

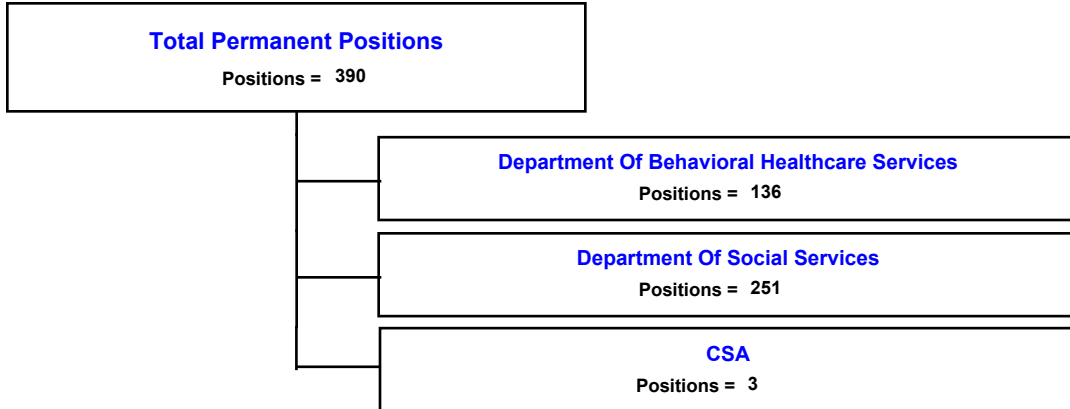
**Public Health and Welfare**

**Business Center Index**

---

Organizational Chart	9 - 2
Business Center Summary	9 - 3
Department Of Health	9 - 4
Department Of Behavioral Healthcare Services	9 - 7
Department Of Social Services	9 - 14
CSA	9 - 16

**Public Health and Welfare**  
**Business Center Organizational Chart**



**City of Portsmouth  
Fiscal Year 2008 Adopted Budget**

**Public Health and Welfare**

**Description of Services Provided**

This business center includes the departments of Public Health, Behavioral Healthcare Services, Social Services and the Office of Comprehensive Services. These departments are dedicated to promoting, protecting and preserving a healthy and safe community, provide Mental Health, Mental Retardation, Substance Abuse and Prevention Services to the citizens of Portsmouth and enhance the quality of life by promoting safety and self-sufficiency through agency programs and community partnerships.

<b>Business Units</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
Department Of Health	1,235,850	1,272,507	1,272,507	1,290,953
Department Of Behavioral Healthcare Services	8,451,849	10,223,993	10,160,339	12,932,015
Department Of Social Services	22,226,089	23,637,729	23,637,730	27,204,943
CSA	5,076,103	3,644,405	3,644,405	8,694,403
<b>Total Budget</b>	<b>36,989,891</b>	<b>38,778,634</b>	<b>38,714,981</b>	<b>50,122,314</b>
<b>Total Permanent Positions</b>	<b>383</b>	<b>384</b>	<b>384</b>	<b>390</b>

<b>Funding Sources</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
001 General Fund	1,235,850	1,272,507	1,272,507	1,290,953
005 Behavioral Healthcare Services	8,451,849	10,223,993	10,160,339	12,932,015
007 Social Services	22,226,089	23,637,729	23,637,730	27,204,943
019 CSA	5,076,103	3,644,405	3,644,405	8,694,403
<b>Total Funding</b>	<b>36,989,891</b>	<b>38,778,634</b>	<b>38,714,981</b>	<b>50,122,314</b>

**Public Health and Welfare**  
**Department Of Health**

**Business Unit Mission Statement**

The Portsmouth Health Department is dedicated to promoting, protecting and preserving a healthy and safe community.

Strategy 1: Promote

Strategic Goal 1.1

Develop health promotion programs

Strategic Goal 1.2

Assure up-to-date technologies are available to address public health issues.

Strategy 2: Protect

Strategic Goal 2.1

Review and update Portsmouth City Codes

Strategic Goal 2.2

Produce timely, reliable and intergrated data to monitor public health status.

Strategic Goal 2.3

To develop systems for researching and maintain up-to-date health information

Strategic Goal 2.4

To assure readiness for a timely and effective response to public health emergencies.

Strategy 3: Preserve

Strategic Goal 3.1

Create a healthy work environment for all PHD staff.

Strategic Goal 3.2

Engage partners in addressing major health issues.

Strategic Goal 3.3

Assure the provision of essential healthcare services.

Strategic Goal 3.4

Develop Records Management plan for preservation and retention of records.

