

**Annual Report**  
FY 2022

**MOVING  
FORWARD**

*Together*

**PRINCE WILLIAM**  
Community Services



# A Message From The Executive Director & Board Chair



*Together*  
We are Pressing Forward in Action

2022 has been a year of moving forward at Community Services. As we continue to face challenges through the extensions of the public health emergency, workforce crisis, economic and social problems, we, at Community Services, are committed to our community along with the individuals and families we serve by pressing forward in action.

Over this year, we have acted to better address the treatment and support needs of our community. Our collaborative work has resulted in the establishment and opening of a Drug Court and we are moving forward to develop and open a local Crisis Receiving Center for adults and adolescents within Prince William County. We provided crisis intervention and support to our community impacted by traumatic events. Our staff have worked tirelessly to help our individuals take action to move steadily forward to achieve their goals and overcome points that have been barriers or kept them stuck. As beacons of hope, our staff have partnered with our individuals to take action in their treatment to enhance their quality of life while promoting their own self-development and recovery.

We are so grateful for the compassion, caring and commitment and for all our stakeholders and advocates. It is because of you that we continually strive for more as we move forward together to enhance the lives of those we serve for a more vibrant community.

A handwritten signature in black ink that reads "Lisa Madron".

**Lisa Madron, LCSW, CTS**  
CS Executive Director

A handwritten signature in black ink that reads "Patrick Sowers".

**Patrick Sowers**  
Chair, PWC Community Service Board

## Service Locations

**Sudley North Complex** ●  
7969 Ashton Ave.  
Manassas, VA 20109  
703-792-7800  
Fax: 703-792-7817

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

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

**A.J. Ferlazzo Building** ●  
15941 Donald Curtis Drive  
Suite 200  
Woodbridge, VA 22191  
703-792-4900  
Fax: 703-792-7057

Under Development

14011 Worth Ave  
Woodbridge, VA 22192

Home of our New  
Crisis Receiving Center



The agency also provides intensive community-based services across many settings throughout the county:

- Home
- Work
- Hospitals
- School
- Adult Detention Center
- Juvenile Detention Center

### For Emergency Services

24 hours a day/7 days a week  
Manassas-703-792-7800 (TTY: 711)  
Woodbridge- 703-792-4900 (TTY: 711)

# Prince William County COMMUNITY SERVICES

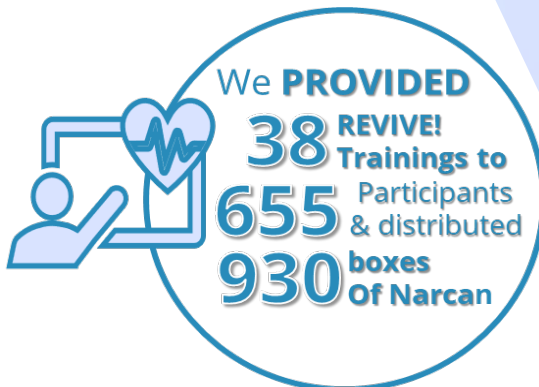
Prince William County Community Services is committed to improving the well-being of the community. We provide an array of treatment and case management services to the residents of Prince William County, the City of Manassas, and the City of Manassas Park experiencing a serious mental illness, a substance use disorder, developmental disabilities and/or co-occurring disorders. Services are provided at our Manassas and Woodbridge locations and across many settings throughout the county.



**"No work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence".**

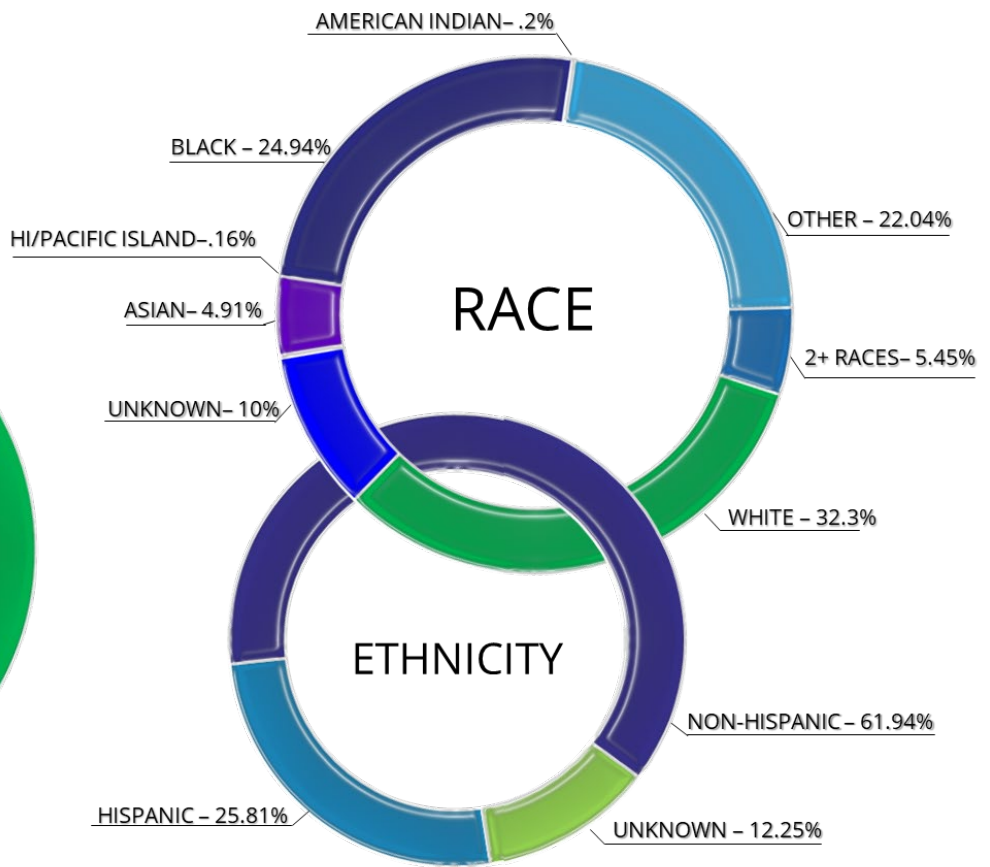
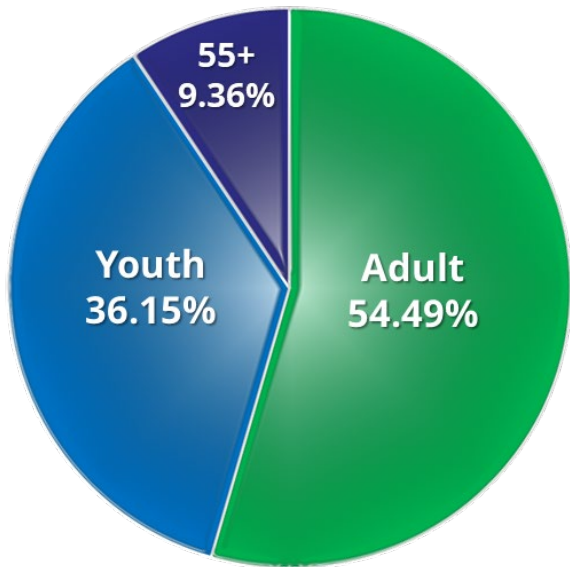
***Dr. Martin Luther King Jr.***

