



# RESILIENCE

**Annual Report**  
FY2020



## Message from the Executive Director and Board Chair

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Without a doubt, this past year has been one of historic challenges. In more than 50 years of service to the citizens of Prince William County and the Cities of Manassas and Manassas Park, Community Services was called upon to be more creative, agile, and resilient in ways we never before imagined. Despite the many obstacles of 2020, our organization has consistently and creatively demonstrated our commitment to serve our community's most vulnerable citizens, and our RESILIENCY shines in all we have accomplished this year.

In FY20, we began with Same Day Access providing more same day clinical assessments than ever, as the agency encountered a demand for outpatient services that far exceeded our capacity. In 2019, our Medicaid Waiver slot allotment increased more than any other year, yet we continued to face a growing waiting list for those seeking developmental disability services. Our Early Intervention, Infant and Toddler Program also experienced an increased demand for services, with a 7% increase over the previous year. Grappling with the continued impact of the opioid epidemic on our community, we worked with our community partners, including collaborations with George Mason University to address the needs of those we serve. For a time, ER visits for opioid overdoses seemed to be trending down.

In March, the Governor issued the Emergency Order to shelter *in place* due to COVID-19. At the same time, our community joined many other communities across the nation to protest social injustices highlighted by the deaths of George Floyd, Breanna Taylor and Ahmaud Arbery. Community Services quickly adapted to the rapidly changing circumstances in order to continue to meet the treatment needs of those we serve. We responded to these challenges in creative ways that reduced the risk to both consumers and staff, all the while continuing to provide vital services that enrich and transform lives.

Community Services staff are deemed as essential personnel and serve a critical role in the county's emergency response. The talented and dedicated team members who support those most fragile are true heroes. Regardless of the hurdles we faced, the CS staff persevered in providing services, treatment, and support to our clients and their families. We leveraged technology when possible through "Telehealth" and remote treatment, however when in-person care was required we ensured the safety of everyone by making full use of Personal Protection Equipment (PPE). This flexibility with service delivery allowed us to expand treatment services and significantly reduced what was a growing waiting list for services. For many individuals, Community Services was the main source of support during this very stressful time. As Community Partners and Stakeholders, you made a significant impact on our success through your generosity of time, talents, and resources. You helped us to achieve our mission of providing the best possible care with a high level of compassion towards those we serve. We are equally as grateful to the Board of County Supervisors for providing the necessary funding so that we could

continue addressing some of our unmet needs. This funding will allow for such initiatives as the Co-Responders program aimed at connecting law enforcement with trained behavioral health clinicians to better serve those in crisis. The additional funding will also restore the New Horizons Intensive In-Home program and provide a therapist for Gainesville High School, set to open in the fall of 2021. We can also expand services in the SOAR Peer Program, which establishes a closer connection between therapist and those with opioid and substance use disorders into treatment. Lastly, the funding will also allow us to increase our Early Intervention services for infants and toddlers, as well as enhance the services for those with developmental disabilities.

There is no doubt that everyone has been impacted by the events during this past year. We have learned from adversity, grown professionally, and improved along the way. We will continue to be impacted by future challenges, however the partnership we share with you will be the strength needed to overcome any hurdles. Take pride in knowing that you have made a significant impact in the lives of those who needed it the most. We are thankful for you and will continue to stand with you as our partners!



John O'Leary  
Chair, PWC Community Service Board



Lisa Madron, LCSW, CTS  
CS Executive Director

## 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.

# Community Partnerships

2020 has been a challenging year in Prince William County. Community Services could not do what we have done for the individuals we serve without the help and support of community-based non-profits. The power of these partnerships has allowed us to expand and enhance available programming in support of those we serve. We have included highlights from some of our community-based not-profit partners.



## **Rainbow Riding Center served 116 individuals through 1,442 lessons.**

This included 69 children with disabilities, 17 veterans, and 11 at-risk youth. The Center's therapeutic riding program serves both children and adults with physical, cognitive and emotional challenges. Rainbow's Military And Veterans Riding Program provides therapeutic riding and ground work lessons to veterans with physical and cognitive injuries and disabilities and/or emotional trauma. These lessons are provided at no cost to the veteran within the Prince William community. In the next year, Rainbow Riding will work to expand veteran's services.

Michael and Ashton began riding together in a weekly session. Working towards their goal of cantering and jumping, they work hard to develop connections with their horse. Michael says "I like everything about it. I love all the horses." Ashton exclaims, "Rainbow means a lot to me, it gave me the opportunity to be around horses and improve my skills."



## **The Arc of Greater Prince William served 843 individuals through information and referral services, 134 attendees at 7 educational workshops and hosted the 25th annual "Circle of Support" conference in FY'20.**

The conference focuses on educational workshops for parents and individuals with developmental disabilities and features a keynote speaker and 3 breakout session for the full-day event. PW CS participates on the conference planning committee and has a presence there every year. The Arc serves individuals with intellectual and developmental disabilities and their families, many of whom CS also serves. The Arc provides educational programming, residential services, day support services, vocational programming, and childcare centers.