**Description of Services Provided**

We are dedicated to promoting, protecting and preserving a healthy and safe community. To accomplish this mission, we provide the following services: Environmental Health, Communicable Disease Surveillance and Investigation, Disaster Preparedness, Clinical Services, Case Management, Community Outreach/Health Education and Promotion, Laboratory Services, Vital Records and WIC.

- Preventative and Medical Services: Preventative and Medical Services include the WIC, Communicable Disease, Community and Clinic teams.
- Provide childhood, adult and foreign travel immunizations to citizens and City employees
- Provide screening, diagnosis, treatment and surveillance of communicable diseases
- Provide supplemental food and nutrition education services and benefits of WIC (Women, Infant and Children Supplemental Food Program)
- Provide Baby Care program to prenatal women and children up to two years of age
- Provide family planning services including drugs and contraceptive supplies
- Provide HIV/AIDS diagnosis, treatment and follow-up with assistance from EVMS
- Provide prenatal and post partum care for at risk women, staffing provided by EVMS
- Diagnose, treat and refer patients with gynecological problems
- Provide source for prescription medications
- Screen prospective Medicaid eligible nursing home patients for appropriate placement

Administration: Administrative services include the Business Office, Human Resources and the Finance Department.

- Record all deaths in City to State Vital Records Department
- Issue certified copies of death certificates to qualified applicants
- Fiscal Management
- Human Resource Management

Environmental Health: Environmental Health services include the Environmental Manager's office.

- Investigation of potential rabies exposures
- Surveillance and inspection of restaurants, grocery stores, day care facilities and other food facilities
- Investigation of complaints involving, sewage, lead and other environmental issues
- Surveillance and inspection of hotels and motels
- Issuance of permits for wells (irrigation and drinking water)
- Indoor air quality information
- Surveillance of marinas
- Conduct classes for food handler's cards

**City of Portsmouth  
Fiscal Year 2008 Adopted Budget**

**Public Health and Welfare  
Department Of Health**

<b>Expenditure Categories</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
Contractual Services	1,225,782	1,262,439	1,262,439	1,280,885
Internal Service Charges & Expenses	10,068	10,068	10,068	10,068
<b>Net Budget</b>	<b>1,235,850</b>	<b>1,272,507</b>	<b>1,272,507</b>	<b>1,290,953</b>
<b>Total Budget</b>	<b>1,235,850</b>	<b>1,272,507</b>	<b>1,272,507</b>	<b>1,290,953</b>

<b>Funding Sources</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
001 General Fund	1,235,850	1,272,507	1,272,507	1,290,953
<b>Total Funding</b>	<b>1,235,850</b>	<b>1,272,507</b>	<b>1,272,507</b>	<b>1,290,953</b>

**Strategic Goals**

Strategy 1: Promote

Strategic Goal 1.1

Develop health promotion programs

Strategic Goal 1.2

Assure up-to-date technologies are available to address public health issues.

Strategy 2: Protect

Strategic Goal 2.1

Review and update Portsmouth City Codes

Strategic Goal 2.2

Produce timely, reliable and intergrated data to monitor public health status.

Strategic Goal 2.3

To develop systems for researching and maintain up-to-date health information

Strategic Goal 2.4

To assure readiness for a timely and effective response to public health emergencies.

Strategy 3: Preserve

Strategic Goal 3.1

Create a healthy work environment for all PHD staff.

Strategic Goal 3.2

Engage partners in addressing major health issues

Strategic Goal 3.3

Assure the provision of essential healthcare services.

Strategic Goal 3.4

Develop Records Management plan for preservation and retention of records.

**Public Health and Welfare**  
**Department Of Health**

**Outcomes and Accomplishments**

IT Development

- All PHD employees are networked and have the correct security rights
- PHD has been a test site for WebVision (VDH patient database) scheduling.
- PHD is the only district where all Environmental Health inspections are done on site electronically and reports are available immediately to business management.

Health Promotion

- Implemented the Healthy Weights for Healthy Kids program
- In partnership with the Portsmouth Coalition for Youth, PHD completed the CDC Youth Risk Behavior Survey.
- Initiated the following new Health Promotion training programs: Hand Washing, Good Nutrition, and Healthy Pregnancies – Healthy Babies
- Provided trainings to daycares on Medication Administration, Daily Health Observation OSHA, Child Abuse & Neglect, Stress Management and Injury Prevention
- PHD staff active members of Portsmouth Coalition for Youth and CINCH (Consortium for Infant and Child Health).

Environmental Services

- Completed and successfully implemented a new city body art ordinance. Three studios opened with no major deficiencies in regulations. Studios are state-of-the-art in successfully meeting public health standards.
- A proposal for a vector (rat) control code was submitted.
- Developed and distributed "Controlling and Elimination Rodents in Your Neighborhood".
- Restaurant inspection reports are exported to our website for the public review.
- All Environmental Health staff are certified as Lead Assessment Specialist.

