President Jimmy Carter signs the Mental Health Systems Act at Woodburn Center for Community Mental Health on October 7, 1980

Empowering and supporting the people we serve to live self-determined, productive and valued lives.

Fairfax-Falls Church Community Services Board

FY 2004 Annual Report

Yesterday…Today…Tomorrow

35

YEARS

1969 - 2004

FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

35

YEARS

1969 - 2004

Table of Contents

Our Vision

People receive individualized, quality services when they need them in addition to active support and acceptance in the community.

Our Mission

The mission of the Fairfax-Falls Church Community Services Board is to:

- Serve Fairfax-Falls Church residents with or at risk of severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or drug abuse or dependency.
- Empower and support the people we serve to live self-determined, productive and valued lives within our community.
- Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

The Fairfax-Falls Church Community Services Board normally meets at 7:30 p.m. on the fourth Wednesday of each month. Meetings are held at the Fairfax County Government Center in Fairfax, Virginia and the public is invited to attend. Call the Board Calendar at 703-324-7035; TTY 703-802-3015 or visit our web site at http://www.fairfaxcounty.gov/service/csb/homepage.htm to confirm time and location.

This publication can be made available in alternative format upon request.
Please call 703-324-7000 or TTY 703-802-3015 and allow a reasonable period of time for preparation of the material.

Message from the Chairman

If there has been one constant theme for the CSB throughout the last 35 years, it would be "Building Partnerships." Let's quickly review how our partnerships have evolved over the years.

The 1970s were characterized by building a strong foundation of support from federal, state and local government. From the federal government, our community received three mental health staffing grants and two construction grants that resulted in the establishment of three community mental health centers. This was also the period when the Commonwealth of Virginia began to recognize its role in providing funding and policy direction for our system. As a testament to this partnership, it is interesting to recall that the very first Chairman of the CSB Board was State Delegate Dorothy McDiarmid. However, the most essential element was the strong partnership that was formed with local government, especially Fairfax County. It is not an overstatement to say that Fairfax County has been the single most important partner for the CSB.

Having established a strong base with local government, it was only natural that the CSB would begin to look outward for new partners. Therefore, in the 1980s the CSB began to work aggressively to contract with the private sector and to help build additional capacity where it was needed. As a result, the network of private sector partners has grown to the point that we now have over 40 contractors. It is clear that the system would never have achieved its success without this initiative.

During the 1990s, it was time to look inward and develop a strong approach to integrating human services. Within Fairfax County government, there were over a dozen major human services programs. While these programs always worked together, it happened on a case by case basis, not on a systemic level. The establishment of the Fairfax County Integrated Human Services System under the leadership of a Deputy County Executive in 1993, was the culmination of two years of planning. This system has been refined many times since then. Today it stands as one of the finest examples of a comprehensive local human services system that truly works to wrap services around the consumer.

While the final chapter has not been written about the further refinements in our partnership that will take place in the first decade of the 21st century, it is likely that it will be known as the decade when consumers were rightly given a place as partners in the system. This next stage of refinement of our partnerships will only be fulfilled when the entire network can embrace the principles of recovery, self determination and choice.

As we look ahead, we know that we must work increasingly hard to nourish the existing relationships while we strive to build new partnerships. Since our success to date has been largely because of the strength of these partnerships, we are committed to retaining this theme of "Building Partnerships" as we prepare ourselves to face even bigger challenges in the coming years.

Thank you to all of our partners!

- Dave Redman

In the spirit of Fairfax County's vision elements to protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County, the Fairfax-Falls Church Community Services Board works toward maintaining safe and caring communities.

Yesterday…Today…Tomorrow…

1969 In response to State legislation, the Fairfax County Board of Supervisors and the City Councils of Fairfax and Falls Church passed a Joint Resolution establishing the Fairfax-Falls Church Mental Health and Mental Retardation Services Board.

1972 What was originally the Fairfax-Falls Church Mental Health Center was split into two separate centers, North and South County, each with its own service area.

1973 The Woodburn Center for Community Mental Health opened its doors. The facility was built with Federal Community Mental Health Center construction grant money and was originally known as the North County Center.

1974 The Mount Vernon Center for Community Mental Health, originally known as the South County Center, opened its doors and the Northwest Center for Community Mental Health was established. It was co-located with the Woodburn Center and was designated to serve the northern and western section of the County.

1976 The Virginia General Assembly passed a new Chapter 11 in the Mental Health Act of Virginia, which provided for a division of substance abuse services in the Virginia Department of Mental Health and Mental Retardation. Local substance abuse programs were subsequently transferred to the Community Services Board. The Northwest Center for Community Mental Health began operations in Reston.

1980 President Jimmy Carter signed the Mental Health Systems Act at Woodburn Mental Health Center on October 7.

1986 The CSB's alcohol treatment program, Fairfax Alcohol Comprehensive Treatment Services (FACTS) merged with the CSB's drug treatment program, Crossroads residential and outpatient services, to become Substance Abuse Services.

1987 The North County Human Services building opened in Reston, including the Northwest Center and other human services agencies.

1988 CSB's Substance Abuse Services changed its name to Alcohol and Drug Services.

1991 The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services received federal approval for the implementation of Medicaid waivers for mental retardation programs which enabled the CSB to expand services. The Fairfax County Government Center complex was opened. CSB's Central Services Unit moved into the Pennino Building.

1994 A New Beginning residential alcohol treatment program moved into its new facility and expanded from 18 to 30 beds, the 25 bed Fairfax Detoxification Center opened, and the Crossroads residential drug treatment program moved to its new site.

1999 Cornerstones, Fairfax County's first residential program for adults with both mental illness and a substance use disorder opened.

2002 South County Government Center opened and several CSB child and family programs relocated there with other human services agencies. Governor Warner announced "Infant & Toddler Connection of Virginia" as new state name for Part C Services. Locally, "Infant and Toddler Connection of Fairfax-Falls Church" was adopted to promote state and local name recognition and to reflect the CSB's role in serving infants and toddlers.

Alcohol and Drug Services

"If you want to understand what Alcohol and Drug Services is all about, one way, but certainly not the only way, is to go to a Crossroads graduation. Crossroads is a long-term residential rehabilitation program serving men and women, adults and youth. You will be truly amazed, uplifted and impressed by the graduates and their words of appreciation and commitment, by those families who have stood by them through most difficult times, and by the highly professional, caring, but tough-love staff. Here you will witness the culmination of their joint efforts to literally save bodies and souls.

I am so grateful to be part of an organization that makes such programs possible. We can all be proud of how well our tax dollars are being spent and grateful for the tireless efforts of dedicated staff not only at Crossroads, but in all our own programs and those run by our private vendors." Ben Pepper, Chair, Alcohol and Drug Committee

Yesterday...Where We've Come in 35 Years

Crossroads Then

Crossroads Now

One of the major battles that individuals with substance use disorders and treatment providers have faced over the last thirty-five years is stigma. The related stigma is a rejection that addiction is a disease. Use of substances by persons suffering from addiction is often thought of as misconduct or a result of defective morals, weak wills or flawed personality traits. The stigma blames the individual for their disease and serves as a barrier to treatment and recovery. There is a great deal of shame associated with the stigma of having a substance use disorder for the individual. The shame interferes with the ability to access and succeed in treatment.