# OUR IMPACT





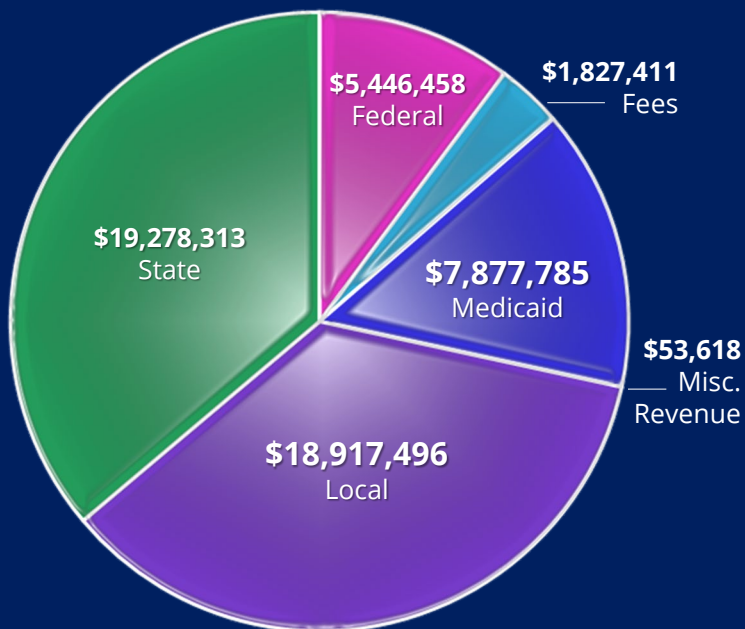
# Individuals Served



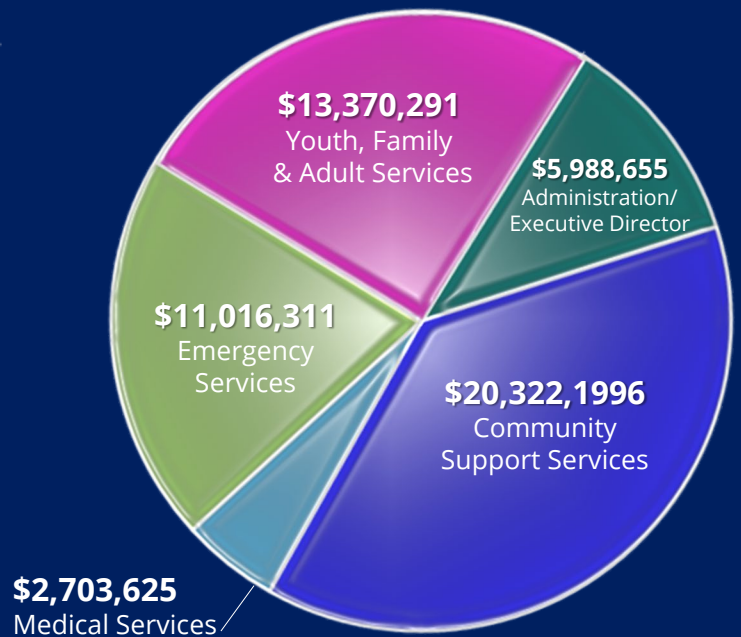
## FY2022 Revenues & Expenditures

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

### FY 2022 Revenues- \$53,401,081



### FY 2022 Expenditures- \$53,401,081



# Together

## We are Building an Inclusive Workforce & Community



### **CS DEIB Mission:**

To increase diversity, equity and inclusion within our workforce and for those we serve.

CS is committed to Diversity, Equity, Inclusion & Belonging (DEIB). We are an engaged, motivated, and committed partner in the county's efforts to enact systemic, fair, and inclusive practices that address racial injustices and foster equality. It is widely known that focused efforts on inclusion and belonging increases productivity; helps employees feel safe, respected, and connected; fosters innovation and excellence; and increases retention and commitment to an organization. CS strives to honor our diverse workforce and community. By providing culturally competent and trauma-informed care to the individuals we serve, we show that we value everyone and respect the plurality of a diverse community and the unique perspectives, differences, and cultural dimensions within our community.