Monitor Public Health Status

- We created monthly cause of death report with demographics.
- Developed a quarterly communicable disease report, which is distributed with Portsmouth physicians
- Recruited and collected weekly data from Portsmouth Influenza Sentinel Physician.
- Developed data collection tool and received syndromic surveillance data from Portsmouth Public School's nurses.
- Monitor and assess syndromic surveillance data from Bon Secours Maryview Hospital.
- Implement NEDSS (National Electronic Disease Surveillance System) to collect and electronically submit communicable disease reports and investigations to the VDH Eastern Region and VDH Central Office.

Health Information System

- Completed community health assessment

Public Health Emergencies

- Medical Reserve Corps Coordinator hired and activated a corp of volunteer health professionals to augment resources during major public health emergencies.
- Established the Portsmouth Pandemic Flu Advisory Committee.
- Emergency Planner and MRC Coordinator are active members of Local Emergency Planning Council and the Metropolitan Medical Response System.
- Emergency Planner is also active in Cities Readiness Initiative and Pandemic Flu Planning Group.
- PHD is actively engaged with Portsmouth Public Schools in planning efforts for Pandemic Flu.
- PHD has purchased multiple hand sanitizing stations for every school facility as part of our joint Pandemic Flu preparedness efforts.
- Continuity of Operations Plan (COOP) has been updated.
- Successfully completed the Emergency Preparedness and Response exercise requirement for 2006.

Healthy Work Environment

- PHD administrative policies were reviewed updated and posted on the PHD Intranet.
- All employees completed the NIMS IS-700, Incident Command System (ICS) and Terrorism Security and Awareness Orientation Training.

Provision of Essential Healthcare Services

- Our Health Director is a board member of the Portsmouth General Hospital Foundation, the Elizabeth River Project and Children Health Initiative Committee
- Our Community Team Health Counselor became a Certified Health Education Specialist
- We are represented on the Regional Perinatal Council by a Community Registered Nurse.

Efficient Records Management

- Established procedures for record retention schedules for all departments

**Major Budget Variances**

The City's match obligation is \$1,179,885 for FY 08 and is included in the proposed budget.

**City of Portsmouth  
Fiscal Year 2008 Adopted Budget**

**Public Health and Welfare  
Department Of Behavioral Healthcare Services**

**Business Unit Mission Statement**

The BHS Mission is to promote independence, recovery, and positive human outcomes for those we serve, through excellence in the delivery of integrated Mental Health, Mental Retardation and Substance Abuse and Prevention Services. We accomplish this by:

- Accurately assessing and meeting the needs of the whole person;
- Providing seamless, integrated services that are accessible and fairly priced;
- Recognizing and effectively utilizing the talent, passion, and commitment of our professional and support staff;
- Effectively communicating with our stakeholders;
- Promoting full participation by our staff and those they serve, empowering all to reach their highest human potential.

BHS Core Values:

Wellness  
Empowerment  
Respect  
Integrity  
Service  
Excellence

WE RISE

**Description of Services Provided**

BHS Services

BHS, Portsmouth's Community Services Board, provides mental health, mental retardation, substance abuse and prevention services to residents of Portsmouth seeking such services. Services are provided on an outpatient, community based approach and are as follows:

- Administration- The BHS Administrative Department oversees the management and delivery of services, fiscal budgeting and management, internal human resource management, information technology management and reporting, quality assurance and medical records management and the Central Intake process including incident and human rights activities;
- Mental Health Services- The BHS Mental Health Division provides comprehensive services including 24 hour/7 days/wk Emergency Services, Case Management, Hospital and Facility Services, Outpatient treatment, Family and Youth Services, Day Activity Services and Supportive Living Services;
- Mental Retardation Services- The BHS Mental Retardation Division provides case management and Day Activity Services, and Early Intervention for Infants and Toddlers;
- Substance Abuse Services- The BHS Substance Abuse Division provides Detoxification, Methadone Treatment, Case Management and Outpatient Treatment; and
- Prevention Services for children focusing on information, activities and training about mental health, substance abuse and HIV/AIDS and other sexually transmitted diseases.