## **Trillium Center, Inc. served 1,641 individuals.**

Trillium's mission is to provide a stigma-free, stress-free atmosphere for mental health consumers, ages 18 and over. Persons attending Trillium are served through the Peer Support Drop In Center, the Crisis Assessment Center, Peer Support, and Job Skills training. Trillium serves as lifeline for individuals otherwise isolated by the stigma of mental health. The presence of Trillium in our community is invaluable and many CS clients have benefited enormously from their association with Trillium. In the coming year, Trillium Center, Inc is developing a strategic plan focused on addressing the health and transportation issues of its members.

Since 2009, a Trillium client who has been very shy and closed down for 11 years, recently experienced a breakthrough. Ironically, the isolation of COVID led to the change. Due to COVID, Trillium conducted regular outreach to its members via telephone. After three weeks of daily check-in calls, she began to look forward to her calls, and was animated in these conversations. Quite a breakthrough!



### **Good Shepherd Foundation (GSF) served 26 individuals.**

GSF's mission is to provide housing for low- and middle-income individuals and families, particularly those struggling with mental illness. GSF has partnered with CS since 1989, starting with Good Shepherd One, a residence that accommodates 5 individuals. Since then, the partnership has grown to include 2 more residences each accommodating 5 individuals, a townhouse and ten apartments, all of which provide permanent subsidized housing for persons with serious mental illness. GSF has afforded these individuals the security that comes with housing stability, the opportunity to live as independently as possible, and to be fully integrated members of the community in which they live.

This year, a CS client celebrated his 20th year of supported independent living in GSF housing. He has always taken great pride in his home, ensuring that everything is in good working order, and quickly notifying GSF staff of any maintenance problem. The love and pride he feels for his home, reflected in his gardening and holiday decorating, is contagious, positively impacting the other residents, as well as CS and GSF staff. Over the years, GSF staff have come to refer to him as "the Mayor," a title he wears with pride.



### **Mason and Partners (MAP) Clinic - George Mason University served 100 individuals in the clinics at Community Services.**

Since September 2015, CS and George Mason University's partnership has been invaluable in addressing the mental and physical well-being of CS clients, who are of low income and medically underserved. Until COVID-19 restrictions, MAP medical staff were on-site 2 days a week, making medical care accessible for CS clients with acute and/or chronic medical conditions. COVID-19 restrictions resulted in the on-site CS MAP clinics converting to the provision of medical services via telehealth.

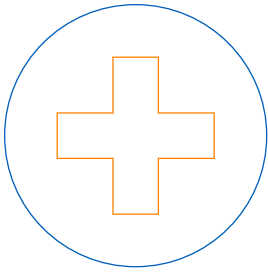
## **Operating Highlights**

### **Administrative Services Division**

The Administrative Services Division provides scheduling, administrative support, financial, information technology and quality assurance services.

The Administrative Division increased organizational capacity this year. When County offices were closed to the public, Administrative Services staff quickly pivoted. Staff that were managing clients in the buildings re-directed their energies to scan paper medical records into Prince William Community Services' electronic health record. This was an enormous task that long needed to be done, however the cost of hiring an outside vendor was prohibitive. When the County restricted public access to the Ferlazzo and SN offices, it created the opportunity to tackle this project. In the months since, Administrative Services staff have scanned over 1.5 million pages! Quality Assurance (QA) requires each page be verified as being in the correct order. Locked cases were purchased so that remote QA work could be completed by staff working from home. Creating the digital files means that PWCS staff can electronically search for patient histories without having to request paper files. Another benefit for tackling this project is the empty file rooms may now be converted into useable space, such as offices.

The Administrative Division was instrumental in ensuring application of COVID precautionary safety and cleanliness measures in CS' facilities. Administrative staff became the central ordering and logistics distribution operation for Community Services. Working with the Prince William Office of Emergency Management (OEM), Personal Protective Equipment (PPE) and cleaning supplies were distributed throughout the organization. Furthermore, staff communicated the proper ways to use PPE and created CS cleaning procedures. This effort has helped to keep CS clients and staff safe during the pandemic.



# Emergency Services Division

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

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 collaboration with local law enforcement, magistrates, community providers and hospitals to assess for immediate intervention. ES operates 2 Crisis Assessment Centers, as well as oversees the operation of a regional Crisis Stabilization Unit that provides care and treatment to individuals as an alternative to hospitalization. Emergency Services, in partnership with PWC Police, have established a Co-Responder Unit. The goal of the Co-Responder Unit is to provide crisis intervention to the community on-site, and offer connection to resources. The Unit consists of 3 emergency services clinicians, 3 Crisis Intervention Trained officers, 1 clinical supervisor and 1 police supervisor. Clinicians and officers respond in the community together to triage and assist in mental health crisis situations.

**The Co-Responder Program** was developed over the past year as a collaboration between the Prince William County Police Department and Community Services. The program started as a pilot, and was so successful, the Board of Supervisors elected to permanently fund the program. During the pilot, the Co-Responder team responded to 42 mental health calls, only 3 of which resulted in the individual being detained, and there were no incidents requiring use of force.

**Emergency Services**, in response to the COVID-19 public health emergency, successfully partnered with local hospitals to conduct teleassessments using a two-way video and audio platform. To minimize exposure to the virus, CS staff also worked with the Prince William Police Department to bring Emergency Custody Orders (ECO) detainees, who are not medically compromised, to the clinic rather than to a hospital emergency department.