## OUR COMMITMENT IN ACTION

CS strives to honor our diverse workforce and community and through various initiative we are demonstrating our commitment to building an inclusive work culture and community.



### **Cultural Linguistic Engagement Committee**

CLEC is a collaboration of bilingual and bicultural CS staff who seek to improve the experience of our diverse workforce through cultural awareness and education. During FY 22, CLEC produced monthly cultural tips to raise awareness about diverse cultures and their attitudes toward behavioral health.



### **Equity In-House Advisory Team**

The Equity I-HAT is a collaborative group of CS staff that work along side CS Directors and Leadership to hold the agency accountable to its DEIB initiatives. During FY22, the team created a video for orienting new staff and promoting the practice of DEIB at CS.



#### **LET'S TALK**

Monthly agency-wide meetings led by our Executive Leadership Team for engagement, learning and sharing.



#### **MONTHLY 3-MINUTE RESPITE**

Activities sponsored by our internal staff support team to encourage self-care, boost morale and foster a positive work environment.



#### **WELLNESS ACTIVITIES**

Activities throughout the year to encourage relaxation and self-care.



#### **MONTHLY TRAUMA TIPS**

Monthly tips are provided by the Trauma Consultation Group to support staff while fostering trauma-informed culture.

In 2019, more than 2.9 million Asian Americans suffered from mental illness.

Only 6.4% seek mental health services.

According to the CDC, the leading cause of death in Asian American young adults is suicide.

**SPEAK UP &  
REACH OUT!**

Silence is **DEFEAT**  
**DANGEROUS**  
**DEADLY**



**PRINCE WILLIAM**  
Community Services

For help, call: 988 or  
703-792-4900/7800

당신은 혼자가 아닙니다  
도움을 요청하세요  
Korean (Korea)

બોલો અને  
મદદ માંગો  
Gujarati (Indian)

Magsalita Ka at  
Humingi ng Tulong!  
Tagalog (The Phillipines)

बोलुहोस &  
सहयोग माग्नुहोस ॥  
Nepali (Nepal)

Lên tiếng  
Nhờ giúp đỡ!  
Vietnamese (Vietnam)

बोलो और  
मदद मांगो  
Hindi (India)

صدا باند کنيد و  
جستجو کنيد!  
Dari (Afghanistan)

**SPEAK UP & REACH OUT**

During FY 22, the Cultural Linguistic Engagement Committee (CLEC) was awarded the Behavioral Health Equity Mini-Grant from the Department of Behavioral Health & Disability Services' Office of Behavioral Health Wellness to raise Mental Health Awareness in Asian-Americans. Using the message "**Speak Up & Speak Out**", the CLEC members designed and translated a public service announcement into 7 Asian languages and spread the word via social media. To further the message, the CLEC chair was interviewed by a local television studio to discuss the mental health challenges within the Vietnamese community and available treatment options for both mental health and substance abuse.



# Together

We are Building a Robust System of Care

**S**ystem  
**T**ransformation  
**E**xcellence &  
**P**erformance



In 2017, the General Assembly set in motion funding for a new model of care for those with the most serious behavioral health disorders. This system of care was named STEP-VA and was based on SAMHSA's national best practice model of Certified Community Behavioral Health Clinics (CCBHCs). STEP-VA provides a comprehensive range of mental health and substance use services for individuals who have the most complex needs while focusing on quality care and improved outcomes. The primary goal is to ensure access to same day and crisis services; coordinated care; integrated, whole health treatment, and to reduce the utilization of costly, more intensive, and less effective services.

CS has continued to build and expand a robust system of care; however, community needs continued to grow as individuals and families reached out for services resulting from effects of social isolation and stressors related to the COVID-19 pandemic and capacity did not keep up with demand. For example, children and adolescents had rising rates of behavioral health conditions before the pandemic and then faced disruptions to school-based behavioral health services, compounding the mental health and substance use challenges that were already stretched in addressing pre-pandemic.



## HIGHLIGHTS FROM THIS WORK

1589  
Intakes/Assessments  
Completed

364  
Primary Care  
Screenings

552  
Distinct SMVF  
Served

### SAME-DAY ACCESS

During FY22, our Access program saw an increase in calls for information and services. With restrictions being lifted and a “new normal” emerging, our Access team quickly resumed in-person services while continuing to offer telehealth appointments to ensure access to treatment in a timely manner.

### PRIMARY CARE SCREENINGS

Nursing support was added to Access to offer primary care screenings. During a screening, an individual’s height, weight, BMI, and blood pressure are taken and as appropriate, health education and follow-up referrals are provided.

## *A Story of Help, Hope & Healing*

Jake\* came to our Same Day Access program after being discharged from the hospital for suicidality. He was homeless, had no place to go, and shelter beds were full. He was in great despair and feeling hopeless. Recognizing the high-risk factors, the Access clinician immediately began safety planning. She then contacted a community partner to address Jake’s immediate needs. Through this partnership, the Access clinician was able to help Jake secure a tent, sleeping bag, tarps, clothing, and food. The community partner also committed to providing Jake with safety checks over the weekend. The Access clinician completed the necessary intake paperwork and provided Jake with an appointment to begin treatment the following week. She oriented him to CS services, helped him stay future focused, and provided him with the hope and encouragement to begin his road to recovery.