<b>Expenditure Categories</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
Salaries	4,083,365	4,677,306	4,613,652	5,396,881
Benefits	1,332,393	1,636,378	1,636,378	2,128,724
Contractual Services	1,312,547	1,797,507	1,882,823	2,141,163
Materials and Supplies	340,849	303,200	303,200	439,500
Other Operating Expenses	941,561	1,288,985	1,203,669	1,298,379
Internal Service Charges & Expenses	377,048	520,617	520,617	401,263
<b>Net Budget</b>	<b>8,387,763</b>	<b>10,223,993</b>	<b>10,160,339</b>	<b>11,805,910</b>
Capital Outlay	46,832	-	-	-
Transfers and Reserves	17,254	-	-	1,126,105
<b>Total Budget</b>	<b>8,451,849</b>	<b>10,223,993</b>	<b>10,160,339</b>	<b>12,932,015</b>
<b>Total Permanent Positions</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>136</b>

<b>Funding Sources</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
005 Behavioral Healthcare Services	8,451,849	10,223,993	10,160,339	12,932,015
<b>Total Funding</b>	<b>8,451,849</b>	<b>10,223,993</b>	<b>10,160,339</b>	<b>12,932,015</b>

**Public Health and Welfare**  
**Department Of Behavioral Healthcare Services**

**Strategic Goals**

Department Accomplishments, Goals, Measures/Outcomes

Administration

Accomplishments

- BHS initiated its Co-occurring Disorders Outpatient Program beginning in 2005.
- BHS applied for a COSIG Training Grant and received \$30,000 to build competency levels of staff. This training and resources add to comfort levels of staff in working with the co-occurring population. In addition, we received \$2,200 to purchase educational and resource manuals.
- DMHMRSAS requested BHS submit our Compass and Charter to other CSBs to use as a model.
- BHS developed a Clinical Review Team, which meets weekly to discuss co-occurring referrals to the agency. This is a part of our co-occurring unit and our efforts to build a recovery program.
- BHS received funding from the DMHMRSAS to provide housing to people in recovery for 9-18 months. BHS is exploring coordinating a Crisis Stabilization Program as an alternative for sending consumer to jail and the hospital, it will include support and housing to consumers needing a stable environment.
- BHS received a jail diversion grant to develop and implement the Crisis Intervention Team (CIT) Jail Diversion Program which will assist in police officer's ability to work with the co-occurring population and provide much needed community based services as alternatives to jail.
- BHS Safety Committee has made numerous strives in keeping our buildings up to code. BHS has trained all staff in violence in the workplace and to be prepared for a disaster and a pandemic, i.e. Bird Flu, hurricanes and other natural disasters.
- BHS recently submitted a proposal and was approved by the Health Planning Region V CSB Directors to develop and implement a Crisis Stabilization Program Drop Off Center model for the amount of \$346,472.00 annually for at least the next two years.
- BHS was an active member of a citywide committee to prepare all citizens, including the elderly and the mentally ill, to be prepared for a disaster. Disaster preparedness packages were given to the above-mentioned targeted population.

Goals, Performance Measures:

- Goal- Continue HPO development through the development of work teams comprising direct service, supervisory and administrative staff to undertake development of various work tasks. Utilize consultant's suggestions and input in team development.
- Performance Measure- teams will be formed and demonstrate functionality in work output of projects they undertake. Feedback solicited from team members will indicate agreement in increase in functionality of the team process.

Mental Health Services Division

Mental Health Outpatient Treatment Services

Goals, Objectives, Performance Measures:

- Goal: To provide comprehensive and effective services to consumers with co-occurring and chronic mental health disorders in an environment that is recovery based and welcoming to our customers;
- Objective: To develop policies, operating procedures, and training objectives to provide the framework for meeting new and increasing needs of the population we serve;
- Measure: Decrease in no show rates for intakes/appointments, high ratings on customer satisfaction surveys.
- Goal: To create a medication management program that will efficiently and effectively meets the increasingly complex needs of our consumers;
- Objective: Provide holistic services to our consumers with a focus on their physical as well as mental health;
- Measure: Performance Contract report on utilization of services. Higher satisfaction ratings on customers' surveys.

FOCYS (In-Home Services) and Restoration Services

- Goal: To continue to provide home based services to youth who are at risk of out of home placement. To serve consumers in the most clinically appropriate least restrictive environment. Continue provision of Court Juvenile Restoration services;
- Objective: To develop community wraparound services to serve youth referred by the community, the courts, and the schools. Intensive in-home services, crisis stabilization, intensive case management, and care coordination services. To educate juveniles who are in the court system and restore them to competency to stand trial;
- Measure: Performance Contract for persons served for in-home. Youth at risk will continue to stay within the family system. Juveniles will have a factual and rationale understanding of the court system and will have the ability to assist the attorney in their court cases.