**2439** clients served; **3305** emergency evaluations;  
**205** Crisis Stabilization Unit placements.

## ***Emergency Services staff shared this story of safety and support:***

A 16-year-old Autistic and COVID+ client experiencing a psychotic episode, required an emergency evaluation. ES staff were called to the hospital Emergency Room to conduct the evaluation in-person, as it could not be conducted via telehealth. The ES staff member went to the ER, donned PPE and conducted the evaluation, and determined that the young man required psychiatric hospitalization. Later, the young man participated in a commitment hearing, again requiring in-person support from ES staff. ES staff took all proper COVID precautions, working tirelessly for several hours, and under very stressful conditions to support this autistic and psychotic young man and his mother through the commitment process, and ensure he received the care and support he needed. Despite the complications of COVID, staff support and reassurance provided the client and his mother the strength they needed to work through this crisis.

## **Same Day Access:**

Same Day Access (SDA) allows the community access to same day assessment, screening, and crisis services with walk in hours Monday through Thursday, 8:30 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. In response to the restrictions created by the COVID-19 pandemic, Same Day Access quickly and nimbly transitioned to telehealth ensuring the community continued access to treatment services.

**4442** mental health/substance abuse screenings; conducted **1653\*** clinical assessments; developed **367** crisis plans (\*this number includes both comprehensive and brief assessments)

### ***Same Day Access staff shared this story of hope:***

SDA staff are often tapped to assist persons with a host of needs beyond mental health. These persons present at CS feeling defeated and out of options. Prior to onset of the COVID-19 public health emergency, an Access therapist assessed a client referred to CS by a local hospital and the police department. The woman reported that she walked to the clinic from the ER because she did not have transportation or any other supports. The woman appeared quite ill; she was coughing and reported feeling both chest and back pain. She reported the ER diagnosed her with bronchitis, gave her medication, and discharged her. She stated that she was under a lot of stress and needed assistance with transportation and other supports. Although she was not experiencing a mental health emergency and did not have a mental health diagnosis, the Access therapist quickly recognized this woman was in distress and in need of basic supports. The woman did not meet criteria for admission to a psychiatric hospital or a crisis stabilization unit, and when advised of this, she requested that 911 be called to transport her back to the hospital emergency room. This woman felt defeated, hopeless, and out of options. 911 was called and the paramedics arrived to assist and offer transport to the nearest hospital ER. The woman declined medical transport to that specific hospital. The paramedics talked to her, assessed her, and encouraged her to take her medications and go home. The Access therapist provided the woman some food and something to drink and offered to cab her home. Eventually the woman began trusting the therapist enough to disclose she had no home, and no money to pay for the hotel where she had been living. The woman also revealed to the therapist that she had soiled herself, and the clothes in her backpack were also soiled. Concern for the woman's welfare increased as it became clear she was homeless, very ill, appeared to be having difficulty caring for herself, and had no social supports. The Access therapist contacted Adult Protective Services (APS) for help linking the woman to much needed assistance. While awaiting the arrival of APS, the Access therapist was able to find some clean clothing for the client and arranged for a cab take her to another ER to assess her medical condition. To ensure a warm hand-off, the therapist contacted the hospital ER staff informing them the woman was on her way and experiencing symptoms of bronchitis. The care, compassion, support and resourcefulness shown this woman reminded her that while you don't need easy, you just need possible, because where there's possibility, there's hope.

### **Discharge Planning Services – 465 clients served**

This program serves individuals with serious mental illness who are in state psychiatric hospitals or a Crisis Stabilization Unit to transition to community-based services. As an alternative to in-patient psychiatric hospitalization, Discharge Planners placed and monitored 30 individuals in community based long-term residential settings with the support of discharge planning assistance funds.

### ***Discharge Planning staff shared this story of transformation:***

Discharge planners became involved with an acutely psychotic, homeless veteran after he was committed to a state psychiatric hospital. This gentleman, in his early sixties, had been travelling through several states driven by symptoms of mental illness. Over a three-month period, CS Discharge Planners worked to build trust, rapport, and link him to resources. Once it was discovered that he was a veteran, our Discharge Planner provided him with contact information for Veteran's Administration services. As his psychotic symptoms began to subside, he became interested in pursuing these services. He stepped down from the state psychiatric hospital to a local Crisis Stabilization Unit (CSU). While at the CSU, the veteran worked closely with the CS Discharge Planner, trusting her enough to confide his feelings of nervousness about discharging to a shelter; living with family members was not an option. The Discharge Planner helped him connect with the Veteran's Administration, where he was accepted into a program specifically dedicated to housing veterans experiencing severe mental illness, and who are at risk of homelessness. Through discharge planning assistance, the veteran was able to undergo the medical testing required for admission, reestablish his VA benefits, and start the process to replace documents lost during the height of his mental illness. Upon his arrival at the "Veterans on the Rise" program, the veteran called the Discharge Planner to express his appreciation for all the assistance he received to get his life back on track.



