



Mental Health, Substance Abuse, and Developmental Services

To promote mental, behavioral, and developmental health and wellness by connecting individuals and their families with person-centered, recovery-oriented services and supports in partnership with the Loudoun community.

Department Programs

Residential Services

Provides community residential living service options in a variety of settings.

Activities

- Group Homes
- Supervised Living
- Mental Health Skill Building Services

Community-Based Support Services

Provides therapies and case management to support infants and toddlers with developmental delays. Provides treatments and supports for adults living with a developmental disability or serious mental illness to work, volunteer, and engage in activities throughout the community.

- Early Intervention
- Employment and Day Support Services
- Community Access Program
- Psychosocial Rehabilitation
- Job Link

Outpatient Services

Provides behavioral health treatment to individuals and families through therapy, psychoeducation, psychological evaluation, psychiatric evaluation, medication, and medical management. Some services are clinic based and others are provided in the community.

- Outpatient Treatment
- Forensic and Psychological Services
- Intensive Community Treatment
- Psychiatry and Nursing

Outreach and Coordination Services

Promotes behavioral health awareness to strengthen resilience and foster wellness. Activities increase public awareness, link individuals to support by assessing strengths and needs, coordinate care across providers, facilitate linkage to resources, and intervene in behavioral health crises.

- Prevention and Intervention
- Case Management
- Access
- Emergency Services¹
- Discharge Planning
- Project for Assistance for Transition of Homelessness (PATH)

¹ The Department is in the infancy stages of developing two new activities within the behavioral health (serious mental illness and substance use disorders) continuum. FY 2024 is the Loudoun planning year prior to Marcus Alert implementation. This activity is the behavioral health co-response with law enforcement. The second activity is the development of a Crisis Receiving and Stabilization Center, a facility anticipated to be built by the end of FY 2025.



Business Operations

Provides internal operations support for all MHSADS programs in accordance with the rules, regulations, and policies of Federal, State, and County Government; addresses administrative expectations of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Performance Contract while remaining accountable to the direction of the Board of Supervisors (Board) and coordinating with the Community Services Board (CSB).

- Human Resources
- Finance
- Operations Support
- Quality Assurance
- Compliance

Financial Information

FY 2024 Adopted Information¹

	Expenditures	Revenue	LTF	FTE
Residential Services	\$19,748,978	\$3,625,672	\$16,123,306	121.24
Community-Based Support Services	12,682,205	908,456	11,773,749	76.99
Outpatient Services	12,274,348	4,974,298	7,300,050	80.75
Outreach and Coordination Services	17,334,671	5,513,687	11,820,984	113.06
Business Operations	8,782,584	285,290	8,497,294	69.53
Total	\$70,822,786	\$15,307,403	\$55,515,383	461.57

¹ Sums may not equal due to rounding.



MHSADS: Residential Services

Group Homes

What We Do: This activity provides safe and supportive homes for adults who require supervision, care, and treatment due to a developmental disability or serious mental illness. Staff provides support 24 hours per day, all 365 days of the year. Between four and six individuals reside in each group home. Staff supports individuals with medication management, personal budgeting, meal preparation, personal care, social interaction, and community engagement. Staff provides behavioral, medical, social, and emotional support. Community-based nurses consult and assist with medical needs. Four homes serve individuals with serious mental illness; and seven homes serve individuals with developmental disabilities.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding, Medicaid, and fees. County staff delivers services in all four of the County-owned group homes that serve individuals with serious mental illness. Of the seven County-owned group homes that serve individuals with developmental disabilities, County staff delivers services in four of the seven homes while contractors deliver services in the remaining three homes.

Why We Do It: Group home services reduce reliance on higher levels of institutional care and treatment, such as nursing homes or hospitals. The County is the only licensed group home provider for individuals with serious mental illness. For individuals with developmental disabilities, there are also private providers of group home services in Loudoun County.

How We Do It Now – Current Service Level: The service level of this activity has been stable. The eight County-operated group homes have a total capacity of 41 residents. The three vendor-operated, County-owned group homes have a total capacity of 14 residents. When residents require specialized attention due to health and safety concerns, the number of staff needed to operate the homes increases. The typical staff-to-resident ratio is one staff to two residents during the day, and two staff per group home overnight. At current service level, there is a waitlist of 23 individuals. This includes 18 individuals waiting for a mental health group home and five individuals waiting for a developmental services group home. There are private providers of developmental services group homes in the community available to the five individuals on this waitlist.

How We Plan to Do It in the Future – Recommended Service Level: MHSADS is currently the only provider of group home services for individuals living with serious mental illness. Based on the County's Capital Needs Assessment, there is a projected need for an additional 21 residential beds for individuals living with serious mental illness by 2040. The current Capital Infrastructure Plan (CIP) includes development of two four-bedroom group homes. MHSADS will continue to monitor waitlists and population growth for the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Group homes provide quality services that meet the changing needs of individuals with serious mental illness or developmental disabilities who require the highest level of supports.					
Number of individuals living in a group home	46	45	43	43	43
Number of individuals on the waitlist	22	21	23	25	25
Number of individuals who need a ratio of 1:1 staffing	23	23	18	20	20
Promote community engagement, as evidenced by at least 50 percent of individuals in a group home as having more than one sustained community connection.					
Percentage of individuals living in a group home who have more than one sustained community connection	22%	27%	21%	26%	31%

**MHSADS: Residential Services****Supervised Living**

What We Do: Supervised living residences provide a home to adults living with serious mental illness who typically require less assistance than is provided in a group home. Staff visits multiple homes each day. Services are generally provided from 8:00 a.m. to 10:00 p.m., with access to on-call staff available 24 hours per day. Residents receive support from staff with activities such as medication management, personal budgeting, meal preparation, personal care, social interaction, community engagement, nursing consultation, and assistance with medical needs. Supervised living is provided in County-owned or leased single-family homes, townhomes, and apartments located throughout Loudoun County.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding and fees.

Why We Do It: Supervised living services reduce reliance on higher levels of care and treatment, such as group homes, and on higher levels of institutional care and treatment, such as nursing homes or hospitals.

How We Do It Now – Current Service Level: With current resources, this activity serves approximately 30 individuals in 11 County-owned or leased homes. In the FY 2023 budget, service capacity was increased to support operations in five condominiums. A contract award is anticipated in FY 2024. At current service level, there is a waitlist of approximately five individuals who will move into these homes.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resources may be required to initiate services at future homes.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide supervised living services for adults with serious mental illness.					
Number of individuals enrolled	31	31	32	32	32
Number of individuals on the waitlist	10	6	10	3	5
Promote independent living skills, as evidenced by at least 75 percent of individuals in supervised living administering their own medications.¹					
Number of individuals enrolled who independently administer medications	21	22	18	20	21
Percentage of individuals enrolled who independently administer medications	68%	71%	56%	61%	66%

¹ For individuals who cannot administer their own medication, medication is administered by County staff, which impacts the number of individuals that can be supported in this program.



MHSADS: Residential Services

Mental Health Skill Building Services

What We Do: This activity provides support to adults living with serious mental illness who reside in their own homes. Staff supports individuals with medication management, personal budgeting, meal preparation, personal care, social interaction, and community engagement.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: Contractors provide this activity. This activity is supported by local funding and Medicaid.

Why We Do It: This activity assists individuals who reside in their own homes and thus reduces reliance on higher levels of care and treatment, such as hospitals, nursing homes, group homes, or supervised living.