Through research and practice, we have come to understand that:

- Alcohol and other drug dependency are a primary, chronic, progressive and potentially fatal disease.
- Addiction is a complex illness. Without treatment, the disease progresses and can affect both physical and mental health. It can also negatively affect a person's major life areas, such as family life, school and work.
- Although addiction can cause temporary psychological or emotional problems, addiction is a primary disease.
- The process of addiction is complex. Research continues to link the onset of addiction to a biochemical process in the brain.
- Addiction is treatable. Remission is achieved through treatment and abstinence.
- Often individuals with a substance use disorder also are diagnosed with a mental illness and this is referred to as a co-occurring disorder.

Today

Substance Abuse Treatment Works – 35 Years Later

Best Practice models unique to substance use disorders have been developed during our 35 years as a treatment provider. Our continuum of care includes assessment, detoxification and medication when appropriate, motivational counseling, education about the disease, and individual, group and family counseling in an outpatient or residential setting.

Accomplishments

Best Practice treatment models:

- Extended evaluation services for individuals in the adult treatment continuum
- Provide an eight-week 'Education Only' series at the South County and Reston Adult Outpatient sites
- Developed a Hispanic relapse prevention group at the Falls Church Outpatient site
- Provide co-occurring disorders program at the Fairfax, Reston and South County outpatient sites
- Prepared for Commission on Accreditation of Rehabilitation Facilities certification (youth residential programs, Sunrise I and II)

Medication and Psychiatric Services for those with a substance use disorder:

- Fairfax Detoxification Center implemented an innovative state of the art detoxification protocol for opiate dependency. The Food and Drug Administration-approved medication Buprenorphine is used at the Detoxification Center to assist individuals with a safe withdrawal from opiates. This program is one of the first in the United States to use the medication in a short-term residential setting.
- Ongoing service system redesign for persons with both a substance use disorder and mental illness.
- The Residential Admissions Unit began offering psychiatric and medication services to clients waiting for a CSB or contractual residential program.

5th Annual Tim Harmon Memorial 5K Race/Walk

In partnership with several community based non-profit organizations, Alcohol and Drug Services (ADS) co-sponsored the fifth annual Tim Harmon 5K in June at the Fairfax County Government Center. This public/private effort aims to raise awareness of Hepatitis C and substance abuse in our community. Over 600 people participated including those in recovery, athletes and interested residents of Fairfax County.

This annual event is held in memory of Tim Harmon who served as director of ADS Residential Services.

Public and Private Partnerships

- ADS Emergency Services and the Fairfax Detoxification Center are jointly providing clinical management of the Inova Comprehensive Addiction Treatment Services in-kind medical detoxification bed.
- Mental Health and Alcohol and Drug Services staff organized a Homeless Services Team. The team approach enhances staff communication and provides cohesive services to clients with co-occurring disorders.
- The School Resource Program, through ADS Youth Services, is establishing Student Assistance Programs in high schools, offering on-site student counseling and support services.
- ADS and the Fairfax County Juvenile and Domestic Relations District Court continue to work together with the Juvenile Drug Court program.

Over the Years

"Thirty-five years ago Iola Scrafford initiated Fairfax County's first drug and alcohol treatment services in a small program operated at the Health Department. Basically a 'mom and pop' operation, two years later in 1971, Crossroads was founded in response to a number of heroin overdose deaths in the county. From the beginning, Fairfax County and the Board of Supervisors have supported and been at the forefront in ensuring that its citizens have a state of the art continuum of services as provided by Alcohol and Drug Services to meet the ever-changing needs of the population. I am personally proud to have played a part in this evolution and gratified to have observed countless success stories in the thousands of consumers that have been served by our agency." Steve Grossman, ADS staff member

"Via ADS my son has begun to acquire the insight needed to deal successfully with and manage his numerous issues. We finally believe that he will continue to make progress, and look forward to a successful life." Parent of an ADS client

"Fairfax Detoxification program has been wonderful in providing me with information on my recovery, and has helped me reach my decision to get further treatment. The staff here has given me the determination and drive to better myself. I am almost two months pregnant and I have gotten the support and encouragement I have needed to further my treatment and have a long, healthy and happier life with my child – clean and sober. They have saved me and my child's life as far as I am concerned."

Former detoxification program client

Tomorrow...Challenges

- Diversity in the community – Responding through hiring and contractual agreements.
- Waiting lists and length of wait time – Due to recent budget reductions, ADS has lost the capacity to treat over 1,100 individuals in our community. Waiting lists for treatment are discouraging for individuals ready to begin a treatment program.
- ADS currently only serves approximately 7 percent of individuals needing treatment services in our community.
- The waiting list for services for individuals with substance use disorders is climbing. The increase in demand for services is due to:
  - the growing number of vulnerable individuals who have situations which exacerbate their substance use disorder, including pregnancy, childcare needs, homelessness, HIV/HCV and co-occurring mental illness, and;
  - recent changes in law enforcement practices associated with driving under the influence of alcohol and other drugs.
- Youth high-risk behaviors – According to the 2003 Virginia Youth Survey:
  - Higher rates of binge drinking among 12th graders than the national trend in 2001
  - Slight increases in inhalant use and experimentation in 8th and 10th graders from 2001 to 2003 with rates higher than the national average
  - Higher rates than the national average in 2003 of tobacco use among 12th graders.
- Closing the Treatment Gap – closing the treatment gap involves expanding treatment capacity to include more treatment slots and longer lengths of stay for consumers, especially for special populations including youth, women and children, and those involved with the criminal justice system.

  - For adolescents, create a continuum of care that addresses their development and the family crisis that results from addiction; develop and adopt criteria for residential treatment programs for teens.
  - For women and women with children, increase the special programs and education, research, and treatment that address their specific needs; increase the use of family-focused interventions.
  - For homeless consumers, some of whom have co-occurring mental illness, increase access to transitional and supportive housing to help consumers move from emergency shelters to treatment and on to recovery.
  - For those involved in the criminal justice system, establish diversionary programs.
  - Increase prevention activities, early intervention leads to early recovery. The gap between what the public knows about substance use disorders and what the public does with that knowledge is wide.

Thirty-five years later, an individual with a substance use disorder still faces issues of stigma. Individuals with substance use disorders can and do recover.

Mental Health Services

"We are faced with many future challenges in service delivery as demands increase and resources remain limited. Our task, I think, is to find ways to convert the challenges into opportunities."

Renée Alberts, Chair, Mental Health Committee

Yesterday...Where We've Come in 35 Years

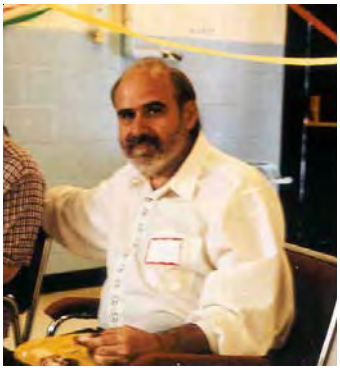
In 1969, the parallel forces of moving people out of psychiatric hospitals and engaging them in an infant community mental health system had just begun.

It was nothing short of a revolution. For 175 years it was believed that "asylums" provided "humane and moral" treatment for mental illness. Now the best minds in the field were saying such treatment was neither humane nor moral, that it needlessly deprived many human beings of their civil liberties and that clinical care of at least comparable quality could be delivered within the community.

