



Mental Health, Substance Abuse, and Developmental Services

The Department of Mental Health, Substance Abuse, and Developmental Services (MHSADS) is the single point of entry into the public mental health, substance abuse, and developmental services system of the County. The Department provides a wide variety of mental health, substance abuse, and developmental services to individuals of all ages promoting health and wellness by connecting individuals and their families with person-centered, recovery-oriented services and supports in partnership with the community. This approach focuses on stabilizing acute situations and empowers people to live independently and successfully in the community. As mandated by Chapter 5, §37.2 of the Code of Virginia, the Community Services Board (CSB), an eighteen member volunteer policy-advisory board appointed by the Board of Supervisors (Board), reviews MHSADS' programs and policies and makes recommendations with respect to the development of a comprehensive, person-centered mental, behavioral, and developmental services delivery system.

MHSADS's Programs

Residential Services

Provides a range of community residential living service options from settings requiring 24/7 intensive staff support to settings with staff support provided on a scheduled basis throughout the community to promote independence. Services are provided in county owned residential settings. Activities supported include group homes, supervised living, and consumer-directed service facilitation.

Community-Based Support Services

Provides treatment for individuals in service and assists them in developing strategies to be productive in their daily life as they continue to live, work and play in the Loudoun community in adulthood; provides a range of treatments, therapies and strategies to support infants and toddlers, born with developmental delays. Activities supported include employment and day support services, the Community Access Program (CAP), Psychosocial Rehabilitation Services, and Early Intervention.

Outpatient Services

Provides treatment to individuals and families through various evidence-based models of therapy and psycho-education to promote recovery. Services offer rapid engagement in treatment with meaningful outcomes. Services include outpatient treatment, emergency services, access, discharge planning and psychiatry and nursing (center and community).

Outreach and Coordination Services

Provides support, treatment, and coordination of care in settings such as the community, the shelter, or the adult detention center; provides public health awareness to promote resilience and wellness; ensures service coordination; provides assessment, evaluation, and treatment with an emphasis on building natural supports, diversion from the criminal justice system, and engagement in treatment. Activities include case management, prevention and intervention, court and corrections, Project for Assistance for Transition of Homelessness (PATH), and Intensive Community Treatment (ITC).

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 Department of Behavioral Health and



Mental Health, Substance Abuse, and Developmental Services

Developmental Services (DBHDS) performance contract while remaining accountable to the direction of the Board of Supervisors and coordinated with the Community Services Board. Activities include human resources, finance, operations support, quality assurance, and compliance.

Budget Analysis

Department Financial and FTE Summary¹

| | FY 2019 Actual | FY 2020 Actual | FY 2021 Adopted | FY 2022 Proposed | FY 2023 Projected |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|----------------------|
| Expenditures | | | | | |
| Personnel | \$35,584,434 | \$39,139,379 | \$45,044,920 | \$46,019,754 | \$47,400,347 |
| Operating and Maintenance | 8,243,816 | 7,825,714 | 10,150,544 | 10,664,692 | 10,771,339 |
| Total – Expenditures | \$43,828,250 | \$46,965,093 | \$55,195,464 | \$56,684,446 | \$58,171,686 |
| Revenues | | | | | |
| Charges for Services | \$756,809 | \$742,258 | \$796,800 | \$796,800 | \$796,800 |
| Miscellaneous Revenue | 230 | 14,157 | 1,800 | 1,800 | 1,800 |
| Recovered Costs | 4,656,530 | 5,509,850 | 5,261,410 | 5,261,410 | 5,261,410 |
| Intergovernmental – Commonwealth | 5,452,130 | 6,878,478 | 5,397,001 | 5,760,724 | 5,760,724 |
| Intergovernmental – Federal | 1,377,723 | 1,423,723 | 1,090,086 | 1,126,362 | 1,126,362 |
| Total – Revenues | \$12,243,421 | \$14,568,466 | \$12,547,097 | \$12,947,096 | \$12,947,096 |
| Local Tax Funding | \$31,584,828 | \$32,396,627 | \$42,648,367 | \$43,737,350 | \$45,224,590 |
| FTE² | 387.43 | 406.43 | 433.63 | 437.64 | 440.64 |

