

## 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.

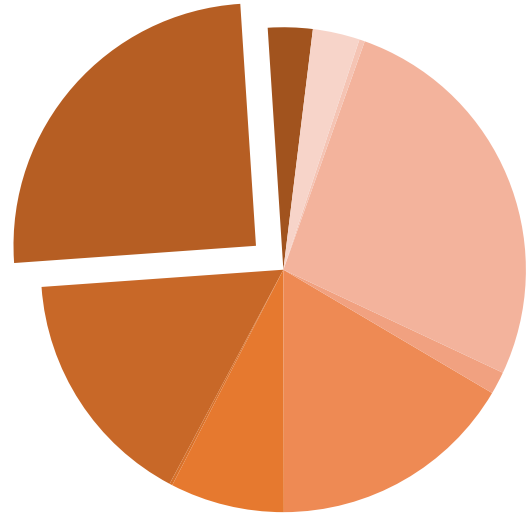
## Quadrant Area

% of Health, Wellbeing & Environmental Sustainability

25.2%

Quadrant Expenditure Budget:

\$382,324,748



## Programs

Administrative Services	\$15,589,220
Adult Behavioral Health and Recovery Services	\$12,541,027
Developmental Disability Services	\$13,672,819
Early Intervention Services for Infants and Toddlers	\$8,051,141
Emergency Services and Assessment	\$20,951,383
Medical Services	\$5,631,941
Mental Health and Co-Occurring Community Support Services	\$12,869,864
Youth Behavioral Health and Recovery Services	\$7,183,549

Agency Expenditure Budget:

\$96,490,944

## 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed	% Change Budget FY26/ Budget FY27
Administrative Services	\$7,877,303	\$13,081,567	\$13,823,992	\$13,870,046	\$15,589,220	12.39%
Adult Behavioral Health and Recovery Services	\$9,330,585	\$9,610,602	\$10,939,856	\$11,938,333	\$12,541,027	5.05%
Developmental Disability Services	\$9,506,658	\$11,242,237	\$11,200,166	\$12,923,649	\$13,672,819	5.80%
Early Intervention Services for Infants and Toddlers	\$5,839,375	\$6,396,711	\$6,731,599	\$7,601,273	\$8,051,141	5.92%
Emergency Services and Assessment	\$14,038,594	\$16,158,306	\$17,760,243	\$22,649,412	\$20,951,383	(7.50%)
Medical Services	\$3,911,770	\$4,345,279	\$4,934,891	\$5,395,342	\$5,631,941	4.39%
Mental Health and Co-Occurring Community Support Services	\$9,139,194	\$9,460,979	\$10,278,499	\$12,258,436	\$12,869,864	4.99%
Youth Behavioral Health and Recovery Services	\$5,426,551	\$6,200,079	\$7,457,263	\$7,142,925	\$7,183,549	0.57%
<b>Total Expenditures</b>	<b>\$65,070,030</b>	<b>\$76,495,760</b>	<b>\$83,126,509</b>	<b>\$93,779,416</b>	<b>\$96,490,944</b>	<b>2.89%</b>

### Expenditure by Classification

Salaries & Benefits	\$47,825,006	\$56,168,917	\$63,661,880	\$66,975,784	\$72,111,834	7.67%
Contractual Services	\$8,087,032	\$9,297,782	\$11,783,065	\$17,737,500	\$14,865,762	(16.19%)
Internal Services	\$2,892,714	\$3,048,773	\$3,288,768	\$2,755,376	\$3,456,510	25.45%
Purchase of Goods & Services	\$3,180,492	\$3,850,531	\$2,967,711	\$6,275,448	\$6,027,038	(3.96%)
Capital Outlay	\$271,902	\$350,041	\$20,355	\$15,000	\$15,000	0.00%
Leases & Rentals	\$88,625	\$93,762	\$27,500	\$149,525	\$149,525	0.00%
Reserves & Contingencies	\$0	\$0	\$0	(\$158,982)	(\$158,982)	0.00%
Debt Maintenance	\$24,258	\$24,258	\$77,682	\$24,258	\$24,258	0.00%
Payments to Other Local Agencies	\$0	\$0	\$0	\$5,508	\$0	(100.00%)
Transfers Out	\$2,700,000	\$3,661,678	\$1,300,000	\$0	\$0	-
<b>Total Expenditures</b>	<b>\$65,070,030</b>	<b>\$76,495,742</b>	<b>\$83,126,961</b>	<b>\$93,779,416</b>	<b>\$96,490,944</b>	<b>2.89%</b>