### SERVICE MEMBERS, VETERANS & FAMILIES

## **SMVF**

CS values military service and works to ensure service members, veterans, and their families have access to the care they need. Our SMVF Team continues to build their knowledge of SMVF-specific resources in our community. They have coordinated with the Department of Veteran Services to connect service members and veterans to behavioral health and primary care resources; coordinated with the National Shooting Sports Foundation to obtain and distribute gun locks; partnered with the Veteran's Docket in Prince William County to complete screening tools for docket eligibility and complete external referrals with all willing SMVF clients coming in through Access. The team works to ensure that all CS staff are trained in military cultural competence and that staff complete suicide screens on all veterans presenting for services with identified risk issues.



\*Name has been changed to protect privacy.

# Together

## We are Meeting the Unique Needs of Individuals

### DEVELOPMENTAL DISABILITY SERVICES (DD)

The devastating effects of the COVID-19 pandemic still lingers within our DD community. COVID-19 was particularly challenging for our individuals with intellectual and developmental disabilities. They were at greater risk than the general population for adverse health outcomes and mortality due to COVID-19 than individuals without DD for a variety of reasons including: facing significant stigma; having a high prevalence of underlying medical conditions; difficulty accessing information, understanding and/or practicing preventative measures, and communicating symptoms of illness; and residing in congregate care settings.

While services were upended, the CS DD Support Coordination Team showed their incredible resiliency in meeting the unique needs of individual clients and their families, even while facing unprecedented workforce shortages along with continuing to adhere to the Department of Justice Settlement agreement measures. While the pandemic created new barriers to accessing treatment, our team showed creativity and compassion in helping individuals get the care they need.

The phrase a “Life like Yours” is used to remind us that people with developmental disabilities want the same things we all want- a safe home, meaningful ways to spend their days, and close relationships with family and friends. They have their own individual likes and dislikes, hopes and dreams. They want to succeed, experience joy, take risks, and be a part of their community. Our Support Coordination Team helped our DD community live remarkable lives.



### *Hopes & Dreams Becoming a Reality*

Although educators and others thought his future was limited to day support services, Alex\* is now celebrating 1 year of employment. With training at Woodrow Wilson Rehabilitation Center, advocacy from his Support Coordinator and self-determination, Alex is in training to become a cashier and seeking a housing voucher to achieve his goal for Independent Living. Alex is proof that determination and hard work pays off despite the limitations others may place on you.

“**Jamie\* is meeting people for the first time, getting compliments about his cool bike, and interacting with others on neighborhood walks and rides!**”

**-A Support Coordinator who assisted an individual with purchasing an adaptive trike to improve mobility.**

**When the interior stairways of Jeff’s\* home were determined not to be conducive for a stair lift, the Support Coordinator assisted him with obtaining funding for a deck lift. The deck lift allows Jeff to access other levels of his home and keeps him from being restricted and isolated in the lowest level.**

**65,333**

ID/DD Services  
Provided in FY22

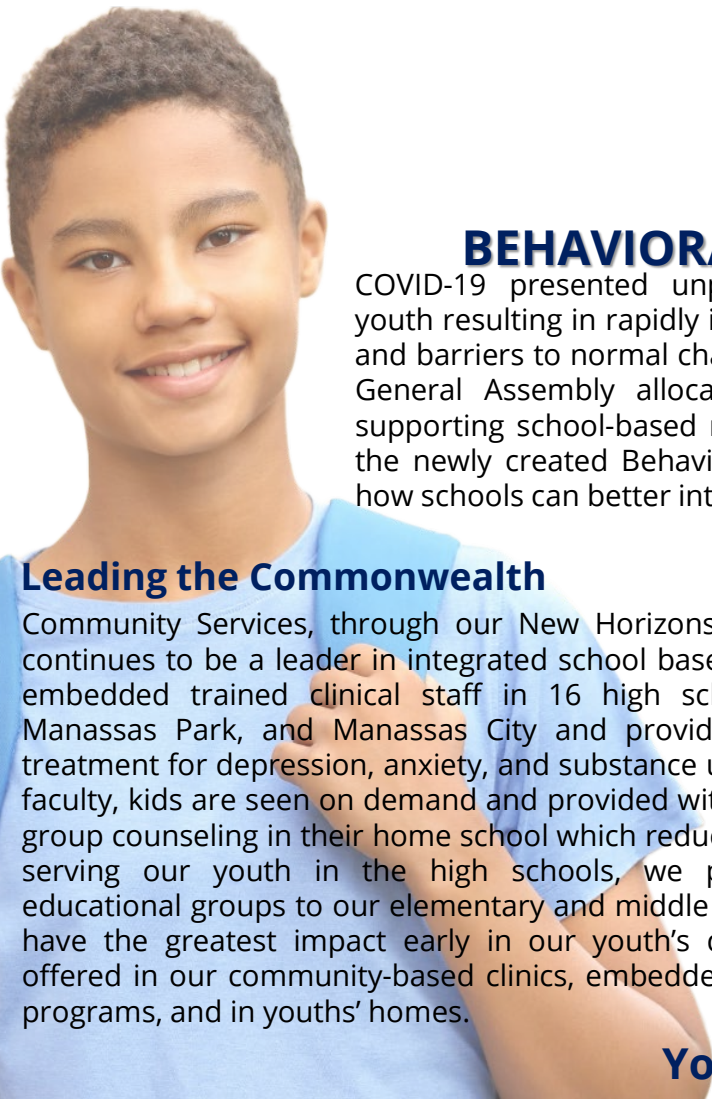
**13%**

Increase in Services

*\*Names have been changed to protect privacy.*



"It was very nice talking and receiving help when I was at my lowest".  
 -Unity Reed High School Student



# SCHOOL-BASED BEHAVIORAL HEALTH SERVICES

COVID-19 presented unprecedented challenges for our youth resulting in rapidly increased behavioral health needs and barriers to normal channels of help. As a result, the VA General Assembly allocated funding for FY23 to begin supporting school-based mental health services and asked the newly created Behavioral Health Commission to study how schools can better integrate mental health services.