In 1969, none of our current community mental health centers had been constructed yet. The year before, a new regional psychiatric hospital, the Northern Virginia Mental Health Institute opened. Within the community in 1969, most of the treatment provided was psychoanalytic in nature. Drugs like Thorazine and Haldol, known as major tranquilizers, were the medications of choice to treat schizophrenia while tricyclics, such as Elavil and Tofranil, were the mainstays for depression. Mental illness was seen as a disorder to manage, at best, and the idea of promoting recovery was alien.

Over the last 35 years remarkable changes have occurred:

- Late 1970s, psychiatric hospital census figures declined by an incredible 60 percent; outpatient treatment rose from 23 percent in 1955 to 77 percent in 1975.
- Outpatient therapy moved toward more focused and behavioral approaches. Newer approaches such as cognitive therapy and dialectical behavioral therapy (treatment for borderline personality disorder) were developed.
- New class of antidepressant medications called SSRIs – medications like Prozac and Zoloft – made a dramatic entrance. They were safer than the tricyclics and most often more effective.
- In the 1980s atypical antipsychotic medications such as Risperdol and Clozaril revolutionized the treatment of schizophrenia, as Thorazine and Haldol did in the 1950s.



- Program for Assertive Community Treatment (PACT) teams would become the gold standard for the treatment of people with the most severe forms of mental illness. Teams provide intensive psychiatric and support services to consumers with severe and persistent mental illness on an outreach basis at the places where consumers live and work.
- The area's already diverse population would become even more so.
- Finally, and most recently, the Recovery Model would emerge as a central philosophy and approach in all aspects of treatment. The premise: Recovery from mental illness is possible; consumers should participate in their treatment planning and goal-setting and should identify choices.

Today

Accomplishments

Diversity

During fiscal year 2004, the Mental Health Services Diversity Committee moved forward on initiatives to recruit and retain a diverse staff, while making existing staff more culturally competent. The committee:

- Participated at college recruitment events
- Established staff exit surveys and interviews to help identify retention issues
- Developed in cooperation with the Office of Equity Programs diversity training for supervisory staff, which will be followed with training for all MHS staff
- Shared their research and activities experiences with other agencies.

Mental Health and the Criminal Justice System

- VASAVOR (Virginia Serious and Violent Offender Reentry) program – The CSB Mental Health Services joined with Virginia's Department of Corrections, the Fairfax County Sheriff's Office, OAR (Opportunities, Alternatives and Resources) of Fairfax County and Skill Source to run the Virginia Serious and Violent Offender Re-entry Initiative. Funded by a federal grant, the program is designed to meet the needs of offenders with mental illness as they leave prison and reenter society. Mental Health Services provides assessments, medication, counseling, and psycho-educational groups for the offenders.
- Jail Diversion – During FY 2004, an interagency summit was convened to address the criminalization of people with mental illness. Around the nation, people with severe mental illnesses who once might have been involuntarily hospitalized, now are often arrested for minor charges such as disturbing the peace or trespassing. Once in jail, they lack resources to get out and remain in jail longer than inmates with more serious charges but do not have a mental illness. These consumers get sicker in jail and are at higher risk for suicide. Upon release their cycle of re-arrests continue because their illness is not stabilized. Summit participants included the Chief of Police, the Sheriff and many other agency heads. A working task force was empowered to study, recommend and develop an implementation plan.

Program of Assertive Community Treatment

The Program of Assertive Community Treatment (PACT) had another successful year of providing intensive psychiatric and support services to persons with severe and persistent mental illness on an outreach basis at the places where consumers live and work. The statistics show that the program has reduced state hospital admissions by 82 percent, homelessness among consumers in treatment has decreased to 9 percent and 30 percent of PACT's consumers were able to obtain employment at some point since admission – a significant number, given the substantial severity of the illnesses suffered by PACT consumers.

Recovery

In fiscal year 2004, Adult Community Services (ACS) staff:

- participated in several recovery-focused conferences, including the Regional Partnership for Restructuring Mental Health Services.
- focused on consistent consumer participation in the development and refinement of treatment goals and objectives.
- developed advanced directive plans so that consumers can pre-plan their treatment needs for times of relapse and crisis.
- drafted recovery principles for the ACS manual, in cooperation with the ACS Recovery Workgroup.

- met with state personnel to discuss assisting other localities with developing a recovery program.

Best Practice Treatment

The Clinical Practices Workgroup:

- uses Dialectical Behavior Therapy for consumers with borderline personality disorders.
- offers best practice psycho-educational groups; focuses on management and medication services; provides groups for Spanish-speaking persons.
- develops treatment outcome measures which will result in greater accountability and offer guidance in treatment planning for adults, youth and their families.

Domestic Violence Initiative

In 2004, the Board of Supervisors created the Domestic Violence Prevention, Policy and Coordinating Council, an advisory body of public officials and community leaders who are guiding the development of a consistent and comprehensive community-wide response to domestic violence in Fairfax County.

The Domestic Violence Council has been established to coordinate all the intervention, prevention and education efforts in Fairfax County, from the system-based response of law enforcement, prosecution and the courts, to the community-based response of domestic violence shelters and advocacy programs, counseling and support centers, and initiatives sponsored by the faith community, schools and healthcare providers.

The Council, which meets on a quarterly basis, is initiating its work by conducting an inventory and mini-assessment of the intervention system in Fairfax County to identify strengths and weaknesses in our current response to domestic violence as well as to examine accessibility of services and outreach to Fairfax County's multicultural community. Once gaps have been analyzed and prioritized, the Council will establish a task/work plan to address these issues.

Public and Private Partnerships

- Youth & Family's Infant and Early Childhood (IEC) program entered into a memorandum of understanding with the County's Headstart program. IEC will provide screening for "at risk" children and provide consultative services to Headstart's program staff.
- Psychiatric Rehabilitation Services Inc. (PRS) – 30 percent of PRS clients were competitively employed. Of all PRS clients who were employed, 60 percent held jobs for longer than 12 months. For new placements, the average rate of pay was $8.58 an hour. PRS also became a provider for the Social Security Administration's Ticket to Work program.
- Pathway Homes Inc. – Pathway Homes has been able to address one of the major unmet needs of many consumers, dental services, through fund-raising. Pathway Homes also completed its first Department of Medical Assistance Services audit. The audit found Pathway Homes to be a best practice agency.
- Anger and Domestic Abuse Prevention Treatment program, the Crisis Women's Shelter and the Victim Assistance Network program participated in a regional conference, "Domestic Violence…Could this be Happening in My Faith Community?" The workshop was sponsored by Faith Communities in Action and the CSB's domestic abuse and sexual assault programs, who participated on the planning committee and provided several workshops.
- The Crisis Women's Shelter has partnered with the Foundation for Appropriate and Immediate Temporary Help (FAITH, a local Muslim social services agency) to assist Muslim shelter residents with their cultural needs and help them with appropriate food and clothing needs.

Over the Years

The following quotes are from clients receiving Dialectical Behavioral Therapy, a comprehensive cognitive-behavioral treatment program primarily for individuals with Borderline Personality Disorder, or Borderline Personality traits.