Emergency Services/Case Management

- Goal: To provide crisis intervention /crisis stabilization, jail diversion and prescreening services to Portsmouth citizens who may be in need of emergency hospitalization due to mental illness;
- Objectives: Emergency services will respond to requests with a face-to-face evaluation. Develop a Community Intervention Team with the Police Dept. to divert mental health consumers from jail to a drop-in center/crisis stabilization unit for evaluation and stabilization;

## Public Health and Welfare

### Department Of Behavioral Healthcare Services

- Measure: Contact logs, Crisis Contact Sheets, reduction in the use of local emergency room/jails and reinvestment funds.

#### Opportunity House

- Goal: Begin a peer-training program within the clubhouse. Have several members become WRAP (Wellness Recovery Action Plan) facilitators. Have a least one consumer run group in the clubhouse. Develop an Opportunity House consumers association;
- Objective: Will allow peer-to-peer interaction and problem solving. Program continues in direction of becoming more recovery oriented;
- Measure: Increased attendance and community integration. Members more participatory in the development of their recovery plan.

#### Mental Health Support Services

- Goal: To reinstate mental health support services to maximize revenue sources and provide services to consumers transitioning back to the community;
- Objective: To reinstate Medicaid billing for mental health support services by the 01/07;
- Measure: Medicaid billing reports

#### Homeless Services

- Goal: Maximize outreach efforts to reach homeless individuals needing DBHS services;
- Objective: Continue outreach efforts by partnering with other homeless service providers to reach homeless individuals who are not currently engaged in mental health services;
- Measure: Log of initial contact location, requests for service from outreach sites, increase in persons connected to mental health services.

#### Mental Retardation Case Management

##### Accomplishments

- MR Case Management has been able to hire and maintain full staff participation for a full year.
- Assisted 2 extremely hard to place individuals from Eastern State Hospital locate and reside within the community successfully for over a full year.
- Provided case management services for 223 individuals residing in the community and 52 individuals residing in State Facilities who entered the facilities from the City of Portsmouth

##### Short Term Goals

- To add a MR Case Manager, in order to increase efficiency and to be able to avoid wait listing individuals requesting case management services.
- Obtain guardianship for an individual residing at SEVTC and transition him into a community placement.

##### Long Term Goal

- To provide quality MR Case Management services to individuals residing within the community and at State Facilities

##### Performance Measures

- MR Case Management will obtain community placement for 100% of facility individuals we serve that are considered discharge ready.
- On the average, individuals we serve will achieve 85% of their annual case management objectives and goals.

#### Part C Services

##### Accomplishments

- The Part C program was awarded \$388,688 in state and federal funding for FY 07. This is a \$68,766 increase over what was received for FY 06. The program was also able to carry over \$35,000 in FY 06 state funds, making the total budget for FY 07 \$423,688.

- The program successfully moved the intake and referral function from Portsmouth Public Schools to Behavioral Healthcare Services. This change better aligns the program and affords the case manager the ability to follow each child from the point of referral to discharge.

- The program added an additional case manager position in FY 07, enhancing the quality of services provided to Portsmouth's eligible infants, toddlers and their families.

##### Short Term Goal

- To move the three contracted private therapy agencies from Portsmouth Public Schools to Behavioral Healthcare Services, thus enhancing the alignment and quality of services.

##### Long Term Goal

## Public Health and Welfare

### Department Of Behavioral Healthcare Services

- To increase the alignment, coordination, and quality of Part C service delivery within the city of Portsmouth.

#### Performance Measures

- 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
- 100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline.

#### SHOP Day Support Services

##### Accomplishments

- Mental Retardation Day Support Services entered into a contractual agreement with Chesapeake Service Systems to provide employment services to SHOP participants.
- All SHOP Clinicians were certified in Medication Administration, with the exception of our recent hire.
- Three staff persons were trained in the Eli Lilly Solutions for Wellness Program and implemented that curriculum as a component of day support services.
- The SHOP was approved to receive additional funding through the Department of Agriculture to expand the program's Cellugrow component.
- The SHOP extended it's program to include three units of day support services per day.
- The SHOP is collaborating with ODU Dental Hygiene Department to provide ongoing oral hygiene training to participants.

##### Short Term Goal(s)

- To increase the number of participants receiving three units of day support services per day (Monday-Friday).
- To expand the Cellugrow Agriculture Program

##### Long Term Goal

- To help participants be able to live and function within the communities/neighborhoods where they reside.

#### Performance Measures

- 90% of SHOP intakes will be completed within 7 business days of the referrals.
- 95% of SHOP participants who receive 10 units of services per week will be provided with opportunities for community integration activities at least a minimum of twice a week.

#### Substance Abuse Services Division

##### Successes/Accomplishments

SAOP has a 98% satisfaction rate among consumers.