How We Do It Now – Current Service Level: The current service level supports up to 75 individuals annually. The number served fluctuates based on the amount of weekly service hours.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support individuals living with serious mental illness in their own homes by providing mental health skill building services.					
Number of individuals receiving mental health skill building services	67	73	67	70	70
Number of individuals on the waitlist for mental health skill building services	4	11	1	5	5



MHSADS: Community-Based Support Services

Early Intervention

What We Do: This activity provides therapeutic services to children under the age of 3 whose development is delayed or might be delayed. Early intervention is intended to minimize the impact of developmental delays and enhance the development of children by capitalizing on the significant brain growth that takes place in the first three years of life. Staff provides initial screenings and assessments to determine service needs from the following: occupational therapy, physical therapy, developmental services, hearing services, vision services, speech therapy, social work, infant mental health support, family training, and case management. At the first contact with Early Intervention, a family is assigned a case manager who helps them understand the processes from entry to exit and identify other community resources. Other early intervention services are provided based on the needs of the child and the priorities of the parent(s). All early intervention services are provided in homes, daycares, parks, and libraries. The services are delivered within typical family routines, and are designed to help parents support their child(ren)'s development throughout their regular activities and engage fully in their community.

Mandate Information: This activity is mandated under federal law, specifically Part C of the Individuals with Disabilities Education Act. MHSADS is required to serve 100 percent of the children who, after screening, require the development of an Individualized Family Service Plan. Services must be initiated within 30 days of plan approval. Virginia requires that 3.43 percent of the population aged 0 to 3 years receive specialized services under the Individuals with Disabilities Education Act.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding and federal grants, Medicaid, commercial insurance, and fees.

Why We Do It: The County is currently the only provider of early intervention services in Loudoun County. The provision of early intervention services at a very early age may correct or ameliorate developmental delays and disabilities, minimizing the need for special education services and other community services.

How We Do It Now – Current Service Level: In FY 2021 and FY 2023, the service level was maintained with additional resources. Approximately 750 children are referred for early intervention services annually, of which around 90 percent are deemed eligible. At current service level, services are provided to approximately 1,400 children annually. The service level for the Early Intervention activity is between 45 and 55 children per case manager.

How We Plan to Do It in the Future – Recommended Service Level: County demographics project that by 2028, more than 18,300 children aged 36 months and younger will be living in Loudoun County. Based on those projections, MHSADS anticipates that the Early Intervention activity will serve 630 children at any given time. MHSADS will continue to monitor data and request additional resources as indicated by population changes. Based on the decreasing population growth rate, it is anticipated that the need for case managers and service providers will increase, although at a slower pace.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Children in early intervention will advance their skills and close developmental gaps by the time they exit the program.					
Number of children referred for early intervention services	638	696	761	790	835
Number of children served	1,084	1,199	1,329	1,400	1,500
Percentage of children functioning within age expectations in social-emotional development by the time they exit the program	47.00%	44.50%	n/a ¹	57.60%	57.60%

¹ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Community-Based Support Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 85.40 percent of families participating in early intervention will report that early intervention services helped them to help their child learn.					
Number of families completing the annual state-administered family survey	38	126	n/a ¹	90	90
Percentage of families who report that early intervention services helped them to help their child learn	71.00%	86.00%	n/a ¹	85.40%	85.40%
Deliver early intervention services to 3.43 percent (federal regulation) of the population of children under the age of 36 months.					
Percentage of target population receiving services	2.51%	3.27%	n/a ¹	3.35%	3.40%

¹ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Community-Based Support Services

Employment and Day Support Services

What We Do: This activity provides adults living with developmental disabilities an opportunity to work, volunteer, and engage in activities throughout the community. These services are provided to individuals who have completed school by the age of 22, who are ineligible for Virginia Department of Aging and Rehabilitation Services (DARS), and who may be on the waitlist for a Developmental Disability Waiver. The County's contracts provide individuals with a choice of Employment and Day Support Services providers. These services are typically provided Monday through Friday during business hours.

Employment services assist individuals to gain and maintain paid, competitive employment in community work settings. Individuals receive support from staff to learn and complete work tasks, interact with coworkers and the public, and safely engage in the workplace. Individuals earn at least minimum wage.

Day support services assist individuals to engage in social interactions, community integration activities, and other skill building in various non-residential settings throughout the community. Staff provides behavioral, medical, and emotional support. Individuals with more intensive medical conditions receive day support services at a center with nursing support.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: Contractors provide this activity. This activity is supported by local funding and Medicaid.

Why We Do It: This activity supports individuals with developmental disabilities in the years following high school graduation. These services support skill building and the development of community relationships and exploration through work, volunteering, and community interaction.

How We Do It Now – Current Service Level: The current service level supports up to 65 individuals annually. Each year, the service level fluctuates based on the needs of the individuals and the availability of the providers. Currently, there are approximately 35 individuals on the waitlist.

How We Plan to Do It in the Future – Recommended Service Level: The recommended service level is not clear now, but MHSADS is monitoring trends and waitlists. The service level is impacted by several fluctuating variables, including the number of Loudoun high school graduates each year who are ineligible for other post-high school programs, the number of waiver slots approved by the General Assembly each fiscal year, and the contracted agencies' service capacity.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote community participation for individuals living with developmental disabilities by providing employment and day support services.¹					
Number of individuals enrolled in day support services	28	35	34	35	35
Number of individuals enrolled in employment services	37	38	36	37	37
Number of individuals graduating from high school who may need services	9	9	10	10	10
Number of individuals on the waitlist	n/a	n/a	35	35	35

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Community-Based Support Services

Community Access Program

What We Do: This activity provides day support services to adults living with developmental disabilities. Community Access Program services are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Day support services include opportunities for social interaction, community engagement, workplace assistance, and skill building in a variety of community-based, non-residential settings. Services are provided Monday through Thursday from 8:30 a.m. to 3:00 p.m., and on Friday from 8:30 am to 2:00 pm.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this service. This activity is supported by local funding and Medicaid.

Why We Do It: The Community Access Program is an intensive, long-term, day support program. This service provides support to qualified individuals in the years following high school graduation.

How We Do It Now – Current Service Level: The current service level supports up to 16 individuals at a staff-to-individual ratio ranging from 1:1 to 1:3. The number of individuals served fluctuates based on the type of service received. Currently, there are approximately 20 individuals on the waitlist. The individuals on the waitlist are currently receiving services from other providers.

How We Plan to Do It in the Future – Recommended Service Level: The recommended service level is not clear, but MHSADS is monitoring trends and waitlists. The number of individuals served may change based on private provider capacity and the number of individuals requiring 1:1 staffing.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote community integration and independence by providing community engagement and workplace assistance services.					
Number of individuals enrolled	14	14	14	15	16
Total number of service hours	3,301	13,796	14,674	15,000	16,000
Number of community engagement service hours ¹	55	852	528	800	850
Number of workplace assistance service hours	1,176	1,364	1,632	1,700	1,800
Percentage of service hours spent on community engagement or workplace assistance services	37%	16%	15%	17%	17%

¹ The number of hours decreased in FY 2023 due to vacancies.



MHSADS: Community-Based Support Services

Psychosocial Rehabilitation

What We Do: This activity provides adults living with serious mental illness community-based group treatment and support to develop and practice social skills, budgeting, personal care, meal preparation, and community involvement skills. Staff provides educational and therapeutic group activities. Staff assesses each individual and develops an individualized treatment plan. Services are provided from 8:30 a.m. to 3:00 p.m., Monday through Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, and fees.