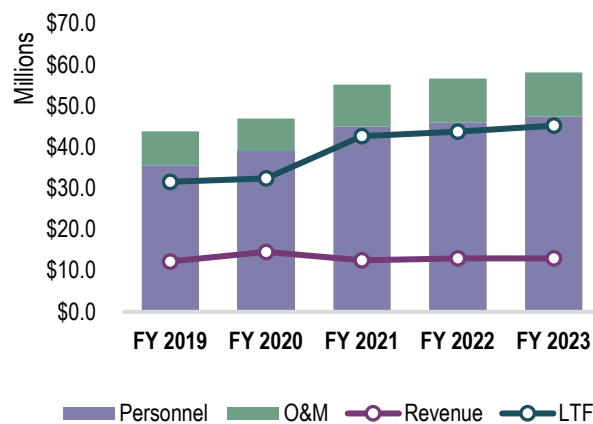
¹ Sums may not equal due to rounding.

² MHSADS has one clinician (1.00 FTE) associated with the FY 2022 Board of Supervisor's priority request for Adult Drug Court Expansion in the Proposed Budget. It is included in the Board of Supervisors' narrative in the General Government section. The resources—budget and FTE—associated with that request will be structured and budgeted in MHSADS's budget.



Mental Health, Substance Abuse, and Developmental Services

Revenue and Expenditure History



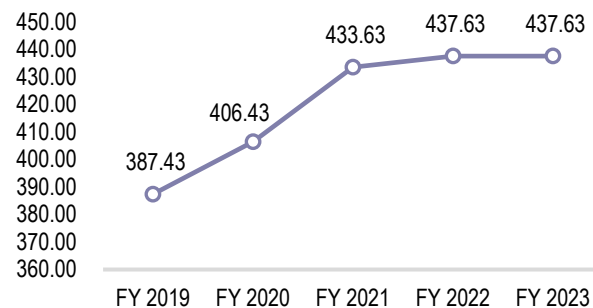
Revenue/Local Tax Funding

As shown, MHSADS is primarily funded by local tax funding (approximately 77 percent). Program-generated revenue consists of insurance reimbursements, self-pay, state revenue, and federal revenue.

Expenditure

The majority of MHSADS expenditure budget is dedicated to personnel costs (approximately 81 percent). Personnel costs have increased since FY 2019 as a result of the Board's authorization of new staffing resources identified in the Staffing/FTE History section, market-based and merit-based increases, and adjustments in FY 2020 to reflect a new classification and compensation system approved by the Board in November 2019.

Staffing/FTE History



FY 2019: 3.00 FTE mental health substance abuse (MHSA) care coordinators, 2.00 FTE developmental services support coordinators, 3.00 FTE EI service coordinators, 4.00 FTE prevention and intervention specialists

FY 2019 Mid-Year: 1.00 FTE access liaison (Same Day Access), 1.00 FTE engagement clinician (Same Day Access), 1.00 FTE case manager (Adult Drug Court), 1.00 FTE clinician (Adult Drug Court)

FY 2020: 1.00 FTE compliance specialist, 1.00 FTE health

information management technician, 1.00 FTE outcomes and evaluation data analyst, 1.00 FTE service coordinator, 1.00 FTE training specialist, 1.00 FTE clinician, 1.00 FTE prevention specialist, 2.00 FTE psychiatrists, 1.00 FTE payroll technician, 1.00 FTE management analyst, 1.00 FTE reimbursement specialist, 1.00 FTE case manager and 1.00 FTE clinician for Mental Health Docket, 1.00 FTE support coordinator

FY 2020 Mid-Year: 2.00 FTE support coordinators and 2.00 FTE clinicians, 1.20 FTE operations assistants (STEP-VA).

