish this by:

- Accurately assessing and meeting the needs of the whole person;
- Providing seamless integrated services that are accessible and fairly priced;
- Recognizing and effectively utilizing the talent, passion, and commitment of our professional and support staff;
- Effectively communicating with our stakeholders;
- Promoting full participation by our staff and those they serve, empowering all to reach their highest human potential.

Description of Services Provided

The Portsmouth Department of Behavioral Healthcare Services (BHS) is a Community services Board that provides mental health, intellectual disabilities, substance abuse, and prevention programming to residents of the City of Portsmouth within their communities. The department provides a comprehensive array of services (screening/evaluation, emergency services, case management, outpatient, day support, competency restoration, rehabilitation, opioid replacement, residential, early intervention, prevention) to approximately 4,000 individuals a year. The department is experiencing an increased demand for services in light of the declining economy. This combination in addition to a reduced workforce and decreasing resources is challenging the department's ability to provide timely and quality services.

- Administration - oversees the management and delivery of services, fiscal budgeting and management, internal human resource management, information technology management and reporting, quality assurance and medical records management and the central intake process including incident and human rights activities.
- Mental Health Services - The BHS Mental Health Division provides comprehensive services including 24 hour/7 days/week Emergency Services, Case Management, Hospital and Facility Services, Outpatient Treatment, Family and Youth Services, Day Activity Services and Supportive Living Services, and Crisis Stabilization.
- Intellectual Disabilities - The BHS Intellectual Disabilities Division provides case management, Day Activity Services, and Early Intervention for Infants and Toddlers;
- Substance Abuse Services - The BHS Substance Abuse Division provides Detoxification, Methadone Treatment, Case Management, Drug Court, Outpatient and Co-Occurring Treatment;
- Prevention Services for children focusing on information, activities and training about mental health, substance abuse and HIV/AIDS and other sexually transmitted diseases. To provide HIV/AIDS Education, referrals and outreach to adults and families.

Expenditure Categories	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
Salaries	4,147,656	5,396,928	-	4,956,436	4,956,436
Benefits	1,405,550	1,853,517	-	1,767,861	1,767,861
Other Operating Expenses	3,300,477	3,639,096	-	3,515,013	3,515,013
Internal Service Charges	407,606	427,092	-	396,588	393,975
Net Budget	9,261,289	11,316,633	-	10,635,898	10,633,285
Transfers	1,655,350	355,000	-	355,350	355,350
Total Budget	10,916,639	11,671,633	-	10,991,248	10,988,635
Total Permanent Positions	122	120	120	120	120
Funding Sources	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
400 Behavioral Healthcare Svc Fund	10,916,639	11,671,633	-	10,991,248	10,988,635
Total Funding	10,916,639	11,671,633	-	10,991,248	10,988,635

Public Health

Behavioral Healthcare Services Fund

Strategic Goals

- Measure and guide the agency's delivery of services to persons with co-occurring disorders within the framework of the Recovery System of Care measure.
- Continue to work with community partners to develop a system of service that values recovery and the principles of self-determination.
- Use a strategic planning approach to identify and pursue opportunities to improve effectiveness and efficiency, decrease costs, and increase revenue.
- Increase satisfaction from participants, businesses and stakeholders.
- Increase record documentation compliance through implementation of an Electronic Health Record and systematic auditing, training and in-service courses.
- Implement State core values of recovery, resilience, and self determination by increasing consumers' participation in treatment planning.
 - To develop a seamless system.
 - To increase integration and communication of services within the department and to the community.
 - To use evidence based practices and programs.
 - Future goals will be based on data and best practices.
 - Continue training of clinical staff.
 - Increase Case Management, Mental Health Support Services to needed Mental Health and Co-Occurring consumers.
 - To open a crisis bed in Safe Haven.

Administrative:

- Improve staff skills in person centered planning and increase compliance with documentation requirements of licensing and funding agencies.
- Increase revenue collection through improvement in documentation of service delivery, timely financial interviews, and more rigorous billing practices, combined with an analysis of opportunities to expand/improve service delivery.