# Youth, Adult, and Family Services Division

## **Adult Mental Health - 1,258 clients served**

This program provides case management services, as well as individual, group and family therapy services to adults with a serious mental illness such as schizophrenia and major depression, and those with co-occurring SMI/SA disorders. Case management and therapy services provide support to individuals in their recovery, promote community integration and assist individuals in reaching their goals. During FY '20, AMH hired nine new staff and adjusted to COVID-19 restrictions by utilizing telehealth in the provision of services. The AMH team faced these challenges with flexibility and resourcefulness, resulting in AMH billing \$1,093,314.88, which was only \$26,000 short from FY '19 revenue totals.

### ***An individual in receipt of services from Adult Mental Health and Medical Services shared his story of transformation:***

When I came to CSB about a year and a half ago, my wife and I had to move in with her parents because we had both lost our jobs due to downsizing. That's when I met my CS therapist and my psychiatrist. We went through a lot of hard times, especially because living with family isn't easy, and I had difficulty adjusting to not working. My therapist suggested activities I could do during the day, and always encouraged me to stay positive. This summer, I received a lump sum from unemployment, and we were able to move into our own apartment and buy my wife a used car. She has since found a job, and shortly thereafter I found employment. At the same time, my psychiatrist transitioned me from 4 medications down to 1. I haven't had any symptoms, and the only side effect is that I no longer sleep during the day and I am losing weight, which are good things.

I should also mention a relative of ours is a CSB success story. She originally referred us to CS and Trillium, where my wife and I made friends and got valuable support. Now we are moving to another county so I will be closer to work. My CS therapist is referring me to the CSB in the county where I will be living. I want to let you know what a difference these two ladies have made in my life and I will miss both of them.

## **Adult Substance Abuse Services - 722 clients served**

This program assists adults with substance use and co-occurring disorders to achieve and sustain recovery through outpatient therapeutic services. Despite the impact of COVID-19, and the need to shift group and some individual/case management/peer services to telehealth, the ASA program has been able to increase the amount of group therapy services to clients in the community. Currently, the program is running 24 treatment groups and two peer led support groups. There are multiple groups for individuals newly identified with a substance use/co-occurring disorder, and for those who are working on their recovery efforts. Additionally, there are multiple treatment groups for both men and women who are struggling with the effects of trauma on their substance use and mental health.

### ***An individual in receipt of services from Adult Substance Abuse and Medical Services shared this story of transformation:***

A 35-year-old male client, with a significant history of alcohol dependence and mood disorders, has been engaged in mental health and substance abuse services intermittently since 2014. This man's co-occurring disorders have contributed to his homelessness, legal charges, financial problems, and numerous (as many as 6 per year) psychiatric hospitalizations. Historically, it has been very difficult to keep this client engaged in outpatient treatment and break the cycle of repeated inpatient hospitalizations. The client never seemed to connect well with treatment. Nonetheless, program staff have worked patiently with the client, supporting his recovery efforts with therapy, case management and peer support services, recognizing the road to recovery is often fraught with challenges. Early this year, the client was transferred to a male therapist with whom he made a close connection and developed a strong therapeutic relationship. The strength derived from this therapeutic relationship, as well as the case management and peer support services, have supported his recovery, kept him engaged in treatment, and broken the cycle of repeated hospitalizations; he has not been hospitalized in over eight months.



## **Drug Offender Recovery Services (DORS)**

DORS provides an array of therapeutic services to adults with substance abuse or co-occurring disorders, as well as prevention services to youth at high risk for substance abuse issues. 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. Drug Offender Recovery Services (DORS) operates the following programs: Outpatient Services, Prevention Services, and services at the ADC called Drug Offender Rehabilitation Module (DORM).

DORS continues to provide onsite support to the Medication Assisted Treatment (MAT) program which includes weekly Narcan trainings for clients, County employees, as well as the community. Peer Services have also been introduced as a part of the DORS program and now offers support groups in both the (virtual) outpatient setting as well as in the ADC.

With the onset of the pandemic, DORS adjusted service delivery in order to continue providing client care while adhering to the social distancing mandates. By April, all group and individual treatment services were converted to a virtual platform. Group sizes were reduced onsite at the Adult Detention Center and staff were re-assigned to provide outpatient treatment, increasing client capacity as well as offering a female specific programming option. In addition, there was an increased ability to provide assessments and support to the Office of Criminal Justice Services and the District 35 Probation Office, resulting in 146 referrals and a 140% increase in average weekly clients.

**144** clients were served in Drug Offender Rehabilitation Module (DORM) at the Adult Detention Center; **88** clients were served in DORS Court Related Services; **224** Assessments were completed in DORS Court Related Assessments; **141** Unduplicated clients were served in HIDTA Prevention

DORS Prevention staff have responded to the public health emergency created by COVID-19, by increasing their support to clients and their families. To assist those families experiencing food insecurity due to the pandemic, Prevention staff assisted Manassas City school distribute lunches to student in need, as well as assist with other local food pantries and food distribution sites. They helped to distribute 500 USDA boxes of food at Metz Middle School.

## **New Horizons**

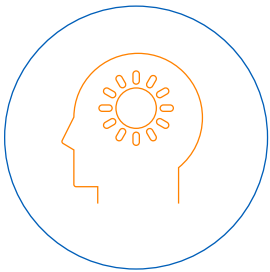
Program staff provide a range of treatment to address mental health, substance abuse, and co-occurring disorders, as well as prevention services to youth who are age 18 or younger, and their families. Youth and families are assessed for the least restrictive treatment options. Services include an array of outpatient treatment options, therapeutic services at the Juvenile Detention Center, referrals to residential treatment, discharge planning from psychiatric hospitals and residential facilities, and prevention services for at-risk youth.