SAOP has a 97% satisfaction rate among the business community.

SAOP has a 95% satisfaction among stakeholders

SAOP, with collaboration with Drug Rehabilitation Services (DRS), has placed 43 consumers in employment, the highest in the state.

SAOP has increased its welcoming customer services by calling consumers for appointments, group sessions and items needed for completion of financial assessments.

SAOP has established a Women's Center component for services.

SAOP keeps consumers informed and welcome their input into programming with surveys, newsletters, flyers and comment card.

SAOP has taken the lead in the Co-Occurring Transformation process with the completion of the Co-Occurring Charter and COMPASS Survey.

SAOP has replaced two older vehicles with new ones for consumer transportation and safety.

SAOP has removed the transportation barrier by contracting drivers for transportation of consumers.

SAOP has adjusted the Methadone medication hours to better accommodate the consumer.

SAOP has filled the Program Administrator's position.

##### Goals/Outcome Measures

Each year, the Substance Abuse Services division develops indicators for its performance improvement system. Staff members, the consumers, and kev stakeholders are polled to determine appropriate indicators to measure. This

**Public Health and Welfare**  
**Department Of Behavioral Healthcare Services**

feedback results in an outcomes measurement plan.

Goal:

1. After 6 months in treatment, it was expected that 90% of the consumers would not be arrested in the past 30 days.
2. Outcome: 100% of the consumers after 6 months had not been arrested

Goal:

After 6 months in treatment 65% of consumers would be employed within the past 30 days.

Outcome:

74 % had employment, which exceeded the expected goal of 65%

Short and Long Term Goals:

To increase our job readiness services and work closely with the DRS worker to not only obtain employment but to retain employment and employer's satisfaction with the consumer. Continue to work Probation and Parole ensuring consumers are clear of their expectations and consequences to avoid additional arrest. Increase Relapse Prevention and Stabilization groups.

Consumer Survey

Consumers were asked to respond to a series of 15 questions concerning their satisfaction with services. A 90% satisfaction rate with services is expected.

Outcome:

We received a 98% satisfaction rate from consumers, which continues to exceed our goal.

Short and Long Term Goal:

Continue soliciting consumer's satisfaction through surveys and open discussion.

Goal:

To receive a 75% satisfaction rate with our services.  
The stakeholder survey was sent out to 21 agencies with which the program had consistent contact.

Outcome:

Eleven out of the 21 agencies responded. Of the 11 respondents, the program received a 90% satisfaction rating, exceeding our expectations by 15%. The business community has noticed a reduction of loitering and illegal activities due to having security officers present. The reduction was a result of stronger intervention by the program administrator and security guards in enforcing the no loitering policy.

Short and Long Term Goal:

To increase our mechanism for higher return rate on the surveys from our stakeholders. Continue with intervention by staff and working with the safety committee regarding problem areas.

Outcome:

Staff has been meeting since March 2005 to transform Central Access to Central Intake. Start date is September 5, 2006. Consumers will be assigned a case manager at intake. Calls and letters will be done to aggressively follow-up.

Goal: is for all consumers to be seen in one appointment, eliminating 2 of the contacts (financial/orientation/intake) into one visit and that one visit will last for 90 minutes.

Outcome:

The expectation was that all consumers would be seen in one appointment lasting 90 minutes at intake. This new process will begin September 5, 2006.

## Public Health and Welfare

### Department Of Behavioral Healthcare Services

#### Short and Long Term Goal:

We developed a clinical review, intake team and program teams to work on reducing our intake process to 90 minutes and becoming more efficient. We will hire an intake person and reimbursement staff to handle the influx of consumers to our agency. These teams will meet weekly and monthly to discuss barriers and accomplishments.

#### Goals:

It is possible for this to succeed due to the staff members working together as a team to streamline the admission process: Intake Counselor, Nursing and Counseling. We will continue this measure for next year.

#### Short and Long Term Goals:

Benchmarks are set in reference to intake, admission and discharge. We will compare these areas to see if an increase has been noted after intake. There is a form that is used that is completed by clinicians after 90 days of treatment, then 6 months later, and after discharge. Surveys are mailed to discharged consumers.

#### Action:

Continue with MI and MET and addressing the co-occurring population to increase welcoming and positive outcomes. We plan to revise our approach to follow-up in the coming year.

#### Early Intervention/Prevention Services

##### Accomplishments

- Average over 260 individual contacts where STD and HIV literature, information, and condoms are distributed to citizens every week. Average over 53 individual encounters where people share pertinent risk data with the HIV outreach team weekly.

- Prevention and Early Intervention Services connect with over 10,000 Portsmouth citizens per year.