Why We Do It: Psychosocial rehabilitation provides recovery-oriented services that promote mental health and reduce reliance on higher levels of care, such as hospitalization. MHSADS is currently the only provider of psychosocial rehabilitation in Loudoun County.

How We Do It Now – Current Service Level: The current service level supports up to 65 individuals annually, and currently serves approximately 60 individuals.¹ Services are provided at a ratio of one staff member to six individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote recovery, symptom reduction, and increased coping skills, as evidenced by at least 90 percent of individuals enrolled in psychosocial rehabilitation participating in community-based skill building activities.					
Number of individuals enrolled in psychosocial rehabilitation	74	57	53	60	65
Percentage of enrollees who participate in community-based skill building activities ²	n/a	34%	85%	90%	90%

¹ Due to staff vacancies, this activity could not serve more than 53 individuals in FY 2023. Staff anticipates that vacancies will be filled by FY 2025.

² Due to COVID-19, MHSADS did not offer community-based skill building activities in FY 2021.



MHSADS: Community-Based Support Services

Job Link

What We Do: This activity provides employment support to adults living with a developmental disability or serious mental illness. Job Link services are accredited by CARF, and include job exploration and development, job training, benefits counseling, job application assistance, and assistance with workplace concerns. Individuals are provided with staff support based on their work schedule; and this requires service delivery outside of County business hours.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this service. This activity is supported by local funding and payments from DARS.

Why We Do It: Employment is a social determinant of health and contributes to economic self-sufficiency. Loudoun adults living with a developmental disability or serious mental illness receive staff support to access employment.

How We Do It Now – Current Service Level: Current staffing levels of 8.00 FTE support employment services for up to 80 individuals annually. At current service level, there is not a waitlist.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
More than 90 percent of individuals enrolled in Job Link employment services will be employed.¹					
Number of individuals enrolled in Job Link	82	76	78	80	80
Percentage of Job Link enrollees who are employed	90%	90%	91%	90%	90%
Total wages earned by individuals	n/a	n/a	\$1,000,798	\$1,100,000	\$1,200,000
At least 95 percent of individuals employed through Job Link will maintain their employment for more than 90 consecutive days.					
Percentage of Job Link enrollees who maintain employment for more than 90 consecutive days	97%	95%	98%	95%	95%

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Outpatient Services

Outpatient Treatment

What We Do: This activity provides therapeutic services to adults with serious mental illness, youth who are at risk for – or who have – a serious emotional disturbance, and individuals with a substance use disorder. This activity is provided at locations in Leesburg and Sterling as well as by telehealth. This activity provides behavioral health treatment to individuals enrolled in the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: Outpatient treatment reduces reliance on higher levels of care and treatment, such as emergency services, hospitalization, and incarceration. Outpatient treatment serves individuals with behavioral health needs who require publicly-funded services. In the absence of this activity, individuals would likely seek emergency services, overwhelming the resources allocated for acute behavioral health emergencies.

How We Do It Now – Current Service Level: In FY 2020 and FY 2022, the service level was maintained with additional resources. This activity serves approximately 1,000 individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resource needs are determined by population change, complexity and acuity, and the required frequency and duration of treatment. The demand for outpatient behavioral health services will continue to be monitored as the full impact of the COVID-19 pandemic on individuals' behavioral health and wellness is realized. Additional resources will be requested if supported by data.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote symptom reduction and meaningful change in individuals' daily functioning by providing behavioral health outpatient treatment.					
Number of individuals enrolled in behavioral health outpatient treatment ¹	1,466	1,142	909	1,150	1,200
At least 35 percent of individuals receiving outpatient treatment services scoring below a 4.0 on a DLA-20 assessment will demonstrate at least 0.5 growth within two fiscal quarters.²					
Percentage of adults who scored below a 4.0 on a DLA-20 assessment who demonstrated 0.5 growth within two fiscal quarters	n/a	25%	n/a ³	35%	35%
Percentage of children who scored below a 4.0 on a DLA-20 assessment who demonstrated 0.5 growth within two fiscal quarters	n/a	43%	n/a ³	35%	35%

¹ High staff vacancies contributed to the decrease in individuals served in FY 2023. Those vacancies are now filled, and staff anticipates the number of individuals served to gradually increase.

² The DLA-20 Functional Assessment is a comprehensive functional assessment and outcome measurement tool for behavioral health providers who need a reliable and valid measure of their clients' level of functioning in daily living activities.

³ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Outpatient Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote early identification and mitigation of suicide risk, as evidenced by at least 86 percent of adults newly enrolled in behavioral health outpatient treatment receiving a suicide risk assessment within 30 days before or five days after the case opening.¹					
Number of adults newly enrolled in behavioral health outpatient treatment	335	391	n/a ²	345	360
Number of adults newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	275	245	n/a ²	297	310
Percentage of adults newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	82%	63%	n/a ²	86%	86%
Promote early identification and mitigation of suicide risk, as evidenced by at least 86 percent of youth newly enrolled in behavioral health outpatient treatment receiving a suicide risk assessment within 30 days before or five days after the case opening.¹					
Number of youth newly enrolled in behavioral health outpatient treatment	97	118	n/a ²	115	120
Number of youth newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	72	72	n/a ²	99	103
Percentage of youth newly enrolled in behavioral health outpatient treatment who received a suicide risk assessment within 30 days before or five days after the case opening	74%	61%	n/a ²	86%	86%

¹ The state's benchmark for this metric has changed from 60 percent in FY 2022 to 86 percent in FY 2023.

² Data is provided by the state, and FY 2023 data was not available at the time of publication.

**MHSADS: Outpatient Services****Forensic and Psychological Services**

What We Do: This activity is provided in collaboration with judicial partners. Clinical psychologists conduct forensic evaluations, administer psychological testing, write reports, provide recommendations for treatment, and testify in court. Staff serves as independent examiners for the involuntary civil commitment process. Staff evaluates and coordinates individuals found Not Guilty by Reason of Insanity, and coordinates all Conditional Release Plans and related services.

Behavioral health professionals at the adult and juvenile detention centers provide crisis stabilization for incarcerated individuals in acute psychiatric distress, behavioral health and substance use treatment, and release planning for individuals with serious mental illness. Staff at the Adult Detention Center provides eligibility screenings for the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court.

Staff serves as clinical coordinators for the Crisis Intervention Team; and conducts training with the Loudoun County Sheriff's Office to divert individuals with behavioral health needs from the criminal justice system and into treatment.

Mandate Information: Per the Code of Virginia § 37.2-815, the General District Court is responsible for ensuring that independent examinations are completed. These examinations include Competency to Stand Trial, Not Guilty by Reason of Insanity, Sanity at the Time of Offense, and Psychosexual/Sex Offender. MHSADS has agreed to provide these evaluations on behalf of the General District Court. Coordination of services for individuals found Not Guilty by Reason of Insanity is mandated by the Code of Virginia § 19.2-182.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: Forensic evaluations provide judges, probation officers, and the legal community with information relevant to the sentencing process. Not Guilty by Reason of Insanity coordination contributes to effective community reintegration. Detention center-based behavioral health services reduce inpatient forensic hospitalization. Individuals with mental health and substance use concerns may deteriorate without behavioral health intervention during incarceration. Crisis Intervention Team training equips first responders with knowledge and skills to safely respond to behavioral health crises.

How We Do It Now – Current Service Level: The service level of this activity was supported with additional resources in FY 2021. Current service level involves conducting approximately 170 forensic evaluations and 400 independent evaluations for civil commitment. Current service level within the Adult Detention Center is a ratio of approximately one therapist for every 100 individuals. Current service level also includes 60 eligibility screenings for the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court. Staff provides a minimum of six Crisis Intervention Team trainings annually with the Loudoun County Sheriff's Office for community first responders.