**Behavioral Health Wellness(BHW) Prevention Services** focus on education and intervention before a problem occurs. As part of that effort, CS Prevention Specialists provide REVIVE! training both virtually and in-person, and supply those trained with Narcan. Since COVID, the Prevention Specialists have been offering in-person REVIVE! training twice a month at the GMU MAP clinic, employing all proper COVID-19 precautions.

New Horizons served **301 clients in Case Management, 1,221** in Outpatient Services, **and 519** in Behavioral Health Wellness.

***BHW staff shared this story of success:***

A young couple came to the GMU MAP Clinic for a medical appointment and noticed where the CS Prevention Specialist was set up to provide REVIVE! training. They approached her and asked what she was doing. The Prevention Specialist inquired if they needed Narcan. This simple question was enough to inspire them to tell her about their struggle with opioid addiction, and the journey that led them to living in a hotel room for the last two weeks and being 8 days “clean.” They initially declined the offer of Narcan because they were not currently using opioids. The Prevention Specialist suggest that while they were in their medical appointment, they take some time to reconsider their decision. On their way out of the MAP clinic, they agreed to take two boxes of Narcan each in case they found themselves in a risky situation or knew someone who needed Narcan. They were very thankful and asked when the Prevention Specialist would be back at the MAP clinic, so they could refer their friends who may need some Narcan. The Prevention Specialist told them REVIVE! training and Narcan distribution are available at the MAP clinic the 2nd and 4th Wednesday. Being at the right place at the right time and providing vital information and medication in a non-judgmental manner, Prevention Services provided a lifeline to those working toward recovery.



## Community Support Division

The Community Support Services Division is the largest division within CS and includes programs for Early Intervention, Developmental Services, and an array of specialized mental health programs.

**Supported Living Services: 139 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 to access needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs.

***Supported Living Services shared this story of building community:***

During these unprecedented times, SLS staff recognized the need to do things differently, and think creatively to support clients, as the extended periods of isolation began to take a toll on individuals’ health and wellbeing. SLS developed a Wellness Brigade, tasked with issuing a monthly newsletter in order to increase a sense of connection and provide opportunities for meaningful contributions from those served. In-person services have continued, and individuals have been provided unwavering support as they seek to establish a new sense of normalcy.

**PATH: Projects for Assistance in Transition from Homelessness**

Our PATH program worked with community partners to address the complex health and safety needs of our homeless citizens in the face of the COVID-19 pandemic. Their collective work and creative problem-solving resulted in standing up and supporting temporary housing at the Econo Lodge, supporting the move of the Overnight Shelter to Ferlazzo to allow for more social distancing, and creation of the Mobile Drop In Center in the Western end of the county, providing blankets, food items, and assistance with SNAP, Medicaid, and other online applications. These achievements exemplify our community coming together with creativity, adaptability, resiliency and determination to address the enormous challenges faced by our homeless citizens in the midst of this global pandemic.

### **Developmental Disability Services:**

Developmental Disability Services staff provide case management support and connection to community resources and services for individuals who have an intellectual disability. These services are also provided to those with a developmental disability who are eligible for a Developmental Disability (DD) waiver. Additional services, such as day support, employment and residential services are provided through contracted vendors in the community. These waiver services, chosen by the individual to meet their needs, enable individuals to acquire, improve or maintain functional abilities or competitive employment and live as independently as possible in the community.

Resiliency was demonstrated by DD staff and the individuals they support in FY20. In addition to adjusting to typical regulatory and process changes, staff did an amazing job adjusting to requirements associated with the pandemic while still providing the necessary follow through to make sure needs were met for those who tested positive for COVID-19. With resilience, staff worked through the compounding associated losses, both professional and personal. The individuals served by DD demonstrated tremendous adaptability when vendor services were suspended or terminated due to COVID, and when family visits to group homes were curtailed.

Developmental Services served **1051 clients** in Case Management, **21** in Supported Living, **35** in Day Support services, **250** in Group Homes, **56** with Supported Employment Services and **48** clients with Day Care Services.

#### ***Developmental Disability Services shared this story of independence:***

Staff supported individuals to remain in or reenter the workforce safely during the pandemic. One gentleman, who works full-time on a Department of Labor contract, covered for others who were afraid to report to work and used the information he learned from his employer to educate his roommates with strategies to keep safe during the pandemic.

#### ***Developmental Disability Services shared this story of transformation:***

During the past year, eight people with developmental disabilities were supported with moving into their own apartments; three of them during the pandemic. One woman described her apartment as "perfect." Two of the people moved from group homes and one gentleman was homeless prior to getting his own apartment. These efforts gave those with developmental disabilities the opportunity to have their housing independent of the service providers, eliminating the need for them to move should they need to change their residential providers, and serving to provide more integrated options for people with developmental disabilities.