**16**  
 Schools Served

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**784**  
 Youth Served

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**95%**  
 Satisfaction Rate

## Leading the Commonwealth

Community Services, through our New Horizons program, has for decades, and continues to be a leader in integrated school based behavioral health services. We embedded trained clinical staff in 16 high schools in Prince William County, Manassas Park, and Manassas City and provide evidence-based screening and treatment for depression, anxiety, and substance use disorders. Partnering with the faculty, kids are seen on demand and provided with opportunities for individual and group counseling in their home school which reduces barriers to care. In addition to serving our youth in the high schools, we provide evidence-based, psycho-educational groups to our elementary and middle school-aged youth so that we can have the greatest impact early in our youth's development. Treatment is also offered in our community-based clinics, embedded in our criminal justice partners' programs, and in youths' homes.

## Youth Services Highlights

**1,907**  
 Youth Served in the New Horizons Program

**41%**  
 Increase in Services Provided Over the Past Year

**78%**  
 of Youth Served Demonstrated Improved Functioning

**87%**  
 of Youth Diagnosed with a Substance Use Disorder Stopped Using Drugs/Alcohol

## Adverse Childhood Experiences (ACEs)

The ACEs study is the largest study investigating the health and social effects of negative childhood experiences. The study found that childhood stress and trauma can affect an individual throughout their lifespan and is highly correlated to substance use, dependence and addiction.

By bringing awareness to our community and helping identify these adverse childhood experiences, we can begin to nurture resilience and skill-building interventions. In November of 2021, Our Behavioral Health & Wellness Team began integrating the Understanding ACE's presentation into the professional development requirements for all Prince William County Human Services staff through the county's No Wrong Door Initiative. Through this partnership we reached 234 human services staff from the Departments of Aging, Criminal Justice, Social Services, and other county agencies.

Overall, we provided 20 Understanding ACE's trainings to over 649 participants throughout the community. This initiative will have lasting impact on breaking the cycles of trauma and abuse and begin charting a healthier future for our youth.





# Together

We are Caring for Our Youth

## Meet Emma

### Energetic & Spirited

Emma is 2 years old and has an extremely rare genetic disorder, called Galloway-Mowat syndrome. GAMOS is characterized by a variety of physical and developmental abnormalities and only about 100 cases have ever been reported. When no providers were available during the pandemic, PW Community Services was there. Emma and her family receive weekly, customized support from 4 EI providers who are uniquely skilled to assist Emma and her family in their journey. Emma's mom works with EI's service coordinator to manage the complex provider visits. She practices the skills and tips she's learned from EI's physical, occupational and speech therapy team. She then shares these skills with other families worldwide who may not have access to care by posting her work with Emma on social media so that the larger GAMOS community may benefit. It's given the family and GAMOS community a place to laugh, cry, and learn together as they watch Emma make small but significant strides.

### EARLY INTERVENTION

FY22 saw a return to in-person services for our Early Intervention (EI) children and families. The barriers to service as a result of COVID-19 were enormous. Children and families struggled with social isolation, families faced difficulties without the on-site learning and support, and video conferencing and masking did not allow for full engagement. The pandemic necessitated creative approaches. The relief of a "return to normal" was seen in the large spike of referrals and our staff rose to meet the challenge.

"We have seen unprecedented growth and children being referred with more complex needs than ever before".

-Ginny Heuple, Program Manager

EI staff noted higher numbers of children entering the program with multiple needs such as language delays, social-emotional delays and behavioral concerns. While demand has been increasing, the national workforce shortage has continued, and capacity has not kept pace with demand. In FY22, we have seen a 44% reduction in available community partner providers due to this shortage. Our EI staff continue to stretch to meet the needs of our community and the impact has been powerful in FY22.

Our speech therapist, Andrea, was very patient and truly listened to us. She helped us use situations in our daily lives as teaching opportunities.

-Parent

### EI Service Highlights

29%

increase in referrals from FY20 to FY22.

100%

of families reported EI services helped reach the goals they set for their child

98%

of families reported being satisfied with EI services

87%

of services helped families help their children develop and learn



# Meet Caleb

Caleb began with EI in July 2021 when he was 6 months old. He initially received physical therapy twice a month to support his ability to meet outcomes relating to movement and communication. After his entry into the program his family got word that Caleb had the same 2 gene variants as his older brother as well as other medical challenges. His mom was told that he would never walk by medical professionals. A feeding assessment was completed in August of 2021 when Caleb was 7 months old. At the time of the assessment Caleb was successfully nursing but refusing to drink from the bottle and his mother needed to supplement his intake. He was not yet accepting the pureed foods that she was offering him by spoon. Speech therapy began to support oral-motor feeding skills and communication development was added twice a month.

*Caleb is progressing with his ability to feed himself with utensils.*



With the coaching and supports provided by EI services and his family's diligence with implementing the recommended strategies, Caleb is now walking distances of up to 40 feet independently, multiple times daily. Caleb is also successfully feeding himself a good variety of diced table foods with his hands and progressing with his ability to feed himself with utensils. He is now drinking from bottles and showing the ability to drink from straw cups when he chooses to do so. In addition to progress with his movement and eating, Caleb is beginning to show advancements in his thinking and social-communication skills. He is starting to engage in pretend play, is more often imitating simple actions he sees and is starting to participate in back-and-forth and play/turn taking with his family. He is showing he understands a few words and is even waving goodbye!