How We Plan to Do It in the Future – Recommended Service Level: As crisis services develop across Virginia, there may be changes to the service levels required of this activity. The future service level is not clear, but the Department is watching trends. The service level of this activity is directly related to the number of inmates with behavioral health conditions.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Contribute to a safe community by providing court-ordered forensic and civil evaluations as requested by the courts.					
Number of court orders received for forensic evaluations	113	129	152	170	190
Number of extensions requested of the court	1	4	6	7	8
Number of civil commitment independent evaluations	258	355	377	412	447
Reduce risk and recidivism among individuals in the Adult Detention Center.					
Number of clinical screenings	2,192	2,360	2,407	2,300	2,200
Number of individuals who received a clinical screening	1,008	1,228	1,459	1,600	1,800



MHSADS: Outpatient Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support diversion efforts from the criminal justice system into behavioral health treatment by providing at least six Crisis Intervention Team trainings annually in partnership with the Loudoun County Sheriff's Office.¹					
Number of Crisis Intervention Team training sessions	6	6	16	10	10
Number of attendees	100	98	424	340	340
Reduce reinvolverment in the criminal justice system for individuals living with mental illness by providing coordinated treatment through the Mental Health Docket.					
Number of individuals who participated on the Mental Health Docket	18	14	16	16	18
Number of individuals who successfully completed the Mental Health Docket	7	5	4	5	6
Reduce reinvolverment in the criminal justice system for individuals living with substance use disorders by providing coordinated treatment through the Adult Drug Court.					
Number of individuals who participated on the Adult Drug Court	31	30	27	30	35
Number of individuals who successfully completed the Adult Drug Court	4	7	8	10	12
Reduce reinvolverment in the criminal justice system for veterans living with mental illness by providing coordinated treatment through the Veterans Treatment Court.²					
Number of individuals who participated on the Veterans Treatment Court	n/a	n/a	2	5	5
Number of individuals who successfully completed the Veterans Treatment Court	n/a	n/a	0	4	4

¹ Per a memorandum of understanding with the Loudoun County Sheriff's Office, this activity is required to provide six trainings per year but periodically offers additional trainings.

² Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Outpatient Services

Intensive Community Treatment

What We Do: This activity provides integrative health care to individuals who frequently experience homelessness, incarceration, and/or psychiatric hospitalization. This interdisciplinary team uses innovative practices to engage adults with serious mental illness. Staff assists individuals with accessing benefits and developing community connections. Staff partners with other agencies to support and transition individuals to stable environments, and to provide consistent access to services. Services are primarily provided between the hours of 8:30 a.m. and 8:00 p.m. Monday through Thursday, and 8:30 a.m. to 5:00 p.m. on Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff and contractors provide this activity. This activity is supported by local funding.

Why We Do It: This activity reduces hospitalization, incarceration, and episodes of homelessness while promoting recovery for adults with serious mental illness.

How We Do It Now – Current Service Level: The capacity for this activity is 50 individuals annually.

How We Plan to Do It in the Future – Recommended Service Level: The intent is to transition from intensive community treatment to assertive community treatment in response to a state-led initiative. Additional resources will be required to complete this transition. Assertive community treatment requires service availability 24 hours per day, all 365 days of the year.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote sustained engagement in treatment, as demonstrated by at least 75 percent of individuals who are enrolled in intensive community treatment remaining in treatment for at least 90 days; and of those, at least 75 percent being connected to primary care services.					
Number of individuals enrolled in intensive community treatment	29	36	46	50	50
Number of individuals enrolled in intensive community treatment for more than 90 days	27	29	41	38	38
Percentage of individuals enrolled in intensive community treatment for more than 90 days	93%	81%	89%	75%	75%
Number of individuals enrolled in intensive community treatment for more than 90 days and connected to primary care services	19	27	31	28	28
Percentage of individuals enrolled in intensive community treatment for more than 90 days and connected to primary care services	70%	93%	76%	75%	75%



MHSADS: Outpatient Services

Psychiatry and Nursing

What We Do: Psychiatric services are provided to adults, adolescents, and children. Staff includes psychiatrists, nurse practitioners, nurses, and service coordinators. Psychiatrists and nurse practitioners evaluate, diagnose, and treat individuals. Nurses assist with medication management and facilitating appointments with external medical specialists. Staff assesses the individual's overall health and assists with linkages and follow-up care. The center-based nurses conduct primary care screenings and assist in obtaining psychiatric medications. Many individuals in psychiatric services are co-enrolled in other MHSADS services; however, for those who are solely enrolled in psychiatric services, service coordinators are the primary point of contact. Service coordinators can refer individuals to other services within MHSADS when the need arises. An on-call psychiatrist is available by telephone 24 hours per day, seven days per week.

Community-based nurses also provide psychiatric and medical assessments to individuals living in MHSADS group homes and supervised living residences. These nurses administer medications, support the navigation of the health care system, educate individuals and their treatment teams, and serve as the liaison between residential services, hospitals, and medical providers. An on-call community nurse is available by telephone 24 hours per day, seven days per week.

Mandate Information: The activity of primary care screening and monitoring is mandated by the Code of Virginia § 37.2-500.

Who Does It: This activity is provided by County staff and contractors. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: This activity provides highly-skilled, specialized services to treat individuals with serious mental illness, developmental disability, and other behavioral health conditions, including substance use disorders. This activity provides the ability for individuals to receive treatment in the least restrictive environment. Timely and prompt psychiatric intervention reduces reliance on emergency department visits and in-patient psychiatric hospitalizations.

How We Do It Now – Current Service Level: The current service level was supported with additional resources in FY 2020, FY 2021, and FY 2022. This activity supports approximately 1,200 individuals in psychiatric services. Additionally, in FY 2023, staff provided integrated health care education to approximately 50 percent of individuals receiving psychiatric services; and provided a primary care screening (height, weight, body mass index, and vitals) to 50 percent of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management. (see the Case Management activity description for more details)

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Additional resources will be needed to reduce reliance on contracted services. Staff will continue to monitor the number of individuals enrolled and the services provided to ensure that staffing and resources match the service level needed.

**MHSADS: Outpatient Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide integrated health care education to at least 95 percent of individuals receiving psychiatric services.¹					
Number of individuals enrolled in psychiatric services	1,218	1,109	1,097	1,200	1,200
Percentage of individuals provided with integrated health care education during a psychiatry or nursing appointment ²	97%	n/a	50%	95%	95%
Promote integrated physical and behavioral health care by providing or coordinating an annual primary care screening to at least 75 percent of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management.					
Number of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management	401	466	472	475	475
Number of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management and are receiving a primary care screening at least annually	94	199	245	356	356
Percentage of adults with serious mental illness and youth with severe emotional disturbance who are enrolled in case management and are receiving a primary care screening at least annually	23%	43%	52%	75%	75%

¹ Data shown as n/a indicates a measure that does not have historical data.

² Due to a change in the Department's electronic health record, FY 2022 data is not available. In FY 2023, the decrease in numbers is also attributed to the transition to a new electronic health record, resulting in a different data collection method.