### **Program for Assertive Community Treatment (PACT) Program: 86 clients**

PACT provides an array of mental health services for individuals with significant mental illness who need intensive levels of support and service in their natural environment to permit or enhance functioning in the community. PACT services are provided through a designated multidisciplinary team of mental health professionals and include psychotherapy, psychiatric assessment, medication management, and care coordination activities offered outside of the clinic, hospital, or office setting for individuals who are best served in the community.

#### ***PACT shared this story of the power of partnership in support of clients:***

PACT worked with community partner, St. Thomas United Methodist Church Food Pantry, to address the food insecurity needs of clients created by the COVID-19 pandemic. The isolation of the pandemic, food shortage issues, and price increases further marginalized PACT clients. Through collective efforts between PACT clients, staff, and the Food Pantry Director, steps were taken to ensure food was provided weekly to PACT clients. The partnerships allowed the PACT program to have early access to food pick-ups on Friday mornings instead of the normal Saturday morning operations. Demonstrating adaptability, paved by the strong advocacy by PACT staff, the Food Pantry soon allowed staff to pick up food for multiple clients each week without the standard requirement of the clients' presence or documentation. The success of the food delivery process illustrates our community's resiliency in the face of significant challenges.

## **Vocational Services: 97 clients served in Psychosocial Rehabilitation Programs; 226 clients served in Supported Employment**

This program consists of Club, Horticultural Therapy (HT) and the Supported Employment Program (SEP). Club and HT are psychosocial rehabilitation programs which support adults with psychiatric and cognitive disabilities move forward in their recovery. SEP uses the evidence-based Supported Employment Model to help adults with psychiatric and cognitive disabilities meet their employment goals.

**The Supported Employment Program** experienced a higher-than-average job placement rate in FY20, while maximizing new opportunities to support clients. While much of their time was spent providing both onsite and virtual employment support to essential workers in the healthcare, restaurant, and retail settings, Employment Specialists also assisted during their clients' unemployment situations. Assisting clients who were furloughed, helping them apply for unemployment benefits, and advocating for their return to available jobs became a critical support for clients' financial and emotional stability.

**The Psychosocial Rehabilitation Program** experienced a year of creativity and teamwork. Staff mobilized to first learn, and then teach clients to use telehealth to continue to provide skills training and foster peer support. Teaching clients from our kitchen over ZOOM, delivering education materials to clients' homes about safe practices related to COVID-19, and organizing small groups to work together on the newsletter project outside of the program are a few ways staff helped clients remain connected with each other and focused on personal goals. Staff and clients, alike, were learning and adapting to the new reality brought on by COVID-19. Together, they successfully tackled the challenges of keeping the program vibrant and meaningful in the midst of a global pandemic.

**The Horticulture Therapy Program** delivered plants and supplies to clients at their homes so they could continue to participate in the hands-on practices of this type of treatment while also participating in tele-video groups. The popular plant-fostering project was one effort in which clients received plants which were specific to their own home environment. Clients were coached about plant care and explored lessons learned about patience, consistency, and problem-solving, among other important skills. In addition to plants, garden harvested vegetables were delivered to client homes, and served as another means to nurture and connect with clients in the midst of the pandemic.

### **Get On Track (GOT) Program: 46 clients**

GOT treatment services identify and treat adolescents and young adults (ages 16-25), who may be experiencing early signs of psychosis. The program's focus is on supporting individuals' success in school and work to develop independent living skills and enjoy healthy relationships.

#### ***GOT shared this story of success:***

In February 2020, a client began working with the Supportive Employment and Education Specialist (SEES), supporting his efforts to find work. His last job was in 2016. The SEES helped the client update his resume, perform job searches based on his preferences and submit job applications. She then contacted a local employer about job openings and advocated for the client as a candidate. The client was assisted with the application process and he was interviewed in early March. The SEES helped the client prepare for the interview by role playing interviewing skills and planning his attire. On interview day, she transported him there and accompanied him inside. While waiting, the client began to experience anxiety. A smile from across the room seemed to provide the right amount of assurance and encouragement he needed. The client got the job! The SEES assisted him with his pre-employment paperwork and accompanied him to pick-up his company shirt. He smiled proudly as he carefully removed the shirt from its packaging to try it on. When his mother saw him wearing the shirt, she stated "I'm so happy I could cry." Due to the COVID-19 pandemic, his start date was delayed a few months. He is doing well at his job. He describes the best thing about working is "I get to make my own money and help my mom out."

### **Infant and Toddler Services – Early Intervention: 1040 clients in Therapeutic and Educational Services; 1310 clients in Assessment/Service Coordination**

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 focus on increasing 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.

Early Intervention staff have demonstrated resilience and flexibility during the pandemic, and in doing so have

supported families in new and exciting ways. Staff have learned to use multiple platforms for virtual contact to meet family needs and supported families with their personal technology issues. Staff offered extra virtual evaluations to keep up with the continued demand for services during this time. Additionally, children were seen virtually for early morning and later evening times to accommodate the child's schedule in their normal routines.

***Early Intervention shared this story of ingenuity:***

El staff arranged for touchless delivery of adaptive equipment to a child's home, then the therapist used a video conference to help the client learn to use the equipment while keeping everyone safe. Another family was able to meet with a durable medical equipment dealer in an evaluation room, while EI staff were connected by video from another room so they could offer support and participate in the process.