FY 2021: 0.53 FTE authority licensed psychologist, 5.00 FTE care coordinators, 1.00 FTE Early Intervention service coordinator, 2.00 FTE support coordinators, 1.00 FTE team coordinator, 1.00 FTE finance assistance, 1.00 FTE operations assistant, 1.00 FTE reimbursement specialist, 2.00 FTE emergency service clinicians, 0.47 FTE emergency service clinician subpool, 1.00 FTE system administrator, 1.00 FTE data analyst, 4.00 FTE direct support specialists, 1.00 FTE nurse

MHSADS's expenditures have increased primarily due to personnel costs. Personnel costs make up most of the Department's expenditures (approximately 82 percent) and, as noted, this growth has been driven by increased compensation and additional staffing. The need for additional resources is driven primarily by caseload complexity and duration, increased behavioral health and developmental disability requirements levied by the state, and community needs. The FY 2022 base budget includes funding to update the personal protective equipment needs of the Department.



Mental Health, Substance Abuse, and Developmental Services

The FY 2021 Adopted Budget for MHSADS included a total of 21.47 positions (21.47 FTE). Due to the unclear economic picture resulting from the COVID-19 pandemic, when the Board of Supervisors adopted the FY 2021 Budget, most new expenditures, including new positions, were frozen until revenues are determined available to support those expenditures. The Board unfroze 12 positions with the initial release of frozen expenditures and positions on December 15, 2020. These positions will support the case management functions in behavioral health, early intervention service coordination and developmental services, and support coordination. Additionally these positions provide for applicable business operations staff in support of finance and operations. The remaining 9.47 positions (9.47 FTE) are in support of emergency services and residential/community-based activities. These positions remain frozen until further Board action or until the start of FY 2022.

Due to the pandemic and implementation of the continuity of operations plan, in the last quarter of FY 2020 and throughout FY 2021 MHSADS reassigned direct support specialists from in home services to support the operations of the group homes and supervised residences. As a result, the individuals receiving in-home services have been provided referrals for other in home services providers or other service options to address the support needs.

For FY 2022, the Department's budget requests focus on the thematic area of community wellness and resiliency.

Community Wellness and Resiliency

Residential services and outreach service, and youth crisis support are included in the Department's FY 2022 Proposed Budget. The Department's first priority request includes community based medical management, residential services, and facilities via a request to add one community-based registered nurse (1.00 FTE), funding to support rental and buildout of a replacement residential facility, and one facilities and vehicle coordinator (1.00 FTE). The Department's community-based nursing provides services to individuals residing in group homes and supervised living residences. They also provide training and support to direct support specialists by providing medical management for approximately 80 individuals living in County-operated group homes and supervised living programs, which are licensed by the Virginia Department of Behavioral Health and Development Services (DBHDS). The nurses provide medical, physical, and nutritional assessments; monitoring and support for the individuals and training; and support and consultation for all residential workforce members. The level of nursing support needed increases based on the complexity of behavioral and medical conditions of the individuals in residential services. This team of registered nurses provides on call coverage to ensure 24 hours per day, 7 days per week (24/7) nursing availability for individuals in service.

Simultaneously, one of the County-owned mental health group homes is in dire need of repair as it is nearly 100 years old and no longer in condition to support individuals with complex medical and behavioral diagnoses. The County is currently in the process of deciding whether to sell or renovate the property. Therefore, included in the first priority request, is \$70,000 in annual rental costs and \$75,000 in one-time furniture, fixture, and equipment costs for relocating mental health group home services out of the aging building and into a newer, rented residential space until a long-term solution is complete. The new rental building will meet Virginia Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations and allow for appropriate 24/7 staff support in the provision of behavioral, medical, social, emotional, and psychiatric treatment, monitoring, skill building, and support.

The Department's vehicles and facilities have expanded beyond a level that can be reasonably sustained by existing resources. Currently, one vehicles and facilities coordinator is responsible for vehicle asset management, facility inspection, and maintenance coordination of the Department's 28 residential settings, 7 unique office facilities, and 115 vehicles. This position serves as the liaison between the Departments of MHSADS and General Services to ensure facility layout and operations remain in compliance with DBHDS regulations and best practices to promote health and safety. Regulatory licensure requirements for residential services and other program facilities and the large vehicle fleet for the Department supports the requirement for additional vehicle and facility maintenance support. In order to sustain compliance, one position (1.00 FTE) is requested to serve as a second vehicles and facilities coordinator to support these essential activities

