

**Prince William Community Services
Annual Report
Fiscal Year 2021**



TRANSFORMING LIVES



Dear Friends and Colleagues,

2021 has brought many stressors to our community—isolation, illness, grief, job loss, anxiety, depression, increase in overdoses, food insecurity and loss of routines. Yet, our CS staff have increased their efforts to assist our community and those we serve in unprecedented ways.

Over the course of the year, we have seen increases in:

- New horizons- Behavioral Health and Wellness/Prevention - Increased activities by 165%
- Emergency Services - Cases diverted from inpatient treatment increased by 87%
- Clinical Behavioral Health Program - Serious Mentally Ill individuals who completed treatment with improved function increased by 56%
- Program for Assertive Community Treatment - Total clients served increased by 24%
- New Horizons- Teen clients who stopped using drugs/alcohol increased by 24%
- Early Intervention/Infants & Toddlers - Assessment and coordination services increased by 12%
- Early Intervention/Infants and Toddlers - Therapeutic & education services increased by 8%
- Developmental Disabilities - Case management services increased by 7%
- Medical Services - Total clients served increased by 5%
- Billable Services - Increased by 1%
- Collected Revenues - Increased by 12%

This year our Extended Leadership Team embarked on initiatives that would enhance development of our staff through intensive training in Dare to Lead, Outward Mindset and Diversity of Perspective. These trainings aim to enhance belonging, engagement, and communication among our CS Team and with those we serve.

Our staff commitment and passion for our mission has been so evident this year whether its leading the region’s implementation of the Marcus Alert, collaborating around the establishment of a PWC Drug Court and enhanced restorative justice initiatives, working to demonstrate the sound services and supports provided to individuals with a developmental disability in order for the Commonwealth to fulfill the requirements of the Department of Justice Settlement Agreement or working to transform our behavioral health crisis system.

The caring of our staff goes beyond our treatment services and supports and can be seen through participating in community food distributions, volunteering their time for the point in time survey of homeless individuals or helping with a community coats and school supplies drive.

We are grateful to our staff and to our partners throughout our community for their support throughout the year. It is through these collaborations that we have made significant progress in addressing some of the crises facing behavioral health and developmental services in Virginia.

Thank you for all you do and the heart with which you do it!

Patrick Sowers
Community Services Board, Chair

Lisa Madron
CS Executive Director

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. An Equal Opportunity Em

Administrative Office

Sudley North Govt Center
8033 Ashton Avenue
Manassas, VA 20109
703-792-7800
Fax: 703-792-7704

Service Locations

7969 Ashton Avenue
Manassas, VA 20109
703-792-7800
Fax: 703-792-7817

A. J. Ferlazzo Building

15941 Donald Curtis Dr.
Suite 200
Woodbridge, VA 22191
703-792-4900
Fax: 703-792-7057

Ridgewood Building

4370 Ridgewood Center Dr.
Woodbridge, VA 22192
703-792-4900
Fax: 703-792-5098

Phoenix Building

8500 Phoenix Drive
Manassas, VA 20110
703-792-5480
Fax: 703-361-8840

Infant & Toddler

Connection of VA
7987 Ashton Avenue
Suite 231
Manassas, VA 20109
703-792-7879

In Remembrance

Two members of our Community Services family passed away this year: Carol Thacker and Candace Strother. The remembrances below were written by their colleagues, who witnessed firsthand the many ways Candace and Carol helped transform the lives of those who were victims of hardship and trauma into persons who are now thriving. Both women dedicated their lives to public service and personified the good and transformative power of healing relationships.



Candace Lee Strother, LCSW, CHC 12/26/1954 – 9/18/2021

Vicki Hutman

Two things stand out about Candace. First, her belief that knowledge is power and, second, her conviction that if people have the knowledge and proper tools, they can heal themselves and transform their own lives. Candace dedicated her life to making sure, both clinically and personally, that she contributed fully to making these two beliefs become a reality for the literally thousands of people she touched.

Approximately 20 years ago, Candace left her long and successful career in journalism, television/radio broadcasting, and legislative affairs to serve the greater good as a Social Worker.

Furthering her human services career, she joined the Emergency Services (ES) Program - not a choice for the faint of heart – and used her clinical skills to help clients discover opportunities for healing and transformation when they were in crisis and at their most vulnerable.

While working the arduous ES hours, Candace continued educating herself and passing her knowledge to her clients, colleagues, and friends. Many have benefited from her lively and engaging presentations on nutrition, the brain, mood, trauma, etc.

Candace established a private practice, where she provided therapy to a diverse population, with Eye Movement Desensitization Reprocessing (EMDR) as the primary treatment focus. Candace's private practice was built from her heart and soul, and when she spoke of this work, she would light up and shine.

Spiritually, Candace was devoted to and involved with the Church of Christ. Through this fellowship, Candace founded a prison ministry program for women, taught classes in the local congregation, and spoke and inspired at Ladies Day events. Candace touched many lives and is missed beyond words.



Carol Nichols Thacker, LCSW 11/20/1960 – 1/17/2021

Evelyn Hatfield and Karen Clark-Lowman

Carol Thacker worked for Prince William Community Services for over ten years and graciously served individuals diagnosed with severe mental illness. She valued integrity, ethics, teamwork, and honesty above all else. These values informed her leadership style and guided her actions. She was passionate about education, training, and service to the community. She was always open to hearing staff successes and challenges and somehow would come up with a good word to make staff feel valued.