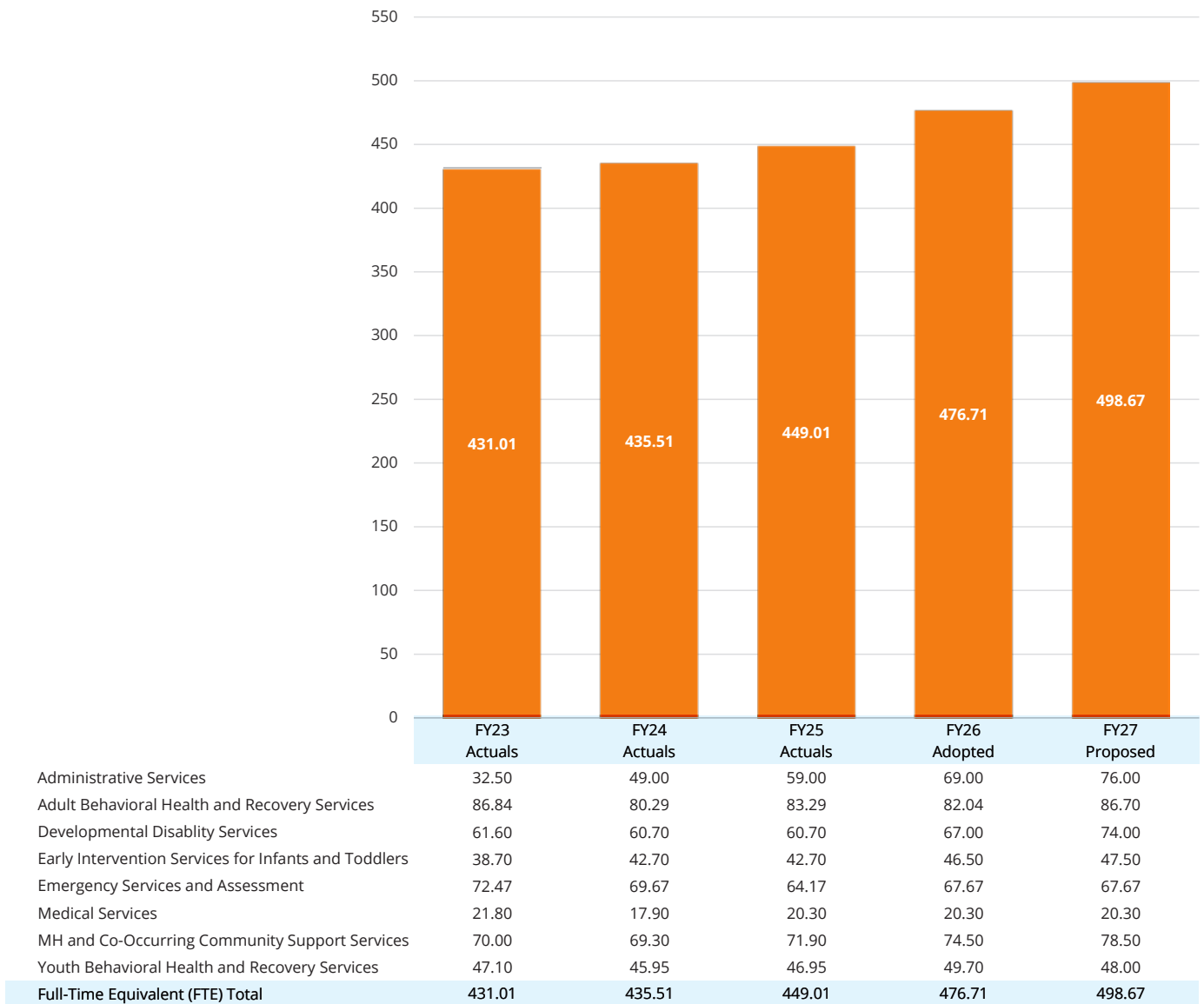
### Funding Sources

Revenue from Federal Government	\$4,324,794	\$4,466,567	\$5,632,442	\$2,978,607	\$2,768,607	(7.05%)
Revenue from Other Localities	\$3,732,887	\$3,980,227	\$4,103,895	\$4,236,662	\$4,338,342	2.40%
Miscellaneous Revenue	\$5,883	\$30,072	\$34,946	\$0	\$0	-
Charges for Services	\$822,768	\$1,007,660	\$880,833	\$765,783	\$765,783	0.00%
Revenue from Commonwealth	\$26,792,769	\$29,446,927	\$34,639,390	\$31,077,952	\$35,112,707	12.98%
<b>Total Designated Funding Sources</b>	<b>\$35,679,099</b>	<b>\$38,931,454</b>	<b>\$45,291,506</b>	<b>\$39,059,004</b>	<b>\$42,985,439</b>	<b>10.05%</b>
<b>Net General Tax Support</b>	<b>\$29,390,931</b>	<b>\$37,564,288</b>	<b>\$37,835,455</b>	<b>\$54,720,412</b>	<b>\$53,505,505</b>	<b>(2.22%)</b>
<b>Net General Tax Support</b>	<b>45.17%</b>	<b>49.11%</b>	<b>45.52%</b>	<b>58.35%</b>	<b>55.45%</b>	

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## Staff History by Program



## 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. Prince William County (PWC) is seeing increased demand for behavioral health and developmental disability services responsive to the complex and unique needs of the population.