**Forensic Services: served 334 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.

***Forensic Services shared this story of the power of partnership in support of clients:***

Early in the pandemic, Forensic Services staff were prohibited from providing in-person services at the Adult Detention Center (ADC) and at state hospitals. After several months, and ongoing conversations, staff worked with ADC personnel to connect jailed clients virtually, which allowed for video discharge planning and competency restoration services. Unable to attend in-person meetings at state hospitals, Forensic Services staff maintain a telephonic presence during treatment team meetings and provide discharge planning services, connecting individuals to CS services and other community resources. Despite the challenges faced with the global pandemic, collaborative efforts between CS Forensic Services and community partners saw the Veterans Treatment Docket enroll its first participant.

**Medical Services - 2,119 clients; 53 clients with a substance use disorder were served with Medication Assisted Treatment**

Center based psychiatric and associated nursing services are provided in conjunction with case management services. Services focus on psychiatric evaluation and treatment of individuals with serious mental illness and co-occurring disorders. These services, provided through a treatment team, promote recovery and enhanced quality of life.

Throughout the COVID-19 State of Emergency, the Medication Assisted Treatment (MAT) staff have continued to operate live onsite at the Ferlazzo and Sudley North clinics. For many struggling with opioid dependence, MAT serves as a critical component in their recovery. Active participation in this service has substantially increased over the last year. Contributing factors for this increase include the introduction of peer services to support the clinic, eliminating barriers to the referral process, increasing the available assessment slots, and placing an emphasis on coordination among other in-house providers.



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

# Anthem-Community Services Behavioral Health Home Initiative

**Anthem Behavioral Health Home - served 120 clients**

In April 2020, CS launched the Behavioral Health Home (BHH) partnership with Anthem. This alliance benefited shared clients through collaboration between CS staff and Anthem Care Coordinators by finding creative solutions to address areas of highest need. Our first three joint initiatives were 1) educating clients about Covid-19 safety

and resources, 2) educating clients about hypertension and assisting them in obtaining and using blood pressure monitors, and 3) connecting clients to PCPs. In addition to benefiting clients and providing resources to staff, Anthem provides additional monthly revenue and annual incentive payments to CS. At the very beginning of the pandemic when people were most confused and scared, we were able to connect with 99% of our BHH clients, educating them on Covid-19 safety measures and providing them with accurate information and available resources. For our second initiative, CS and Anthem collaborated to ensure clients with hypertension had essential blood pressure medication. Anthem Care Coordinators ordered blood pressure monitors for clients who needed them, and the CS Nurse Educator provided instructions on how to use the monitors, as well as education on diet, exercise, and the importance of taking medications as prescribed. During the initiative, 16 individuals met virtually with the Nurse Educator to learn how to better manage their high blood pressure. During our most recent initiative, CS and Anthem worked together to connect clients to PCPs and other medical providers. Through these efforts, ten individuals were connected to a new doctor, resulting in over 92% of our BHH clients receiving care from a PCP. Looking ahead, together with Anthem Care Coordinators, we will focus on creative ways to connect with clients who have been less accessible due to the pandemic, and provide clients education, support and linkages to the Covid-19 vaccinations. The Behavioral Health Home has been a very exciting initiative and demonstrates the power of partnerships. In less than a year, we have seen how by combining our resources, we have been able to qualitatively improve the behavioral and physical health and wellbeing of those we serve.



***Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible.  
- St Francis of Assisi***

FY'20 challenged all of us in ways never before seen in our lifetimes. We each had to dig deep and harness our strength, creativity, and adaptability to meet the challenges confronting us this year. Staff and clients alike experienced periods of fear, uncertainty, and loss. Fortunately, partnerships between staff, clients and the broader community strengthened the resiliency in each of us. That resiliency led to the discovery of new and innovative ways to accomplish things that previously felt out of reach. Each accomplishment, no matter the size, provided more hope. In the words of St. Francis of Assisi, "Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible." And that's what we did.

# Persons Served

Unique Individuals

Characteristics of Persons Served by CSB Service Types – 12,604 Individuals

Developmental/Intellectual Disabilities		Mental Health	Medical Services	Substance Abuse Services	Early Intervention	Ancillary Services*
<b>Age</b>						
0 to 11 years	7.5%	0.0%	3.3%	0.0%	100%	6.1%
12 to 17 years	10%	0.7%	12.8%	0.0%	0.0%	29.3%
18 to 26 years	25.9%	17.4%	15.7%	17.8%	0.0%	23.0%
27 to 59 years	49.7%	69.7%	57.0%	77.6%	0.0%	36.5%
60 and over	6.8%	12.2%	11.2%	4.6%	0.0%	5.0%
<b>Age</b>						
Female	35.2%	50.8%	49.7%	38.7%	37.1%	46.3%
Male	64.8%	49.2%	50.2%	61.3%	62.9%	53.6%
<b>Race</b>						
Unknown	6.0%	2.0%	0.8%	0.8%	6.0%	11.6%
Black/African American	32.1%	38.6%	37.3%	37.2%	22.2%	32.3%
White/Caucasian	51.2%	49.3%	51.5%	54.8%	43.0%	45.9%
Asian	4.6%	4.2%	3.9%	1.8%	14.5%	3.3%
Multi-Race	5.0%	5.0%	5.0%	4.0%	8.0%	6.0%
Other	11.3%	16.7%	22.3%	15.6%	45.6%	24.0%