Carol was a wonderful colleague and coworker who was respected for her unwavering advocacy for clients and staff. She had a strong commitment to mental health recovery and to a recovery-oriented system of care. Carol was a great supporter of Trillium Center and held peer support in especially high regard. She played an active role in the Mental Health Awareness Event each year, bringing together the mental health community and the public to increase education and understanding of the issues faced by those with mental illness.

She invested herself in the well-being of her colleagues in a personal and caring way. She possessed a generosity of spirit, evidenced by her willingness to share experiences, knowledge, and perspectives.

When not working, Carol loved spending time with her immediate and extended family (especially her grandbabies) and her many, many friends. Her church family also held a special place in her heart. When she needed a much-earned break, nothing made her happier than spending time at Smith Mountain Lake with family. Her beautiful smile and contagious laugh could be heard down the corridors in the offices.

Carol will always be with us as we continue her legacy of service. She will be remembered as a woman of strong faith, kind, compassionate, dedicated, and had an insatiable joy for life. We will be forever grateful that she touched our lives and helped make the Comprehensive Behavioral Health Program what it is today!

Operating Highlights

Administrative Services Division

The Administrative Services Division provides financial, information technology, quality assurance, and administrative support services such as scheduling, facility monitoring, and reception.

The financial unit continues to drive organizational success through quality financial services. A new contract manager position was created, hired, and is now managing the contracting process in its entirety for all of CS. The financial unit prepared the agency for a successful transition to the County's Enterprise Resource Planning (ERP) application, Mobius. This required consistent communication to employees and vendors for a successful transition from the previous system to the County's new ERP. Additional DBHDS funding award documents were prepared, presented, and shepherded through the appropriate processes of the Community Services Board and Board of County Supervisors.

Information Technology launched new dashboards that allow staff and supervisors insight into their performance in near real-time. Representative accomplishments include installing 14 networked multi-function devices (printer, copier, scanner, fax) throughout all CS facilities. Additionally, new case management workflows were developed, tested, and deployed within the Electronic Health Record to maximize direct service hours.

Quality assurance continues to ensure agency compliance with regulatory matters. A Risk Management Council team was created and focused leadership on risk management issues. The Vocational Services team, working in close collaboration with the QI team, was re-accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), receiving a 3-year accreditation, which is the highest accreditation awarded by CARF. Additionally, QI led the effort for Community Services to renew CS' Triennial License.

Emergency Services Division

The Emergency Services Division is at the center of the Community Services service delivery system. The division's focus is on providing three services: Crisis Intervention Services, Intake Services, and Discharge Planning Services.

Emergency Services: served 2,193 clients; 3,165 emergency evaluations; 15 Crisis Stabilization Unit placements.

This program provides 24/7 emergency response and crisis intervention to those experiencing a psychiatric crisis through clinical assessment, intervention, and coordination of inpatient services. ES staff work in close collaboration with local law enforcement, magistrates, community providers, and hospitals to assess for immediate intervention. ES operates 2 Crisis Assessment Centers. In partnership with PWC Police, PW Emergency Services has established a Co-Responder Unit to

provide crisis intervention to the community onsite and connect persons in crisis with needed resources.

In FY'21, as the fiscal agent, PWCS ES oversaw the operation of one regional Crisis Stabilization Unit (CSU) that provided care and treatment to individuals as an alternative to hospitalization. Additionally, in collaboration with the Regional Projects Office and RI International, the Emergency Services Division is in the process of opening a Crisis Stabilization Unit (CSU) in Chantilly. As the fiscal agent over this project, in the past two years, PWCS ES managers have been involved in the RFP process, contracting, and overseeing the buildout of the new facility, including permits and licensing. The Chantilly CSU is a 16-bed facility, which will improve access to crisis care for adults in need. Upon opening, the facility will be equipped to take voluntary crisis patients and involuntary patients under TDO. Should state funding become available, Phase 2 for the Chantilly CSU is to add a 23-hour observation unit with 16 recliners and detox services. Phase 2 would establish this program as a Crisis Receiving Center (CRC), aligned with the Crisis Now Model.

Over the past year, Emergency Services has utilized telehealth technology to better provide crisis intervention services across the Greater Prince William region while maintaining safety for all individuals involved. Emergency Services has served as the regional lead for implementing the Marcus Alert. Through this initiative, Emergency Services will provide mobile crisis intervention services to the community.

Co-Responder Program: responded to 411 calls, with only 55 resulting in emergency custody. The Co-responder team was able to prevent custody for 87% of responses.

On December 7, 2020, Prince William County officially started The Co-Responder Unit, a collaborative effort between the Prince William County Police Department and Prince William County Community Services. The team was initially comprised of three police officers and three mental health clinicians who responded as a team to calls for service involving persons in crisis to de-escalate situations. The Unit also includes a Police Department supervisor and a Community Services Supervisor. In July 2021, the Prince William Board of County Supervisors approved funding for an additional three teams to come on board in January 2022 to expand county coverage.

The Co-Responder Unit seeks to help persons in crisis avoid emergency custody, when appropriate, by offering the proper resources and community services. The Unit employs crisis intervention techniques and other problem-solving skills to de-escalate the situation and develop a resolution that is in the best interest of the individual in crisis, while keeping the community safe. The Unit seeks to divert individuals in crisis away from police custody or inpatient psychiatric hospitalization whenever possible. While accomplishing these objectives, the Co-Responder Unit also decreases the time officers must spend on these service calls.

