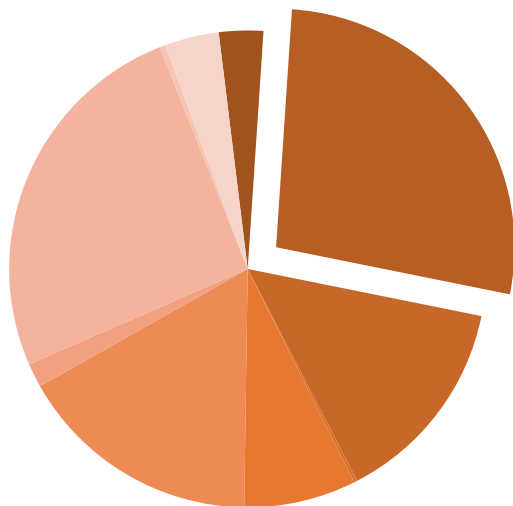


Community Services

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.



Health, Wellbeing & Environmental Sustainability
Expenditure Budget: \$345,898,466

Expenditure Budget: **\$93,779,416**

27.1% of Health, Wellbeing & Environmental Sustainability

Programs:

- Administrative Services: \$13,870,046
- Adult Behavioral Health and Recovery Services: \$11,938,333
- Developmental Disability Services: \$12,923,649
- Early Intervention Services for Infants and Toddlers: \$7,601,273
- Emergency Services and Assessment: \$22,649,412
- Medical Services: \$5,395,342
- Mental Health and Co-Occurring Community Support Services: \$12,258,436
- Youth Behavioral Health and Recovery Services: \$7,142,925

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 system. The Marcus Alert 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	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed	% Change Budget FY25/ Budget FY26
Administrative Services	\$6,043,565	\$7,877,303	\$13,081,567	\$11,385,641	\$13,870,046	21.82%
Adult Behavioral Health and Recovery Services	\$8,470,218	\$9,330,585	\$9,610,602	\$11,366,082	\$11,938,333	5.03%
Developmental Disability Services	\$8,549,702	\$9,506,658	\$11,242,237	\$12,173,739	\$12,923,649	6.16%
Early Intervention Services for Infants and Toddlers	\$4,867,606	\$5,839,375	\$6,396,711	\$6,782,169	\$7,601,273	12.08%
Emergency Services and Assessment	\$6,566,031	\$14,038,594	\$16,158,306	\$15,492,407	\$22,649,412	46.20%
Medical Services	\$2,990,260	\$3,911,770	\$4,345,279	\$4,843,909	\$5,395,342	11.38%
Mental Health and Co-Occurring Community Support Services	\$11,768,551	\$9,139,194	\$9,460,979	\$11,841,824	\$12,258,436	3.52%
Youth Behavioral Health and Recovery Services	\$4,614,904	\$5,426,551	\$6,200,079	\$6,457,664	\$7,142,925	10.61%
Total Expenditures	\$53,870,838	\$65,070,030	\$76,495,760	\$80,343,436	\$93,779,416	16.72%

Expenditure by Classification

Salaries & Benefits	\$41,055,565	\$47,825,006	\$56,168,917	\$59,362,168	\$66,975,784	12.83%
Contractual Services	\$8,276,557	\$8,087,032	\$9,297,782	\$12,532,253	\$17,737,500	41.53%
Internal Services	\$2,364,658	\$2,892,714	\$3,048,773	\$2,624,075	\$2,755,376	5.00%
Purchase of Goods & Services	\$2,001,760	\$3,180,492	\$3,850,531	\$5,724,632	\$6,275,448	9.62%
Capital Outlay	\$39,125	\$271,902	\$350,041	\$80,000	\$15,000	(81.25%)
Leases & Rentals	\$105,642	\$88,625	\$93,762	\$149,525	\$149,525	0.00%
Reserves & Contingencies	\$0	\$0	\$0	(\$158,982)	(\$158,982)	0.00%
Depreciation Expense	\$3,274	\$0	\$0	\$0	\$0	-
Debt Maintenance	\$24,258	\$24,258	\$24,258	\$24,258	\$24,258	0.00%
Payments to Other Local Agencies	\$0	\$0	\$0	\$5,508	\$5,508	0.00%
Transfers Out	\$0	\$2,700,000	\$3,661,678	\$0	\$0	-
Total Expenditures	\$53,870,838	\$65,070,030	\$76,495,742	\$80,343,436	\$93,779,416	16.72%