- *"When I first started the class, I thought you were speaking a different language, but now it is starting to make sense. It's foreign, but it's cool. I think I have needed this for a long time."*
- *"This is like a speed bump for emotions, a much needed speed bump."*

And here is a story from a therapist about a middle-aged man suffering from phobias, panic attacks and who was fearful about leaving the house – to the point that going out to shop for basics like food was impossible. There were also some unrealistic beliefs that others were trying to physically harm or kill him. With several months of cognitive behavioral therapy and medication management he is now able to get out of the house and he has been able to identify the unreal beliefs as delusional in order to work around them. He has also been able to mend some broken relationships.

Finally, a PACT story about a middle-aged woman suffering from schizophrenia. Discharged to PACT after a year-long state hospitalization, she settled into a PACT-subsidized apartment, which she has successfully maintained for over a year with PACT's outreach assistance. The PACT Team visited her multiple times per week to assist with medications, housekeeping and nutrition needs and responded quickly and preventatively to any changes in psychiatric stability. She is now an active participant in her community, where PACT's vocational specialist helped her find a volunteer position. She says, "PACT saved my life…I would still be in the hospital, homeless or in jail if it wasn't for PACT."

Tomorrow...Challenges

Ongoing challenges include:

- Increasing numbers of adults and children without health insurance
- More cases where other medical conditions complicate psychiatric treatment
- Increasing demand and costs for psychotropic medications
- Increased homelessness among indigent consumers
- Rapidly decreasing number of inpatient psychiatric beds in the region
- A need to provide services to a very diverse population
- A need to better integrate substance abuse and mental health services
- A demand for critical clinical services without new resources

The immediate future:

- Recovery and Evidence-based Treatment Philosophies – Staff are working on more initiatives to seek consumer input, service delivery outcome measure pilot projects and increased staff training in treatment modalities.
- Jail Diversion – The jail diversion work group began planning initiatives during 2004 and plan to develop a program during fiscal year 2005.
- Homeless Services Initiatives – Residential programs in both Mental Health and Alcohol and Drug Services have been collaborating to develop coordinated services at homeless shelters and in the community. The services should begin during fiscal year 2005.
- Accreditation – During FY 2004, the youth residential programs of mental health and alcohol and drug services prepared to seek accreditation from the Commission on Accreditation of Rehabilitation Facilities. Such accreditation is a mark of excellence and also has reimbursement implications. The site visit and results are scheduled to occur during fiscal year 2005.
- Better coordination of co-occurring disorders treatment services – Virginia has received a grant from the U.S. Substance Abuse and Mental Health Services Administration for co-occurring disorders treatment programs. In 2005, integrated treatment pilot programs will be developed across the State. Regional and state designs will be brought back to ACS's Co-occurring Disorders Treatment Workgroup to ensure that treatment design is consistent with the larger effort.

Mental Retardation Services

"Our mission for many years has been to empower and support people with mental retardation to achieve a self-determined and valued lifestyle, which includes a home, a job, and a network of relationships in the community. Our challenge now is continuing to meet the growing need in our community with cost-effective and quality services. Fortunately, we have a wonderful staff and many excellent private sector partners who work together each day to make a real difference in the lives of people with mental retardation."

Jessica Burmester, Chair, Mental Retardation Committee

Yesterday...Where We've Come in 35 Years

When the CSB was established in 1969, physicians recommended that parents send their children with mental retardation to State institutions. This usually meant individuals had to move far from their families and their communities. At one time, one large Virginia State institution had over 5,000 residents.

- In the early 1970s, families got together and formed private agencies to meet the needs of their children. The Northern Virginia Training Center was built so that 285 people could return to their community and be closer to their families. Group homes opened as alternatives to State facilities and day programs were organized in church basements or unused school spaces.
- In the 1980s, new day support providers began serving individuals in the community while existing providers began offering community-based/supported employment alternatives to their traditional facility based services. By the late 1980s, 30 percent of day services were community-based and this increased to 55 percent in the 1990s.
- In the 1990s, Virginia began the Medicaid Home and Community-Based Waiver. By 1990 there were over 330 people funded through this Waiver and now over 430 people are served through Medicaid Waiver.

The most notable change in service delivery was the change of philosophy. In the 1990s, extensive staff training began that took a person-centered approach. Staff was challenged to step out of their roles as human services professionals and to view the world through the eyes of the people they served. The focus changed to empowering and supporting people to find dignity, respect and joy through a lifestyle of their choice as valued, participating citizens of the community.

Today

Accomplishments

- Case Management services were provided to approximately 1,700 persons. These individuals usually have multiple disabilities and serious medical needs. For these services, Medicaid reimburses the CSB approximately $1.7 million annually.
- Residential and related support services were provided to more than 650 individuals through directly-operated and private, nonprofit providers.
- Eighty-four individuals were served through the Family Support program which provides full or partial funding to families for disability-related expenses such as assistive technology devices, behavioral consultation, counseling and speech therapy.
- There were 25 new Medicaid Waiver slots allocated to MR Services by the State for FY 2004. These were promptly assigned to individuals with urgent needs who had been waiting for much needed residential and other community-based services. This additional Medicaid funding helped offset the demand for County funding to meet critical needs.
- Transitional employment services and job placements were provided to all eligible June 2003 special education graduates from the County's public and private schools.
- Vocational training and support services were provided to people as they began a new job and are available on an ongoing basis. The average annual earnings of the 602 people surveyed in fiscal year 2004 were $8,298 and their total gross earnings were $4,995,326.

- Through collaboration with the Fairfax County Department of Housing and Community Development and a private provider, a 12-bed Intermediate Care Facility was renovated. This renovation improved physical accessibility and enhanced program efficiencies, as well as improving the overall quality of the living environment for the 12 residents.
- Two homes funded by Medicaid Waiver were converted into Intermediate Care Facilities through a partnership with a private provider. A Medicaid Waiver group home was also opened.
- One directly operated group home was relocated to provide barrier-free accessibility and expand capacity to serve two additional people waiting for services.
- Case Management provided direct assistance and service coordination to 22 individuals in emergency circumstances. These individuals were in need of immediate short-term stabilization and long-term residential and other support services due to being in high risk situations, including losing a parent or primary caregiver to major illness or death.

Public and Private Partnerships

- Mental Retardation Services partners with nearly 25 private providers of community-based residential, day support and therapeutic services to provide valued services to individuals with mental retardation in the Fairfax-Falls Church area. These partnerships represent approximately 60 percent of total expenditures for Mental Retardation Services annual budget.
- Mental Retardation Services works collaboratively with other Fairfax County agencies, primarily the Department of Family Services, the Department of Housing and Community Development, and the Department of Community and Recreation Services in the provision of services, and provides mandated case management functions for admission and discharge planning to state facilities, such as the Northern Virginia Training Center.
- Mental Retardation Services has dynamic cooperative agreements with and a long history of successful collaboration with the Virginia Department of Rehabilitative Services, Fairfax County Public Schools and Falls Church City Schools in providing transition services for young adults graduating from secondary education and entering employment and day support services in the community.
- Mental Retardation Services collaborates with private providers, The Arc of Northern Virginia, the Virginia Association of Community Rehabilitation Programs (Va ACCESS), other agencies and jurisdictions to enhance services for persons with disabilities and to educate the public about this population.
- The Northern Virginia Joint Training Coalition, which was established in 2003, continues its mission of providing ongoing regional training and developing and supporting a well-trained provider workforce for persons with disabilities. The Coalition is comprised of representatives of rehabilitation service providers, community services boards, residential services providers, the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Rehabilitative Services.