To be considered for the Co-Responder Unit, the member (police officer and clinician) must have completed a 40-hour Crisis Intervention Team training and a two-day Co-responder Academy training.

On June 22, 2021, a Co-Responder Unit was dispatched to an incident in which a 35-year-old male self-inflicted a fatal gunshot wound. This individual took his life in front of his three children, ages 2, 14, and 16. Immediately upon arriving on the scene, our clinician offered crisis intervention and emotional support to the wife and three children. It was a scorching hot day, and the family was not permitted back in the house because it was a crime scene. Our clinician remained with the family for several hours and worked with the rescue squad on the scene to provide water and Gatorade to the family until other family members could be reached and arrive at the house. Not only was the Co-Responder team clinician tremendous support to this family in crisis, but her presence aided the police officers and detectives so they could focus on managing the scene, knowing the family's needs were taken care of by a mental health professional. A few days after this event, our clinician continued outreach efforts with the family to provide them with resources for survivors of suicide.

Discharge Planning Services: served 423 clients

The discharge planning team serves individuals with serious mental illnesses, substance use disorders, and developmental disabilities admitted to state psychiatric hospitals, private psychiatric hospitals funded through DBHDS, or admitted into a local Crisis Stabilization Unit. They assist individuals' transition back to the community after a psychiatric crisis. The team has routinely worked with state hospitals across the Commonwealth within the past year, given COVID-19 and the state hospital bed shortage. Discharge planners are on-site at least twice per week at the local state hospital, double the DBHDS expectation.

In addition, the team continues to monitor 13 individuals in community-based long-term residential settings with the support of discharge planning assistance funds. One team member is also available to help a sister team with hospital bed searches and is being trained to complete hospital discharge appointments.

Transformation is not linear. There are many twists and turns along the way – some expected and many unexpected. Within the last year, there has been an expansion of residential levels of care in the region thanks to a collaboration with local CSB's, a private provider, and DBHDS. This expansion of transitional residential homes has allowed individuals to transition from very intensive residential homes to a more appropriate level of care on their transformation/recovery journey. With these moves, comes the opportunity for individuals in state hospital beds who are "ready for discharge" and have "extraordinary barriers to discharge" to re-enter the community with a sense of hope and transformation. The journey for one woman, in her mid-thirties, has been long and hard. She has received clinical services through PW CS for many years. She has experienced childhood trauma, has had over eighty psychiatric hospitalizations since age twelve, has several medical issues, and has made multiple suicide attempts. Our discharge planning team recently assisted her discharge from the state hospital into a residential program in Prince William County. She feels safe and supported, and can remain in the community, near her family. She has a home for healing and hope for a brighter future.

Same Day Access: conducted 4,830 mental health/substance abuse screenings; conducted 2,582* clinical assessments; developed 162 crisis plans (*this number includes both comprehensive and brief assessments)

Same Day Access (SDA) allows the community access to same-day assessment, screening, and crisis services with walk-in hours Monday through Thursday, 8:00 am-2:30 pm. During this triage, clients are screened for their eligibility for behavioral health services, participate in a behavioral health assessment and make connections to other services and providers. As the COVID-19 pandemic restrictions were lifted, Same Day Access quickly adjusted and resumed in-person services and at the same time continued to offer telehealth services, ensuring the community access to treatment services.

In September 2021, in partnership with Nursing services, ACCESS began to offer primary care screenings. The overall goal is to improve clients' overall wellness and provide health education and support. The screenings measure height, weight, BMI, and blood pressure and link consumers to primary care services.

Youth, Adult and Family Services Division

Clinical Behavioral Health Program: served 1,747 clients

This year Adult Mental Health program changed its name to Clinical Behavioral Health Program (CBHP) to align with a shift in program focus to primarily providing case management services to adults with severe mental illnesses such as schizophrenia and major depression, and those with co-occurring SMI/SUD disorders. In addition, CBHP provides individual, group, and family therapy services to support individuals in their recovery, promote community integration and assist individuals in reaching their goals. During FY '21, the CBHP team continued to face challenges related to COVID with flexibility and resourcefulness, resulting in CBHP billing \$1,238,668, which was an increase of \$13,811 from the FY '20 revenue totals.

For many years, a homeless client with severe mental illness, and serious alcohol dependence, cycled through repeated psychiatric hospitalizations. Over the years, many different approaches and interventions were discussed and attempted, yet nothing changed the cycle. The CBHP team persisted and eventually came up with a new plan to assist the client, which they set in motion during a subsequent hospitalization. The case manager engaged the client in a plan to enter a long-term, highly intensive residential treatment program serving individuals with serious mental illness and severe substance use disorders. The client was uninsured and ineligible for Medicaid, so the team arranged to utilize regional funds to pay for the stay.

The team worked with the client to motivate him, and he agreed to go from the hospital to the treatment center, something he had never been willing to agree to before. Many barriers and obstacles arose as the team worked to get the client admitted. Their advocacy, creativity, and tirelessness overcame every challenge, and the client was admitted.

The team's work did not stop there. In conjunction with other CS programs, an aftercare plan was developed that included housing, medical care, MH/SA support groups, and follow-up treatment. For the first time in his adult life, this client will experience the safety and stability that comes from stable housing and consistent medical care. His life has been transformed from one of chaos and instability to one of hope for a bright and stable future.