MHSADS: Outreach and Coordination Services

Prevention and Intervention

What We Do: This activity promotes public behavioral health by providing comprehensive programs to youth at risk of behavioral health disorders or gang activity. Staff provides year-round school- and community-based programs for elementary, middle, and high school students from select schools. Raising Education, Achievement, and Leadership (REAL), a community-based after-school (Club) and summer program (Camp) includes Life Skills Training, an evidence-based violence/gang and substance abuse prevention/intervention group service for selected high risk elementary, middle, and high school students. Staff provides community trainings, such as Mental Health First Aid and Understanding Adverse Childhood Experiences, to increase awareness, knowledge, and response to behavioral health disorders. Opioid abuse is addressed by providing naloxone through REVIVE! and Rapid REVIVE! trainings.¹ Strong collaborative partnerships with Loudoun County Public Schools, public and private agencies, and housing complexes are foundational to the success of this activity. Staff facilitates the Prevention Alliance of Loudoun, a coalition of diverse stakeholders addressing substance use-related issues. Hours of operation vary based on the needs of the community.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding and federal revenue.

Why We Do It: Community-based prevention strategies are critical to behavioral and physical health. This activity is a primary point of contact for supporting at-risk youth, and for providing public behavioral health training.

How We Do It Now – Current Service Level: This activity was supported with additional resources in FY 2020. At current service level, this activity supports approximately 495 participants in the R.E.A.L. Program, with 180 students attending Camp R.E.A.L. (90 percent of whom reported positive attitudes, skills, and community engagement), and 315 students attending Club R.E.A.L. (80 percent of whom reported high levels of decision-making, emotional support, and peer affiliations).

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level; however, the future service level is not clear. The Department is watching trends that may contribute to requests for additional resources.

¹ REVIVE! and Rapid REVIVE! are the Commonwealth of Virginia's opioid overdose and naloxone education programs.



MHSADS: Outreach and Coordination Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Increase or maintain skills for youth who are at risk of mental illness, substance use disorder, or gang activity by providing education and positive engagement.					
Number of enrollments in prevention and intervention services	849	838	867	850	850
Number of youth participating in the life skills training curriculum	762	625	522	500	500
Percentage of youth who completed the life skills training curriculum who increase or maintain prevention skills	85%	84%	78%	75%	75%
At least 90 percent of youth attending the Camp R.E.A.L. summer program will indicate positive attitudes, skills, and community engagement.					
Number of youth served by prevention and intervention in Camp R.E.A.L.	120	180	180	180	180
Percentage of Camp R.E.A.L. participants who indicate positive attitudes, skills, and community engagement	92%	90%	82%	90%	90%
At least 80 percent of youth attending Club R.E.A.L. after-school programs will report high levels of decision-making, emotional support, and peer affiliations at Club R.E.A.L..					
Number of youth served by prevention and intervention in Club R.E.A.L.	275	310	315	300	300
Percentage of youth who report high levels of decision-making, emotional support, and peer affiliations at Club R.E.A.L.	83%	87%	83%	80%	80%
Promote awareness, identification, and understanding of mental illness and substance use disorder by providing mental health first aid training to community members.					
Number of mental health first aid training sessions provided	27	31	18	18	18
Number of individuals trained in mental health first aid ¹	299	353	174	200	200
Provide REVIVE! training to the community so they can identify the signs of opioid overdose and respond with the administration of naloxone.²					
Number of individuals trained in naloxone administration ³	379	562	1,795	2,000	2,000
Number of requests for naloxone	n/a	n/a	1,389	1,500	1,500

¹ The FY 2023 decrease is attributed to a decrease in demand for mental health first aid.

² Data shown as n/a indicates a measure that does not have historical data.

³ Introduction of Rapid REVIVE! resulted in a large increase in the number of individuals trained in FY 2023.



MHSADS: Outreach and Coordination Services

Case Management

What We Do: Case management is provided to adults with serious mental illness, youth who are at risk for – or who have – a serious emotional disturbance, individuals with a substance use disorder, and individuals with a developmental disability. MHSADS also provides case management to individuals enrolled in the Mental Health Docket, the Adult Drug Court, and the Veterans Treatment Court. Case management includes assessing strengths and needs; developing, implementing, and reviewing service plans; and working with other community resources to treat and support individuals and families. Case management for individuals with a developmental disability is referred to as support coordination.

MHSADS is the only licensed provider of behavioral health and developmental disability case management. Some individuals need enhanced case management, which is case management with more frequent and intense supports. Wraparound is the most intensive care coordination specifically for youth and families. Youth served by wraparound are at risk of out-of-home placement and/or are transitioning from an out-of-home placement. Services are provided at least three times per week for an estimated 18-month episode of care.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, and fees.

Why We Do It: MHSADS is the sole licensed provider of this activity. This activity connects individuals and families to medical and non-medical resources and services. Case management reduces reliance on costly higher levels of care.

How We Do It Now – Current Service Level: The service level for case management was supported with additional resources in FY 2020, FY 2021, and FY 2023. This activity supports approximately 450 individuals with a mental health and/or substance use disorder diagnosis (for an average caseload of 20-25 individuals per case manager); 460 individuals with a developmental disability (for an average caseload of 20-25 individuals per support coordinator); and 90 youth in wraparound services (for an average caseload of 8-12 individuals per case manager). Current service level supports a total of up to 25 individuals in the Mental Health Docket and the Veterans Treatment Court, and up to 50 individuals in the Adult Drug Court.

Every individual who receives a Developmental Disability Waiver is required to have support coordination; and additional waivers are made available by the General Assembly as funding allows. Approximately 850 individuals are currently on the waitlist for the Developmental Disability Waiver.

How We Plan to Do It in the Future – Recommended Service Level: The service level for case management is established. The future service levels will need to be reviewed as population growth stabilizes. The demand for case management is impacted in part by access to Waiver slots, initiation and/or expansion of specialty dockets within Loudoun County, and increased demand for services via the Children's Services Act (CSA).

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Support and address the needs of individuals living with mental health, substance use disorder, intellectual disabilities, or developmental disabilities by providing case management services.					
Number of individuals with a mental health and/or substance use disorder receiving case management services	339	402	433	450	450
Number of individuals with a mental health and/or substance use disorder who require a higher intensity and frequency of case management services	234	281	323	330	330
Number of individuals with an intellectual disability or developmental disability receiving case management services	383	393	433	460	490

**MHSADS: Outreach and Coordination Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Number of individuals with an intellectual disability or developmental disability who require a higher intensity and frequency of case management services	110	101	104	101	101
Number of youth who are at risk for residential placement, hospitalization, and interaction with the Juvenile Court Service Unit receiving intensive care coordination	68	76	63	90	90
Assist youth and families in accessing community-based therapeutic supports through the CSA.					
Number of youth seeking access to the CSA	27	43	51	50	50
Number of youth offered intake within ten business days	25	31	39	43	43
Percentage of intakes offered within ten business days	56%	72%	100%	85%	85%
Number of youth receiving CSA case support	63	51	59	60	60



MHSADS: Outreach and Coordination Services

Access

What We Do: This activity provides same-day triage, screening, and referral to behavioral health services within MHSADS and/or to other resources in the community. Peer recovery specialists use their lived experience to engage with individuals seeking services, including military service members, families, and veterans. Staff provides contract administration for multiple clinical contracts.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this service. This activity is supported by local and state funding, Medicaid, Medicare, and fees.

Why We Do It: Access provides a timely response for individuals with behavioral health needs seeking treatment.