Over the Years

"My brother who is confined to a wheel chair gets such wonderful care at your barrier-free group home. I could never repay what the staff does for him and the care he receives. All of his medical needs and his many appointments with specialists are arranged. As I age now and am a senior citizen, I can't imagine how I would be able to do this. As my husband and I are getting into our golden years, it is such a comforting and secure feeling to know where my brother is and the wonderful staff and people that surround him in his home."

Sibling of Mental Retardation Services consumer

"Having personal care assistance in our home has not only assisted my son, but has helped the family lead a more structured life. We are very happy that we have the supports necessary in our home to be able to work full schedules and know that our son will be taken care of appropriately and that his health and safety are not at risk."

Father of Mental Retardation Services consumer

"My wife and I are parents to our 39 year old son who is severely handicapped. He has no speech and functions as a small child behaviorally. Because of the services he is provided case management, day support through Central Fairfax Services, in-home support through Hartwood Foundation and FASTRAN transportation services – he is functioning well at home, at his work and in the community. I want you to know that important programs in our community make this possible, along with many people dedicated to running these programs and working directly with our son."

Father of Mental Retardation Services consumer

"To say I am pleased with the service my daughter has received is an understatement. The entire CSB team has helped her make a successful transition into an independent, productive life. The communication between CSB team members and her workplace impresses me a great deal. When she ran into some difficulty at work this past December, the quick and coordinated efforts on the team made her feel secure and helped to resolve that situation quickly and positively. She is learning to get along with housemates, and to be a part of a team. She is also learning how to sense other people's needs. I have noticed that she is also developing a greater sense of self and independence. All this is very gratifying."

Parent of Mental Retardation Services consumer

Tomorrow...Challenges

MR Special Education Graduates Funding –

- Mental Retardation Services will be challenged again this year to assist approximately 50 special education graduates with mental retardation as they transition from Fairfax County's public and private school systems to day support and employment services.
- With these supports, graduates are able to maintain skills acquired through the years and to have the opportunities to become productive, employed citizens of the County.
- Without these supports, individuals become home-bound, risk losing skills and opportunities for personal growth and become more dependent on their families.
- As a result of FY 2005-06 Virginia General Assembly appropriations increasing Medicaid funding for eligible persons with mental retardation, Mental Retardation Services is hoping there will be sufficient funding to serve June 2005 graduates.

Sufficient Medicaid Rates of Reimbursement for Provider Services –

- Inadequate reimbursement rates for Medicaid-funded day support and residential support services threaten the viability of private provider organizations statewide; however, it is even more evident in Northern Virginia.
- Documented workforce and facility operational costs show service provision in Northern Virginia costs nearly 34 percent more than in other regions in Virginia, yet there is no differential rate adjustment to offset this. As a result, many current providers operating in Northern Virginia have downsized or frozen service capacity and many providers who are interested in providing services in Fairfax County cannot, due to the inadequate reimbursement rates.
- Rate increases and a rate differential for Northern Virginia are urgently needed to address basic health, safety and service capacity issues.

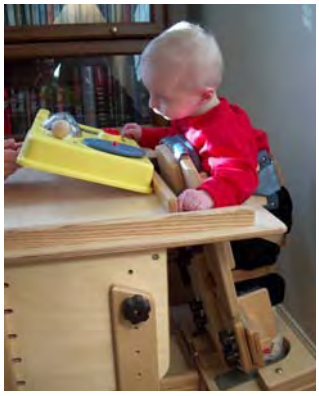
Changes in Service Population –

- The number of individuals with mental retardation who need support and other services but are not eligible for Medicaid Waiver is steadily increasing and now represents nearly half of the individuals waiting for residential and other services.
- Many individuals already receiving services are aging and are experiencing aging-related health issues. Without identified state, local or Federal funding for these individuals, their needs cannot be addressed. This need has been reported to state legislators as a growing trend in Virginia.

Infant and Toddler Connection

Yesterday...Where We've Come in 35 Years

In 1970 Fairfax County had one of the original public programs known as the Daytime Development Center (DDC) serving school-age children with severe/profound disabilities. The following timeline shows the development of programming for children with developmental disabilities in Fairfax County and Virginia.



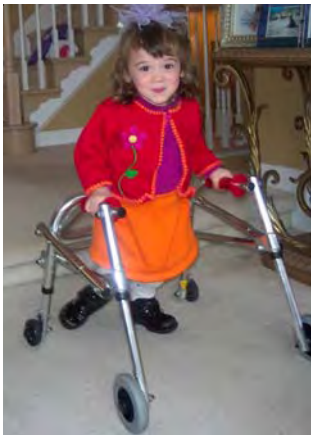
- 1972 – the Infant and Toddler program began at DDC. Virginia passed a law mandating education for handicapped individuals ages 2 through 21.
- 1975 – federal law mandated education for all handicapped individuals ages 3-21. Fairfax County continued to serve the birth-to-three population at the DDC. All services were classroom-based.
- 1978 – all children above the age of three were transferred to Fairfax County Public Schools for their special education services as mandated by Federal public law 94-142.
- 1987 – Virginia began participation in the Federal early intervention program under the Individuals with Disabilities Education Act.
- 1992 – the Virginia General Assembly passed legislation that created an interagency responsibility for developing an early intervention service system for infants and toddlers with disabilities and their families. The Department of Mental Health, Mental Retardation and Substance Abuse Services was designated the lead agency for Part C services.
- 2002 – Virginia renewed its commitment to providing early intervention services to infants and toddlers with disabilities and developmental delays and renamed the program the Infant and Toddler Connection of Virginia.
- From FY 2000 through FY 2004, the number of babies served annually by the Infant and Toddler Connection of Fairfax-Falls Church has increased 65 percent with 1,434 infants and toddlers served in Fairfax County in FY 2004.

Today

Most of a child's learning experience occurs during everyday activities in the places where a child spends his or her time. Early intervention services are mandated to be provided in natural environments to promote the families skills in maximizing these learning opportunities in everyday life. Delivering in-home therapy to the infants and toddlers in the Fairfax-Falls Church area provides many challenges to the providers of the services. Traffic congestion, travel time, professional isolation, diversity issues and scheduling constraints are just some of the issues that confront service providers. Infant and Toddler Connection facts:

- The changing demographics in Fairfax County are mirrored in the Infant and Toddler Connection program which has seen an increase in families whose primary and often only language is not English. The program actively seeks to increase its translator resources to be responsive to these families.
- Infant and Toddler Connection staff work closely with the Fairfax County Health Department's Infant Development Clinic for at-risk infants to identify infants with developmental delays.
- A County Health Department nurse serves as liaison between the Infant and Toddler Connection (ITC) and Inova Fairfax Hospital and provides information on available ITC services to families. Consequently newborns are assessed as soon as possible.

- Fairfax County Public Schools provide services to infants in the Infant and Toddler Connection who are diagnosed with hearing loss. This interaction promotes an easier transition to the public school system for deaf and hard of hearing children. Beginning in FY 2004, vision services have been provided by Fairfax County Public Schools through a new interagency agreement.
- Staff is working to develop a state-of-the-art assistive technology program and two Infant and Toddler Connection staff members have completed a certificate endorsement in Assistive Technology. The program is focused on developing training, maximizing insurance reimbursement and researching grants for equipment. The program also started an assistive technology loan closet. Equipment is made available to all providers to assist children in their daily activities. Grants totaling $10,000 were accessed in FY 2004.



