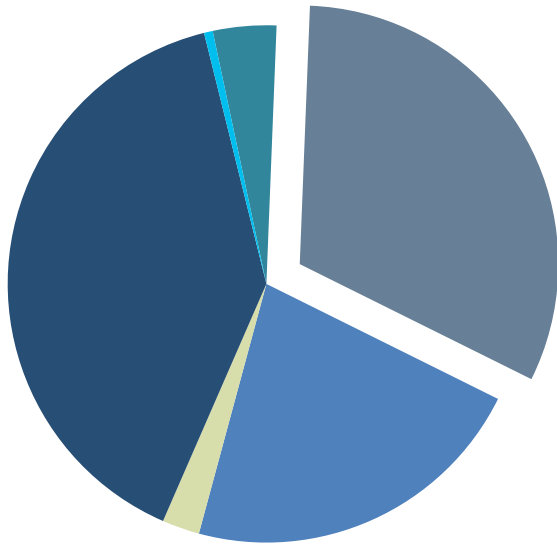


Community Services

Mission Statement

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



Human Services Expenditure Budget:
\$207,633,469

Expenditure Budget:
\$65,835,185



31.7% of Human Services

Programs:

- Administrative Services: \$5,249,791
- Drug Offender Recovery Services: \$1,877,716
- Early Intervention: \$5,521,722
- Access and Emergency Services: \$11,251,398
- Medical Services: \$4,385,418
- MH Day Support & Employment Services: \$2,184,937
- MH Residential Services: \$10,167,498
- DD Day Support/Employment Services: \$3,803,298
- ID/DD Day Residential Services: \$571,026
- Youth Substance Abuse and Mental Health Services: \$5,533,728
- DD Case Management: \$7,038,150
- Clinical Behavioral Health Program (CBHP): \$4,357,968
- Comprehensive Outpatient Recovery Program (CORP): \$3,892,535

Mandates

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

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

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

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

Community Services



Expenditure and Revenue Summary

Expenditure by Program	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted	% Change Budget FY22/ Budget FY23
Administrative Services	\$4,443,166	\$5,194,974	\$5,753,861	\$5,532,275	\$5,249,791	(5.11%)
Drug Offender Recovery Services	\$1,604,252	\$1,560,733	\$1,547,498	\$1,743,393	\$1,877,716	7.70%
Early Intervention	\$4,359,341	\$4,330,743	\$4,789,167	\$5,035,171	\$5,521,722	9.66%
Access and Emergency Services	\$5,111,206	\$5,442,672	\$6,070,919	\$6,445,544	\$11,251,398	74.56%
Medical Services	\$2,569,187	\$2,842,060	\$2,963,742	\$3,642,043	\$4,385,418	20.41%
MH Day Support & Employment Services	\$1,882,998	\$1,841,267	\$2,026,056	\$2,042,572	\$2,184,937	6.97%
MH Residential Services	\$7,397,512	\$8,261,820	\$7,030,377	\$9,281,406	\$10,167,498	9.55%
DD Day Support/Employment Services	\$2,506,578	\$2,381,189	\$2,155,642	\$3,500,602	\$3,803,298	8.65%
ID/DD Day Residential Services	\$789,688	\$941,043	\$898,725	\$772,399	\$571,026	(26.07%)
Youth Substance Abuse and Mental Health Services	\$3,499,778	\$3,641,111	\$3,994,636	\$4,588,674	\$5,533,728	20.60%
DD Case Management	\$4,521,262	\$4,707,320	\$5,537,315	\$5,860,860	\$7,038,150	20.09%
Clinical Behavioral Health Program (CBHP)	\$4,014,287	\$3,335,577	\$3,526,015	\$3,797,965	\$4,357,968	14.74%
Comprehensive Outpatient Recovery Program (CORP)*	\$2,198,396	\$2,449,020	\$2,842,453	\$3,385,584	\$3,892,535	14.97%
Public Safety Resilience Program	\$357,798	\$0	\$0	\$0	\$0	-
Total Expenditures	\$45,255,451	\$46,929,530	\$49,136,404	\$55,628,488	\$65,835,185	18.35%

*Community Services changed the name of Substance Abuse Adult Outpatient to Comprehensive Outpatient Recovery Program (CORP) and Mental Health Outpatient Program to Clinical Behavioral Health Program (CBHP) at the end of FY21.