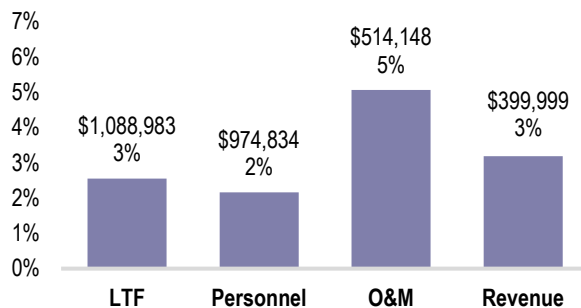


Mental Health, Substance Abuse, and Developmental Services

with the goal of reducing maintenance costs, extending the life of equipment and facilities, and reduce risks associated with staff and client safety and increase staff and client satisfaction.

The Department's second priority is to provide support for outreach services via one same day access therapist (1.00 FTE). The therapist will provide assessment and evaluation to individuals on a walk-in basis as the first core service of the System Transformation Excellence and Performance (STEP-VA) two-part clinical process that includes clinical eligibility screening and a comprehensive clinical intake into services. STEP-VA is an initiative to reform service delivery in Community Service Boards across the Commonwealth, and it is based on a national best practice model. Currently, this service is provided by existing resources in the Department, however, that has proven inadequate to address the community need as well as the resulting workload increases on the Behavioral Health Outpatient Program by connecting 95 percent of individuals with outpatient services within 10 days of intake. The addition of a therapist will improve assessment and evaluation services delivery to individuals and the outcome of connecting the individual with the appropriate service within 10 days of intake.

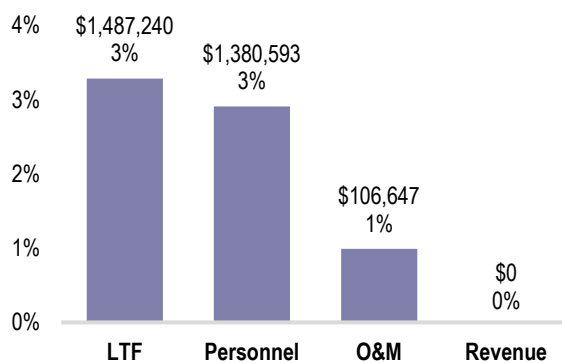
Percent Change from Adopted FY 2021 to Proposed FY 2022



Reasons for Change:

Personnel: ↑ 4.00 FTE, general pay changes ||
O&M: ↑ base adjustment for PPE support and rental residential facility funding || **Revenue:** ↑ adjusted to reflect anticipated revenues related to charges for services provided

Percent Change from Proposed FY 2022 to Projected FY 2023



Reasons for Change:

Personnel: ↑ 3 percent || **O&M:** ↑ 1 percent
Revenue: ↔



Mental Health, Substance Abuse, and Developmental Services

FY 2022 Proposed Resource Requests^{1,2}

| Priority 1: Residential Services: Nursing and Facilities | | | | | | |
|--|---|-----------------|---|-----------------|-------------|-------------|
| Personnel: | O&M: | Capital: | Reallocation: | Revenue: | LTF: | FTE: |
| \$175,994 | \$175,030 | \$48,000 | \$0 | \$0 | \$399,024 | 2.00 |
| Details | | | Overview | | | |
| Service Level: | Current Service Level Request | | <ul style="list-style-type: none">• MHSADS provides 24-hour residential support to individuals with severe mental illness and intellectual developmental disabilities in eight group homes. While individual needs vary, services include staff support, supervision and skill building assistance with a goal to safely live in the community and develop skills for more independent living.• The increasing complexities of behavioral and medical conditions of those living in the Group Homes also results in significant wear to facilities and furnishings compared to other County spaces. A vehicle/facility coordinator would serve special department needs while also coordinating with DGS.• Meanwhile one facility, built in 1930 and owned by the County, is no longer suitable for residential living, so a rental home is needed while the County decides whether to sell or remodel that space.• A nurse will provide medical, physical, and nutritional assessment, monitoring and support for the individuals in the services as well as training, support and consultation for all residential workforce members. Nurses provide services at all eight group homes and 11 supervised living facilities and provide medication administration refresher training to an estimated 200 MHSADS staff members annually. | | | |
| Mandates: | Not mandated, but necessary for compliance with federal, state, or local laws | | | | | |
| PM Highlight: | Individuals in Supervised Residential Services Who Independently Administer Medications | | | | | |
| Program: | Residential Services | | | | | |
| Positions: | 1 Nurse, 1 Vehicle & Facility Coordinator | | | | | |
| Theme: | Community Wellness & Resiliency | | | | | |
| One-time Costs: | \$135,880 | | | | | |
| Recurring Costs: | \$263,144 | | | | | |