Comprehensive Outpatient Recovery Services: served 826 clients

This program, formerly known as Adult Substance Abuse Services, was renamed this year after expanding its services to provide therapy to adults with serious mental illness in addition to those seeking treatment for substance use and co-occurring disorders. CORP works to help individuals achieve and sustain recovery through outpatient therapy services. CORP provides individual and group treatment, peer support, and specialized services for pregnant and parenting women. Currently, the program is running 26 treatment groups and two peer-led support groups. There are multiple groups for individuals newly identified with substance use and co-occurring disorders and those working on their recovery efforts. Additionally, there are treatment groups for both men and women struggling with the effects of trauma and grief on their substance use and mental health. CORP's Peers work alongside therapists and the case manager to assist in improving motivation, eliminating barriers for treatment, and connecting the individual to support in the community.

Drug Offender Recovery Services (DORS): 68 clients in the Drug Offender Rehabilitation Module (DORM); 141 Unduplicated clients were served in HIDTA Prevention

This program provides an array of therapeutic services to adults with substance abuse or co-occurring disorders, and prevention services to youth at high risk for substance abuse issues. Drug Offender Recovery Services (DORS) operates the following programs: Outpatient Services, Prevention Services, and services at the ADC called Drug Offender Rehabilitation Module (DORM), as well as Medication Assisted Treatment Services. Services are available in numerous sites in the community, including the two main CS office sites, client homes, Prince William County Adult Detention Center (ADC), and area public schools.

The DORS Program also runs the Medication Assisted Treatment (MAT) clinic in cooperation with the Medical Services Division. MAT staff have significantly increased the number of persons served in FY '21 by reducing barriers and developing new relationships with internal and community partners. Clinic staff actively engage in outreach and provide overdose education and Narcan distribution. Additionally, we have expanded Peer Support Services to engage clients, facilitate support meetings within the ADC, and help transition them to various community services.

During this last year, PWC CS has partnered with the Prince William County-Manassas Adult Detention Center (ADC) to participate in the JCOIN Study on Fostering MAT Use in Justice Populations with the ADC. In this two-year study, we have begun to expand access to MAT for individuals incarcerated in our ADC and provide a more streamlined approach for these individuals to continue MAT post-release. The DORS team has supported the ADC in offering MAT services to inmates. DORS therapists will begin to provide services to those housed in higher security settings in the coming year, enabling greater access to treatment for inmates on MAT. DORS Prevention staff have responded to the public health emergency through several means, such as assisting families experiencing food insecurity due to the pandemic by distributing school lunches throughout Manassas City, local food pantries, and food distribution sites. Starting in May, HIDTA Prevention Staff resumed Badges for Baseball, historically held at two locations in PWC, and added a third site at the Georgetown Community Center.

Historically, the ADC allows only lower security inmates to participate in treatment services due to safety and security concerns. High-security inmates at the ADC have been unable to access the same treatment services. For some individuals, it's not the nature of their offense that has placed them in this high-security status but their poor adjustment to the jail setting. The DORM staff recognizes that many of these individuals are most in need of our services and, as a result, have included them in outreach efforts. With the support of the ADC staff, they have provided some of these individuals an opportunity to work themselves into a lower security level to have access to treatment. One recent example is an inmate who became the program's peer mentor and created his own AA meetings on Saturday morning to help his peers struggling with addiction. According to the DORM staff, this client has inspired the other inmates who attend these meetings. This inmate and numerous others succeeded in rising above their past circumstances and are transforming their lives both in the ADC and in preparation for life once they return to the community.

New Horizons: served 292 clients in Case Management, 923 in Outpatient Services, and 1,380 in Behavioral Health Wellness.

Program staff provided various services to youth and their families with mental health, substance use, and co-occurring issues. Youth and families are assessed for the least restrictive treatment options. Services may include individual, family, and group therapy, intensive in-home services, case management services, referrals to residential treatment, discharge planning from psychiatric hospitals and residential facilities, and Behavioral Health and Wellness Services. Staff provides these services across multiple settings, including CS offices, schools, criminal justice agencies, youths' homes, and the community. Services are provided to youth 18 or younger or still enrolled in high school. Services are also offered to their families through family therapy.

During FY21, NH reconstituted the Intensive In-Home Program. Intensive In-Home Services are home-based mental health services designed to meet each child and family's unique needs through crisis management, intensive case management, counseling, family therapy, and skills training.

Behavioral Health Wellness (BHW) Prevention Services: served 1,380 Prevention Activity Participants, an increase of 861 participants since last year.

BHW Prevention Services focus on education and intervention before a problem occurs. As part of that effort, CS Prevention Specialists provide REVIVE! training virtually and in-person, and supply those trained with Narcan. Since COVID, the Prevention Specialists have been offering in-person REVIVE! training at the GMU MAP clinic twice a month, employing all proper COVID precautions. During FY21, virtual prevention activities allowed BHW to significantly increase the number of those able to participate.

BHW Highlights:

- Prince William County Community Services staff combined prevention and treatment forces in FY21 to distribute 497 doses of Narcan through their REVIVE! efforts. Staff provided virtual REVIVE! training and express REVIVE! training in the community and at the agency to ensure community members have the lifesaving medication to assist in opioid overdoses that continue to increase in our locality. This is a 168% increase from FY20 for all Narcan

distribution avenues. The Behavioral Health & Wellness Team provided 76% of the REVIVE! training.