Expenditure by Classification

Salaries & Benefits	\$33,113,136	\$35,039,751	\$39,036,420	\$40,822,197	\$47,007,366	15.15%
Contractual Services	\$7,844,733	\$7,800,673	\$5,883,373	\$9,908,185	\$12,929,284	30.49%
Internal Services	\$2,172,670	\$2,159,612	\$2,345,885	\$1,983,178	\$2,489,090	25.51%
Purchase of Goods & Services	\$1,835,063	\$1,720,827	\$1,738,620	\$2,572,996	\$3,072,473	19.41%
Capital Outlay	\$84,388	\$0	\$0	\$134,960	\$130,000	(3.68%)
Leases & Rentals	\$176,292	\$155,241	\$127,196	\$177,206	\$177,206	0.00%
Depreciation Expense	\$4,911	\$4,911	\$4,911	\$0	\$0	-
Debt Maintenance	\$24,258	\$48,516	\$0	\$24,258	\$24,258	0.00%
Payments to Other Local Agencies	\$0	\$0	\$0	\$5,508	\$5,508	0.00%
Total Expenditures	\$45,255,451	\$46,929,530	\$49,136,404	\$55,628,488	\$65,835,185	18.35%

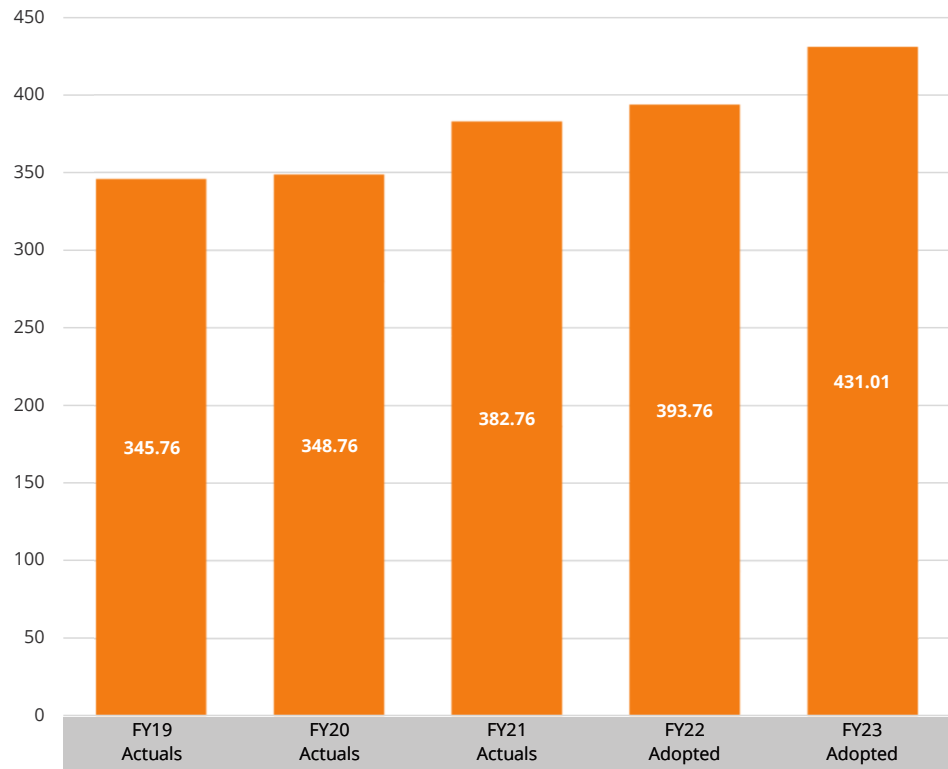
Funding Sources

Revenue from Federal Government	\$2,846,331	\$3,219,009	\$2,228,680	\$2,958,329	\$3,006,866	1.64%
Use of Money & Property	\$115	\$112	\$31	\$0	\$0	-
Revenue from Other Localities	\$2,957,901	\$3,389,460	\$2,850,764	\$3,501,222	\$3,733,068	6.62%
Miscellaneous Revenue	\$36,104	\$36,557	\$82,485	\$25,712	\$25,712	0.00%
Charges for Services	\$1,151,371	\$929,752	\$946,829	\$740,071	\$740,071	0.00%
Revenue from Commonwealth	\$17,629,115	\$18,528,115	\$18,331,516	\$20,199,655	\$22,409,417	10.94%
Total Designated Funding Sources	\$24,620,937	\$26,103,005	\$24,440,306	\$27,424,989	\$29,915,134	9.08%
Net General Tax Support	\$20,634,514	\$20,826,525	\$24,696,099	\$28,203,499	\$35,920,051	27.36%
Net General Tax Support	45.60%	44.38%	50.26%	50.70%	54.56%	