Community Services (CS) has fully implemented the nine 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 remains underfunded, creating challenges to meet the growing demand for services and fully realizing the model's intended impact.

In fall 2025, CS opened 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, and offer 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.

The agency continues to monitor the changing federal landscape and its impact on CS, including Executive Orders, Medicaid updates, and federal grants. As funding sources shift, potential risks include increased waitlists and growing demand for services. The agency remains proactive by staying informed through local committees and state organizations, allowing it to make timely adjustments and pivot quickly as needed.

**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 Prince William (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 PW 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. 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 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 offers 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 the 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

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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. Removal of One-Time Costs** – A total of \$5,709,680 has been removed from the CS proposed FY27 Budget. CS received \$5.7M in one-time funding to support Crisis Receiving Center (CRC) start-up operations for adults and youth programs while the Medicaid waiver application is pending approval. In addition, \$9,680 in one-time technology costs associated with the Development Disability and Early Intervention Caseworker positions included in the FY2026 budget has also been removed.
- B. Reconcile the CS Budget to the FY2025 State Performance Contract** – The DBHDS and other funding sources provide funding to PWC CS through the State Performance Contract. On June 3, 2025, the BOCS approved [BOCS Resolution 25-314](#), which increased CS's budget by \$2,337,636 in ongoing funding. DBHDS allocated ongoing funds of \$2,250,000 for the crisis receiving and stabilization center program to provide crisis intervention services for youth and adults. In addition, the ongoing state funds of \$297,636 (\$181,195 DBHDS and \$116,441 Medicaid) are allocated to support increased administrative compliance in revenue billing, Medicaid eligibility, application support and care coordination. Furthermore, \$210,000 HIDTA federal pass-through project funds are reduced as services are shifted from contracted substance use residential treatment to direct Peer Recovery staffing support for the PWC Adult Detention Center. These ongoing state funds enabled the creation of 4.46 FTEs and the reclassification of two Administrative Technician positions to Administrative Coordinator positions and two Fiscal Specialist positions to Fiscal Analyst positions. CS also relocated \$217,856 in existing funds from Operating to Personnel to support the reclassifications of these positions.

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
Crisis Receiving Center - Youth Services	\$ 2,250,000	Emergency Services and Assessment	0.00	Support continued operations of CRC
DBHDS Performance Contract STEP-VA	\$ 297,636	Administrative Services	2.00	Fiscal Analyst
			0.50	Reclass part-time 0.5 FTE Administrative Technician to 1.00 FTE full-time Administrative Coordinator
			-	Reclass 2.00 FTE Administrative Technician (B21) to Administrative Specialist (B23)
			-	Reclass 2.00 FTE Fiscal Specialist (B24) to Fiscal Analyst (C41)
HIDTA	\$ (210,000)	Adult Behavioral Health and Recovery Services	0.46	Clinical Services Caseworker
			1.00	Clinical Services Caseworker Associate
			0.50	Clinical Services Caseworker Associate
<b>Total</b>	<b>\$ 2,337,636</b>		<b>4.46</b>	

- C. Reconcile the CS Budget to the FY2026 State Performance Contract** – On September 23, 2025, the BOCS approved [BOCS Resolution 25-485](#), which increased the CS FY26 budget by \$600,000 in ongoing state funding. DBHDS increased this funding to provide crisis stabilization services for short-term, no wrong-door care, and supporting recovery and preventing hospitalization within the Emergency and Assessment Program. Of this amount, \$108,484 will be used to establish 1.00 FTE Human Services Supervisor/Quality Improvement Specialist, and the remaining \$491,516 will be used for ongoing contracted vendor services at CRC. As a result, the annual state award is revised from \$4,623,495 to \$5,223,495.