- Increased community participation in our ACE Interface training by 127% from 1320 participants in FY20 to 3066 in FY21. Behavioral Health & Wellness staff coordinated the community's ACE Interface facilitators to offer the program virtually to school system staff, community partner agencies, and residents. This has considerably increased participation and has led to integrating ACE Interface training in the community's No Wrong Door initiatives.
- Behavioral Health & Wellness staff teamed up with HIDTA Prevention and community partners to distribute 300 boxes of food each week to residents in need throughout the COVID-19 crisis. This effort provided staff the opportunity to connect with residents and share resources and information promoting mental health and reminding residents of the dangers of substance misuse and abuse. Thousands of medication disposal bags and resource materials were distributed safely.

A mother, very worried about her son's struggle with opiate addiction, participated in a REVIVE! training. Her fears for her son are well-founded, as he overdosed three times in 45 days, one of which occurred at school two weeks before the training. A Behavioral Health & Wellness staff member set aside two cans of Narcan for the mother after the training. Very soon after participating in the REVIVE! training, this mother checked on her son and found that he had overdosed again. Having Narcan at home helped this mother save the young man's life. The mother was so thankful she had undergone the REVIVE! training and had the Narcan in her home. She shared that hospital staff never offered her Narcan when he was discharged from the ER following an overdose. The young man and his family are working with clinical staff to get him into residential treatment. The availability of Narcan in this emergency saved a young life and transformed a future.

Community Support Division

Vocational Services Program: served 84 clients in the Psychosocial Rehabilitation Programs and served 184 clients in the Supported Employment Program.

The Vocational Services Program received the highest, a 3- year, CARF accreditation. The CARF surveyors noted that "dedication to achieving the best possible outcomes for the clients is displayed by both frontline staff and leadership team members. The provision of high-quality and life-changing services was evident throughout the organization."

Vocational Services include the psychosocial rehabilitation program (PSR) and the supported employment program (SEP). Each program works toward the vision that everyone is a valued and productive member of society. The PSR program focuses on teaching the necessary skills to independently live and be a part of one's community while managing severe mental illness and recovery. All the services are provided within an in-person, group milieu setting. SEP uses the evidenced-based Supported Employment Model to assist clients to successfully choose, get, and keep employment in competitive work environments. Part of the SEP staff includes two work incentive specialists credentialed to provide benefits counseling to clients receiving SSDI or SSI.

For several years, the PSR program served a client who expressed interest in working but was limited by barriers, including limited work history, transportation, and competing family needs. Once she committed to exploring employment, she was able to identify skills in which she was proficient and those of a challenge to her through her participation in the PSR program. As a client of both programs, she worked with her SEP Employment Specialist, using the PSR environment and resources to complete work assessments to help identify what employment options would be realistic to pursue. Her Employment Specialist generated solutions to her family concerns such as transportation, scheduling, and benefits loss. The client ultimately interviewed, was offered, and maintains a position with a contract business of a federal government agency. To date, she has not missed any work. She has transitioned from relying on her Employment Specialist to working directly with her supervisor with improved communication and speed in her work tasks. Obtaining employment has transformed her life. She no longer attends the PSR program and reports that she enjoys her new financial independence and feels a new sense of self-worth.

Infant and Toddler Services: served 1,129 clients in Therapeutic and Educational Services (8.5% increase from FY20); 1,472 clients in Assessment/Service Coordination (12% increase from FY20). Intakes for FY21 were up 25% from FY20, for a total of 931 intakes in FY21.

This program provides services for families of infants and toddlers, birth through 2 years of age, who have a disability, developmental delay, or are displaying atypical development. Early intervention services increase a child's participation in family and community activities. Services are available for all eligible children/families regardless of the family's ability to pay.

EI staff have resumed in-person services but continue to offer telehealth services as requested by parents and will continue to have this option after the public health emergency in certain circumstances. Virtual services allow working parents to participate in sessions and allow earlier and later appointments to occur, which benefits some families.

El continues to have a very positive impact on the lives of the children and families we serve. After an assessment, one mother told the Service Coordinator, 'This is the first time since her son was born that professionals took the time to listen to her. She felt heard and was so appreciative of our services. She said we took our time with her, and she is so happy to have been connected to us!'

Supported Living Services: served 134 clients

The Supported Living Services (SLS) Program provides Mental Health Skill Building and Case Management services to individuals with serious mental illness who reside in a community setting. Skill Building provides individualized, goal-directed training to enable individuals with serious mental illness and significant functional limitations to achieve and maintain community stability and independence. Case Management services assist individuals with serious mental illness access needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs.

In response to COVID-19 and emerging variants, Supported Living Staff continued to support clients in the community, supporting them to medical, psychiatric, and benefits appointments. The SLS Wellness Brigade has continued to provide SLS clients with a quarterly newsletter to help maintain a sense of connection. SLS staff have facilitated several groups in the past year, offering in-person and tele-video options to further support and connect with clients. SLS staff have been

regularly educating clients about COVID vaccinations and booster shots, emphasizing preventative healthcare measures to promote client health and wellbeing as a high priority. SLS staff have actively linked clients to community providers to be vaccinated by using established community relationships to increase vaccine accessibility to those in need.