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

Community Services

Staff History by Program



	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Administrative Services	25.50	24.50	25.50	30.50	32.50
Drug Offender Recovery Services	14.40	14.40	14.40	14.40	14.10
Early Intervention	32.70	32.70	37.70	37.70	38.70
Emergency Services	44.47	47.47	56.47	59.47	72.47
Medical Services	14.00	16.00	17.50	17.50	21.80
MH Day Support & Employment Services	20.00	20.00	20.00	19.00	19.00
MH Residential Services	45.00	46.00	48.00	47.00	51.00
DD Day Support/Employment Services	0.20	0.20	0.20	0.20	0.20
ID/DD Day Residential Services	3.00	3.00	2.00	2.00	0.00
Youth Substance Abuse and MH Services	33.85	33.85	39.85	40.85	47.10
DD Case Management	44.40	44.40	52.40	56.40	61.40
Clinical Behavioral Health Program	42.38	44.38	38.38	38.38	40.38
Comprehensive Outpatient Recovery Program	21.87	21.87	30.37	30.37	32.37
Public Safety Resilience Program	4.00	0.00	0.00	0.00	0.00
Full-Time Equivalent (FTE) Total	345.76	348.76	382.76	393.76	431.01

Future Outlook

Re-Investment in Behavioral Health – Recognizing the need to improve access, quality and consistency of behavioral health services across Virginia, in 2017, the General Assembly set the Systems Transformation Excellence and Performance (STEP-VA) initiative in motion, with the goal of expanding access to nine core services across Virginia’s public behavioral health system. In the FY2022 Budget, the Prince William Board of County Supervisors (BOCS) adopted Community Services (CS) five-year budget plan, in recognition of the need to increase resources for community-based behavioral health and developmental services in the County. Since that time, the COVID epidemic’s impact on those with mental health and substance use disorders has increased the demand for behavioral health services on an already stretched system of care. A study conducted by the Centers for Disease Control indicated that 40% of people identified as having serious mental health problems showed a significant increase in symptoms, including anxiety, depression, and overdose in response to the public health emergency.

The importance of implementing evidence-based treatment approaches to address mental health and substance use disorders is recognized by the Department of Behavioral Health and Developmental Services (DBHDS), and Virginia’s Department of Medical Assistance Services through the Behavioral Health Redesign for Access, Value and Outcomes (BRAVO) project initiative. BRAVO is a comprehensive system that focuses on access to behavioral health services that are high quality, evidence-based, and trauma informed and provides increased rates to encourage expansion of providers to meet the service demands. On July 1, 2021, BRAVO implemented service coverage for Mental Health (MH) Partial Hospitalization Program, MH Intensive Outpatient, and Assertive Community Treatment. On December 1, 2021, BRAVO will implement service coverage for Multisystemic Therapy, Functional Family Therapy, Mobile Crisis, Community Stabilization, 23-hour Observation and Residential Crisis Stabilization to further the plan for fully integrated behavioral health services that provide a full continuum of care.

Transforming the Behavioral Health Crisis System – The Marcus-David Peters Alert Act, known as Marcus Alert, was signed into law in November 2020. The Act modifies the Code of Virginia to add [9.1-193](#). Mental health awareness response and community understanding services (Marcus) alert system and the addition of the Code of Virginia [37.2-311.1](#). These laws require DBHDS to develop a comprehensive crisis system based on national best practice models and composed of a crisis call center (988), community care and mobile crisis teams, crisis stabilization centers, and the Marcus Alert system. DBHDS is developing these efforts through their Systems Transformation Excellence and Performance (STEP-VA) initiative.

Marcus Alert and STEP-VA initiatives are building the infrastructure of a statewide comprehensive behavioral health crisis response system. December 2021, CS became the first Community Service Board (CSB) in Region 2 (Northern Virginia) to implement the mandated protocols and policies to divert behavioral health crises from a primarily law enforcement response to a behavioral system of care. STEP-VA funding will provide for a regional crisis call center to receive and respond to individuals experiencing behavioral health crisis and dispatch local and regional crisis mobile response teams. Marcus Alert legislation requires specialized training for law enforcement to ensure safety when law enforcement assistance is needed in response to a behavioral health crisis. By July 2022, 988 will be the 3-digit phone number for individuals in crisis to connect nationwide to suicide prevention and mental health crisis counselors through the regional crisis call center. The BOCS has directed CS to explore the establishment of a Crisis Receiving Center (CRC) within Prince William County (PWC) for residents experiencing a behavioral health crisis, as an alternative to psychiatric hospitalization. PWC and CS regional partners are in the process of building a robust behavioral health crisis response system, to provide a therapeutic, health focused approach to behavioral health emergencies. The crisis response system under development includes services across the continuum, including 988/Regional Crisis Call Center, Regional Mobile Crisis, an Engagement and Outreach Team, a Co-Responder Team, and a CRC.

Workforce Retention and Development – Staffing shortages have resulted in five of the eight Virginia state inpatient psychiatric facilities having to put a hold on admissions. Community-based providers of behavioral health treatment and developmental disability services are experiencing the same workforce shortages in all areas of operations that the inpatient facilities experience. There were not enough behavioral health professionals in Virginia before COVID 19, and the public health emergency has increased the need for mental health and substance abuse treatment providers. Increased regulations and requirements further stress the service delivery system. Many treatment providers have left the profession. All these factors create challenges to developing and retaining a quality workforce.