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
Crisis Receiving Center Services	\$ 491,516	Emergency Services and Assessment	0.00	Support continued operations of CRC
	\$ 108,484		1.00	Human Services Supervisor
<b>Total</b>	<b>\$ 600,000</b>		<b>1.00</b>	

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- D. Reconcile the CS Budget to the FY2026 State Performance Contract** – On September 23, 2025, the BOCS approved [BOCS Resolution 25-486](#), which increased the CS FY26 budget by \$760,979 in ongoing state funding and established 7.50 FTEs. DBHDS provided funding increases for several initiatives, including \$47,500 for MH Problem Gambling prevention and treatment, \$94,091 for the Permanent Supportive Housing initiative to support individuals with serious mental illness (SMI) and developmental disabilities (DD), \$4,113 from the Virginia Department of Juvenile Justice (DJJ) to support the New Horizons Juvenile Court Services, \$10,875 for MH First Aid and Suicide Prevention training and outreach, and \$589 for regional SUD Community Detox Services. Additional increases include \$303,811 for STEP-VA Infrastructure and Medicaid to support administrative compliance, data management, and care coordination, and \$300,000 for DD Coordination and Medicaid to support eliminating the Priority One DD Medicaid Waiver waitlist. These ongoing state funds support the creation of 7.50 FTEs and the reclassification of two positions to enhance service delivery and administrative capacity. A summary of these funds and positions is detailed below:

DBHDS Program	Ongoing Funding	PWC Community Services Program	FTE	Description
STEP-VA Infrastructure & Medicaid	\$ 303,811	Administrative Services	2.00	Fiscal Analyst
			1.00	Administrative Specialist
			0.50	Part-time Administrative Specialist
			-	Reclass 1.00 FTE Administrative Technician (B21) to Administrative Specialist (B23)
			-	Reclass 1.00 FTE Fiscal Specialist (B24) to Administrative Specialist (B23)
DD Support Coordination & Medicaid	\$ 300,000	Administrative Services	1.00	Sr Clinical Services Caseworker
			3.00	Clinical Services Caseworker
Problem Gambling Prevention	\$ 47,500	Youth Behavioral Health & Recovery Services	-	Prevention & Treatment Services
Permanent Supportive Housing	\$ 94,091	Mental Health / Developmental Disabilities	-	Support serious mental illness
MH First Aid	\$ 10,875	Mental Health and Co-Occurring Community Support Services	-	Suicide prevention training & outreach
Department of Juvenile Justice	\$ 4,113	Youth Behavioral Health & Recovery Services	-	Juvenile Court Service support
SUD Community Detox	\$ 589	Emergency Services and Assessment	-	SUD community detoxification services
<b>Total</b>	<b>\$ 760,979</b>		<b>7.50</b>	

- E. Reduction in Mental Health and Co-Occurring Community Support Services Program Budget** – CS revenue and expenditure budget is reduced by \$400,000 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. Position Elimination** – The Virginia Department of Juvenile Justice (DJJ) terminated funding for the Community Placement Program (CPP) in Prince William County for FY26. The program was designed to place youth closer to their home communities to support a smoother transition after release. As a result of the funding discontinuation, 1.00 FTE CPP position is eliminated, reducing the Youth Behavioral Health and Recovery Services program budget by \$122,611.
- G. Position Allocation and Program Realignment** – CS reallocated positions across the department to better meet the workload and caseload demand across the programs. A total of 2.70 FTEs were shifted from the Youth Behavioral Health and Recovery Services program to the Adult Behavioral Health and Recovery Services program. Additionally, the following adjustments are proposed to align budgets with program management responsibilities and ensure accurate monitoring of program funds:
- Transfer Consumer Run Services activity from the Administrative Services Program to the MH and Co-Occurring Community Support Services Program. The budget for this activity supports contracted community residential services, which are managed within Community Support Services activity. This transfer consolidates related budgets and improves oversight of program resources.
  - Transfer Intensive Residential Services activity from the MH and Co-Occurring Community Support Services Program to the Emergency Services and Assessment Program. This budget supports services within the Emergency Services continuum of care, specifically discharge assistance from state hospitals. Moving the funds to a new activity code within Emergency Services will strengthen oversight and management of associated services and budgets.



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- Transfer HIDTA Prevention Services from the Youth Behavioral Health and Recovery Services Program to the Adult Behavioral Health and Recovery Services Program. This adjustment aligns the budget with the appropriate activity area to ensure accurate tracking and administration of program funds.
- H. **Budget and Accounting Structural Changes** – The CS budget is being shifted from the General Fund to its own dedicated fund to improve transparency and ensure more accurate state and federal reporting. Additionally, CS has reorganized its Chart of Accounts to align all activities under a streamlined coding structure, ensuring that all program and activity codes begin with the same number and use the department code as a prefix. This initiative realigns all associated programs, budgets, and positions under the unified structure, enhancing consistency and improving financial reporting accuracy across CS.
- I. **Redistribution of Internal Service Fund (ISF) Technology Budget** – The County allocates information technology (IT) costs to agencies through an ISF for all technology activities including computer support (hardware replacement, software licenses, and helpdesk customer services), IT security, business systems support (public safety communications, financial systems, human services systems, etc.), geographic information system, web services, capital equipment replacement, messaging, cloud storage, network and infrastructure services, telecommunications, and radios.