Mental Health:

- Provide holistic, comprehensive and effective services to persons with co-occurring and/or chronic mental health disorder in an environment that is recovery based and welcoming.
- Increase juveniles' ability to have a factual and rational understanding of the proceedings against them so they can consult with their lawyers and assist in their own defense by providing competency restoration services.
- Stabilize and facilitate emergency hospitalization as needed by Portsmouth citizens due to mental illness by providing crisis intervention, crisis stabilization, jail diversion and prescreening services.
- Collaborate with Portsmouth police officers to continue to develop the Crisis Intervention Team to better respond to psychiatric emergencies and enhance safety of individuals and the community.
- Increase peer-to-peer interaction and problem solving in keeping with continuing program efforts to become more recovery oriented.
- Resurrect the provision of Mental Health Support Services to enhance persons' independent living skills necessary for living successfully in their communities.
- Continue outreach efforts by partnering with other homeless service providers to reach homeless individuals who need, but are not currently engaged in mental health services.
 - Provided day treatment to 91 mental health consumers.
 - Continue to work with Dept. of Rehabilitative Services to link persons served to employment opportunities.
 - Provided permanent housing services to 50 homeless individuals this year through HUD housing program.
 - Applied for renewal of the HUD grant of \$470,425.00 to fund Shelter Plus Care housing.

Intellectual Disabilities

- Promote independence by assisting individuals in achieving 90% of their annual objectives.
- Ensure that 100% of eligible infants and toddlers receive case management services within 45 days of referral to meet stringent State standards regarding quick access to services.
- Develop strategies to promote participants' involvement in community activities.
 - Increase number of individuals on ID/MR Waiver Waiting List.
 - Apply for grants (KOVAR/New Freedom)

Substance Abuse:

- Conduct continuous quality improvement (CQI) activities necessary to maintain CARF accreditation and enhance lives of

Public Health

Behavioral Healthcare Services Fund

individuals served.

- Integrate case management and clinical services to provide quality seamless services to individuals.
- Decrease the stigma of addiction and promote empowerment with increased involvement of the peer Recovery Advisory Board.
- Increase partnership with other agencies through the Portsmouth Coalition for Youth and work collaboratively on grants and protective activities to decrease risk factors and increase protective factors.
- Collaborate with Probation and Parole to develop outpatient services.
- Collaboration with Portsmouth School System to develop graduation coaches to address the drop out and graduation rate.
- Increase collaboration with the drug court program to maximize effectiveness and efficiency within substance abuse service system and reduction of criminal activity related to substance abuse.
- Awarded CARF accreditation for the third consecutive review.

Public Health

Behavioral Healthcare Services Fund

Outcomes and Accomplishments

Administrative:

- Implemented a systematic record review process and provided additional staff training, which has resulted in significant qualitative and quantitative improvements in medical record documentation.
- Completed 100% of financial assessments prior to initiation of services.
- Hired four temporary staff to provide Restoration Services to increase revenue.

Mental Health:

- Improved level of physician directed outpatient services.
- Provided Evidence Based Practice (EBT) service by providing a community Youth Transformation Group for adolescents with co-occurring substance abuse and mental health disorders.
- Certified existing staff as emergency prescreeners and improved processes were introduced to meet new State Mental Health Reform requirements.
- Opened Safe Haven Program to provide crisis stabilization services.
- Assisted in providing Crisis Intervention Team (CIT) training to Portsmouth Police Officers.
- 87% of individuals attending Opportunity House participated in the Solutions for Wellness classes.
- Began offering Mental Health Support Services to individuals to improve stability in the community and reduce need for hospitalization.
- Partnered with other agencies and the community to outreach and link homeless individuals with mental illness to service.

Intellectual Disabilities Services:

- 97% of families responding to the DMH/MR/SAS Mental Retardation Family Survey reporting overall satisfaction with their case manager.
- Increased number of day support participants receiving employment services.
- Provide transportation after obtaining Logisticare Contract.
- 100% of eligible infants and toddlers received case management services within 45 days of referral to meet stringent State requirements.
- Discharged individuals from State Facilities to Community-Based programs.
- Obtained legal guardians for individuals when indicated.