Community Services

Addiction – Drug overdose deaths continue to climb in Virginia. The rising presence of fentanyl found in many substances has contributed to this increase. Methamphetamine was a factor in 17% of Virginia’s drug deaths in 2020 and is now one of the most frequently cited substance abuse addictions. Virginia legislation legalizing marijuana, as well as gambling and casino regulations, has created new challenges when planning for prevention, treatment, and recovery supports. In addition to treatment efforts aimed at reaching and engaging high risk individuals early, such as Medication Assisted Treatment (MAT), Behavioral Health and Wellness efforts will work toward providing education to the public and increasing awareness and prevention of substance use and other clinical addictions and the promotion of mental health wellness.

General Overview

- A. Reconcile the FY22 CS Budget to the State Performance Contract** – Each year, CS completes a budget reconciliation to match revenue and expenditure adjustments that become known after the County’s annual budget is adopted, specifically the reconciliation of state and federal revenues to the state performance contract. During FY22, reconciliation provided an increase in on-going revenue support of \$1,227,965. This was not a typical reconciliation item due to additional funding awards from the STEP-VA initiative. The on-going funding supports the following programs: implementation of the mandated Marcus Alert project, expansion of services for outpatient programs, Peer and Family Support, and for Service Member Veterans and Families. There was also an increase in on-going budgeted Medicaid revenues to ensure no County funding is necessary to fully-fund these initiatives. The funding created 9.5 FTE, (1.0 FTE) Clinical Services Case Management Manager, (3.0 FTE) Senior Clinical Services Caseworks, (4.0 FTE) Clinical Service Caseworkers, and (1.5) Clinical Services Caseworker Associates. This item was approved by [BOCS Resolution 21-431](#). There is no impact on local general fund tax support.
- B. Additional Reconciliation of State Performance Contract Funds** – In September 2021, the BOCS approved [BOCS Resolution 21-507](#) which increased CS’s FY22 Budget in the amount of \$422,832 on-going funding and \$1,444,527 in one-time funding. On-going funding was increased to address administrative and programming staffing needs. Contractual support and services were increased to support Early Intervention Part C Infant and Toddler Connection. Virginia Department of Juvenile Justice provided funding for a part-time position to shift to a full-time position. A total of 3.2 FTE was created with the on-going state funding, (1.2 FTE) Clinical Services Caseworker, (1.0) Fiscal Analyst, and (1.0) Fiscal Specialist. There is no impact on local general fund tax support.
- C. Appended Reconciliation of State Performance Contract Funds** – In March 2022, the BOCS approved [BOCS Resolution 22-140](#) which increased CS’s FY22 Budget in the amount of \$86,069 in on-going funding, \$692,641 in one-time funding, and the reallocation of \$82,573 from [BOCS Resolution 21-507](#). The Mental Health Block Grant received an on-going funding increase of \$42,675 and the Administrative Services program received as part of the Performance Contract an increase of \$15,967 in on-going support. Since the approval of Resolution 21-507 there has been a significant increase in service demand for Support Coordination, which is a service delivered by CS staff. To meet this need and to maintain compliance with Part C service requirements contractual funds were reallocated to support one Clinical Service Caseworker. To accomplish this goal CS increased Medicare on-going revenue by \$27,427 and reallocated \$82,573 from the prior Resolution to fully support the position.
- D. Forensic Discharge Planning Funding** – In July 2021, CS received a grant in the amount of \$230,926 from DBHDS for forensic discharge planning funding. CS will work with the PWC Adult Detention Center (ADC) to provide jail discharge planning and post-release follow-up services to inmates with Serious Mental Illness (SMI). The ADC is ranked among the top seven with the highest SMI population out of the 21 Regional Jails that participated in the 2016 State Compensation Board survey. CS created two Clinical Services Caseworker positions to track, monitor and connect individuals directly to CS through the Reentry Program. [BOCS Resolution 21-430](#) was approved by the BOCS for on-going funding of \$203,433 to support this initiative. There is no impact on local general fund tax support.
- E. Redistribution of Internal Service Fund (ISF) Technology Budget** – The County annually allocates all information technology (IT) costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include computer support (hardware replacement, software licenses, and helpdesk customer services), IT security, business systems support (public safety communications, financial systems, human services systems, etc.), geographic information system, web services, capital equipment replacement, messaging, cloud storage, network and infrastructure services, telecommunications, and radio. The cost basis is calculated through a formula derived from the Department of Information Technology’s (DoIT) ISF fee schedule.