In FY26, funding was allocated in Non-Departmental to support the FY26 ISF billings for the Department of Information Technology, and in FY27, this funding is being reallocated to specific agencies to better represent the functional areas supported by these initiatives. In FY27, Community Services technology bill increases by \$572,244. No technology service levels are changed, and there is no impact to the technology services individual agencies currently receive.

## Budget Initiatives

### A. Budget Initiatives

#### 1. Behavioral Health Contract Rate Adjustments – Emergency Services and Assessment, Early Intervention Services for Infants and Toddlers, and Youth Behavioral Health and Recovery Services

Expenditure	\$740,000
Revenue	\$60,000
General Fund Impact	\$680,000
FTE Positions	0.00

- a. **Description** – Behavioral healthcare contract rates are aligned with Medicaid, the primary rate-setting standard for establishing fee rates and billing for clinical and medical services. Alignment with Medicaid reimbursement rates enables consistent cost monitoring and supports high-quality service delivery, and maintains regulatory compliance. This initiative funds contract rate increases to address rising Medicaid reimbursement rates and ensures the continued and effective behavioral healthcare services provided by contractors.
- b. **Service Level Impacts** – Existing service levels are maintained. Aligning contract rates with Medicaid ensures compliance with federal and state procurement requirements and Medicaid billing regulations, supports centralized cost monitoring, and maintains service quality standards.

#### 2. Community Services Staffing – Multiple Programs

Expenditure	\$1,152,267
Revenue	\$466,140
General Fund Impact	\$686,127
FTE Positions	10.00

- a. **Description** – This initiative provides funding for 10.00 FTEs to support growing community service access needs, reduce waitlists, expand outpatient capacity to serve referrals from CRC, and strengthen infrastructure to maintain state licensing standards and maximize reimbursement under Medicaid requirements. Funding includes \$1,091,301 in ongoing salaries and benefits and \$60,966 in ongoing operating costs. These costs are partially covered by billable state revenues. Initial technology expenses will be absorbed within the existing CS budget.
- **Mental Health & Co-Occurring Community Support Services – 3.00 FTE** – A Clinical Services Case Management Manager, Clinical Services Caseworker Associate, and an Administrative Specialist (3.00 FTE) is

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included in the proposed budget to establish a second Assertive Community Treatment Team (ACT) serving adults with severe mental illness. The program provides intensive, community-based support including case management services, psychiatric treatment, and medication management without a hospital environment. A second ACT team would provide a 68% increase in service capacity and serve 50 additional individuals in western PWC.

- **Developmental Disability Services – 3.00 FTE** – This initiative provides two Clinical Services Caseworkers (2.00 FTE) and a Senior Clinical Services Caseworker (1.00 FTE) in the proposed budget to address the state's elimination of the priority one developmental disabilities Medicaid waiver waitlist. By federal law, case management services must be provided for individuals receiving Medicaid waivers. These additional resources will increase CS' capacity to serve an additional 93 clients (a 7% increase in capacity).
- **Youth Behavioral Health and Recovery Services – 2.00 FTE** – A Senior Clinical Services Caseworker (1.00 FTE) and a Clinical Services Caseworker (1.00 FTE) is included in the proposed budget to serve adolescents up to 18 years old and families. The program provides a comprehensive range of services including individual family and group therapy, case management, and intensive in-home services. The additional staffing will address the current waitlist of 40 youth and accommodate growing service demands resulting from court diversion programs and court-mandated referrals.
- **Early Intervention Services for Infants & Toddlers – 1.00 FTE** – The Early Intervention program serves children from birth to three years of age and their families. The services provided include speech, physical, and occupational therapy, and parent education and training. This initiative provides a Senior Clinical Services Caseworker (1.00 FTE) to ensure compliance with federal laws requiring intake and service plan development within 45 days without a waitlist for services. The additional position will provide an estimated 6% increase in service capacity for 74 children which is necessary to maintain compliance with federal law.
- **Administrative Services - 1.00 FTE** – A Human Resources Business Partner (1.00 FTE) is necessary in order to ensure CS employees maintain clinical and departmental licensing to ensure clients receive proper standards of care. State credentials and licensing must also be maintained in order to bill state and federal funding sources such as Medicaid.