PATH-Projects for Assistance in Transition from Homelessness: 84 clients served in Psychosocial Rehabilitation Programs; 184 clients served in Supported Employment.

The PATH program worked with community partners to address our homeless citizens' complex health and safety needs in the face of the COVID-19 pandemic. The COVID program at the Econo Lodge shut down operations in January 2021. While open, PATH was present at least once per week. The PATH program continued to meet folks in the community throughout the year, in campsites, shelters, Mobile Drop-In, and other settings like Panera and McDonald's. PATH linked at least 16 individuals to community mental health services. PATH successfully linked five chronically homeless individuals to permanent housing during FY 2021. PATH facilitated nine COVID-19 related stimulus payments to homeless individuals and secured SSI benefits for one chronically homeless individual with several more applications in the pipeline at the end of the fiscal year.

Developmental Services Program: served 1,131 clients in Case Management, 21 in Supported Living, 16 in Day Support services, 254 in Group Homes, 58 with Supported Employment Services, and 31 clients with Day Care Services.

The public health emergency continued to impact services and service participation, with many programs having services suspended for most of the year and individuals and their family's reluctance to attend due to health concerns. Program re-openings were often staggered to implement recommended social distancing, and some programs started with those who had received the COVID-19 vaccine.

Developmental Disability Services shared this story of two brothers' transformation. The DD Support Coordinator (SC) met them when they came to the office for an emergency intake meeting in 2019, following the death of their mother in Georgia. They came to PWC to live with their aunt. The DD Support Coordinator was immediately drawn to them and their story and was eager to ensure they had all their needs met and only had one support coordinator to deal with. Both brothers were assigned to her at the beginning of 2020. She immediately jumped in to help them deal with trauma, grief and help the aunt understand the ID/DD service delivery system. The SC extensively monitored needs. She linked them with resources for counseling, medication management, leisure activities, gym memberships and obtained family support funding to help with items needed in the home until a waiver slot was obtained. She provided extensive support to the brothers and the aunt, who needed support and guidance to adjust to her new role as caregiver for two individuals with special needs. The SC actively sought a DD waiver to have support in the home and day options. They were awarded Waiver slots in October 2020 and recently moved into a group home at the end of summer 2021. The SC utilized One Time funds to help the brothers obtain what they needed to live successfully in the house. The trust and support provided these brothers, and their aunt served to transform a family in crisis into one where everyone enjoys the support they need to flourish and grow.

Assertive Community Treatment (ACT) Program: served 85 clients

ACT provides an array of mental health services for individuals with significant mental illness who need intensive levels of support and assistance in their natural environment to permit or enhance functioning in the community. Without this level of service, many of these individuals would be hospitalized, incarcerated, or in some other out-of-community care setting. ACT services are provided through a designated multidisciplinary team of mental health professionals. They include psychotherapy, psychiatric assessment, medication management, and care coordination activities offered outside the clinic, hospital, or office setting for individuals who are best served in the community.

At the start of the COVID-19 pandemic, the ACT team worked with community partners to address the food insecurity needs of our clients. That practice has continued, and ACT clients still receive weekly food delivery from ACT staff, provided by the St. Thomas United Methodist Church Food Pantry. The team organized and implemented mobile COVID-19 vaccinations to willing ACT clients during the year. Partnering with our local pharmacy, ACT nurses were able to oversee several ACT clients receive the COVID-19 vaccine, mitigating the risk of exposure to the virus. As the year continued, the ACT team returned to pre-pandemic staffing patterns, providing virtually all appointments, in person, in the community. ACT Peer social outings have resumed, albeit with limited capacity. Once again, clients have begun to enjoy having lunch with peers, seeing a movie, or simply strolling through the mall.

Get On Track (GOT) Program: served 47 clients

GOT treatment services is a Coordinated Specialty Care program designed to identify and treat adolescents and young adults (ages 16-25), who may be experiencing early signs of psychosis. The program focuses on supporting individuals' experiencing a first episode of psychosis (FEP) achieve success in school and works to develop independent living skills and enjoy healthy relationships.

The GOT team has returned to pre-pandemic staffing, offering most services in person and the community; some services are still provided virtually as many young participants value the telehealth opportunity. As the FEP programs within the state continue to move towards fidelity, the GOT program has partnered with the developer of the fidelity tool, Dr. Don Addington, to provide an external fidelity review of the program. This is exciting news as most FEP teams in the state have not undergone an external fidelity review. The GOT teams continue to meet the timely engagement criterion at an exceptional rate. This is key to untreated psychosis and mitigating the duration of untreated psychosis. During the year, a grant was submitted, and the team was awarded \$50,000.00 to expand the Supported Employment and Engagement Specialist (SEES) efforts. To that end, a SEES resource center is being developed to be equipped with hardware and software to support clients in resuming or beginning their employment and or college journeys. The site for the center has been identified, and purchasing is underway.

Forensic Services: served/monitored 445 clients; 36 NGRI clients

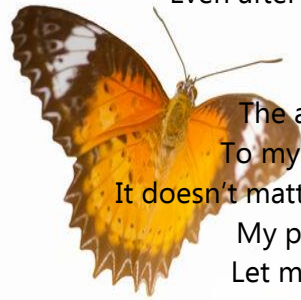
Forensic Services offers an array of forensic, mental health, substance abuse, and case management services. The team provides discharge planning services for forensic and Not Guilty by Reason of Insanity (NGRI) clients, as well as forensic discharge planning services to adults incarcerated at the Adult Detention Center. Forensic Services staff provide adult and juvenile competency restoration services, participate in the Veterans Treatment Docket, and the team monitors and tracks court-ordered forensic evaluations.