¹ The requests presented display total cost, including the acquisition of vehicles, technology, and office furniture (as applicable). Funds for these items are shown in the Non-Departmental section, page 6-2.

² This department has an additional position (1 Clinician, 1.00 FTE) included in the FY 2022 Proposed Budget within Board of Supervisors' Priorities included in the Board of Supervisors' narrative in the General Government section.



Mental Health, Substance Abuse, and Developmental Services

Priority 2: Therapist- Same Day Access

| | | | | | | |
|-------------------|-----------------|-----------------|----------------------|-----------------|-------------|-------------|
| Personnel: | O&M: | Capital: | Reallocation: | Revenue: | LTF: | FTE: |
| \$101,193 | \$8,710 | \$0 | \$0 | \$0 | \$109,903 | 1.00 |

Details

| | |
|-------------------------|--|
| Service Level: | Current Service Level Request |
| Mandates: | Not mandated |
| PM Highlight: | Number of clinically eligible individuals who complete intake on the same day as eligibility determination |
| Program: | Access |
| Positions: | 1 Clinician |
| Theme: | Community Wellness and Resiliency |
| One-time Costs: | \$5,335 |
| Recurring Costs: | \$104,568 |

Overview

- Provides assessment and evaluation to those who need and qualify for MHSADS services
- Responds to the initiative to reform service delivery, including the Same-Day-Access Clinical Process of eligibility screening and intake
- Currently, the program is designed such that a therapist from other programs provides support when needed; however the demand is greater than the availability and dedicated resources are needed within Same Day Access.
- Completing intakes on the same day has expedited enrollment such that 95 percent of individuals have been connected to outpatient therapy within 10 days of their intake.

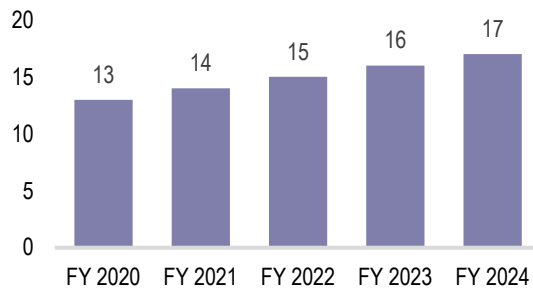
Department Total

| | | | | | | |
|-------------------|-----------------|-----------------|----------------------|-----------------|-------------|-------------|
| Personnel: | O&M: | Capital: | Reallocation: | Revenue: | LTF: | FTE: |
| \$277,187 | \$183,740 | \$48,000 | \$0 | \$0 | \$508,927 | 3.00 |



Mental Health, Substance Abuse, and Developmental Services

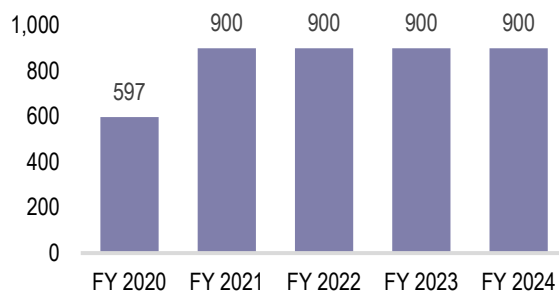
Key Measures¹



Objective: At least 50 percent of individuals in Supervised Living will be able to administer their own medications.

Measure: Number of individuals in Supervised Residential Services who independently administer their own medications.

Registered nurses are necessary to address the acute and chronic medical needs for individuals enrolled in MHSADS Residential Services. The addition of a registered nurse will be able to assist enrolled individuals in skill-building toward greater independence administering their own medications as well as ensuring Residential Services maintains compliance with training requirements.