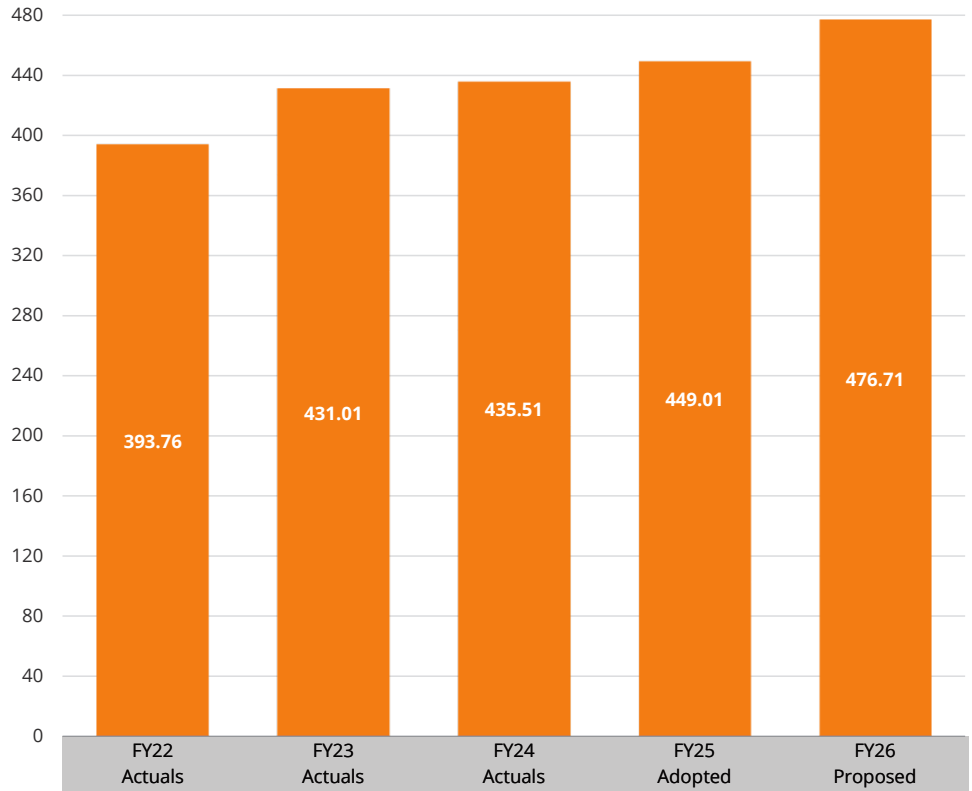
Funding Sources

Revenue from Federal Government	\$3,720,613	\$4,324,794	\$4,466,567	\$2,936,519	\$2,978,607	1.43%
Revenue from Other Localities	\$3,501,233	\$3,732,887	\$3,980,227	\$4,104,020	\$4,104,020	0.00%
Miscellaneous Revenue	\$56,743	\$5,883	\$30,072	\$25,712	\$0	(100.00%)
Charges for Services	\$1,809,040	\$822,768	\$1,007,660	\$740,071	\$765,783	3.47%
Revenue from Commonwealth	\$18,049,330	\$26,792,769	\$29,446,927	\$26,691,334	\$31,077,952	16.43%
Transfers In	\$0	\$0	-	\$0	\$0	-
Total Designated Funding Sources	\$27,219,236	\$35,679,099	\$38,931,454	\$34,497,656	\$38,926,362	12.84%
Net General Tax Support	\$26,651,602	\$29,390,931	\$37,564,288	\$45,845,780	\$54,853,054	19.65%
Net General Tax Support	49.47%	45.17%	49.11%	57.06%	58.49%	

Community Services



Staff History by Program



	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Administrative Services	30.50	32.50	49.00	59.00	69.00
Adult Behavioral Health and Recovery Services	83.14	86.84	80.29	83.29	82.04
Developmental Disability Services	58.60	61.60	60.70	60.70	67.00
Early Intervention Services for Infants and Toddlers	37.70	38.70	42.70	42.70	46.50
Emergency Services and Assessment	59.47	72.47	69.67	64.17	67.67
Medical Services	17.50	21.80	17.90	20.30	20.30
MH and Co-Occurring Community Support Services	66.00	70.00	69.30	71.90	74.50
Youth Behavioral Health and Recovery Services	40.85	47.10	45.95	46.95	49.70
Full-Time Equivalent (FTE) Total	393.76	431.01	435.51	449.01	476.71

Community Services

Future Outlook

Access to Care and Enhanced Capacity – Behavioral healthcare is at a pivotal moment, emphasizing that individuals receive the right services at the right time. Federal, state, and local efforts are aligning with communities, families, and providers to prioritize timely access to high-quality, evidence-based care that meets the diverse and evolving needs of those served. As the most diverse and second most populous community in Virginia, Prince William County (PWC) is experiencing significant growth, driving an increased demand for behavioral health and developmental disability services that are responsive to the complex and unique needs of the population.

Community Services (CS) has fully implemented the 9 Core Services of System Transformation Excellence and Performance in Virginia (STEP-VA), a framework modeled after the Certified Community Behavioral Health Clinic approach to service delivery. This model emphasizes expanded access to care, comprehensive services, and outcomes-based quality measures in behavioral health. However, despite its potential, STEP-VA is not yet fully funded, which poses challenges to meet the growing demand for services and fully realizing the model's intended impact.