Substance Abuse:

- Substance Abuse Outpatient Treatment cases resulted in a 98-99% satisfaction among the participants, stakeholders and businesses who responded to the annual Satisfaction Survey.
- Recovery Advisory Board met on a regular basis, reviewed plans and goals, and helped guide BHS service delivery.
- Two transitional homes for women are open.
- Developed weekly collaborative inter-agency case review of all admissions, transfers and discharges to improve service coordination and continuity of services among individuals with co-occurring disorders. Integrated Treatment Team - Accomplished
- Compliance with medical records documentation requirements improved. - Improved
- Clinical skills increased as more staff attended training on co-occurring disorders and treatment, reinvestment, community resources, and trauma with women.
- Presented several prevention groups to Parents in Addiction regarding parenting and lifestyles.
- Partnered with several faith-based groups and worked collaboratively with faith based community.
- HIV/AIDS infections in the City of Portsmouth have decreased
- Teen pregnancy rates have decreased.
- Increase with Medical Records compliance from 90-100% this period.
- Prevention staff to be assigned to high schools to develop evidenced based groups to focus on the graduation and drop-out rates. The goal is to increase the graduation rate and decrease the drop-out rate.
- Continue Integrated Treatment Team meetings to increase collaboration efforts.
- Provide substance abuse treatment groups to outside agencies to increase revenue.
- Staff facilitate a family & friends education groups for families of consumers,
- Annual Youth Summit with Portsmouth Community Youth and faith based community was successful.

Public Health
Social Services Fund

Business Unit Mission Statement

To enhance the quality of life by strengthening families and individuals, promoting safety, and self-sufficiency through agency programs and community partnerships.

Vision Statement: A healthy community of productive, self-supporting and self-sufficient citizens, free from violence and dependency on public assistance.

Public Health
Social Services Fund

Description of Services Provided

Benefit Programs:

Temporary Assistance to Needy Families (TANF) provides temporary financial assistance to eligible families with children. The family receives a monthly cash payment to meet their basic needs.

Food Stamp assistance is designed to alleviate hunger and malnutrition. This is accomplished by permitting low-income households to obtain a more nutritious diet through normal channels of trade by increasing the food purchasing power of all eligible households who apply for participation.

Electronic Benefits Transfer (EBT) is the distribution of food stamp benefits with a plastic debit card. This card replaces paper food stamp coupons.

Medicaid is designed to provide a payment resource, either totally or in part, for the medical needs of low-income individuals who are elderly, blind, or disabled, as well as families or pregnant women.

Auxiliary Grants is a monetary payment program designed to provide assistance to aged, blind, or disabled persons residing in homes for adults who have insufficient funds to meet their needs as established by the state board of social services.

General Relief is designed to provide monetary assistance, either ongoing or short term, for items that cannot be provided through other resources. This includes assistance to children who do not meet the relationship criterion for eligibility in a federal category of assistance, burial costs, and some emergency need items for SSI recipients.

State And Local Hospitalization Program (SLH) is designed to provide a payment source for medical services to indigent persons who are not entitled to Medicaid. It includes payment for both inpatient and outpatient hospitalization services, ambulatory surgical services and health department clinic visits.

Energy Assistance is designed to provide financial assistance for low-income households to offset the cost of energy as well as purchase or repair heating equipment which poses a threat to the households.

Tax Relief is designed to assist low income elderly and disabled persons offset the cost of real estate taxes. The program also provides an incentive to certain other elderly and disabled homeowners by freezing the amount of their taxes at a set amount regardless of an increase in the real estate tax assessment or tax rate.

Temporary Assistance To Needy Families (TANF-UP) is designed to offer financial assistance to needy two-parent, unemployed homes.

Temporary Assistance to Repatriates is a program which provides monetary assistance for needy U.S. citizens and their dependents who have returned or been brought from a foreign country to the United States due to the destitution of the U.S. Citizen or any of his/her dependents due to war, threat of war, invasion or similar crisis, and are without available resources.

Services Programs:

Adult Foster Care - provides supervision, room and board as well as special services to those who are unable to live alone.

Companion Services - provides assistance through approved providers for disabled or elderly who are unable to care for themselves.

Adult Protective Services investigates report of abuse, neglect or exploitation of elderly or disabled adults. This program provides services and referrals to those who are found to be victimized.

Screening and Assessment is a provision of community based care or placement at an adult care residence or nursing home.

Child Protective Services - investigates reports of abuse or neglect of children under the age of eighteen (18). Decisions are rendered regarding the level of abuse following guidelines set forth by the commonwealth. Services are provided to children and their families.

Foster Care - provides nurturing, supervision, and room and board to children from birth to age 18 or 21 if disabled, who are

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Social Services Fund

removed from their birth family for reasons of abuse or neglect.

Adoption Services - location and investigation of adoptive homes; placement of children who are available for adoption (TPR); supervision of the placement; and completion of reports as required by the Commonwealth.

Employment Services Program/Virginia Initiative For Employment Not Welfare (VIEW) - assist TANF recipients in securing employment or the training or education needed to secure employment.