How We Do It Now – Current Service Level: In FY 2022, resources were added to maintain the service level. The current service level supports providing this activity at one location, with walk-in appointments accepted Monday through Friday from 9:00 a.m. until 2:00 p.m. This activity currently receives approximately 2,205 requests for access, of which 651 individuals received at least one service.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. Expansion of hours and/or locations where the service is offered will require additional resources.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Connect individuals to services by completing the same-day access process within one day.¹					
Number of individuals who are eligible for same-day access	n/a	n/a	651	650	650
Percentage of eligible individuals who completed the same-day access process on the same day ²	n/a	n/a	39.0%	60.0%	75.0%
Ensure prompt access to services, as evidenced by at least 86 percent of individuals being offered an appointment within ten business days.					
Percentage of individuals who are offered an appointment within ten business days	70.1%	73.5%	82.7%	86.0%	86.0%
Promote engagement in treatment, as evidenced by at least 70 percent of individuals attending an appointment within 30 calendar days.					
Percentage of individuals who attend an appointment within 30 calendar days	99.7%	89.6%	n/a ³	70.0%	70.0%

¹ Data shown as n/a indicates a measure that does not have historical data.

² Same-day access underwent many process changes as a result of the pandemic and outpatient staffing vacancies. A workgroup has made changes to the same-day access process so that more individuals will complete the process in one day.

³ Data is provided by the state, and FY 2023 data was not available at the time of publication.



MHSADS: Outreach and Coordination Services

Emergency Services

What We Do: The Emergency Services activity operates 24 hours per day, all 365 days of the year, providing crisis intervention, pre-screening for inpatient care, coordination of the civil commitment process, and consultation and training to law enforcement. Services are available in-person and by telehealth for individuals of all ages who present in behavioral health crisis. Staff provides crisis intervention services at various locations and in coordination with law enforcement and numerous community partners. Staff may provide time-limited services while individuals await intake into ongoing services.

Staff conducts evaluations for Emergency Custody Orders, Temporary Detention Orders, and Mandatory Outpatient Treatment Orders. Staff provides reports to the court, monitors Mandatory Outpatient Treatment plans, and petitions for review hearings. Additionally, staff coordinates and attends civil commitment hearings, and collaborates with other jurisdictions throughout the state.

Staff facilitates Crisis Intervention Team training with the Loudoun County Sheriff's Office. Emergency Services is a member of the Sheriff's Office's crisis negotiation team. Staff may assist with debriefing community members after traumatic events.

The Emergency Services activity supports the Crisis Intervention Team Assessment Center, which is staffed by MHSADS and Loudoun County Sheriff's Office employees, and provides a non-criminal justice, non-emergency room setting for individuals to connect with a mental health professional to de-escalate a crisis.

This activity is part of the multi-agency effort to implement the 2020 Marcus-David Peters Act, which aims to establish protocols for law enforcement dealing with people experiencing a behavioral health crisis. MHSADS and the Loudoun County Sheriff's Office are in the planning stage of implementing a co-responder program – a team-based, behavioral health and law enforcement, mobile community response to 911 emergency calls. In addition to emergency response, the team will analyze 911 call data to identify behavioral health concerns and contact individuals to connect them to community resources.

Also in the planning stage, MHSADS will support Crisis Receiving and Stabilization Centers, which will provide onsite medical assessment and therapeutic intervention services, as well as provide secure behavioral health assessment and treatment locations for individuals subject to an Emergency Custody Order 24 hours per day, all 365 days of the year.

Mandate Information: This activity is mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity. This activity is supported by local and state funding, Medicaid, Medicare, commercial insurance, and fees.

Why We Do It: Emergency Services reduces reliance on higher levels of care and treatment, such inpatient hospitalization and incarceration.

How We Do It Now – Current Service Level: In FY 2021, additional resources were added to maintain the service level. Due to the unpredictability of behavioral health crises, staff is required to respond at any time. At current service level, staff conducts approximately 950 crisis evaluations annually.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. As crisis services develop across Virginia, there may be changes to the service levels required of this activity. In FY 2024, the co-responder activity will launch. This is a coordinated community-based response with law enforcement for individuals experiencing behavioral health crises.



MHSADS: Outreach and Coordination Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Help keep individuals safe in their preferred setting, as evidenced by at least 60 percent of evaluations provided by Emergency Services resulting in voluntary treatment.					
Number of crisis intervention evaluations provided by emergency services	1,089	1,100	951	950	950
Number of evaluations that resulted in voluntary treatment	691	609	418	570	570
Percentage of evaluations that resulted in voluntary treatment	63%	55%	44%	60%	60%
Provide coordinated response with law enforcement to individuals experiencing a behavioral health crisis through the co-responder program.¹					
Number of behavioral health crisis calls that received a joint response between law enforcement and MHSADS	n/a	n/a	n/a	n/a	475
Percentage of those behavioral health crisis calls that were resolved without going to an emergency department	n/a	n/a	n/a	n/a	40%
Percentage of those behavioral health crisis calls that did not result in law enforcement custody	n/a	n/a	n/a	n/a	40%

¹ Full-year implementation of the co-responder program is anticipated in FY 2025.



MHSADS: Outreach and Coordination Services

Discharge Planning

What We Do: This activity provides treatment planning and coordination of services to individuals preparing for discharge from psychiatric hospitalization, partial hospitalization, or crisis stabilization, and who need publicly-funded services. Staff facilitates transition into the community, including addressing potential barriers for a successful transition out of a state psychiatric hospital.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: This activity supports individuals so that they can be successful in the community after being discharged from a higher level of care.

How We Do It Now – Current Service Level: For individuals discharged from a higher level of care, staff schedules approximately 200 aftercare appointments with MHSADS annually.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level. As crisis services develop across Virginia, there may be changes to the service levels required of this activity.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Facilitate stabilization in the community and reduce the risk of rehospitalization, as evidenced by at least 90 percent of individuals referred into MHSADS services having their aftercare appointments scheduled within seven calendar days of hospital discharge.					
Number of aftercare appointments scheduled with MHSADS	185	172	219	210	210
Number of aftercare appointments scheduled within seven calendar days of hospital discharge	182	169	205	189	189
Percentage of aftercare appointments scheduled within seven calendar days of hospital discharge	98%	98%	94%	90%	90%



MHSADS: Outreach and Coordination Services

Project for Assistance for Transition of Homelessness (PATH)

What We Do: The Project for Assistance for Transition of Homelessness (PATH) activity provides behavioral health screenings, counseling, and referrals to adults with a serious mental illness who are experiencing homelessness. Staff engages individuals wherever they are located and assists with applications for public benefits, employment, and housing programs. Services are provided from 8:30 a.m. to 8:00 p.m. Monday through Thursday, and from 8:30 a.m. to 5:00 p.m. on Friday.

Mandate Information: The Code of Virginia § 37.2-500 includes this activity in the core of services that may be provided by the CSB.

Who Does It: County staff provides this activity. This activity is supported by local and state funding.

Why We Do It: These services are provided to enhance wellness and stabilization for community members with serious mental illness who are experiencing homelessness.

How We Do It Now – Current Service Level: Current service level reflects supporting approximately 45 individuals.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The service level of this activity is directly related to the number of people with serious mental illness and experiencing homelessness.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Promote engagement in services, as evidenced by at least 70 percent of individuals being enrolled in ongoing PATH services within 90 days of initial outreach.					
Number of individuals outreached	37	29	45	45	45
Number of individuals enrolled in ongoing PATH services	44	28	35	35	35
Percentage of eligible individuals enrolled in ongoing PATH services within 90 days of outreach	79%	65%	44%	70%	70%
Ensure that comprehensive needs are met, as evidenced by at least 50 percent of individuals who are enrolled in PATH transitioning to treatment.					
Percentage of individuals successfully connected to needed services	36%	18%	57%	60%	60%



MHSADS: Business Operations

Human Resources

What We Do: This activity supports MHSADS with workforce planning, employee relations, training, personnel record management, benefits and payroll, and administrative functions. This activity ensures compliance with federal and state regulations, as well as County and departmental policies and procedures. Personnel files for MHSADS staff are maintained separately from the County human resources files.