CS is advancing the design and development of the Crisis Receiving Center (CRC), a cornerstone of the PWC community's crisis response system. This center will enhance the capacity to manage behavioral health crises locally and reduce the need for hospitalizations. Combined with the Co-Responder Program proven to significantly decrease out-of-area Temporary Detention Order placements will further improve the experiences of youth and adults in crisis. These initiatives offer timely, community-based alternatives to inpatient care. As crisis response is enhanced and individuals are connected to care through co-located CS programs and community partners, demand is anticipated for community-based behavioral health services.

Meeting Community Needs – Several CS programs will continue to meet the emerging needs of the community, The Office-Based Addiction Treatment (OBAT) targets adults with substance use and co-occurring disorders, OBAT enhances treatment options and increases access to life-saving medications. Funded by the Opioid Abatement Authority, this program is similar to Office-Based Opioid Treatment and addresses opioids but also other substances. System of Care – Intensive Care Coordination is a program designed for youth involved with multiple human service agencies — including Department of Social Services, behavioral health, schools, juvenile justice, and healthcare. This program wraps a comprehensive network of community-based services around youth, aiming to improve mental health outcomes for children and youth, from birth through age 21, who are at risk for or experiencing serious emotional disturbances and their families. The Trauma Program offers evidence-based outpatient services for youth and adults, focusing on recovery, resilience, and improved quality of life. It is designed to provide immediate support during times of crisis and can be accessed through the Same-Day Access Program, ensuring individuals receive prompt care. To meet the evolving needs of a diverse population, sustained and meaningful investments in mental health, substance use, and developmental disability services are critical. These investments will expand CS's capacity to effectively and collaboratively serve the community, ensuring that vital services and treatments are accessible to all.

Promoting Prevention, Recovery and Wellness – CS believes that all individuals have the potential to thrive and lead fulfilling lives, promoting this expectation through its treatment and services. By partnering and collaborating with various county departments involved in forensic services, drug courts, veteran courts, and initiatives such as opioid partnerships with the Cities of Manassas and Manassas Park, the PW Health District, and Mason Empowerment Center, CS is advancing Recovery Support Systems that foster health and resilience while promoting harm reduction approaches.

CS will continue addressing the Opioid Crisis through prevention efforts such as conducting REVIVE trainings that offer naloxone to community members. Stakeholder partnerships have been developed to prioritize funding based on community needs as identified by the Prince William Health District's Community Needs Assessment, stakeholder discussion and surveys. Efforts are underway to continue distributing Leave Behind Bags offering critical resources to individuals in imminent crisis. Additionally, ways to enhance youth services are being explored, given the increased behavioral health needs among youth. The Fentanyl Exposed campaign successfully raised awareness about risks and overdose mitigation strategies, and a culturally literate campaign is now in development. This new initiative will focus on educating parents on how to discuss the dangers of fentanyl and other tranquilizers with their children. Materials will be provided in Spanish to support the large proportion of Spanish-speaking families in PWC. CS is also considering expanding prevention services for middle-school-aged youth to include the evidence-based curriculum, 5 Bridges. Furthermore, regional partnerships are being formed to develop detoxification and residential substance use programs for youth. CS will continue to be at the forefront in addressing the urgent need for substance use prevention, early intervention, harm reduction, treatment, and recovery support for both youth and adults.

Making the Workforce a Priority – CS places a high value on the skills, talent, and specialized training of its workforce. Both administrative and clinical staff are essential to the mission and play a crucial role in ensuring that CS meets the service, billing, and reporting mandates of the Code of Virginia. Even before the COVID-19 pandemic, a shortage of behavioral healthcare providers was projected through 2030. This shortage has been exacerbated by increased demand for treatment services post-COVID-19 and the heightened burnout experienced by many in the workforce. CS remains committed to workforce development and offers over 900 training sessions free of charge to employees. While most

Community Services

of the services are provided in person, telework options are available where possible, and employee wellness activities are emphasized to promote a better work-life balance. As approved by the Board of County Supervisors (BOCS), hiring bonuses will continue to be offered for hard-to-fill positions. CS also aims to offer stipends for internships and clinical supervision along with additional funding for recruitment efforts and job fairs. To enhance support systems, the Peer Recovery Support (PRS) pipeline will be expanded through collaboration with George Mason University's Empowered Communities Project (ECOP). Paid internships will be offered for Peer Recovery Specialists (PRS) to deepen their understanding of care for vulnerable populations. Staff are informed about federal loan repayment programs available for those working in public service.

Increasing Case Management Needs – CS has experienced increased demands for case management across various disability areas. From infants to geriatric populations, there is a growing need for assistance in navigating systems and care requirements through coordination, linking, and monitoring specialized services, as well as finding providers to address the multiple needs of individuals with developmental delays, disabilities, and/or behavioral health challenges. As more Social Determinants of Health (SDOH) are identified, the role of case managers often expands significantly. Additionally, with Governor's approval to release all Priority One waiver slots in Virginia, a substantial shortfall of support coordinators has emerged. This shortfall will lead to higher caseloads, increased administrative burdens, and concerns about reduced staff retention. CS is committed to developing, training, and retaining caring, compassionate, and competent case managers while continuing to advocate with the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) to address the ever-increasing regulatory requirements and challenges of unfunded mandates.