Day Care Services (CDC) - provides a payment resource for certain eligible families whose caretaker is employed or in school.

Other Programs:

Holiday Activities - social services staff perform a variety of activities in connection with holiday celebrations, including completion of joy fund cards, matching persons who wish to contribute food baskets to persons in need, and accepting donations of toys and clothing and distributing to foster children.

Disaster Relief – The Department of Social Services' employees provide staffing for emergency shelters during emergency situations, such as hurricanes or hazardous material spills. The primary duty of the department is shelter management registration. However, other duties may include disaster food stamps, death notifications, addressing inquiries from persons attempting to locate their relatives, and completing emergency relief applications.

Annual Job Fair - The Department of Social Services holds an Annual Job Fair which provides citizens of Portsmouth another site to seek employment. Local employers are invited to outline available jobs and needed skills. This activity occurs each year at the Department of Social Services. Generally, there are an estimated sixteen (16) local employers and an average 40 TANF (Temporary Assistance for Needy Families), FSET (Food Stamp Employment and Training) and members of the general public who attend this event.

Expenditure Categories	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
Salaries	7,543,160	8,309,338	-	7,599,216	7,599,216
Allowances	15,391	19,421	-	33,461	33,461
Benefits	3,063,662	3,893,734	-	3,838,220	3,838,220
Other Operating Expenses	10,181,623	16,212,381	-	16,314,589	16,314,589
Internal Service Charges	618,805	649,153	-	724,910	680,007
Net Budget	21,422,641	29,084,027	-	28,510,396	28,465,493
Capital Outlay	6,081	85,405	-	68,322	68,322
Total Budget	21,428,722	29,169,432	-	28,578,718	28,533,815
Total Permanent Positions	248	245	245	248	248
Funding Sources	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
410 Social Services Fund	21,428,722	29,169,432	-	28,578,718	28,533,815
Total Funding	21,428,722	29,169,432	-	28,578,718	28,533,815

Public Health
Social Services Fund

Strategic Goals

- To insure that City of Portsmouth citizens have their basic human needs met timely and accurately.
- To assure that citizens receiving services contribute to their family's material support and well-being.
- To empower and provide support to individuals and families who are at risk of violence and dependence.
- To provide, promote and advocate for programs and services to enhance the quality of life and to protect those citizens that are not self-sufficient.
- To enhance agency operations, maximize resources, and provide quality service.
- To develop and maintain a quality workforce by promoting positive change and professional growth.

Public Health
Social Services Fund

Outcomes and Accomplishments

Adult Services Program:

- Founded and facilitated Peer Grief Support Group. The group was formulated by an Adult Services Social Worker and represents adults, aged 60 years or older who are bereaved due to loss of spouse, other relatives, or long standing family friends. Group members meet on a regular basis for a pre-determined period of time to offer mutual help and support. There is no attempt to engage in therapy or psychoanalysis. The group's goals and processes include confidentiality, regular attendance, non-judgmental behavior, emotional/emphatic support and accountability.
- Provided adult abuse/neglect detection training to nursing homes and assisted living facilities
- Investigated 228 reports of abuse, neglect and/or exploitation in the community, nursing homes, assisted living facilities and MR waiver homes. 108 investigated cases were unfounded and 122 cases were founded.
- Serviced a multitude of Adult Services cases in FY07 including: 320 Adult Protective Service Cases, 40 companion care cases, 15 adult foster care clients.

Child Protective Services (CPS):

- Partnered with Portsmouth Naval Hospital in working cooperatively to expedite the child protective services investigations with their naval families, especially in obtaining needed medical reports. Thus, a contact person at the naval hospital has been identified to assist with obtaining medical reports involving victim children.
- PDSS CPS Program has assisted several families with paying for restoring utilities, first month rent and deposits, forensic and medical consultations.
- Implemented a proactive perspective towards child abuse and neglect, to formulate close working relationships with other department heads in Portsmouth that have proven to be very beneficial in assisting families in Portsmouth who have come before the CPS Program.

Child Care Program:

- 1,424 families (3,560 children) were provided services.
- Thirty families also received emergency utility and rental assistance.
- 252 childcare providers received training and assessments.
- The Child Care program utilized the Quality Initiative Grant to upgrade the quality of care offered by providers. The utilization of these quality programs greatly impacted the care being provided to 125 children.