A summary of funds is detailed below:

Program	No. of FTEs	Title	Total Request	State/Federal Revenue	PWC Net Cost
Mental Health and Co-Occurring Community Support Services	1	Clinical Services Case Management Manager	\$133,360	\$45,500	\$87,860
	1	Clinical Services Caseworker Associate	\$108,447	\$45,500	\$62,947
	1	Administrative Specialist	\$82,212	\$45,500	\$36,712
Developmental Disability Services	2	Clinical Services Caseworker	\$229,566	\$150,000	\$79,566
	1	Sr. Clinical Services Caseworker	\$123,040	\$75,000	\$48,040
Youth Behavioral Health & Recovery Services	1	Sr. Clinical Services Caseworker	\$123,040	\$22,320	\$100,720
	1	Clinical Services Caseworker	\$114,783	\$22,320	\$92,463
Early Intervention Services for Infants & Toddlers	1	Sr. Clinical Services Caseworker	\$123,040	\$60,000	\$63,040
Administrative Services	1	Human Services Supervisor	\$114,780	\$0	\$114,780
Total	10		\$1,152,267	\$466,140	\$686,127

- 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, and the Individuals with Disabilities Education Act (IDEA), Part C, and Virginia state codes. The additional staffing supports timely access to care, improves service capacity, and strengthens CS's role as mandated public healthcare responder and provider.



## Program Summary

### Administrative Services

This program provides CS staff, Prince William County agencies, community, and other stakeholders with professional business support. Resources are efficiently and effectively managed through the finance and reimbursement, information technology, quality improvement, and business operations teams. Resources, productivity, and compliance data are shared as required by state mandates with both the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS).

Key Measures	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Change in fee revenue received from prior fiscal year	13%	4%	15%	0%	12%
Customers rating services as helpful	92%	91%	92%	90%	90%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
<b>Accounting &amp; Procurement</b>	<b>\$2,340</b>	<b>\$2,311</b>	<b>\$2,770</b>	<b>\$2,792</b>	<b>\$3,561</b>
Fees collected	\$9.9M	\$10.3M	\$10.6M	\$9.4M	\$10.5M
<b>Management Information Systems</b>	<b>\$974</b>	<b>\$3,364</b>	<b>\$3,756</b>	<b>\$3,892</b>	<b>\$4,770</b>
MIS customers rating service as helpful	90%	92%	93%	90%	90%
<b>Leadership &amp; Management Oversight</b>	<b>\$4,564</b>	<b>\$7,406</b>	<b>\$7,377</b>	<b>\$7,186</b>	<b>\$7,258</b>
Total agency individuals served	11,704	11,255	11,438	11,500	11,500

FY25 total program actuals are \$79k higher due to mismatched postings across multiple programs and activities.

### 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Individuals enrolled in CBHP services that maintain or improve in functioning	63%	57%	59%	60%	60%
Individuals satisfied with CBHP services received	90%	88%	95%	90%	90%
Individuals satisfied with CORP services received	93%	94%	91%	95%	90%
Individuals who do not return to the ADC RSS program within 3 years	74%	67%	65%	70%	65%

# Community Services

<b>Program Activities &amp; Workload Measures</b> <i>(Dollar amounts expressed in thousands)</i>	<b>FY23 Actuals</b>	<b>FY24 Actuals</b>	<b>FY25 Actuals</b>	<b>FY26 Adopted</b>	<b>FY27 Proposed</b>
<b>Clinical Behavioral Health Program (CBHP), SMI Adult &amp; Family Services</b>	<b>\$4,351</b>	<b>\$4,359</b>	<b>\$4,873</b>	<b>\$5,338</b>	<b>\$5,411</b>
Individuals served by CBHP	1,163	1,013	1,096	1,100	1,100
Distinct visits in CBHP	37,437	36,953	38,778	37,000	38,000
<b>Comprehensive Outpatient Recovery Program (CORP), Adult Substance Abuse Services</b>	<b>\$3,260</b>	<b>\$3,637</b>	<b>\$4,099</b>	<b>\$4,497</b>	<b>\$4,431</b>
Individuals served by CORP	934	906	801	900	800
Individuals served by CORP groups	546	365	398	450	400
<b>Recovery Support Services (RSS)*</b>	<b>\$1,272</b>	<b>\$1,216</b>	<b>\$1,482</b>	<b>\$1,484</b>	<b>\$1,736</b>
Individuals served in Adult Detention Center	115	142	159	200	200
<b>RSS Community Criminal Justice Services</b>	<b>\$447</b>	<b>\$398</b>	<b>\$486</b>	<b>\$620</b>	<b>\$963</b>
Individuals served in RSS outpatient	122	93	204	100	100
RSS assessments completed	200	199	231	200	200
Individuals served in Medication Assisted Treatment	286	338	395	350	350
Number of students served by HIDTA Prevention per calendar year	-	-	138	150	150
Grade point average improvements for HIDTA prevention clients	81%	69%	100%	-	-
Reduced school absences for HIDTA prevention clients	41%	42%	100%	-	-

\*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.