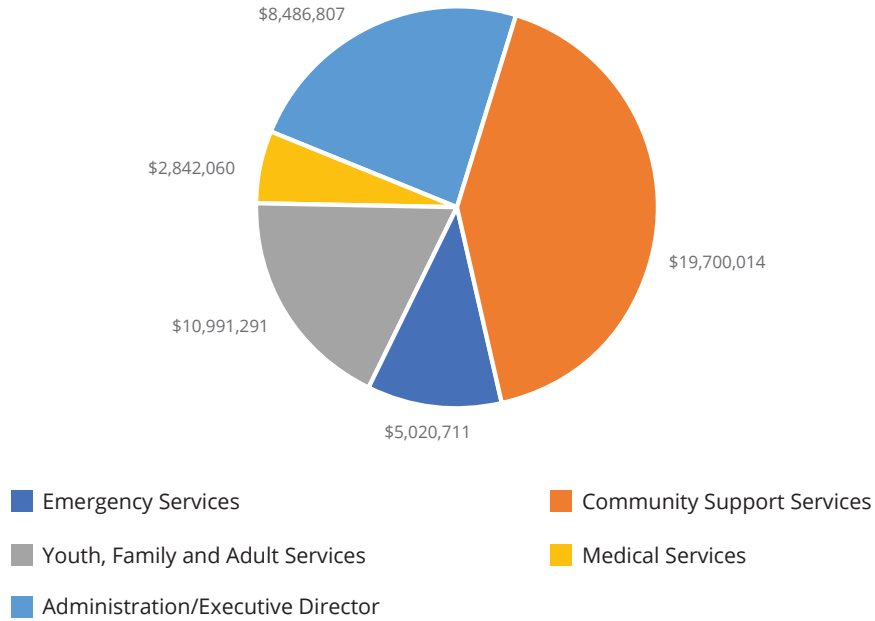
\*Ancillary Services are emergency services, ACCESS, Drug Offender Recovery Services, HIDTA, Forensics

# Financial Highlights

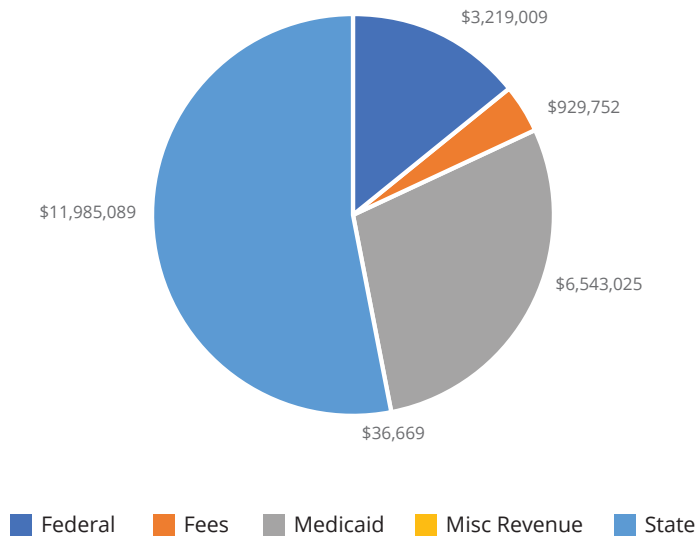
Community Services remains financially stable and continued advocacy will improve financial contributions from the Commonwealth of Virginia. Medicaid enrollments are continuously monitored, providing PWCCSB with the opportunity to stabilize revenue.

## FY2020 Expenditures & Revenues

FY2020 Expenditures - \$47,040,883



FY2020 Revenues - \$22,713,544





# Boards and Members

## PRINCE WILLIAM BOARD OF COUNTY SUPERVISORS

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

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

Brentsville District Supervisor  
[Jeanine Lawson](#)

Coles District Supervisor  
[Yesli Vega](#)

Gainesville District Supervisor  
[Pete Candland](#)

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

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

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

County Executive  
[Christopher Martino](#)

## MANASSAS CITY COUNCIL

Mayor  
[Harry Parrish II](#)  
Vice Mayor  
[Pamela Sebesky](#)

Council Members:  
[Michelle Davis-Younger](#)  
[Theresa Coates-Ellis](#)  
[Ian Lovejoy](#)  
[Ralph Smith](#)  
[Mark Wolffe](#)

City Manager  
[Patrick Pate](#)

## MANASSAS PARK CITY COUNCIL

Mayor  
[Jeanette Rishell](#)

Vice Mayor  
[Preston Banks](#)

Council Members:  
[Hector Cendejas](#)  
[Haseb Javed](#)  
[Miriam Machado](#)  
[Alanna Mensing](#)  
[Donald Shuemaker](#)

City Manager  
[Laszlo Palko](#)

## COMMUNITY SERVICES BOARD MEMBERS

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

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

Secretary, Representing City of Manassas Park  
[Timothy Oshiki](#)

Member-At-Large  
[Heather Page](#)

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  
[Latasha Simmons](#)

Executive Director  
[Lisa Madron](#)