- Teachers reported the following after completion of FAST (Families and School Together Program):

- Ø 13 % increase in Interpersonal Strength

- Ø 21% increase in Intrapersonal Strength

- Ø 18% increase in the School Functioning Score

- Ø At one school, there was a report of increased parental involvement at the school by about 22 hours per family.

#### Parents reported:

- Ø 17% increase in community social relationship

- Ø 45% increase in tangible support

- Ø 36% increase in affectionate support

- Ø 29% decrease in emotional symptoms

- Ø 31% decrease in hyperactivity

- Ø 50% decrease in peer problems

- Ø 28% increase in parent school involvement

- Ø 41% increase in total parent involvement

- Ø 24% increase in relationship with FAST child score

#### Short Term Goals

- To create an awareness of HIV, and the need for HIV testing to Portsmouth citizens.

- PDBHS staff will administer the HIV OraSure test to 75 women contacted through street outreach and educational presentations that are high risk, substance abusers, co-users, and associates.

- 90% of students surveyed will rate that they are satisfied with the quality of services and programs after successful completion of program satisfaction survey.

#### Long Term Goals

- The goal of the Portsmouth Department of Behavioral Healthcare Services (DBHS) Early Intervention/Prevention Services is to assist youth and adults in maintaining healthy, violence-free lifestyles including remaining drug free of alcohol, tobacco and other drugs. Another goal is that Portsmouth young people delay the onset of parenthood.

- The goals of HIV/AIDS Outreach include preventing the spread of HIV/AIDS, awareness regarding the need for safer sexual practice, and the promotion of HIV/AIDS testing to help residents be informed of their current HIV status.

#### Performance Measures

- By 6/30/07, decrease early anti-social behaviors (early sexual activity/teen pregnancy), early initiation of problem behaviors (begins using illegal substances at a young age), and favorable attitudes towards substance use in youth/minors, from .85% to .72%.

- By 6/30/07, decrease family history of high-risk behaviors and lack of family cohesion (low bonding between parents and children), in Parents/Families, from 7.7% to 6.9%.

- PDBHS staff will provide information related to HIV, Hepatitis, and Tuberculosis to 500 individuals. Encounters will be substance abusers, their associates, and neighborhood residents.

**Public Health and Welfare**  
**Department Of Behavioral Healthcare Services**

Major Budget Variances

A major budget variance is the Crisis Stabilization program.

**City of Portsmouth  
Fiscal Year 2008 Adopted Budget**

**Public Health and Welfare  
Department Of Social Services**

**Business Unit Mission Statement**

To enhance the quality of life by strengthening families and individuals, promoting safety and self-sufficiency through agency programs and community partnerships.

**Description of Services Provided**

Foster Care - provides nurturing, supervision, room and board to children from birth up to age 21, who are removed from their birth family for reasons of abuse or neglect.

Adoption Services - placement of children who are available for adoption; investigation of adoptive homes, supervision of the placement, completion of reports as required by the Commonwealth of Virginia.

Family and Court Services - prevention of family breakdown, child abuse or neglect, assist in court investigations such as child custody disputes and independent adoptions

Adult Protective Services - investigation of abuse, neglect or exploitation of elderly or disable adults. Offers services and referrals to those who are found to be victimized.

Companion Services - provision of assistance through approved providers for disabled or elderly who are unable to care for themselves.

Adult Foster Care - provides supervision, room and board as well as special services to those who are unable to live alone.

VIEW Employment Program - supports the Temporary Assistance for Needy Families (TANF) in securing employment or the training and education required to secure employment.

Food Stamps - is a program designed to alleviate hunger and malnutrition. This is accomplished by permitting low-income households to obtain a more nutritious diet through normal channels of trade by increasing the food purchasing power of all eligible households who apply for participation.

Tax Relief - local program designed to help low income elderly and disabled persons offset the cost of their real estate taxes.

General Relief - program designed to provide monetary assistane, either ongoing or short term for items that cannot be provided through other means.

Medicaid - program designed to provide a payment resource for the medical needs of low income individuals who are elderly, blind, or disabled as well as families or pregnant women.