General Overview

A. Reconcile the FY2024 CS Budget to the State Performance Contract – The DBHDS and other funding sources provide funding to Prince William County (PWC) CS through the Performance Contract. On May 14, 2024, the BOCS approved [BOCS Resolution 24-386](#) which increased CS's budget by \$1,940,144 in ongoing funding. DBHDS allocated ongoing funds of \$1,622,886 for FY25 and beyond, along with a prorated distribution of \$811,443 for six months of FY24. These funds are for a 3% increase in staff compensation and additional funds for staff development, as adopted in the General Assembly budget. Additionally, the ongoing state funds of \$1,118,701 are allocated for the Permanent Supportive Housing program to help individuals with serious mental illness (SMI) and developmental disabilities to establish and sustain housing. Another \$10,000 is allocated for the Regional Suicide Prevention Area Network (SPAN) for training and community outreach. This brings the total funding increase to \$2,751,587 for FY25. These ongoing state funds enabled the creation of 7.00 full-time equivalent (FTE) permanent positions. A summary of these funds and new positions are detailed below:

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
DBHDS Performance Contract	\$ 1,622,886	Administrative Services	-	Full year cost to compensate 3% increase and staff development
Permanent Supportive Housing	\$ 1,118,701	Mental Health / Developmental Disabilities	1.00	Clinical Services Case Management Manager
			2.00	Clinical Services Caseworker
			1.00	Clinical Services Caseworker Associate/Peer
			1.00	Principal Fiscal Analyst
			2.00	Senior Business Services Analyst
Suicide Prevention Area Network	\$ 10,000	Administrative Services	-	Community Outreach
Total	\$ 2,751,587		7.00	

Community Services

B. Reconcile the FY2024 CS Budget to the State Performance Contract – On June 4, 2024, the BOCS approved [BOCS Resolution 24-442](#) which increased CS's FY24 budget by \$486,960 in ongoing funding. The ongoing state funding supported the following new positions for a total of 4.50 FTEs:

- 2.00 FTEs Clinical Services Caseworker positions: one to provide STEP-VA Same Day Access intake assessments for treatment and another to coordinate services for infants with developmental delays.
- 1.00 FTE Senior Clinical Services Caseworker position to provide clinic-based youth outpatient and case management services.
- Reclassification of an existing part-time (0.50 FTE) Clinical Services Caseworker position to a full-time (1.00 FTE) for waitlist coordination in the Clinical Behavioral Health Program and 1.00 FTE Clinical Services Caseworker to provide treatment and recovery support for young adults with serious mental illness.

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
MH FBG Young Adult	\$ 119,617	Mental Health and Co-Occurring Community Support Services	1.00	Clinical Services Caseworker
STEP VA Same Day Access	\$ 100,492	Emergency Services & Assessment	1.00	Clinical Services Caseworker
STEP VA Outpatient/Case Management	\$ 166,359	Adult and Youth Behavioral Health & Recovery Services	1.00	Sr. Clinical Services Caseworker
			0.50	Reclass part-time 0.5 FTE to 1.00 FTE full-time Clinical Services Caseworker
Early Intervention Part C	\$ 100,492	Early Intervention Services for Infants & Toddlers	1.00	Clinical Services Caseworker
Total	\$ 486,960		4.50	

C. Reconcile the FY2025 CS Budget to the State Performance Contract – On September 17, 2024, the BOCS approved [BOCS Resolution 24-627](#) which increased the CS FY25 budget by \$356,758 in ongoing funding. DBHDS provided \$225,000 in ongoing Medicaid funds, and CS reallocated \$283,203 from contractual and other services to personnel funds. These funds supported the creation of 4.00 FTEs – 1.00 FTE Human Services Program Manager, 1.00 FTE Clinical Services Case Management Manager, and 2.00 FTEs Clinical Services Caseworker positions to provide case management support aimed at eliminating the Priority One DD Medicaid Waiver waitlist as adopted in Virginia General Assembly budget.

Additionally, the DBHDS Systems Transformation Excellence Performance (STEP-VA) initiative provided \$115,214 to create a 1.00 FTE Senior Business Analyst position to meet mandated DBHDS data analysis and records management requirements. In total, the CS FTE count will increase by 5.00 FTEs. Furthermore, the Virginia Department of Juvenile Justice increased its ongoing allocation by \$16,544 to continue providing case management and clinical support for youth involved in the Juvenile Justice System.