Community Services

For FY23, ISF costs have been revised to align and more accurately reflect overall technology activities with current department specific technology services. Costs are adjusted to reflect agency technology usage more accurately, as tracked by DoIT billing systems using the updated methodology. In FY23, the CS's technology bill increases by \$313,070. No technology service levels are changed, and there is no impact to the technology services individual agencies currently receive. For additional information on the countywide impact and methodology of redistributing technology charges, please see the Budget Highlights section of this document.

- F. Shift from Social Services (Homeless Services) to CS (Projects for Assistance in Transitioning the Homeless (PATH) and Clinical Homeless Services (CHS))** – In the adopted FY2022 Budget, an initiative was approved to provide on-going funding for positions providing homeless services in PWC's Ferlazzo Building. One position was shifted from DSS with a salary and benefits budget of \$94,650 to CS, PATH and CHS programs. The Clinical Services Caseworker position will support the Homeless Navigation Center - East, a "one-stop shop" for improved service delivery and management of the clients' needs. CS will provide services to reduce homelessness and improve mental and behavioral health services.
- G. Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, CS revenue increased \$231,846.
- H. Removal of One-Time Costs** – One-time costs of \$54,960 associated with the CS's staffing plan added in FY22 Budget have been removed in the FY2023 Budget.

Budget Initiatives

A. Budget Initiatives

1. Adult Crisis Receiving Center (CRC) – Emergency Services

Expenditure	\$2,700,000
Revenue\$	0
General Fund Impact	\$2,700,000
FTE Positions	0.00

- a. Description** – On March 9, 2021, the BOCS issued [Directive 21-23](#) which directed the County Executive to explore the possibility of having a County CRC and Trauma Treatment Program for the provision of mental health services in the community. The total scope of the project includes annual contractual funding for psychiatric services associated with 8 inpatient beds and 8 recliners for adult clients. The estimated general fund impact is \$2.7 million. The CRC will increase capacity and access for citizens experiencing a behavioral health crisis reducing time to treatment. An improved efficiency of having local resources is reducing interaction with law enforcement. Without the local CRC the Police Department is legally mandated to maintain custody of the citizen in crisis until a temporary detention order hearing can be conducted and crisis bed identified. Having a local CRC will help police officers return quickly to patrol duty.
- b. Service Level Impacts** – Having a local CRC will allow the local Police Department and Co-Responder teams to transport clients experiencing mental health crisis directly to the CRC, reducing the time to treatment which aligns with PWC's Co-Responder initiatives funded in the FY21 and FY22 budgets. This initiative addresses several areas in the County's [2021-2024 Strategic Plan](#). Under Health, Wellbeing, & Human Services goal CS will be providing services covering a range of action strategies one of which is to reduce waiting lists for human services. Another area is the Safe and Secure Community goals by increasing the use of diversion from the legal/court system.

Community Services

2. FY23 CS Staffing Plan – Development Disability (DD) Case Management; DD Day Support and Employment Services; Emergency Services (ES); Medical Services; Clinical Behavioral Health Program (CBHP); Mental Health (MH) Residential Services; Youth Substance Abuse and MH Services

Expenditure	\$2,483,605
Revenue	\$210,000
General Fund Impact	\$2,273,605
FTE Positions	20.00

- a. **Description** – This initiative funds the FY23 CS staffing plan consisting of 20.0 positions. First-year costs breakdown is \$2,269,635 for on-going and \$213,970 in one-time funding. The total for this initiative is \$2,483,605 with the state providing revenue support of \$210,000 to reduce the general fund impact to \$2,273,605. The below information breaks down the increase in program capacity for the community.
- b. **DD Case Management** – The initiative increases case management support for individuals on waitlists for disability waivers. DD Case Management will have capacity to increase client services by 120 clients from 1,270 clients in FY22 to 1,390 clients in FY23. DD Case Management will increase by three positions, one Senior Clinical Services Caseworker, and two Clinical Services Caseworkers. There is also one-time funding for two vehicles.
- c. **DD Day Support and Employment Services** – DD Day Support Services will receive an increase of \$300K in contractual support to provide general day care or day program services. DD Day Support Services will have capacity to increase client services by 30 clients from 55 clients in FY22 to 85 clients in FY23.
- d. **Emergency Services (ES)** – This initiative adds increased funding for Access and Emergency Services will improve ES response time and help reduce the incarceration of mentally ill people. Access serves as the entry point for MH and substance abuse services. Access assessments will increase capacity by 375 clients from 1,950 clients in FY22 and 2,325 clients in FY23. ES will increase by eight positions, one Human Services Program Manager, one Clinical Services Case Management Manager, and six Clinical Services Caseworkers.
- e. **Medical Services** – Medical Services provides psychiatric evaluations, medication, and assessments for medical follow-up evaluations for clients. Capacity will increase by 350 clients from 2,200 in FY22 to 2,550 in FY23. Medical Services will increase by three positions, one Human Services Specialist, one Clinical Services Case Manager, and one Clinical Services Caseworker.
- f. **Clinical Behavioral Health Program (CBHP)** – At the end of FY21, CS changed the Mental Health Outpatient Program to CBHP. CBHP provides outpatient case management and treatment services to adults with behavioral health or mental health illness and provides services for families of the adult in crisis. The program will increase capacity by 60 clients from 1,700 in FY22 to 1,760 in FY23. CBHP will increase by two Administrative Technician positions.
- g. **Mental Health (MH) Residential Services** – MH Residential Services assists adults with serious mental illnesses to remain as independent as possible in the community. MH Residential Services will increase by one Administrative Technician position.
- h. **Youth Substance Abuse and MH Services** – Clients helped by case management services will increase capacity by 60 clients from 275 in FY22 to 335 in FY23. Youth Substance Abuse and MH Services will increase by three positions, two Clinical Services Caseworkers, and one Administrative Technician.
- i. **Service Level Impacts** – This initiative addresses several areas in the County's [2021-2024 Strategic Plan](#). Under Health, Wellbeing, & Human Services goal CS will be providing services covering a range of action strategies one of which is to reduce waiting lists for human services. This initiative also supports the action strategy to expand or enhance the continuum of community-based care and treatment services that address human service needs on a pathway to self-sufficiency and stability. Another area is the Safe and Secure Community goals CS will work with other emergency agencies to develop and test comprehensive action plans to ensure adequate coordination that provide customer assistance.