It has been a busy year for Forensic Services. Despite the ongoing challenges presented by the pandemic, forensic discharge planners at both the jail and the state hospitals continue to engage with their clients at a high rate. This year, Forensic Services staff have continued to provide services to 18 hospitalized NGRI acquittees and 18 community-based acquittees. While the numbers are consistent with last year, the acquittees themselves have changed-- some have been conditionally released and others newly adjudicated, NGRI. The program continues to serve all court orders for Adult Competency Restoration services after a defendant has been opined incompetent to stand trial. The program expanded this year, receiving budgeting to hire a full-time forensic peer, and just as the fiscal year was ending, the program's grant proposal was approved, and the program was awarded two full-time positions from DBHDS. These positions will work closely with jailed detainees, bridging the gap between re-entry and behavioral health and substance use disorder services.

Medical Services: served 2,241 clients

The Medical Services Division provides center-based psychiatric and associated nursing services. These services are provided in conjunction with case management services. The Medical Services Division provides psychiatric evaluations and medication management to individuals with serious mental illness and co-occurring disorders. In addition to general psychiatric treatment services, the agency runs a Medication-Assisted Treatment (MAT) clinic, which specializes in the treatment of those with opiate disorders. MAT services are provided in partnership between Medical Services and DORS staff. Over the past year, the MAT clinic substantially increased its daily census, managing over 50 clients at any given time. The Medical Services Division strives to promote recovery and help every patient served to be successful in the least restrictive environment possible.

To My Own Self Be True: A client's story of transformation



Is this fair?
I get clean and start to win?
Even after all my indiscretions and sin
Why?
Do I deserve it?
The answer is yes, yes I do
To my own self I must be true
It doesn't matter what someone else may see
My past doesn't define me
Let me explain what I mean
From the day I got clean
The struggle was real
My own life I had to steal
Damn I needed to get it back
Addiction had my soul
So I had to let go
I opened my eyes
I stopped making excuses for my lies
I faced my reality
I admitted my insanity
To my own self I was true
Making the next step the only one I knew
I ASKED FOR HELP
15 months later here I am
Still clean and for that I stand
This is recovery give us your hand
Let someone else lead the way
To an amazing future and brighter day
You can be a whole new person
A whole new breed
ANYONE can break the chains and be FREE
you just have to step forward and believe
Just ask me
My story will help you see
To your own self be true
So you can be free

Persons Served

10,699 Unique Individuals

Characteristics of Persons Served by CSB Service Types:

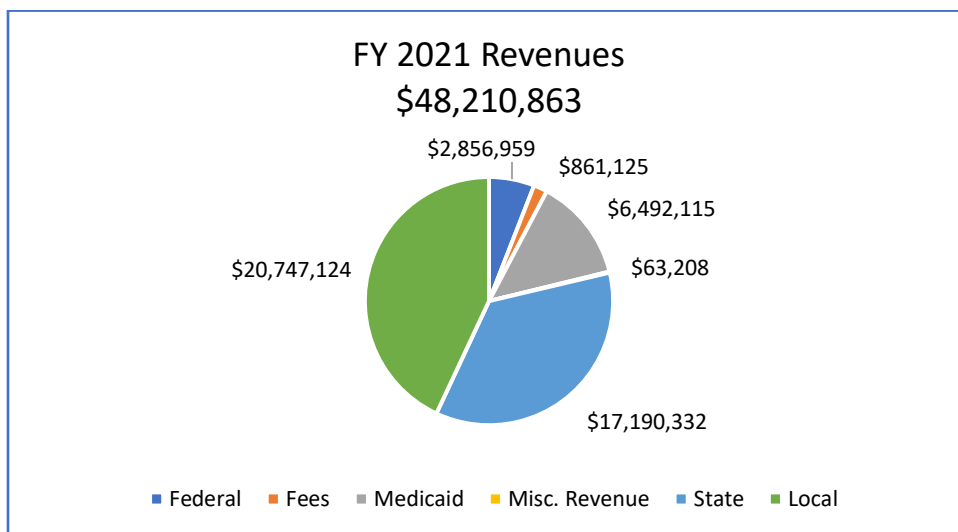
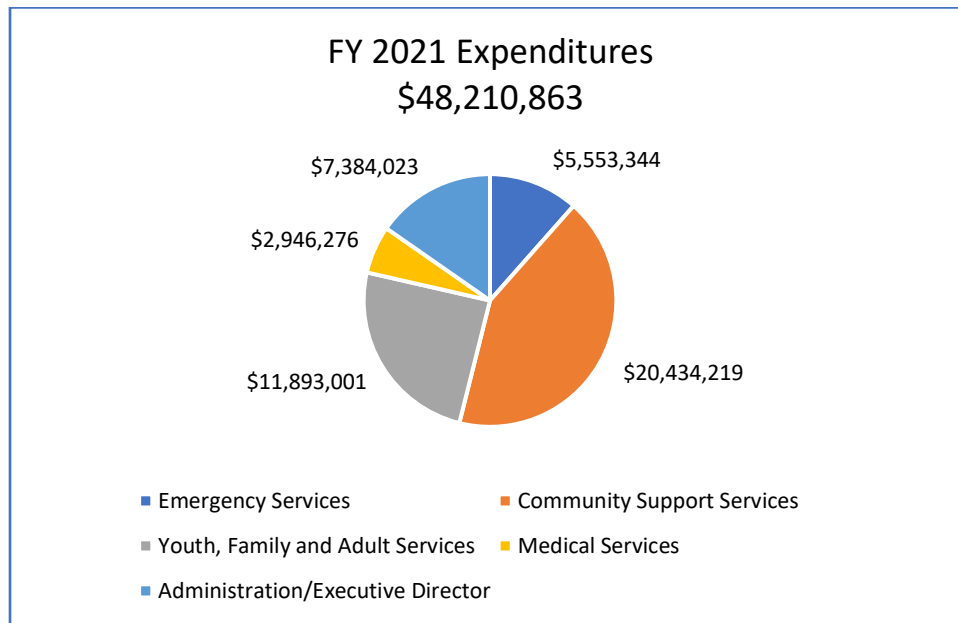
	Developmental/Intellectual Disabilities	Mental Health	Medical Services	Substance Abuse Services	Early Intervention	Ancillary Services*
Age						
0-11	5.32%	6.34%	2.62%		100.00%	6.29%
12-17	9.44%	30.76%	15.24%			14.05%
18-26	28.57%	16.94%	9.29%	17.88%		23.06%
27-59	50.40%	37.79%	55.71%	75.73%		49.93%
60+	6.27%	8.17%	17.14%	6.40%		6.68%
Gender						
Female	38.49%	52.80%	52.62%	40.26%	36.69%	43.19%
Male	61.51%	47.15%	47.38%	59.59%	63.31%	56.57%
No Response		0.05%		0.15%		0.24%
Race						
Am. Indian/AL Native	0.08%	0.23%	0.48%	0.15%	0.07%	0.18%
Asian	4.37%	3.31%	6.19%	1.74%	9.92%	3.96%
Black	27.38%	27.96%	25.95%	32.85%	16.36%	27.09%
HI/Pacific Island	0.16%	0.05%		0.15%	0.48%	0.10%
Other	9.76%	26.81%	22.86%	16.42%	34.15%	19.21%
Two or More Races	5.32%	5.33%	4.76%	4.07%	7.19%	4.65%
Unknown	11.35%	2.25%	0.95%	1.74%	4.45%	10.32%
White	41.59%	34.07%	38.81%	42.88%	27.38%	34.50%
Hispanic Origin						
Hispanic Origin	10.04%	28.82%	24.68%	17.97%	34.68%	20.10%
Not of Hispanic Origin	80.00%	67.92%	74.55%	80.29%	50.86%	65.78%
Unknown	9.96%	3.26%	0.78%	1.74%	14.46%	14.12%

*Ancillary Services are Emergency Services, ACCESS, Drug Offender Recovery Services, HIDTA, Forensics

Financial Highlights

Community Services remains financially stable and continued advocacy will improve financial contributions from the Commonwealth of Virginia. Medicaid enrollments are continuously monitored, providing PWCCSB with the opportunity to stabilize revenue.

FY2021 Expenditures & Revenues



Boards and Members

PRINCE WILLIAM BOARD OF COUNTY SUPERVISORS

Chair At-Large
[Ann B. Wheeler](#)

Vice Chair

Potomac District Supervisor
[Andrea O. Bailey](#)

Brentsville District Supervisor
[Jeanine Lawson](#)

Coles District Supervisor
[Yesli Vega](#)

Gainesville District Supervisor
[Pete Candland](#)

Neabsco District Supervisor
[Victor S. Angry](#)

Occoquan District Supervisor
[Kenny A. Boddye](#)

Woodbridge District Supervisor
[Margaret Angela Franklin, Chair Pro-Tem](#)

County Executive
[Christopher Martino](#)

MANASSAS CITY COUNCIL

Mayor
[Michelle Davis-Younger](#)

Vice Mayor
[Pamela Sebesky](#)

Council Members:
[Theresa Coates-Ellis](#)
[Lynn Forkell Greene](#)
[Tom Osina](#)
[Ralph Smith](#)
[Mark Wolfe](#)

City Manager
[Patrick Pate](#)

MANASSAS PARK CITY COUNCIL

Mayor
[Jeanette Rishell](#)

Vice Mayor
[Preston Banks](#)

Council Members:
[Alanna Mensing](#)
[Haseb Javed](#)
[Darryl Moore](#)
[Laura Hampton](#)
[Yesy Amaya](#)

City Manager
[Laszlo Palko](#)

COMMUNITY SERVICES BOARD MEMBERS

Chairman, Representing Coles Magisterial District
[Patrick Sowers](#)

Vice Chairman, Representing City of Manassas
[Timothy Oshiki](#)

Secretary, Representing Brentsville Magisterial District
[John O'Leary](#)

Member-At-Large
[Deanna Bayer](#)

Representing Neabsco Magisterial District
[Altonia Garrett](#)

Representing Occoquan Magisterial District
[Obediah Baker, Jr.](#)

Representing Woodbridge Magisterial District
[Voneka Bennett](#)

Representing Gainesville Magisterial District
[Bradley Marshall](#)

Representing Potomac Magisterial District
[Dr. William Carr](#)

Representing City of Manassas Park
[Vacant](#)

Executive Director
[Lisa Madron](#)