Community Services

D. Reconcile the FY2025 CS Budget to the State Performance Contract – On December 17, 2024, the BOCS approved [BOCS Resolution 24-812](#) which increased the CS FY25 budget by \$1,363,401 in ongoing funding. This ongoing funding will support mental health, substance use prevention, and community services. Specific allocations include \$1,000 for suicide prevention training and outreach, \$589,553 for crisis services at the Woodbridge CRC and Chantilly Stabilization Unit, and \$4,411 for sign language interpretation services to improve accessibility. Additionally, \$21,361 will support medically managed detoxification services, and \$105,503 will be used to expand substance use treatment for youth up to age 25. DBHDS provided \$641,573 in ongoing funding to establish 4.00 full-time permanent FTEs, 0.50 permanent part-time FTE, and convert a limited grant position to 1.00 FTE, and 0.50 permanent part-time position to 1.00 full-time FTE. In total, the CS FTE count will increase by 6.00 FTEs.

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
Regional Crisis	\$ 589,553	Emergency, Services and Assessment	-	PWC Woodbridge Crisis Receiving Center & Regional Chantilly Crisis Stabilization Unit
Suicide Prevention Area Network	\$ 1,000	Youth Behavioral Health & Recovery Services	-	Prevention Activities- Community Outreach
Deaf Services	\$ 4,411	Administrative Services	-	Sign Language & Interpretation Services
SUD Community Detox	\$ 21,361	Emergency, Services and Assessment	-	Detoxification Services to individuals with co-occurring substance use and mental health needs
SUD/DD Training & Treatment	\$ 105,503	Adult Behavioral Health & Recovery Services	-	SUD Community based treatment services
Performance Contract	\$ 346,364	Administrative Services	2.00	Principal Fiscal Analyst
			1.50	Administrative Specialist
Virginia Part C	\$ 143,503	Early Intervention for Infants & Toddlers	1.00	Human Services Program Manager
Problem Gambling Prevention	\$ 151,706	Youth Behavioral Health & Recovery Services	1.00	Sr Clinical Services Caseworker
			0.50	Clinical Services Caseworker
Total	\$ 1,363,401		6.00	

E. Reduction in Mental Health and Co-Occurring Community Support Services Program Budget – CS revenue and expenditure budget is reduced by \$800,000 in the Intensive Residential Services activity to align with expected expenditures due to changes in the Mental Health Discharge Assistance Program (MH DAP) state funding. The state has prioritized STEP-VA Crisis and the Crisis NOW model, focusing on crisis management in Crisis Receiving Centers instead of state psychiatric hospitals, thereby reducing the utilization of MH DAP funding.

F. Adjustment to Existing Positions – The FY26 Budget includes an increase of 0.50 FTE in the Administrative Services program and 0.50 FTE in the Developmental Disability program to convert two budgeted part-time positions into full-time positions. Additionally, a reconciliation identified an increase of 0.20 FTE in the Administrative Services program, which was approved by [BOCS Resolution 24-236](#) on March 12, 2024. In total, the CS FTE count will increase by 1.20 FTE. This adjustment comes through a reconciliation between the County’s human capital management and budget development systems. This addition ensures the agency has the proper budgeted position count and is appropriately staffed to support existing ongoing operations and service delivery.

Community Services

Budget Initiatives

A. Budget Initiatives

1. Crisis Receiving Center (CRC) Operations – Emergency Services and Assessment

Expenditure	\$5,700,000
Revenue	\$0
General Fund Impact	\$5,700,000
FTE Positions	0.00

- a. **Description** – This initiative provides one-time funding for CRC operations after it opens in summer 2025. The CRC will provide the capital and professional resources necessary to address the community’s need for mental health crisis services, including community-based short-term crisis services for adult and youth. Given the number of crisis beds at the CRC (16 adult and 16 youth beds), a federal waiver is required in order to bill services to Medicaid. The Department of Medical Assistance Services (DMAS) has applied for the waiver, but the approval process with the Center for Medicaid and Medicare Services (CMS) takes 18-24 months. This initiative provides one-time local funding in FY26, if combined with \$5.7 million of state funding, would allow CRC operations for adult and youth programs to commence while the Medicaid waiver application is approved.
- b. **Service Level Impacts** – This initiative supports several goal areas and action strategies outlined in the Health, Wellbeing, and Human Services section of the [County's 2021-2024 Strategic Plan](#). Specifically, Objective HW-1: Improve awareness and access to quality, affordable services that address physical, developmental, mental health and substance abuse needs. It also supports the No Wrong Door, Access to Local Services initiative. Action Strategy HW1:B: Expand or Enhance continuum of community-based care and treatment services that address human service needs on a pathway to self-sufficiency and stability. Goal 2, Safe and Secure Community, Objective SS-1, Action Strategy SS1: C Expand and support the Mental Health Co-Responder Program provided by Community Services and the Police Department.