Community Services

3. Five-Year Staffing Plan – Below is a summary of the staffing initiatives included in the FY2023-2027 Five-Year Plan:

Title	Programs Supported	FTE	FY23	FY24	FY25	FY26
FY23 Staffing Plan	DD Case Management; DD Day Support Services; Emergency Services; Medical Services; CBHP; MH Residential Services; Youth Substance Abuse and MH Services	20.00	\$ 2,483,605	\$ 2,330,986	\$ 2,330,986	\$ 2,330,986
FY24 Staffing Plan	DD Case Management; DD Day Support/Employment Services; Emergency Services; CBHP; Youth Substance Abuse and MH	11.00	\$ -	\$ 1,796,110	\$ 1,706,284	\$ 1,706,284
FY25 Staffing Plan	DD Case Management; DD Day Support/Employment Services; Drug Offender Recovery Services; Early Intervention; Emergency Services; Comprehensive Outpatient Recovery Program; Youth Substance Abuse & MH Services	22.00	\$ -	\$ -	\$ 2,629,969	\$ 2,450,317
FY26 Staffing Plan	Administrative Services; DD Case Management; DD Day Support Services; Early Intervention; Youth Substance Abuse and MH	9.00	\$ -	\$ -	\$ -	\$ 1,243,542
Expenditure			\$ 2,483,605	\$ 4,127,096	\$ 6,667,239	\$ 7,731,129
Revenue			\$ 210,000	\$ 444,000	\$ 892,000	\$ 1,257,000
Net General Fund Impact			\$ 2,273,605	\$ 3,683,096	\$ 5,775,239	\$ 6,474,129

Program Summary

Administrative Services

Administrative Services includes Accounting and Procurement, Management Information Systems, Human Resources Management, and Leadership and Management Oversight. It is the responsibility of leadership to work with the CSB, staff, and community stakeholders to ensure these services are effective and provide the best possible return on investment of tax dollars.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Change in fee revenue received from prior fiscal year	19.0%	3.7%	17.0%	2.4%	5.0%
Customers rating services as helpful	90%	92%	90%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Accounting & Procurement	\$1,685	\$1,815	\$1,918	\$1,512	\$1,695
Fees collected	\$7.4M	\$7.7M	\$8.5M	\$7.9M	\$8.2M
Management Information Systems	\$1,026	\$1,115	\$1,311	\$1,335	\$681
Customers rating services as helpful	90%	92%	90%	90%	90%
Human Resources Management	\$229	\$212	\$248	\$187	\$282
Leadership & Management Oversight	\$1,505	\$2,053	\$2,321	\$2,499	\$2,592
Total agency clients served	10,135	9,275	10,699	10,100	10,500

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

Community Services

Drug Offender Recovery Services

Provides a comprehensive drug treatment continuum of care for offenders with the most severe drug dependence disorders. Avoids gaps in services that result in relapse and recidivism through close collaboration with the ADC and probation agencies. Services include assessments, individual and group therapy, MAT, high intensity drug trafficking area (HIDTA), residential and jail-based treatment, and family support.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Criminal Justice clients who stop using drugs	50%	45%	42%	45%	45%
Drug Offender Rehab Module clients who do not return to the ADC within 3 years	72%	75%	82%	75%	75%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
ADC Services	\$1,065	\$1,099	\$1,187	\$1,117	\$1,193
Inmates treated in male and female dormitories	174	144	68	170	100
Community Criminal Justice Services	\$541	\$462	\$362	\$627	\$685
HIDTA clients served	66	72	56	60	60
Intensive case management clients served	170	88	NR	125	-