Benefits Programs (Eligibility):

- Manage an average of 6,000 Food Stamp cases (\$1,415,061) monthly.
- Operates a free tax preparation site February thru April.
- Manage an average of 1,533 TANF cases monthly with a total average issuance of \$332,825.
- Manage an average of 13,563 Medicaid cases monthly with a total average issuance of \$7,553,235.
- Manage an average of 107 General Relief cases for children living with non-relatives who do not qualify for TANF benefits for a total average monthly issuance of \$13,054.
- The benefits program continues to operate the agency's Call Center as an on the job training experience for VIEW participants. Our Call Center responds to an average of 700 calls monthly.
- Interview and process an average of 120 TANF applications, 600 Medicaid applications and 580 Food Stamp applications monthly.

Foster Care:

- Program Improvement Plan - This program provides funding (grant) totaling \$162,970 to Portsmouth Department of Social Services each year. This program has greatly increased the number of adoptions and there are currently 65 children with the goal of adoption.
- Foster Parent Training- Orientations and pre-service trainings are provided to prospective foster parents. There are approximately 360 inquiries for prospective foster parents.

Virginia Initiative for Employment not Welfare (VIEW) Program:

- In a City with an unemployment rate which has been the lowest until this year, the Employment Services Unit has been able to assist participants in obtaining jobs above minimum wages resulting in an average wage earned according to a recent State report of \$7.11 per hour. Participants and their families benefit from this change in household income in numerous ways and certainly the increase in the community's workforce statistics enhances a prospering economy within the City of Portsmouth.
- The Employment Advancement for TANF (Temporary Assistance for Needy Families) Grant is a joint venture with the Virginia

Public Health

Social Services Fund

Beach Department of Social Services which has been in existence since 2003. This grant provides intensive case management, client specific, family focus and clinical based services to a select group of Employment Services participants. This year Vice Mayor Marlene Randall gave a rousing speech to an estimated fifteen (15) participants who had maintain work for 30, 90 and 180 or more. Throughout the year activities are arranged by the Employment Services Program to encourage job retention amongst this group of participants. There were two incentive awards held in the evening to reward the participants for job retention, wage increases, promotions, obtainment of benefits on the job, educational enhancements.

**City of Portsmouth
Fiscal Year 2012 Adopted Budget**

Public Health

CSA Fund

Business Unit Mission Statement

To manage a system of services which provides activities targeted for special education youth, foster care prevention and residential special education programs.

Description of Services Provided

The Comprehensive Services program for At-Risk Youth and Families (CSA) is a state mandated program established to ensure preservation of families and provide appropriate services in the least restrictive environment. The purpose of this program is to provide and design services in response to the unique needs of youth and families and to increase interagency collaboration and family involvement in service delivery and management. The coordination of services provides communities flexibility in the use of funds as well as authority for program and fiscal decision making.

Expenditure Categories	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
Other Operating Expenses	5,765,725	9,138,607	-	7,666,467	7,666,467
Net Budget	5,765,725	9,138,607	-	7,666,467	7,666,467
Total Budget	5,765,725	9,138,607	-	7,666,467	7,666,467

Funding Sources	FY 2010 Actual	FY 2011 Adopted	FY 2011 Amended	FY 2012 Adopted	FY 2013 Planned
415 Community Services Fund	5,765,725	9,138,607	-	7,666,467	7,666,467
Total Funding	5,765,725	9,138,607	-	7,666,467	7,666,467

Strategic Goals

- Children and youth served will be placed in the least restrictive environment while providing high quality, cost effective services.
- To increase family involvement in child-centered service delivery and management while raising the percentage of families reporting satisfaction with the services.

Outcomes and Accomplishments

- Less than ten children have been placed in residential treatment for the past 14 months.
- Approximately two percent of children enter foster care through congregate care. The state of Virginia's average is 24%.
- Portsmouth developed a standardized service level chart for utilization by all Hampton Roads therapeutic foster care vendors.
- Reduction in program cost through savings per utilization of Medicaid Group Home providers.
- Portsmouth maintains approximately 90% attendance rate of Parent Representatives at team meetings.
- Portsmouth is one of the few localities that has one dedicated team to review all children. Each team member provides up to twenty hours per week of service to the office.
- Portsmouth contracts with a Utilization Review Coordinator to provide monthly reviews to all "high end" children placed in residential treatment facilities and group homes. This process provides the mechanism to negotiate lower rates when possible, link children to the most appropriate facilities, participate in treatment team meetings and identify step down placements.