2. Clinical Services Caseworkers – Developmental Disability and Early Intervention

Expenditure	\$491,604
Revenue	\$270,000
General Fund Impact	\$221,604
FTE Positions	4.00

- a. **Description** – This initiative supports a total of 4.00 FTEs to address critical needs in the Developmental Disability (DD) and Early Intervention (EI) programs. In the DD program, 2.00 Clinical Services Caseworker positions are included to eliminate the Priority One Medicaid Waiver Waitlist. There are over 842 individuals on the waitlist, with 177 in immediate need of a case manager. These positions also ensure compliance with federal case management mandates. In the EI program, 1.00 Clinical Services Case Management Manager and 1.00 Clinical Services Caseworker are included to meet federal Part C mandates. These mandates require assessments and treatment plans within 45 days for children from birth to three years old, ensuring timely intervention to improve quality of life, reduce long-term care needs, and support lifelong development during a pivotal growth period. The total initiative provides funding for an ongoing cost of \$481,924 for salaries, benefits, and technology and a one-time cost of \$9,680. These costs are partially covered by the billable state revenues from State Part C and DMAS.
- b. **Service Level Impacts** – This initiative ensures compliance with federal laws, including the DD Assistance and Bill of Rights Act, the Omnibus Budget Reconciliation Act, the Individuals with Disabilities Education Act (IDEA) Part C, and Virginia state codes. It also supports several goal areas and action strategies in the Health, Wellbeing, and Human Services section of the [County's 2021-2024 Strategic Plan](#). Specifically, Goal 1, No Wrong Door, Access to Local Services, Objective HW-1, Action Strategy HW1:A: Expand or Enhance continuum of community-based care and treatment services that address human service needs on a pathway to self-sufficiency and stability. HW1:H: Support programs that foster the mental and physical development of youth.

Community Services

Program Summary

Administrative Services

Administrative Services works with the CS staff, community, and governmental stakeholders to ensure the daily operations and service infrastructure supports are effectively and efficiently managed to best serve the community. Included services are leadership and management oversight, financial (procurement, accounts payable, and receivables) business administration, human resources, information technology, quality improvement, and risk management.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Change in fee revenue received from prior fiscal year	3.5%	13.0%	4.0%	3.0%	0.0%
Customers rating services as helpful	92%	92%	91%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Accounting & Procurement	\$1,919	\$2,340	\$2,311	\$1,936	\$2,792
Fees collected	\$8.8M	\$9.9M	\$10.3M	\$9.2M	\$9.4M
Management Information Systems	\$1,276	\$974	\$3,364	\$3,351	\$3,892
MIS customers rating service as helpful	92%	90%	92%	90%	90%
Leadership & Management Oversight	\$2,848	\$4,564	\$7,406	\$6,099	\$7,186
Total agency individuals served	11,294	11,704	11,255	11,500	11,500

Adult Behavioral Health and Recovery Services

Provides outpatient services tailored to meet the needs of adults aged 18 and older who have been diagnosed with a substance use disorder, serious mental illness, and/or co-occurring disorders. Provides individualized treatment, individual and group therapy, substance use disorder assessments, Medication Assisted Treatment (MAT), care coordination, case management, and peer support services to promote recovery and well-being. Case Management works to identify needs and connect individuals with community resources, fostering their integration into the community. Outpatient treatment services provide evidence-based practices and are designed to be trauma-informed and culturally sensitive. Peer Support Services are provided by professionals with lived experience and provide non-clinical, strengths-based support aimed to empower individuals on their recovery journey, promoting resilience and fostering a sense of hope. MAT provides treatment to individuals who are dependent on prescribed or non-prescribed opioids and/or alcohol. CS provides tailored treatment for women with substance use and co-occurring disorders who are pregnant and/or parenting as well as specialized treatment and assessment services to justice-involved clients including an intensive outpatient substance use disorder treatment program at the Adult Detention Center.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Individuals enrolled in CBHP services that maintain or improve in functioning	64%	63%	57%	60%	60%
Individuals satisfied with CBHP services received	93%	90%	88%	90%	90%
Individuals satisfied with CORP services received	97%	93%	94%	95%	95%
Individuals who do not return to the ADC RSS program within 3 years	64%	74%	67%	75%	70%
Individuals who are substance free upon completion of CORP treatment	77%	79%	90%	-	-
Criminal Justice individuals who stop using drugs	81%	83%	93%	-	-

Community Services

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Clinical Behavioral Health Program (CBHP), SMI Adult & Family Services	\$3,952	\$4,351	\$4,359	\$4,693	\$5,338
Individuals served by CBHP	1,121	1,163	1,013	1,150	1,100
Distinct visits in CBHP	37,865	37,437	36,953	37,000	37,000
Comprehensive Outpatient Recovery Program (CORP), Adult Substance Abuse Services	\$2,968	\$3,260	\$3,637	\$4,689	\$4,497
Individuals served by CORP	796	934	906	800	900
Individuals served by CORP groups	498	546	365	475	450
Recovery Support Services (RSS)*	\$1,146	\$1,272	\$1,216	\$1,373	\$1,484
Individuals served in Adult Detention Center	110	115	142	100	200
RSS Community Criminal Justice Services	\$405	\$447	\$398	\$612	\$620
Individuals served in RSS outpatient	158	122	93	100	100
RSS assessments completed	184	200	199	200	200
Individuals served in Medication Assisted Treatment	223	286	338	250	350
Number of students served by HIDTA Prevention per calendar year	-	-	-	-	150
Grade point average improvements for HIDTA prevention clients	66%	81%	69%	70%	-
Reduced school absences for HIDTA prevention clients	56%	41%	42%	40%	-

*Drug Offender Recovery Services activity name is changed to Recovery Support Services.