Over the Years

"Bravo to the service coordinator and the others who came to evaluate. They were so responsive, services were provided quickly and they spent so much time with us. ITC met our needs and got our daughter up to speed in less than 6 months."

ITC Parent

"I found the early intervention experience invaluable to my child. He met his goals and continues to improve. Our speech therapist recognized and alerted me immediately of her concerns regarding his hearing loss."

ITC Parent

Tomorrow...Challenges

- Inadequate Medicaid reimbursement rates have made home visits by private providers prohibitive. Consequently, the Infant and Toddler Connection program, which is at caseload capacity, is experiencing an increasing service demand for children covered by Medicaid.
- A large variety of languages and cultures are represented throughout Fairfax County which increases related challenges to serve these populations.
- Increased traffic congestion adds travel time and stress for staff who provide services in the natural environment of the family's home.
- Additional qualified providers are needed to work with infants and toddlers with developmental delays.
- Reimbursement processing for insurance companies for services and assistive technology devices demands significant time from trained staff. Continued growth in services will require additional staffing resources in order to provide assessments and services within the timeframes mandated by Federal law and to maximize insurance and Medicaid revenues.

Prevention Services

Yesterday...Where We've Come in 35 Years

Prevention as a field was in its infancy thirty-five years ago. While there was a growing awareness of the problems associated with alcohol and other drug abuse there was very little research that recommended which approach was the most effective. Early prevention programs focused on scare tactics to prevent substance use.

- In the late 1970s, emphasis moved toward the development of curricula for prevention education programs.
- In 1986, the Office of Substance Abuse Prevention (later the Center for Substance Abuse Prevention) was created. This Office helped develop standards for prevention research.
- Current substance abuse laws are rooted in the 1970 Controlled Substances Act. This established drug classifications according to their medical use, potential for abuse and their likelihood of producing dependence. It also established maximum penalties for the criminal manufacture or distribution of drugs.

Today

Prevention has entered a new era, leading the field toward evidence-based practice and programming. Twenty five years of research has taken the guesswork out of prevention, providing a clear direction for service planning and delivery:

- There is an understanding of the factors that place people at-risk for substance use and mental health disorders
- Programs and practices are backed with evidence pointing to what yields the best results
- Program evaluation has become a standard of prevention practice

Accomplishments

The Fairfax Leadership and Resiliency program is designed to reduce teen substance use among high school-aged youth. This program is a collaborative effort with the Fairfax County Public School system. In addition to being named a national model program, it has received several recognitions and honors. This fiscal year the program:

- Provided workshops across the country to groups interested in replicating this program. Revenue produced was used to partially offset program costs.
- Worked with a George Mason University (GMU) graduate film class to produce a video, "Leadership and Resiliency Program: Helping Youth Reach the Top." The video received an award at a GMU business conference and is now being nationally distributed to organizations interested in implementing the program.
- Presented at the National Prevention Network Annual Research Conference.

Girl Power was named a 2003 Promising Program by the Office of Juvenile Justice and Delinquency Prevention. This 32-week program is designed for older elementary and middle school-aged girls and focuses on substance use and violence prevention and good mental health. During this fiscal year:

- 1,000 group sessions were held at 32 sites and 400 girls participated.
- Participants showed strong increases in healthy life skills such as decision-making and assertiveness, and continued low levels of intent to use alcohol or other drugs.
- The Lynbrook Girl Power group began a "Celebrating Differences" project that was adopted school-wide, with 200 adults and 1,000 youth participating.

Get Real About Violence is a multi-week evidence-based program that builds participants' skills to avoid and prevent violence. With increasing concerns about community violence and gang involvement, this program has been increasingly important in prevention efforts. Sites and service delivery doubled over the previous year at elementary and middle schools, as well as at teen centers, apartment complexes and the Juvenile Detention Center, including a program with a bilingual component and one targeting parents of youth enrolled in the program. Outcome studies point to program effectiveness such as reductions in attitudes toward violence and use of violent behavior.

The Road DAWG (Don't Associate with Gangs) Summer Camp was created and implemented as a summer pilot program, serving 35 youth. It was designed to address risk factors associated with gang involvement, substance use, and other delinquent behaviors. This week-long camp was a collaborative project of the Fairfax County Police Department, CSB, Community and Recreation Services and the Juvenile and Domestic Relations District Court.

Public Awareness Campaigns are designed to reach a broad range in the community through a variety of strategies. CSB Prevention campaign efforts were as follows:

- None for the Road is a Virginia Department of Alcoholic Beverage Control (VABC) holiday program promoting awareness of the dangers of drinking and driving. Prevention services involved 150 youth in twelve schools who distributed over 400 materials related to the campaign.
- Sticker Shock is a VABC program focusing on preventing adults from purchasing alcohol for underage youth. Prevention services involved 25 youth from four middle schools. The project involved collaboration with two Giant grocery stores and the West Springfield District Police Station. Over 200 "warning labels" were distributed.
- Red Ribbon Week is a national movement sponsored by the US Drug Enforcement Administration to promote drug-free lifestyles. Over 1,100 youth participated in this year's campaign, distributing 1,500 ribbons and pledge cards.

Public and Private Partnerships

Prevention Services strives to build capacity for evidence-based programs and practices throughout the community. This fiscal year, the program:

- Conducted two Girl Power Program Implementation Workshops for 35 service providers.
- Collaborated on projects with the Safe and Drug-Free Youth Section of the Fairfax County Public Schools, the Fairfax County Police Department, Community and Recreation Services, faith communities and numerous community organizations.
- Received funding from the Virginia Tobacco Settlement Foundation for regional tobacco prevention programming.

Over the Years

"Your organization has touched not only my child, but also many more children in the community and exposed them to an amazing opportunity." Parent of a middle-school aged child participating in a CSB Prevention program

"The most important thing I got from Girl Power is learning about other cultures." Girl Power participant

Tomorrow...Challenges

- Increasing diverse community – Prevention Services will continue to explore service delivery partnerships with faith and multicultural community groups.
- Community-wide issues such as gangs, teenage driving fatalities – address these issues with business and other community groups
- Community prevention programs across systems – work toward maximizing resources and expanding evidence-based programming.

Residential and Site Development

Yesterday...Where We've Come in 35 Years

1969 median value for a single family home was $35,000

Average monthly rent was $164 plus utilities

Supplemental Security Income (SSI) disability income was $158 per month in 1975

Since 1969 the CSB has collaborated with public and private sector partners to develop housing and other suitable sites to match its residential and community services. In the early years, a lack of understanding about disabilities created myths and stereotypes which surfaced in communities where group homes were proposed. At that time, some people still believed that having a disability meant one needed to be confined in restrictive institutional settings regardless of the particular needs and preferences of the person with the disability, or that there would be some imminent danger in the neighborhood.