Objective: Complete intake on the same day as the clinical eligibility screening for at least 90 percent of individuals in Same Day Access.

Measure: Number of clinically eligible individuals who complete intake on the same day as eligibility determination.

In support of the Department's initiative for rapid access to services, MHSADS prioritizes same-day eligibility screenings and intakes. This task was previously managed within the Behavioral Health Outpatient Program, however, workload needs in their primary assignments has led to a resource need in order to maintain service level.

¹ For key measures that relate to resources included in the Proposed Budget, FY 2021 and FY 2022 data reflect the estimated impact of these resources.



Mental Health, Substance Abuse, and Developmental Services

Department Programs¹

Department Financial and FTE Summary by Program²

| | FY 2019 Actual | FY 2020 Actual | FY 2021 Adopted | FY 2022 Proposed | FY 2023 Projected |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|----------------------|
| Expenditures | | | | | |
| Residential Services | \$14,145,911 | \$13,226,306 | \$13,582,176 | \$13,826,500 | \$14,212,970 |
| Community-Based Support Services | 10,801,846 | 8,633,335 | 11,975,408 | 12,265,471 | 12,548,951 |
| Outpatient Services | 7,713,356 | 7,595,643 | 9,346,058 | 9,643,513 | 9,894,065 |
| Outreach And Coordination Services | 11,128,096 | 11,593,247 | 13,307,068 | 13,571,226 | 13,933,905 |
| Business Operations | 39,041 | 5,916,562 | 6,984,754 | 7,377,736 | 7,581,794 |
| Total – Expenditures | \$43,828,250 | \$46,965,093 | \$55,195,464 | \$56,684,446 | \$58,171,686 |
| Revenues | | | | | |
| Residential Services | \$2,819,221 | \$2,827,422 | \$2,851,812 | \$2,851,812 | \$2,851,812 |
| Community-Based Support Services | 1,193,438 | 1,275,041 | 790,903 | 797,903 | 797,903 |
| Outpatient Services | 3,378,289 | 4,989,337 | 3,841,744 | 3,874,392 | 3,874,392 |
| Outreach and Coordination Services | 4,852,473 | 5,370,065 | 5,062,638 | 5,333,954 | 5,333,954 |
| Business Operations | 0 | 0 | 0 | 89,035 | 89,035 |
| Total – Revenues | \$12,243,421 | \$14,568,466 | \$12,547,097 | \$12,947,096 | \$12,947,096 |
| Local Tax Funding | | | | | |
| Residential Services | \$11,326,689 | \$10,398,884 | \$10,730,364 | \$10,974,688 | \$11,361,158 |
| Community-Based Support Services | 9,608,408 | 7,358,295 | 11,184,505 | 11,467,568 | 11,751,048 |
| Outpatient Services | 4,335,067 | 2,606,305 | 5,504,314 | 5,769,121 | 6,019,673 |
| Outreach and Coordination Services | 6,275,623 | 6,223,182 | 8,244,430 | 8,237,272 | 8,599,951 |
| Business Operations | 39,041 | 5,809,961 | 6,984,754 | 7,288,701 | 7,492,759 |
| Total – Local Tax Funding | \$31,584,828 | \$32,396,627 | \$42,648,367 | \$43,737,350 | \$45,224,590 |
| FTE | | | | | |
| Residential Services | 149.24 | 150.24 | 124.24 | 124.24 | 127.24 |
| Community-Based Support Services | 72.59 | 82.59 | 70.59 | 72.59 | 72.59 |
| Outpatient Services | 74.07 | 75.07 | 68.74 | 69.75 | 69.75 |
| Outreach and Coordination Services | 91.53 | 98.53 | 103.53 | 103.53 | 103.53 |
| Business Operations | 0.00 | 0.00 | 66.53 | 67.53 | 67.53 |
| Total – FTE | 387.43 | 406.43 | 433.63 | 437.64 | 440.64 |

¹ The Business Operations Division was created as part of a departmental reorganization requiring no additional resources in FY 2020 and is discussed in the program description section. Business Operations FTE are reflected in FY 2021.

² Sums may not equal due to rounding.