<b>Key Measures</b>	<b>FY23 Actuals</b>	<b>FY24 Actuals</b>	<b>FY25 Actuals</b>	<b>FY26 Adopted</b>	<b>FY27 Proposed</b>
Individuals successfully maintained in the community through DS & SE services	98%	97%	96%	97%	97%
Individuals who are satisfied with Day Support and Employment Services	90%	95%	95%	96%	96%
Family satisfaction for individuals served by Residential Services	96%	95%	95%	96%	96%
Individuals successfully maintained in the community through CM services	98%	99%	99%	97%	97%
Family satisfaction for individuals served by Case Management services	91%	90%	92%	94%	94%

# Community Services

<b>Program Activities &amp; Workload Measures</b> <i>(Dollar amounts expressed in thousands)</i>	<b>FY23 Actuals</b>	<b>FY24 Actuals</b>	<b>FY25 Actuals</b>	<b>FY26 Adopted</b>	<b>FY27 Proposed</b>
<b>Day Care Services</b>	<b>\$407</b>	<b>\$1,023</b>	<b>\$874</b>	<b>\$788</b>	<b>\$620</b>
Individuals served by Day Care Services	45	43	45	48	48
<b>Day Support Services</b>	<b>\$1,020</b>	<b>\$1,473</b>	<b>\$1,341</b>	<b>\$1,390</b>	<b>\$1,390</b>
Individuals served by Day Support Services	38	43	34	55	55
<b>Supported Employment Services</b>	<b>\$470</b>	<b>\$410</b>	<b>\$276</b>	<b>\$766</b>	<b>\$725</b>
Individuals served by Supported Employment Services	50	42	57	50	50
<b>Group Home Services</b>	<b>\$238</b>	<b>\$349</b>	<b>\$60</b>	<b>\$168</b>	<b>\$168</b>
Individuals served by Group Home Services	237	279	320	285	340
Individuals funded by Community Services in group homes	3	3	3	2	4
<b>Supported Living Services</b>	<b>\$236</b>	<b>\$370</b>	<b>\$227</b>	<b>\$589</b>	<b>\$589</b>
Individuals served by Supported Living Services	12	14	8	15	15
<b>Case Management Services</b>	<b>\$7,137</b>	<b>\$7,617</b>	<b>\$8,422</b>	<b>\$9,222</b>	<b>\$10,180</b>
Individuals served by Case Management Services	1,153	1,218	1,292	1,400	1,400

## Early Intervention (EI) Services for Infants and Toddlers

This program provides services 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.

<b>Key Measures</b>	<b>FY23 Actuals</b>	<b>FY24 Actuals</b>	<b>FY25 Actuals</b>	<b>FY26 Adopted</b>	<b>FY27 Proposed</b>
Early intervention services for individuals who do not require special education	48%	45%	60%	48%	50%
Families report services helped their child develop & learn	87%	92%	84%	85%	85%
Parent Satisfaction with EI services received	99%	96%	96%	95%	95%

<b>Program Activities &amp; Workload Measures</b> <i>(Dollar amounts expressed in thousands)</i>	<b>FY23 Actuals</b>	<b>FY24 Actuals</b>	<b>FY25 Actuals</b>	<b>FY26 Adopted</b>	<b>FY27 Proposed</b>
<b>Assessment and Service Coordination</b>	<b>\$2,861</b>	<b>\$2,913</b>	<b>\$3,197</b>	<b>\$3,291</b>	<b>\$3,968</b>
Infants, toddlers, and families served by Assessment and Service Coordination	1,767	1,737	1,636	1,800	1,650
<b>Therapeutic and Educational Services</b>	<b>\$2,979</b>	<b>\$3,484</b>	<b>\$3,535</b>	<b>\$4,310</b>	<b>\$4,083</b>
Infants, toddlers, and families served by Therapeutic and Educational Services	1,388	1,367	1,257	1,400	1,300

# 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 provide 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Individuals who received Emergency Services within 1 hour	98%	99%	99%	95%	98%
Individuals meeting criteria for services	83%	86%	84%	80%	80%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
<b>Access</b>	<b>\$1,630</b>	<b>\$1,375</b>	<b>\$1,727</b>	<b>\$2,125</b>	<b>\$1,982</b>
Access assessments completed	1,905	1,607	1,627	2,000	1,800
Individuals triaged for services within the same day	2,894	1,978	1,949	2,450	2,400
Individuals offered an appointment within 10 days	1,250	788	761	1,100	850
<b>Emergency Services</b>	<b>\$6,175</b>	<b>\$7,374</b>	<b>\$8,166</b>	<b>\$7,451</b>	<b>\$7,951</b>
Emergency Services individuals served	2,564	2,457	2,449	2,400	2,400
<b>Intensive Residential Services*</b>	-	-	-	-	<b>\$303</b>
Individuals served in group homes	-	-	-	-	9
<b>PWC Crisis Receiving Center (CRC) Services**</b>	<b>\$2,700</b>	<b>\$4,237</b>	<b>\$1,875</b>	<b>\$10,630</b>	<b>\$8,272</b>
PWC Adults served by CRC services	-	-	-	400	400
PWC Youth served by CRC services	-	-	-	200	200
Number of individuals from other jurisdictions served by CRC services	-	-	-	400	400
<b>State Funded Regional Crisis Services (RCS)*</b>	<b>\$3,534</b>	<b>\$3,172</b>	<b>\$6,004</b>	<b>\$2,444</b>	<b>\$2,444</b>
PWC individuals served by RCS	79	17	211	212	106
Number of individuals from other jurisdictions served by RCS	359	25	362	318	468