Developmental Disability (DD) Services

Provides case management, support, and connections to community resources and services for individuals who have a DD and may need assistance accessing support to assist them in remaining independent in their community. These mandated services provide support to all ages with priority to adults and those with a DD waiver to maintain a healthy and safe life. For adults with DD who cannot live independently, licensed vendors in the community who accept DD waivers provide 24-hour residential care to assist them with daily living skills, health care, and community access; day program services to enable individuals to acquire, improve or maintain functional abilities, health care, skill development, and community integration, or obtain competitive employment.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Individuals successfully maintained in the community through DS & SE services	99%	98%	97%	97%	97%
Individuals who are satisfied with Day Support and Employment Services	87%	90%	95%	95%	96%
Family satisfaction for individuals served by Residential Services	97%	96%	95%	95%	96%
Individuals successfully maintained in the community through CM services	99%	98%	99%	97%	97%
Family satisfaction for individuals served by Case Management services	94%	91%	90%	94%	94%

Community Services

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Day Care Services	\$968	\$407	\$1,023	\$788	\$788
Individuals served by Day Care Services	37	45	43	48	48
Day Support Services	\$709	\$1,020	\$1,473	\$1,390	\$1,390
Individuals served by Day Support Services	30	38	43	55	55
Supported Employment Services	\$258	\$470	\$410	\$1,156	\$766
Individuals served by Supported Employment Services	58	50	42	50	50
Group Home Services	\$280	\$238	\$349	\$186	\$168
Individuals served by Group Home Services	256	237	279	255	285
Individuals funded by Community Services in group homes	3	3	3	3	2
Supported Living Services	\$199	\$236	\$370	\$627	\$589
Individuals served by Supported Living Services	13	12	14	15	15
Case Management Services	\$6,136	\$7,137	\$7,617	\$8,026	\$9,222
Individuals served by Case Management Services	1,338	1,153	1,218	1,400	1,400

Early Intervention (EI) Services for Infants and Toddlers

EI services are provided by Virginia licensed and Part C certified physical therapists, occupational therapists, speech-language pathologists, early childhood special educators, which include vision and hearing specialists, and social workers. Early Intervention Assistants and Service Coordinators are also Part C certified. Services are provided for infants and toddlers aged birth to three years old who have a disability, developmental delay, or exhibit atypical development, along with their families. Services are intended to help infants and toddlers develop the necessary motor, communication, social-emotional, feeding, and play skills to be active members of their family and community. Supports and services are provided to assist parents and other caregivers to help their child learn and grow through everyday activities.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Early intervention services for individuals who do not require special education	48%	48%	45%	50%	48%
Families report services helped their child develop & learn	87%	87%	92%	85%	85%
Parent Satisfaction with EI services received	97%	99%	96%	95%	95%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Assessment and Service Coordination	\$2,276	\$2,861	\$2,913	\$3,000	\$3,291
Infants, toddlers, and families served by Assessment and Service Coordination	1,689	1,767	1,737	1,600	1,800
Therapeutic and Educational Services	\$2,617	\$2,979	\$3,484	\$3,783	\$4,310
Infants, toddlers, and families served by Therapeutic and Educational Services	1,317	1,388	1,367	1,350	1,400

Community Services

Emergency Services and Assessment

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. Provides time-limited evidence-based trauma treatment for youth and adults. Teams with law enforcement in providing community response to those experiencing behavioral health crisis in the community. Provides pre-screening assessments and discharge planning for individuals hospitalized in state psychiatric hospitals.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Individuals who received Emergency Services within 1 hour	96%	98%	99%	95%	95%
Individuals meeting criteria for services	83%	83%	86%	80%	80%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Access	\$1,217	\$1,630	\$1,375	\$1,685	\$2,125
Access assessments completed	1,659	1,905	1,607	2,000	2,000
Individuals triaged for services within the same day	2,150	2,894	1,978	2,450	2,450
Individuals offered an appointment within 10 days	752	1,250	788	1,100	1,100
Emergency Services	\$5,349	\$6,175	\$7,374	\$7,039	\$7,451
Emergency Services individuals served	2,426	2,564	2,457	2,400	2,400
PWC Crisis Receiving Center Services (CRC)*	\$0	\$2,700	\$4,237	\$4,840	\$10,630
PWC Adults served by CRC services	-	-	-	-	400
PWC Youth served by CRC services	-	-	-	-	200
Number of individuals from other jurisdictions served by CRC services	-	-	-	-	400
State Funded Regional Crisis Services (RCS)*	\$0	\$3,534	\$3,172	\$1,928	\$2,444
PWC individuals served by RCS	-	79	17	-	212
Number of individuals from other jurisdictions served by RCS	-	359	25	-	318

*Reporting for PWC Crisis Receiving Center Services and State funded Regional Crisis Stabilization Services has been separated from Emergency Services.