Human resources staff manages the Department's personnel records and background check process. Staff provides support to regulatory audits, Family and Medical Leave Act benefit administration, short-term disability, long-term disability, and education leave requests. Additionally, staff is responsible for the creation and maintenance of the Department's organizational charts and support recognition programs.

Workforce planning staff assists hiring managers by providing guidance about the recruitment, selection, hiring, and onboarding of all positions, including highly technical and difficult-to-recruit positions.

Employee relations staff provides consultation and guidance on performance management matters. Staff engages with employees to complete the interactive process requirements in support of the Federal Americans with Disabilities Act.

Training staff oversees the Department's training program including multiple mandated requirements. Staff facilitates classes, identifies training needs, and researches potential training resources.

Payroll staff facilitates and troubleshoots accurate and timely timecard submission. Staff works to identify needed system fixes, coordinates with County Payroll staff, and participates in testing of payroll functions.

Mandate Information: This activity supports compliance with the Federal Americans with Disabilities Act and Family and Medical Leave Act. The provision of background checks is required by the Code of Virginia §§ 37.2-506 and 37.2-506.1.

Who Does It: County staff provides this activity.

Why We Do It: This activity provides support to a health care workforce with specific licensure and regulatory requirements. This activity reduces departmental reliance on other County resources and delivers tailored and efficient human resources guidance, support, and training.

How We Do It Now – Current Service Level: The service level of this activity was supported with additional resources in FY 2020 and FY 2023. This activity supports more than 456.00 FTE, the recruitment and onboarding of 110 positions, and the processing of 510 employee actions annually. Additionally, this activity provides approximately 150 required compliance training classes, and ensures staff training compliance at a rate of 95 percent.

How We Plan to Do It in the Future – Recommended Service Level: Current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to the expansion of programs and staffing levels, and expansion of existing services. The impact of possible future collective bargaining agreements on this activity is uncertain. If changes occur to increase demand on human resources staff, a service level change would be considered at that time.



MHSADS: Business Operations

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Mitigate employment-related risk by achieving a 95 percent compliance rate for timely completion of required trainings.					
Number of mandated training classes	131	140	152	150	155
Percentage of workforce completing required training	92%	94%	95%	95%	95%
Promote cultural competence in the workforce by providing trainings focused on trauma, military service members, veterans, and military families in support of regulatory mandates.					
Number of hours of clinical training attended by MHSADS staff in support of regulatory mandates ¹	2,396	2,137	5,025	4,500	5,000
Ensure the delivery of exceptional programs and services through consistent staffing.					
Number of authorized FTE	430	435	451	462	470
Number of employee actions processed	344	544	490	510	530
Vacancy rate	13.3%	18.9%	9.5%	13.9%	13.9%
Turnover rate	11.0%	18.9%	13.6%	14.5%	14.5%
Support hiring managers by providing guidance on recruitment, selection, hiring, and onboarding processes.					
Number of new hires onboarded	66	90	129	110	110

¹ The increase in training hours is due to increases in trainings mandated by Step-VA.



MHSADS: Business Operations

Finance

What We Do: This activity manages MHSADS responsibilities for accounts payable, accounts receivable, managed care organization contracting, credentialing, and budget and financial reporting.

The accounts payable function includes fiscal, budgetary, and forecasting oversight of the Department's operational needs, timely and fiscally-responsible procurement and payment of all goods and services, and reconciliation and management of grants according to policies established by the Department, County Procurement, and County Financial Services.

The accounts receivable function includes evaluating and analyzing insurance coverage and charges, interfacing with insurance companies to determine eligibility and responsibility for payment, managing processes for billing, collecting accurate payments from insurance plans and/or individuals served, reviewing and tracking revenue for accuracy, and reviewing and managing accounts to determine collection options, including the Debt Set-Off Program.

The credentialing function establishes the qualifications of licensed health care professionals and assesses their background and eligibility with third-party payers.

The managed care company contracting function involves the maintenance, monitoring, and management of multiple managed care organization contracts to maximize revenue.

The budget function includes involvement in the County's annual budget process, managing and monitoring the Department's annual personnel and operating budgets, and forecasting and projecting MHSADS budgetary needs. All financial reporting to local, state, and federal entities is included in this activity.

Mandate Information: This activity includes services mandated in the Code of Virginia § 2.2-4352 for payment of bills, and Virginia Code § 37.2-511 for a CSB reimbursement system to maximize collection of fees.

Who Does It: County staff provides this activity.

Why We Do It: This activity is required to comply with the County's budget, accounting, and purchasing policies and procedures, and to maximize collections. This activity reduces reliance on other County operations to develop expertise in the areas of third-party billing and the more than 50 funding sources associated with the Department.

How We Do It Now – Current Service Level: The service level was supported with additional resources in FY 2020, FY 2021, and FY 2024. Staff supports and manages a nearly \$67 million annual expenditure budget, including \$52 million in personnel and \$13 million in operating and maintenance; and a revenue budget of approximately \$15 million, including \$8 million in state and federal funds. This activity processes approximately 35,000 health care claims for reimbursement annually, and processes payment of more than 95 percent of invoices within 30 days of receipt.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to changes in state mandates, managed care contracts, credentialing requirements, and financial reporting. MHSADS also anticipates that with the introduction of new services and expansion of existing services, this activity may require additional staffing resources to adequately maintain service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Process claims for payment to reduce the Department's reliance on local tax funding.					
Number of claims submitted	28,047	31,440	50,092	34,584	38,042
Support continuity of services and meet contractual obligations, as evidenced by 95 percent of accurate invoices being paid within 30 days.					
Percentage of accurate invoices paid within 30 calendar days	98%	98%	98%	95%	95%



MHSADS: Business Operations

Operations Support

What We Do: This activity provides customer service and an array of administrative supports to internal and external customers of the Department. These customers include individuals accessing MHSADS services, Department staff, Loudoun County CSB members, and community stakeholders and partners. It is the goal of this activity to promote the efficient and effective operations of service lines throughout the Department.

This activity coordinates reception and general front desk operations across MHSADS office locations, including two outpatient behavioral health clinics and the Crisis Intervention Team Assessment Center. This activity is responsible for conducting financial assessments to determine an individual's financial responsibility and to verify insurance information required for the billing process. Staff works varying schedules Monday through Friday to support activities between the hours of 8:30 a.m. and 8:00 p.m.

In support of internal functions, this activity develops marketing materials, maintains the Department's webpage, and supports Department participation in community outreach events. The team serves as the Department's Freedom of Information Act (FOIA) records custodian. Staff is responsible for the planning, organization, management, and coordination of maintenance for the Department's 29 residential settings, seven office locations, and fleet of more than 125 vehicles.

Additionally, staff provides executive support to the department director, executive leadership team, and CSB executive council and members.

Mandate Information: This activity supports services mandated by the Code of Virginia § 37.2-500.

Who Does It: County staff provides this activity.

Why We Do It: This activity provides internal administrative support across the Department to promote efficient and effective program operations. This activity coordinates community outreach to advance public awareness of behavioral health and developmental disability resources, and connects individuals to services. Staff monitors Department facilities and vehicles to ensure safety and compliance with DBHDS licensing regulations.