# Together

We are Building A Comprehensive Crisis Response System

## A Leader in Crisis Services

Building a robust behavioral health crisis response system is a priority and CS is fully engaged and committed to improving crisis services for all in our community. Before the legislature mandated it, we saw the need for a more coordinated response to crisis services and developed our first co-responder pilot in 2019. In December 2021, CS became the first CSB in our region to implement a fully dedicated co-responder unit, along with an outreach and engagement team, funded by the Marcus Alert initiative, to create a comprehensive, multi-faceted response to behavioral health crises.

In June 2022 Greater Prince William County (GPWC) then launched the transfer of Marcus Alert calls to the new Regional Crisis Call Center operated by PRS, Inc. with positive outcomes. According to Laura Clark, Senior Director for PRS CrisisLink, "CS has had the smoothest and most successful Marcus Alert launch conducted across the state".

Early FY23 has seen continued favorable outcomes and growth of the Marcus Alert initiative in PWC resulting in decriminalizing behavioral health crises, reducing stigma, and increasing timely treatment and support for those in our community experiencing the most acute behavioral health needs.

CS is also a leader in training of law enforcement officers in week-long Crisis Intervention Team best practice techniques (CIT) course. This CIT course is currently being provided by CS Emergency Services staff to law enforcement officers, deputies, and corrections officers. A shorter 8-hour course introducing the CIT concepts has begun rolling out to other public safety personnel as training needs and requests rise. With CS at the helm, PWC is building a cohesive, cross-system approach that will allow for the appropriate response to a crisis that is based on the level of risk and need.

**6** Co-Responder Teams

**1** Outreach & Engagement Team

## Marcus Alert

Marcus Alert is legislation enacted in 2020 and named for Marcus-David Peters, a young Black biology teacher who was killed by Richmond police in 2018 while experiencing a mental health crisis. The goal of Marcus Alert is to divert law enforcement involvement in a behavioral health crisis. A regional crisis call center was developed to receive and respond to individuals experiencing behavioral health crisis and dispatch local and regional crisis response teams. When law enforcement is needed to ensure safety, legislation requires specialized training to further equip their response. The Marcus Alert state-wide system is designed in accordance with the national, evidence-based "Crisis Now" model which strives for ensuring everyone has: a place to call, a person to respond and somewhere to go.



Marcus David Peters  
October 1993-May 2018

**988** has been designated as the new national three-digit dialing code that will route callers to the Suicide & Crisis Lifeline. PRS, a current 988 Crisis Center, is the Marcus Alert regional Crisis Call Center provider in Northern Virginia.



**3,006**

Emergency Evaluations Completed

**725**

Co-Responder Community Responses

**120**

Law Enforcement Officers CIT Trained

**46%**

Reduction in Emergency Custody Orders From 2019

**89%**

of Co-Responder Responses Resulted in Diversion from Custody



# Together

## We Are Tackling the Opioid Epidemic

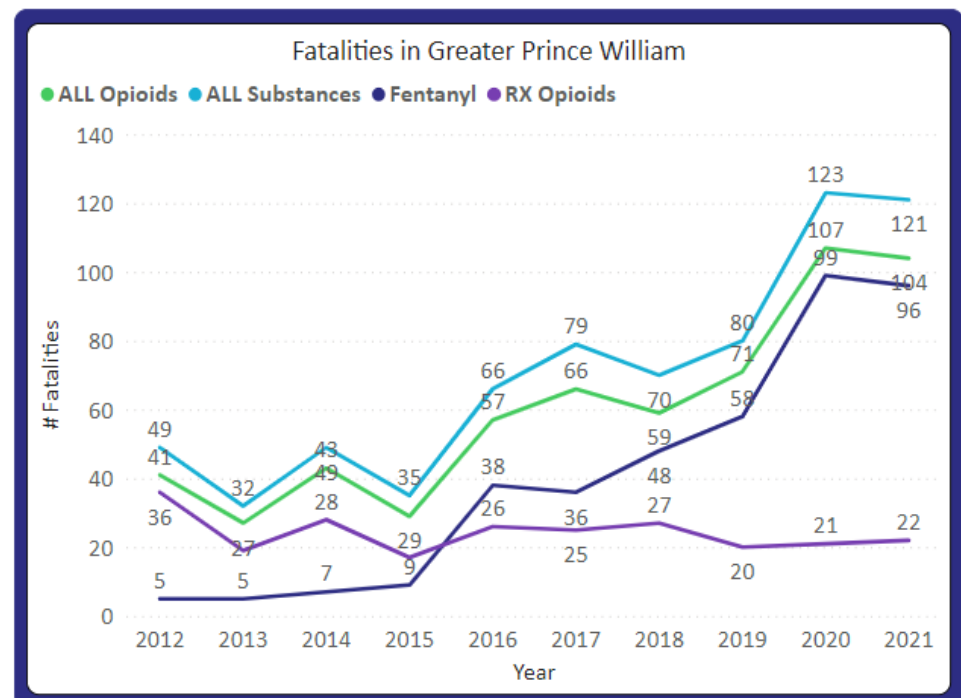
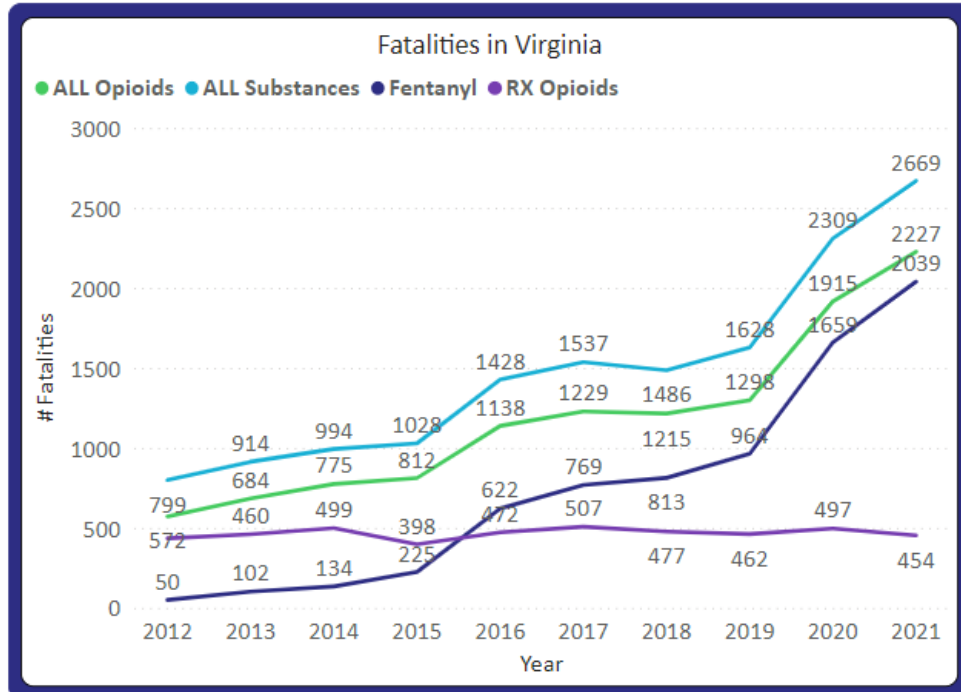
According to the Virginia Department of Health, 14,548 Virginians died from opioid-related overdoses between 2007 and 2021. In 2021, Virginia saw a 16.3% increase over 2020 when 2,227 Virginians died from fatal opioid overdoses –an average of six fatal overdoses per day. In addition, 83.6% of all fatal overdoses of any substance were due to one or more opioids.