Community Services

Medical Services

Provides psychiatric evaluations and assessments, medication management, outpatient addiction medication otherwise known as MAT, crisis stabilization, risk assessments, jail-based forensic services, health and wellness monitoring as per STEP VA, and screening and referral for medical needs. Nursing staff maintain medication inventory and records, conduct primary care screenings, work with pharmacies and labs, and provide patient care as directed by psychiatrists. Medical Services also provides medical consultation and coordination with other medical providers, staff, and clients regarding care coordination, as well as education to staff and clients regarding psychotropic medications as well as health management.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Individuals satisfied with Medical Services	81%	87%	88%	90%	90%

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Medical Services	\$2,990	\$3,912	\$4,345	\$4,844	\$5,395
Individuals served by Medical Services	2,110	2,181	2,076	2,200	2,300

Mental Health and Co-Occurring Community Support Services

Provides outpatient and community-based services tailored to meet the needs of individuals aged 16 years and older who have been diagnosed with a serious mental illness, first-episode psychosis, substance use disorder, co-occurring disorders, justice involved individuals, and/or homeless individuals. Individualized treatment is provided, including individual and group therapy, community and forensic case management, assertive community treatment, family and peer support services, psychosocial rehabilitation and supported employment, care coordination, competency restoration, and substance use disorder assessments and treatment to promote recovery and well-being. Case Management works to identify needs and connect individuals with community resources, fostering their integration into the community. Outpatient and community-based treatment services provide evidence-based practices and are designed to be trauma-informed and culturally sensitive. Homeless services and Permanent Supportive Housing services are provided to individuals in need of supportive housing, clinical homeless services, and critical time intervention. Peer Support Services are provided by professionals with lived experience and provide non-clinical, strengths-based support aimed at empowering individuals on their recovery journey, promoting resilience and fostering a sense of hope.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Individuals who maintain employment for more than 90 days	80%	79%	88%	85%	88%
Psychosocial rehabilitation individuals who maintain or improve functioning lvl	89%	91%	90%	93%	92%
Vocational Services individuals reporting satisfaction with services	94%	93%	93%	94%	94%
Individuals successfully engaged in services and maintained in the community	94%	98%	96%	97%	95%
Individuals expressing satisfaction with MHRS service provided	87%	87%	97%	87%	90%

Community Services

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Day Support Services	\$1,292	\$1,422	\$1,464	\$1,612	\$1,611
Individuals served by MH Day Support Services	96	90	101	110	107
Employment Services	\$806	\$832	\$937	\$831	\$995
Individuals served by MH Employment Services	178	242	261	252	275
Supportive Residential In-Home Services	\$2,502	\$2,992	\$3,013	\$3,288	\$3,491
Individuals served by Supportive Residential In-Home Services	150	139	153	150	150
Intensive Residential Services	\$115	\$470	\$258	\$1,503	\$1,629
Individuals served in group homes	6	18	9	15	4
Intensive Community Treatment Services	\$1,653	\$2,081	\$2,207	\$2,761	\$2,454
Individuals served by Assertive Community Treatment services	80	81	76	80	85
Young Adult Services	\$999	\$1,342	\$1,582	\$1,846	\$2,078
Individuals served in Young Adult services	50	43	59	50	50
Crisis Stabilization Services*	\$4,401	\$0	\$0	\$0	\$0
Individuals served by Crisis Stabilization Services	64	-	-	-	-

*Funding for Crisis Stabilization Services is moved from Mental Health and Co-Occurring Community Support Services to Emergency Services.

Youth Behavioral Health and Recovery Services

Provides services to youth and their families 18 years or younger or who are still enrolled in high school and are experiencing mental health, substance use, or co-occurring issues. Services provided include assessment, individual, family and group therapy, crisis intervention, hospital discharge planning, case management, and wellness and prevention behavioral health and wellness with a goal to support children, adolescents, and their families address the behavioral health challenges they face and gain the skills needed to build a bright future. Services are provided in CS office settings, local public high schools, criminal justice agencies, and in the community.

Key Measures	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Youth completing treatment who maintained or improved in functioning	78%	75%	76%	75%	75%
Youth satisfied with services	95%	92%	93%	95%	95%
Teenagers who stop using drugs/alcohol	87%	50%	80%	-	-

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY22 Actuals	FY23 Actuals	FY24 Actuals	FY25 Adopted	FY26 Proposed
Behavioral Health Wellness Services	\$576	\$763	\$1,111	\$930	\$1,089
Prevention training and webinar participants	1,529	1,788	3,017	1,500	2,000
Case Management	\$722	\$892	\$1,067	\$816	\$1,160
Youth served by case management	281	290	271	295	295
Outpatient Services	\$3,317	\$3,771	\$4,022	\$4,711	\$4,894
Youth served by New Horizons treatment services	1,306	1,443	1,384	1,300	1,400