FY25 total program actuals are \$11k higher due to mismatched postings across programs and activities.

\*In FY26, Reporting for PWC CRC Services and State funded RCS Services has been separated from Emergency Services.

\*\*In FY27, Funding for Intensive Residential Services has been moved from Mental Health and Co-Occurring Community Support Services to Emergency Services.

## Medical Services

Provides psychiatric evaluations and assessments, medication management, outpatient addiction medication otherwise known as MAT, crisis stabilization, risk assessments, 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 and health management.

Key Measures	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Individuals satisfied with Medical Services	87%	88%	88%	90%	90%

# Community Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
<b>Medical Services</b>	<b>\$3,912</b>	<b>\$4,345</b>	<b>\$4,935</b>	<b>\$5,395</b>	<b>\$5,632</b>
Individuals served by Medical Services	2,181	2,076	1,927	2,300	2,000

## 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Individuals who maintain employment for more than 90 days	79%	88%	88%	88%	89%
Psychosocial rehabilitation individuals who maintain or improve functioning lvl	91%	90%	93%	92%	93%
Vocational Services individuals reporting satisfaction with services	93%	93%	92%	94%	94%
Individuals successfully engaged in services and maintained in the community	98%	96%	97%	95%	95%
Individuals expressing satisfaction with MHRS service provided	87%	97%	94%	90%	90%

# Community Services

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
<b>Day Support Services</b>	<b>\$1,422</b>	<b>\$1,464</b>	<b>\$1,507</b>	<b>\$1,611</b>	<b>\$1,649</b>
Individuals served by MH Day Support Services	90	101	99	107	110
<b>Employment Services</b>	<b>\$832</b>	<b>\$937</b>	<b>\$966</b>	<b>\$995</b>	<b>\$1,027</b>
Individuals served by MH Employment Services	242	261	230	275	275
<b>Supportive Residential In-Home Services</b>	<b>\$2,992</b>	<b>\$3,013</b>	<b>\$2,952</b>	<b>\$3,491</b>	<b>\$5,258</b>
Individuals served by Supportive Residential In-Home Services	139	153	153	150	150
<b>Intensive Community Treatment Services</b>	<b>\$2,081</b>	<b>\$2,207</b>	<b>\$2,391</b>	<b>\$2,454</b>	<b>\$2,825</b>
Individuals served by Assertive Community Treatment services	81	76	74	85	80
<b>Young Adult Services</b>	<b>\$1,342</b>	<b>\$1,582</b>	<b>\$1,862</b>	<b>\$2,078</b>	<b>\$2,111</b>
Individuals served in Young Adult services	43	59	81	50	50
<b>Intensive Residential Services*</b>	<b>\$470</b>	<b>\$258</b>	<b>\$512</b>	<b>\$1,629</b>	<b>-</b>
Individuals served in group homes	18	9	9	4	-

FY25 total program actuals are \$89k lower due to mismatched postings across programs and activities.

\*In FY27, Funding for Intensive Residential Services has been moved from Mental Health and Co-Occurring Community Support Services to Emergency Services. Funding for Permanent Supportive Housing and PSH Critical Intervention has been combined under the Supportive Residential In-Home Services workload measure.

## 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Youth completing treatment who maintained or improved in functioning	75%	76%	72%	75%	75%
Youth satisfied with services	92%	93%	92%	95%	93%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
<b>Behavioral Health Wellness Services</b>	<b>\$763</b>	<b>\$1,111</b>	<b>\$1,899</b>	<b>\$1,089</b>	<b>\$1,476</b>
Prevention training and webinar participants	1,788	3,017	3,161	2,000	3,000
<b>Case Management</b>	<b>\$892</b>	<b>\$1,067</b>	<b>\$1,247</b>	<b>\$1,160</b>	<b>\$826</b>
Youth served by case management	290	271	268	295	295
<b>Outpatient Services</b>	<b>\$3,771</b>	<b>\$4,022</b>	<b>\$4,311</b>	<b>\$4,894</b>	<b>\$4,881</b>
Youth served by New Horizons treatment services	1,443	1,384	1,256	1,400	1,300