<b>Expenditure Categories</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
Salaries	7,521,627	8,547,742	8,542,743	8,517,024
Benefits	2,761,128	3,321,905	3,321,905	3,770,829
Contractual Services	1,042,906	1,240,809	1,263,009	1,386,058
Materials and Supplies	160,903	195,186	193,186	200,900
Other Operating Expenses	1,847,996	2,490,169	2,499,069	2,713,355
Internal Service Charges & Expenses	633,641	669,972	669,972	625,404
<b>Net Budget</b>	<b>13,968,201</b>	<b>16,465,783</b>	<b>16,489,884</b>	<b>17,213,570</b>
Capital Outlay	385,823	136,360	136,360	228,750
Public Assistance	7,872,064	7,035,586	7,011,486	8,979,355
Transfers and Reserves	-	-	-	783,268
<b>Total Budget</b>	<b>22,226,089</b>	<b>23,637,729</b>	<b>23,637,730</b>	<b>27,204,943</b>
<b>Total Permanent Positions</b>	<b>250</b>	<b>251</b>	<b>251</b>	<b>251</b>

<b>Funding Sources</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
007 Social Services	22,226,089	23,637,729	23,637,730	27,204,943
<b>Total Funding</b>	<b>22,226,089</b>	<b>23,637,729</b>	<b>23,637,730</b>	<b>27,204,943</b>

**Public Health and Welfare**  
**Department Of Social Services**

**Strategic Goals**

- I. To ensure that the City of Portsmouth citizens have their basic human needs met timely and accurately.
- II. To empower citizens receiving services to contribute to their families material support and well being.
- III. To empower and provide support to individuals and families who are at risk of violence and dependency.
- IV. To provide, promote and advocate for programs and services to enhance the quality of life and to protect citizens.
- V. To enhance agency operations, maximize resources, and provide quality service.
- VI. To develop and maintain a quality workforce by promoting positive change and professional growth.

**Outcomes and Accomplishments**

Achieve 80% federal and state funding by the end of FY2008.

Increase the well being of portsmouth citizens by providing assistance and employment services.

**City of Portsmouth  
Fiscal Year 2008 Adopted Budget**

**Public Health and Welfare**

**CSA**

**Business Unit Mission Statement**

The mission of the Comprehensive Services Act for At-Risk Youth and Families (CSA) is to manage a system of services which provides activities targeted for special education youth, foster care prevention and residential special education programs.

**Description of Services Provided**

\*Ensure preservation of families and provide appropriate services in the least restrictive environment

\*Provide and design services in response to the unique needs of youth and families

\*Increase interagency collaboration and family involvement in service delivery and management

\*Allow communities flexibility in the use of funds as well as authority for program and fiscal decision making.

<b>Expenditure Categories</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
Salaries	115,028	118,881	118,881	121,507
Benefits	37,098	42,138	42,138	49,224
Contractual Services	4,866,482	3,417,760	3,417,796	8,464,609
Materials and Supplies	6,306	10,296	9,660	9,660
Other Operating Expenses	4,984	4,804	4,804	10,554
Internal Service Charges & Expenses	46,205	50,526	51,126	38,849
<b>Net Budget</b>	<b>5,076,103</b>	<b>3,644,405</b>	<b>3,644,405</b>	<b>8,694,403</b>
<b>Total Budget</b>	<b>5,076,103</b>	<b>3,644,405</b>	<b>3,644,405</b>	<b>8,694,403</b>
<b>Total Permanent Positions</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

<b>Funding Sources</b>	<b>FY 2006 Actual</b>	<b>FY 2007 Adopted</b>	<b>FY 2007 Amended</b>	<b>FY 2008 Adopted</b>
019 CSA	5,076,103	3,644,405	3,644,405	8,694,403
<b>Total Funding</b>	<b>5,076,103</b>	<b>3,644,405</b>	<b>3,644,405</b>	<b>8,694,403</b>

**Strategic Goals**

\* Children and youth served will be placed in least restrictive environment.

\* Increase family involvement in service delivery and management percentage of families reporting satisfaction with services.

**Outcomes and Accomplishments**

Performance Measures from the Commonwealth of Virginia

I. Portsmouth ranking in percentage of children placed in residential care facilities.

\* Fiscal Year 2005 - ranked 26 of 131 localities

\* Fiscal Year 2006 - ranked 21 of 131 localities

II. Portsmouth maintains approximately 90% attendance rate of Parent Representatives at team meetings.

III. Portsmouth is one of few localities that has one dedicated team to review all children. Each team member provides up to 20 hours per week of service to the CSA office.

IV. Portsmouth contracts with a Utilization Review Coordinator to provide monthly utilization reviews to all "high end" children placed in residential treatment facilities and group homes. His main function is to negotiate lower rates when possible, link children to the most appropriate facilities, participate in treatment team meetings and identify step down placements.

**Public Health and Welfare**

**CSA**

**Major Budget Variances**

Additional funding total \$592,469 has been included in the proposed budget to address the Federal Mandated Deficit Reduction Act for Treatment Foster Care Case Management. The effect of this Act shifts the funding responsibility from the Department of Medical Assistance to CSA for services that will no longer be funded by Medicaid.