Early Intervention

Early Intervention services are provided by Virginia licensed and Part C certified physical therapists, occupational therapists, speech-language pathologists, and early childhood special educators and service coordinators for infants and toddlers, birth through two years old who have a diagnosed condition affecting their development, qualitative concerns with their development or a delay of at least 25% in one or more developmental areas. Services are intended to help the child develop the necessary motor, communication, social-emotional, feeding and play skills to be an active member of their family and community.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Early intervention services clients who do not require special education	56%	53%	49%	53%	52%
Children demonstrating improved acquisition and use of knowledge and skills	67%	61%	53%	62%	60%
Families report services helped their family to help their child develop & learn	86%	89%	85%	82%	85%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Assessment and Service Coordination	\$1,899	\$1,909	\$2,108	\$2,284	\$2,611
Infants, toddlers, and families served by assessment and coordination	1,357	1,310	1,472	1,450	1,400
Therapeutic and Educational Services	\$2,460	\$2,422	\$2,639	\$2,751	\$2,911
Infants, toddlers, and families served by therapeutic and educational services	1,104	1,040	1,129	1,330	1,100

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

Community Services

Access and Emergency Services

Serves as the point of entry for all behavioral health services within CS. Provides state-mandated 24-hour crisis intervention services, as well as Same Day Access for comprehensive assessments for residents seeking CS services.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Cases diverted from inpatient treatment	44%	32%	60%	28%	50%
Emergency Services clients satisfied with services received*	96%	95%	NR	95%	95%

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

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
CS Intake and Emergency Telephone Services	\$1,145	\$1,188	\$1,323	\$1,375	\$4,416
Access assessments completed	2,192	1,613	1,831	1,950	2,325
Emergency Services	\$3,966	\$4,255	\$4,746	\$5,071	\$6,835
Emergency Services clients served	2,926	2,439	2,351	3,000	2,400

Medical Services

Provides psychiatric evaluations, medication, MAT, and assessments as to the need for medical follow-up to clients. Nursing staff maintains medication records and inventory, conduct primary care screenings, and provide patient care as directed by psychiatrists. Medical Services also provides medical consultation to staff regarding their clients, as well as education to staff and clients regarding psychotropic medication.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Medical Services customers satisfied with services	94%	93%	90%	91%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Medical Services	\$2,570	\$2,842	\$2,964	\$3,643	\$4,386
Total clients served by Medical Services	2,227	2,119	2,241	2,200	2,550

Community Services

Mental Health Day Support & Employment Services

Provides psychosocial rehabilitation services and/or supported employment services through a variety of programs. Service goal is to help persons with severe mental illness, cognitive disabilities, and/or co-occurring disorders to improve their capabilities and the quality of their lives by providing meaningful opportunities to integrate in and contribute to their community of choice.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Clients who maintain employment for more than 90 days	87%	92%	86%	90%	89%
Psychosocial rehabilitation clients who maintain or improve functioning level	100%	94%	91%	90%	93%
Vocational Services clients reporting satisfaction with services	94%	94%	93%	95%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Day Support Services	\$1,150	\$1,129	\$1,253	\$1,251	\$1,356
Clients served by day support services	110	97	84	105	100
Employment Services	\$734	\$712	\$773	\$791	\$829
Clients served by employment services	261	226	177	256	252

Mental Health Residential Services

Assists adults with serious mental illnesses to remain as independent as possible in the community by providing directly or contracting for a variety of levels of clinical services to assist them in maintaining their level of functioning; or connect with vendors who provide 24-hour residential care for those adults who cannot remain outside of institutional settings without that level of support.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Clients successfully engaged in services and maintained in the community	97%	96%	98%	95%	95%
Clients expressing satisfaction with service provided	86%	86%	87%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Supportive Residential In-Home Services	\$2,424	\$2,489	\$2,645	\$2,795	\$3,179
Clients served by supportive residential in-home services	157	139	152	150	150
Intensive Residential Services	\$922	\$1,358	\$714	\$1,518	\$1,518
Clients served in group homes	32	30	15	15	15
Crisis Stabilization Services	\$1,899	\$1,921	\$995	\$1,947	\$1,947
Clients served by crisis stabilization services	236	205	97	250	200
Intensive Community Treatment (ICT) Services	\$1,557	\$1,641	\$1,752	\$1,897	\$2,038
Clients served by ICT services	75	86	107	90	115
Young Adult Services (YAS)	\$592	\$853	\$923	\$1,123	\$1,484
Clients served in YAS	48	46	47	50	50