- During the 1980s, the CSB established a Residential Development Unit to work with the agency and community and address the obstacles and opportunities for expanding residential services and public-private partnerships. Efforts were made to improve community education about disability. The CSB participated in legislative and regulatory challenges to reduce some barriers to residential development. For example, in 1991 the Virginia Uniform Statewide Building Code was amended to reduce institutional renovation requirements in small housing programs.
  - The Fair Housing Amendments Act of 1988 brought people with disabilities under the protection of the federal fair housing law. The new law had a sweeping impact on land use regulations affecting housing for people with disabilities, eliminating some zoning restrictions and community meetings.
- From 1990 to 1992 the CSB participated in successful litigation with the U.S. Department of Justice responding to housing discrimination against persons in substance abuse recovery seeking housing in local apartment complexes. This significant case law became a cornerstone for ensuring disability rights to people in recovery and continues to be referenced in subsequent legal actions.
  - The Americans with Disabilities Act (ADA) signed by President George H. W. Bush on July 26, 1990 was landmark legislation which extended civil rights protection to people with disabilities. The ADA prohibits discrimination on the basis of disability in employment, State and local government services, public transportation, public accommodations, commercial facilities, and telecommunications.
- In 2001 the CSB and Vanguard Services Inc. further challenged discriminatory actions against Spanish-speaking persons in recovery in a regional substance abuse services group home located in Fairfax County through the Board of Zoning Appeals and other legal review. The rights of persons in recovery to participate in a group home treatment program with Fair Housing protection was upheld after much effort on the part of the service providers and community advocates.

The CSB has submitted requests for County funding to renovate the community mental health centers built in the early 1970s.

Today

Today the median value for a single family home in Fairfax County is $495,000 and for a new home $676,000

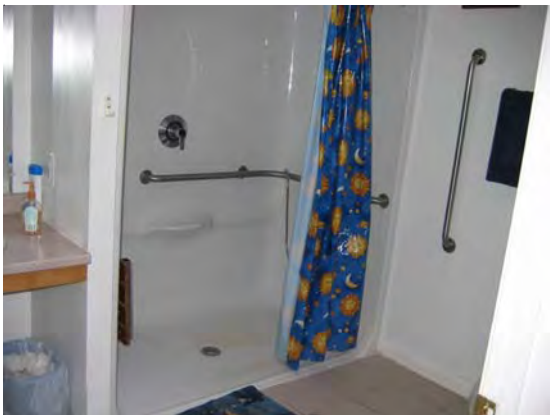
Average rent for a two bedroom apartment is $1,218 requiring $31,000 qualifying income

Supplemental Security Income (SSI) disability income is $564 per month.

Expensive real estate and the chronic lack of affordable housing in our community has a dramatic impact on the finances and housing choices of individual consumers, staff seeking housing close to their employment and the CSB's expenditures in acquiring service sites. Service dollars are often directed to provide or subsidize rental costs to consumers of CSB services in one of the most expensive real estate markets in the country.

Many CSB mental health center sites, built in the 1970s have deteriorated. Renovation and replacement planning is an important part of the County's asset management goals for public facilities. CSB submitted requests for capital facilities funding through the Capital Improvement Program (CIP) and will continue to review the service demands of this growing community and provide welcoming and accessible public buildings.

Public and private partnerships have fostered a steady expansion of residential and support services for individuals living alone, with family, with roommates, in group homes, or in assisted living facilities. The need for barrier free accessible housing designed for people of all ages and in need of physical accommodations has increased as the population ages. The CSB developed a five year facility plan to improve planning and asset management, and to ensure better design and accessibility in the spirit of the Americans with Disabilities Act and is moving many services into more accommodating sites such as the group home below which opened in 2004:



Tomorrow...Challenges

The CSB will continue to locate service sites in transportation corridors and review demographic trends affecting the region, such as the following:

- By 2025 the CSB service area will contain about 1¼ million people
- Traffic congestion will continue to worsen
- Public transportation will primarily be available in major transportation corridors
- Public resources at the federal, state and local level will be limited
- The CSB service area will become increasingly diverse both culturally and linguistically
- Affordable housing will remain a critical need for very low income residents of our community
- The CSB service area will become increasingly urbanized

Solutions for best practices will necessitate broader collaboration with new community partners to address the interwoven fabric of housing, transportation, traffic and flexibility in facing future challenges.

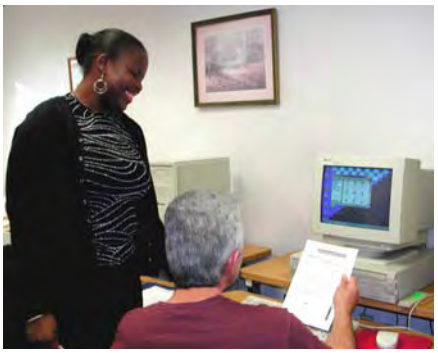
Volunteer Programs

In the 1980s, CSB program areas began developing volunteer programs to assist programs and consumers and to broaden community involvement.

Today

CSB Programs Receive Over $600,000 Worth of Volunteer Support!

The 2004 Virginia average hourly value of volunteer time, as determined by the Virginia Employment Commission, Economic Information Services Division, is $20.02. Based on that rate, the CSB estimates that in FY 2004, the value of services provided by the volunteers was worth $622,622. Nearly 400 volunteers provided a total of 31,100 hours of services for CSB consumers and programs.



Alcohol and Drug Services

- President's Volunteer Service Award – The Volunteer and Intern Program (VIP) received the President's Volunteer Service Award from the President's Council on Service and Civic Participation. This award is a Presidential program that recognizes individuals, families and groups that have achieved a certain standard of commitment to volunteer service. The ADS Volunteer and Intern Program was recognized at the Gold (highest) level.

- Master Gardener Model of Volunteer Service – The services of our Master Gardener horticultural and greenhouse volunteer were described in a report to the Virginia Master Gardener Association as an example of creative volunteer service to be emulated by other Master Gardeners throughout the Commonwealth of Virginia.
- Academic Partnerships – The ADS VIP continued its involvement in numerous vital partnerships with local colleges and universities, by hosting students from 17 different academic programs, and working with externs in three certification and licensure programs.
- In addition to assisting staff with clinical and professional counseling tasks, the ADS VIPs taught "Poetry as Healing Art" workshops, assisted with a community health fair, provided health maintenance classes to Spanish-speaking clients, taught computer skills to clients, helped teen clients grow herbs and vegetables in a greenhouse and transported clients.

Mental Health Services

- The volunteers in the program performed a variety of services throughout the county, including:
  - answering phones on the Victim Assistance Network hotline
  - teaching Anger and Domestic Abuse Prevention Treatment classes
  - working in the Entry and Referral office and Medication Clinics
  - working with children at the Women's Crisis Shelter and Sojourn House.
- Fairfax County Fire Department personnel once again volunteered their time to work at My Friends Place, a CSB group home for children with serious emotional disorders, aged 6-12. They painted and did a variety of yard work. The children enjoy spending the day with the Fire and Rescue Department staff.

- Corporate sponsors –
  - SI International Inc. joined as a corporate partner in our holiday giving program. SI International Inc. is a U.S. company based in Reston, Virginia with a major presence in Washington, D.C. and Colorado Springs, CO providing information technology services and network solutions to the federal government as their primary customer.
  - Boeing once again sponsored our Easter basket program for the children receiving services by filling over 40 baskets with bunnies, candy, sports equipment, toys and other fun treats for the children.