How We Do It Now – Current Service Level: The service level was supported with additional resources in FY 2020, FY 2021, and FY 2022. Staff conducts approximately 1,000 financial assessments annually, with each taking 25 minutes to complete on average. Additionally, the current service level reflects answering approximately 23,000 calls in an average of ten seconds.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. This activity's service level is directly related to the number of individuals served, the number of staff within the Department, the introduction of new services, and expansion of existing services. If those areas were to increase, demand for this activity would also increase, and a service level change would be considered at that time.

**MHSADS: Business Operations**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Conduct financial assessments with individuals receiving services to reduce the Department's reliance on local tax funding.					
Number of financial assessments conducted	1,017	884	964	1,150	1,250
Provide responsive customer service by answering incoming calls to MHSADS reception desks within ten seconds.					
Number of incoming calls	22,007	21,352	22,125	23,000	23,500
Average time to answer calls (in seconds)	10.53	9.79	10.06	10.00	10.00
Number of FOIA requests received ¹	n/a	4	8	6	6
Promote community awareness and access to publicly-funded behavioral and developmental health resources in the Loudoun community by participating in outreach events.					
Number of outreach events attended ¹	n/a	7	18	20	25
Promote the safety of MHSADS staff and individuals served, as evidenced by 100 percent of MHSADS facilities receiving an annual inspection.					
Percentage of MHSADS facilities that receive an annual inspection ¹	n/a	n/a	100%	100%	100%

¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Business Operations

Quality Assurance

What We Do: This activity includes the outcomes and evaluation, technology, and health information management functions. This activity provides support to workforce members and individuals receiving services across the Department.

The outcomes and evaluation function provides access to data needed for effective and efficient oversight, accountability, and quality improvement. In collaboration with the technology function, staff extracts, analyzes, reviews, and submits data to meet local, state, and federal reporting requirements.

The technology function provides support 24 hours per day, seven days per week for MHSADS software and clinical applications, such as the electronic health record, which is required for service delivery, revenue collection, and to meet regulatory requirements. Technology staff provides support to MHSADS workforce members as the front-line helpdesk/troubleshooters; and manages the technology of the Department, including computers, peripherals, and mobile phones. In conjunction with the County's Department of Information Technology, staff provides security oversight for protected health information, as required by the Health Information Portability Accountability Act (HIPAA) Security Rule, and in collaboration with the countywide HIPAA compliance officer.

The health information management function is responsible for managing the storage of – and access to – health records generated or maintained by MHSADS. Staff responds to record requests from workforce members, individuals in service, and external entities, as well as to subpoenas and search warrants. Staff ensures that electronic health records are maintained in accordance with regulatory requirements.

Mandate Information: This activity is mandated by the Virginia Administrative Code 12VAC35-105-620 (monitoring and evaluating service quality), and supports services mandated by the Code of Virginia § 37.2-500. This activity also supports compliance with federal regulation 45 CFR 164.530 (HIPAA).

Who Does It: County staff provides this activity.

Why We Do It: Continuous quality improvement of operations and services is required. This activity promotes compliance with privacy regulations and reporting requirements, and effective use of technology. Staff reports data to funding agencies and other stakeholders. Technology and software programs that protect health information and meet HIPAA standards and other applicable regulations are maintained. Beyond meeting basic privacy and confidentiality regulations, this activity reduces vulnerability. Additionally, staff facilitates training for the MHSADS workforce.

How We Do It Now – Current Service Level: The current service level was supported with additional resources in FY 2021. Current service level reflects the creation of monthly, quarterly, and annual reports for multiple stakeholders. At current service level, staff maintains approximately 44,000 electronic health records, responding to at least 95 percent of requests for health records within 30 calendar days. Of the approximately 1,250 information technology helpdesk tickets, 90 percent are resolved within two days.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching trends. The service level of this activity is directly related to the number of individuals served, the number of staff within the Department, and reporting requirements due to federal, state, and local mandates.

**MHSADS: Business Operations**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Accurately and effectively process at least 95 percent of requests for health records within 30 calendar days.¹					
Number of health records maintained	n/a	n/a	41,531	44,200	46,900
Number of Releases of Information (ROI) requests received and processed	266	256	335	330	330
Percentage of ROI requests processed within 30 calendar days	98%	99%	99%	95%	95%
Provide responsive customer service by resolving 90 percent of IT helpdesk tickets within two business days.¹					
Number of IT helpdesk tickets opened	n/a	n/a	1,474	1,250	1,250
Percentage of IT helpdesk tickets resolved within two business days	n/a	n/a	81%	90%	90%

¹ Data shown as n/a indicates a measure that does not have historical data.¹ Data shown as n/a indicates a measure that does not have historical data.



MHSADS: Business Operations

Compliance

What We Do: This activity serves as the MHSADS liaison to the DBHDS Offices of Licensing and Human Rights, the Virginia Department of Medical Services, and other regulatory agencies. Staff develops and reviews departmental policies and procedures, completes regular internal health record audits, and provides training to the workforce to meet licensing and regulatory requirements.

Staff conducts human rights investigations of alleged abuse, neglect, and/or exploitation; manages the Department's incident reporting system; facilitates external incident reporting; conducts root cause analyses of serious incidents; and conducts quarterly risk assessment reviews. Services are primarily provided during regular County business hours; however, staff provides incident system monitoring and mandated state reporting on weekends and holidays.

Staff monitors MHSADS-licensed services and travels to the various locations where services are delivered for internal auditing and investigative purposes. Staff coordinates departmental responses to external audits. Staff submits corrective action plans for any audit findings.

MHSADS provides health care services covered by HIPAA, which requires a HIPAA privacy officer. The MHSADS HIPAA privacy officer is a Compliance staff member.

Mandate Information: This activity is mandated by the Virginia Administrative Code 12VAC35-105 (Licensing) and 12VAC35-115 (Human Rights). This activity also supports compliance with federal HIPAA regulations (45 CFR 164.530).

Who Does It: County staff provides this service.

Why We Do It: This activity provides support to a health care workforce with specific licensure and regulatory requirements. This activity reduces departmental reliance on other County resources and delivers tailored guidance, support, and training.

How We Do It Now – Current Service Level: The service level of the Compliance team has been stable in recent years. This activity processes approximately 1,820 incident reports, submits 200 reports to DBHDS as required per regulations, and completes 20 mandated human rights investigations into allegations of abuse and neglect each year. In addition, this activity conducts comprehensive file reviews for approximately 15 percent of individuals enrolled in licensed services.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is the recommended service level for the near term; however, the longer-term future service level is not clear. The Department is watching data trends in reporting incidents, investigations, and the number of individuals in service. The service level of this activity is directly related to external regulatory requirements and the service level across the Department. If those areas were to increase, demand for the resources of this activity would also increase, and the service level would be considered at that time.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Manage risk in the Department by reporting adverse incidents.					
Number of adverse incidents reported externally	193	187	185	200	200
Percentage of adverse incidents reported externally by the established deadline	97.9%	98.4%	96.8%	100.0%	100.0%
Number of mandated human rights investigations	15	19	16	20	20
Support regulatory compliance by conducting internal health record reviews for 15 percent of individuals enrolled in services licensed by DBHDS.					
Total number of records reviewed	358	343	188	255	255
Total number of individuals enrolled in licensed services	2,260	1,656	1,466	1,700	1,700
Percentage of records reviewed	15.8%	20.7%	12.8%	15.0%	15.0%