Community Services

Developmental Disability Day Support/Employment Services

Vendors provide services in the community to individuals with DD that provide general day care or day program services to enable individuals to acquire, improve, or maintain functional abilities, enhance community integration, or obtain competitive employment.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Program clients successfully maintained in the community	94%	94%	90%	96%	96%
Clients who are satisfied with program services	97%	90%	90%	98%	98%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Day Care Services	\$485	\$668	\$698	\$583	\$584
Clients served by day care services	80	48	31	55	85
Day Support Services	\$1,204	\$857	\$761	\$1,163	\$1,313
Clients served by DD day support services	37	35	16	52	55
Sheltered Employment Services	\$154	\$11	\$6	\$576	\$577
Supported Employment Services	\$664	\$846	\$691	\$1,178	\$1,329
Clients served by supported employment services	81	80	58	92	92

Intellectual/Developmental Disability Day Residential Services

Adults with Intellectual Disabilities (ID) and or DD are provided support services directly or by contract that assist them in remaining as independent as possible in their community. For adults with developmental disabilities who cannot live independently, licensed vendors in the community who accept DD waivers provide 24-hour residential care to assist them with health care, skill development, and community integration.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Client family satisfaction	96%	94%	97%	95%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Group Home Services	\$181	\$259	\$256	\$120	\$120
Clients served by group home services	247	250	254	255	255
Supported Living Services	\$608	\$682	\$643	\$652	\$451
Clients served by supported living services	26	21	21	30	30

Community Services

Youth Substance Abuse & Mental Health Services

Provides services to youth with mental health and/or substance abuse disorders in local public high schools, outpatient clinics, and homes. Services provided include assessment, individual, family and group therapy, case management, behavioral health wellness, and HIDTA prevention.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Clients completing treatment who improve in functioning	83%	73%	48%	75%	75%
Clients satisfied with services	95%	96%	93%	95%	95%
Teen clients who stop using drugs/alcohol	65%	64%	79%	65%	65%
Grade point average improvements for HIDTA prevention clients*	+0.70	NR	NR	+0.70	+0.70
Reduced school absences for HIDTA prevention clients*	51%	NR	NR	40%	40%

*Due to COVID-19 data was not collected for FY20 and FY21 for both HIDTA measures.

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Behavioral Health Wellness Services	\$3,495	\$876	\$916	\$1,129	\$1,565
Prevention activity participants (students and parents)	309	519	1,380	400	400
Case Management	\$3	\$1,781	\$1,897	\$2,017	\$2,273
Clients served by case management	245	301	292	275	335
Outpatient Services	\$0	\$984	\$1,183	\$1,443	\$1,696
Clients served by outpatient	1,565	1,227	923	1,657	1,657

Developmental Disability Case Management

Provides case management, support, and connections to community resources and services for individuals who have a DD and may need assistance accessing supports in the community. Serves all ages with priority to adults and all DD waiver recipients.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Clients successfully maintained in the community	96%	97%	97%	98%	98%
Clients and family members satisfied with services	89%	90%	97%	93%	93%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Case Management Services	\$4,519	\$4,707	\$5,537	\$5,861	\$7,038
Clients served by DD case management services	1,004	1,051	1,131	1,270	1,390

Community Services

Clinical Behavioral Health Program (CBHP)*

Provides outpatient case management and treatment services to adults and their families for individuals with a behavioral health or mental health illness. Services include individual, family, and group therapy, evaluations, case coordination, case management, peer support, and community referrals. Provides case management and outpatient treatment services to adults ages 18 and older diagnosed with a serious mental illness and/or co-occurring disorders and involve the client's family as clinically indicated. Case management services identify and link individuals to community resources that facilitate community integration. Outpatient Treatment services provide evidence-based, trauma-informed, culturally competent, individual and group therapy. All treatment services are time limited.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Seriously mentally ill clients completing treatment who improve in functioning	35%	36%	56%	40%	40%
Clients satisfied with services received	96%	86%	93%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Seriously Mentally Ill Adult and Family Services	\$4,010	\$3,336	\$3,525	\$3,798	\$4,358
Clients served by seriously mentally ill adult and family services	1,981	1,751	1,747	1,700	1,760

*CS changed the name of Mental Health Outpatient to CBHP at the end of FY21.

Comprehensive Outpatient Recovery Program (CORP)*

Provides outpatient case management and treatment services to adults with substance use disorders and their families. Services include individual, family, and group therapy, evaluations, case coordination, case management, peer support, and community referrals.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Clients who are substance free upon completion of treatment	71%	74%	75%	75%	75%
Customers satisfied with services received	98%	95%	96%	95%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Adult SA Services	\$2,198	\$2,449	\$2,841	\$3,386	\$3,893
Clients served by adult SA services	984	722	826	900	850

*CS changed the name of Substance Abuse Adult Outpatient to CORP at the end of FY21.