In Greater Prince William County (GPWC), we have seen a 64% increase in deaths related to opioids from 2019 to 2020. The rate has remained stable from 2020 to 2021.

Since 2015, we have seen a sharp rise in fentanyl-related deaths in both GPWC and in the state of Virginia. From 2019 to 2020 there has been a 59% increase in fentanyl related deaths in GPWC. From 2020 to 2021 there was a 3% decrease in fentanyl related deaths in GPWC. However, in 2021 fentanyl was involved in 79% of all overdose deaths in GPWC, a 1% decrease from 2020.

CS continues to persevere at addressing the opioid epidemic by working together to educate our community, address treatment needs, focus on recovery supports and partner with community departments and organizations to tackle this growing problem. Efforts include:

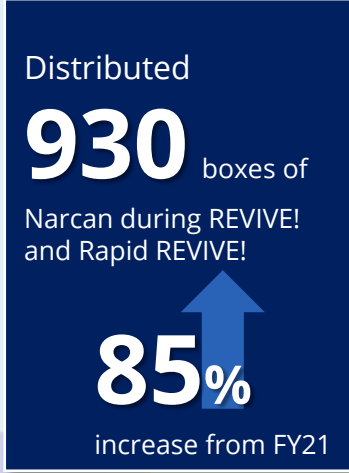
- Increasing REVIVE! trainings, a free course on how to administer opioid reversal medication (Narcan)
- Distributing record numbers of Narcan
- Collecting record amounts of unused and unwanted medications from the community via Medication Disposal Drop Boxes which opened in December 2021
- Expanding Medication Assisted Treatment (MAT)
- Distributing fentanyl testing strips



**CS continues to address the Opioid epidemic through our multi-pronged approach of community education, evidence-based treatment, recovery support, and overdose reversal.**

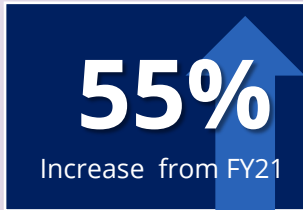
## **Behavioral Health & Wellness**

Our Behavioral Health and Wellness Prevention Team was hard at work this year and achieved agency records in the following areas:



## **Medication Assisted Treatment**

A known effective approach for treating opioid-related disorders is Medication Assisted Treatment (MAT). Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and other therapeutic techniques, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications relieve the withdrawal systems and psychological cravings that cause chemical imbalances in the body.



## **Substance Use Disorder Treatment Track for Spanish Speaking Inmates**

With roughly 20% of the inmate population in PWC being of Hispanic origin, the need for equivalent/fully bi-lingual services was apparent.

In FY22 the Drug Offender Recovery Services program (DORS) introduced a treatment track for Spanish speaking inmates. With this initiative, 24 inmates, who historically would not have had access due to language barriers, received treatment at the Adult Detention Center.



## Peer Recovery Services

CS offers Peer Recovery Services in most programs.

**380**

Individuals Served



**As a Peer Support Specialist, my main objective is to advocate for and empower individuals to stay engaged in the recovery process.**

-Alex Ruiz

### Other highlights of our work tackling this growing problem include:

- The creation of a multi-agency Youth SUD committee to develop and streamline systems for addressing youth substance use in schools, community health clinics and criminal justice systems.
- The Empowered Communities Opioid Project (ECOP) continued to meet and develop and address goals to mitigate the social and health impacts of the opioid crisis. CS partners with George Mason University in a cross agency collaboration working to bridge gaps and leverage partnerships on behalf of our community.
- Late FY22 saw the final plans for the grand opening of the Drug Treatment Court in PWC in early FY23 which was approved by the Virginia Supreme Court.

## Individualized Care Planning

Given the cyclical nature of recovery, many individuals face challenges the first several times they go through treatment programs. Rather than close an individual out to our services when they are not ready for treatment, CS offers a gentler, person-centered approach to care by engaging individuals around their challenges to completing their recommended treatment. One woman who was receiving Medication Assisted Treatment (MAT) and outpatient therapy for her addiction was struggling. She was referred to our engagement specialist and stated, "I'm at my breaking point. I'm so tired of jumping through hoops". The specialist worked together with the individual to address her needs, including how to manage the requirements of treatment along with a demanding work schedule. Her trauma and fears of engaging in group were paralyzing. However, together they developed a customized plan that was sustainable for her and would allow her to continue to work on her trauma and addiction at a slower, more doable pace. She was extremely grateful for the compassion and support shown and, as a result, was able to continue along her journey of recovery.



# A Clinicians' Story of Recovery

Stephen was referred to our Intensive In-Home program\* with New Horizons in June of 2021. As a 17-year-old, he had lost his father tragically, had witnessed years of violence within his home and community, had fallen into a life of crime, and had turned to drugs to get through each day, resulting in an overdose at the age of 16. His education did not matter to him. Employment was something that he had not considered. For him, illegal money was easy money, and that easy money did not require an education. After meeting him for the first time, I knew that my job was to help him to see that he mattered. My mission, with the support of other professionals, was to help him to believe that he deserved a healthy and happy life, one free of crime and drugs, one free of abuse, and one in which he could shine as himself and not feel pressured to be someone that he was not. Mission accepted.

For the first 3 months, the obstacles kept coming. Intensive probation was put into place through Court Services Unit to hold Stephen accountable to the law and try to encourage his sobriety. He had weekly appointments at Manassas Addiction Center, sometimes two or three appointments per week that he was ordered to comply with. He continued to test positive for fentanyl. Consequences did not seem to matter to him. Stephen was battling an addiction to opioids. It was an addiction like one I had never seen before. It consumed him. He rarely smiled, his skin did not glow, and I watched him continue to lose weight before my eyes. After two probation violations, Stephen found himself in the Juvenile Detention Center (JDC) for a second time. It was during this time in which Stephen was able to get sober. With the collaboration of JDC staff, Court Services Unit, New Horizons, and Manassas Addiction Center, Stephen was administered his first Vivitrol dosage and his journey towards sobriety and the life that he deserved began. For months after that, Stephen worked on himself and his mental health. He experienced emotions that he had suppressed for so long. He saw things in himself that he did not know existed, and with the support of his team and his inner strength, he did not touch another pill, did not open another piece of foil to smoke from, and worked to lead a life of honesty.

Today, Stephen smiles. His skin glows and he is healthy. He even cut off his ponytail! Stephen started his first job in October 2022. After two weeks of working, he has been asked to help train new employees. He is thriving and he is proud of himself. Stephen, because of your strength and determination, mission accomplished.

**\*This success story was made possible by the reconstitution of the Intensive In-Home Program in FY21.**

**“On the morning of September 29, 2022, I woke up and sent my first text of the day. The text read, “Happy one-year anniversary buddy. I am so proud of you”.**

**–Stephen’s Therapist**



# Together

**We are off to an amazing start. We have many exciting programs coming and expanding in FY23.**

**Opioid Solutions:** In early FY23 Virginia, through the newly created Opioid Abatement Authority (OAA), began dispersing funds as billions of dollars of settlement funds began flowing to states and localities throughout the country as a result of litigation against some of the companies responsible for the prescription opioid epidemic. Cross-agency planning is underway in Prince William County to assess gaps in services and implement strategic plans to educate the community via prevention efforts, offer evidence-based treatment for individuals and families impacted by this crisis, and ensure recovery services are available when needed emphasizing a harm reducing, low-demand approach to service delivery which has been proven to offer the highest level of effectiveness. CS will be expanding Medication Assisted Treatment (MAT) services and offering MAT for Youth in FY23 along with expanding to Office Based Addiction Treatment (OBAT) which will offer enhanced services that use person-centered, customized markers of recovery to achieve and sustain remission rather than a compulsory approach which has proven less effective.

**Trauma Program:** A new Trauma Program is under development within our Access Unit. This innovative program will allow CS to serve individuals in a short-term, time-limited way by offering evidence-based, trauma-informed and culturally sensitive services to individuals who need treatment for trauma but may not meet our priority population guidelines or the more extensive wraparound care needed by many in our community. This program is a creative solution to our capacity limitations and allows individuals to receive effective treatment in a timely manner to improve their health and functioning.

**Crisis Receiving Center:** A new Crisis Receiving Center (CRC) at Worth Avenue is under development and will serve youth and adults using the "Crisis Now" model of care. Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The model is based on accepting behavioral health and developmental disability crisis referrals, regardless of acuity, using chairs or recliners, along with beds, to offer optimal flexibility and capacity to serve our individuals at their greatest moment of need in the most respectful and least restrictive manner.

**Emergency Department Care Coordination Program (EDCC):** Early in FY23 we began piloting the EDCC program. This program was established in 2017 by the General Assembly and placed within the Virginia Department of Health (VDH). It provides a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to community healthcare providers, clinical and care/case management staff. The confidential portal allows real-time communication and collaboration and improves the quality of client care services. CS is already seeing positive outcomes from this pilot and will continue to expand this service in FY23 across programs.

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If **Everyone** is Moving Forward  
*Together* then **Success**  
Takes Care of Itself.

-HENRY FORD