Mental Retardation Services

- Best Buddies Award for Eastern Region College Advisor of the Year – One of the MRS Volunteer Services coordinators received the Best Buddies award for Eastern Region College Advisor of the Year. The Eastern Region includes Maryland, Virginia, the District of Columbia, New Jersey and Delaware. She received the award for coordinating and hosting the Best Buddies clubs at George Mason University (GMU) and Marymount University. "Best Buddies" is an international organization that promotes friendships between people with intellectual disabilities and college students.

- Best Buddies program
  - The GMU and Marymount Best Buddies clubs both had individual buddy directors this year. These consumers help lead the club's meetings and activities, provide information through phone calls and handle RSVPs for events. These consumers reported that their self-confidence grew as they performed these tasks.
  - Each Best Buddies club participated in volunteer opportunities to help the community. The GMU club helped at McLean's Illuminaria festival benefiting the Alzheimer's Family Day Center. They also held their annual Valentines Day Dance and had a record number of attendees – close to 300!
  - The Marymount club made Thanksgiving cards for residents at Sunrise Assisted Living Home in Arlington. They also teamed up with Campus Ministries and sang carols over the holidays and held a dinner fundraiser for the Marymount students.
  - Be a Friend! Program – Community events are designed to provide opportunities for individuals with disabilities to develop friendships with persons who live in their immediate community – both those with disabilities and those without. These events provide interim activities to the 302 applicants waiting to be matched, one on one in the Be a Friend! or Best Buddies programs The Be a Friend! Program hosted four Community Events, including a St. Patrick's Day party.
- Friendship Skills Development Class – "Being a Friend," a 6-week friendship skills development class, was presented this spring. Fifteen consumers participated along with a friendship coach they brought to support them.
- Volunteer Event Planner – A volunteer event planner joined the group, helping to coordinate the donation of more than 200 prizes handmade by Girl Scout troops for a fall festival, and elicited donations for a dinner event.
- Track walk - Participants are encouraged to walk a short outdoor course and receive a ticket for each completed lap. Event volunteers provide encouragement to the participants and Girl Scouts award handmade prizes for their efforts.

Persons Served

Characteristics of Persons Served by CSB Program Areas – FY 2004					
		ADS	MHS	MRS	Infant & Toddler Connection
Persons Served *		5,665	10,641	1,926	1,434
Age	0-2				100%
	0-17	21%	16%	16%	
	18-22	16%	9%	13%	
	23-59	62%	68%	68%	
	60+	1%	7%	3%	
Gender	Male	75%	53%	48%	59%
	Female	25%	47%	42%	41%
Income Level	$0 – $9,999	41%	57%	92%	53%
	$10,000 – $24,999	29%	26%	8%	7%
	$25,000 +	30%	17%	0%	40%
Race	Asian	4%	6%	10%	12%
	Black/African American	22%	21%	10%	7%
	White/Caucasian	52%	56%	69%	57%
	Other	22%	17%	11%	24%
Hispanic Origin		27%	16%	13%	21%

* *This is an unduplicated count of persons served.*

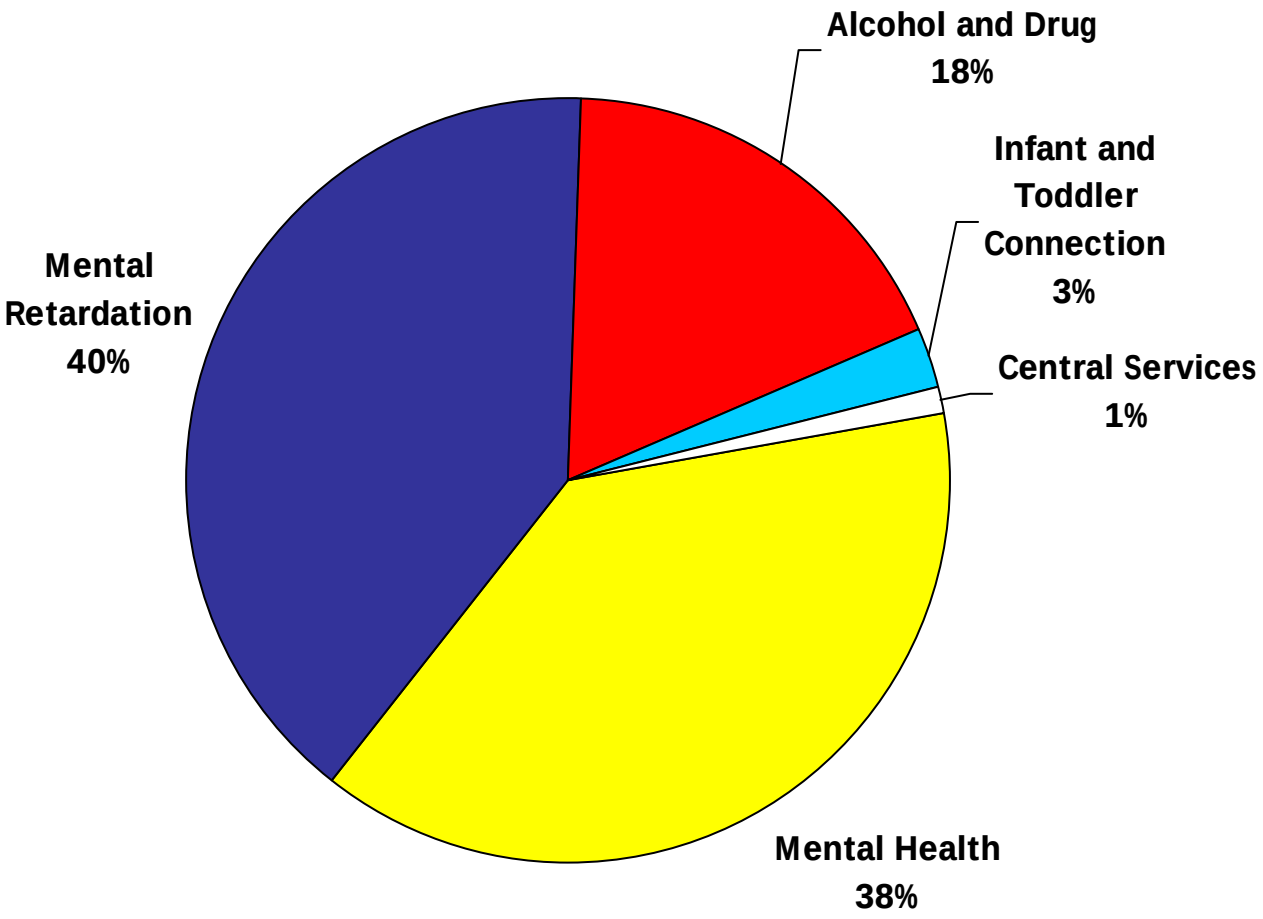
Services Delivered

Services Delivered by CSB Program Area – FY 2004				
Persons Served *	ADS	MHS	MRS	Infant & Toddler Connection
Emergency	1,839	5,946	22	
Outpatient/Case Management	3,238	5,240	1,692	
Methadone	26			
Day Support	322	787	1,188	
Residential	2,100	1,871	662	
Family Support			84	
Prevention/Early Intervention	583	416		1,434
Inpatient		70		
Transportation	9	108	378	

* *Some CSB clients participate in more than one program or service.*

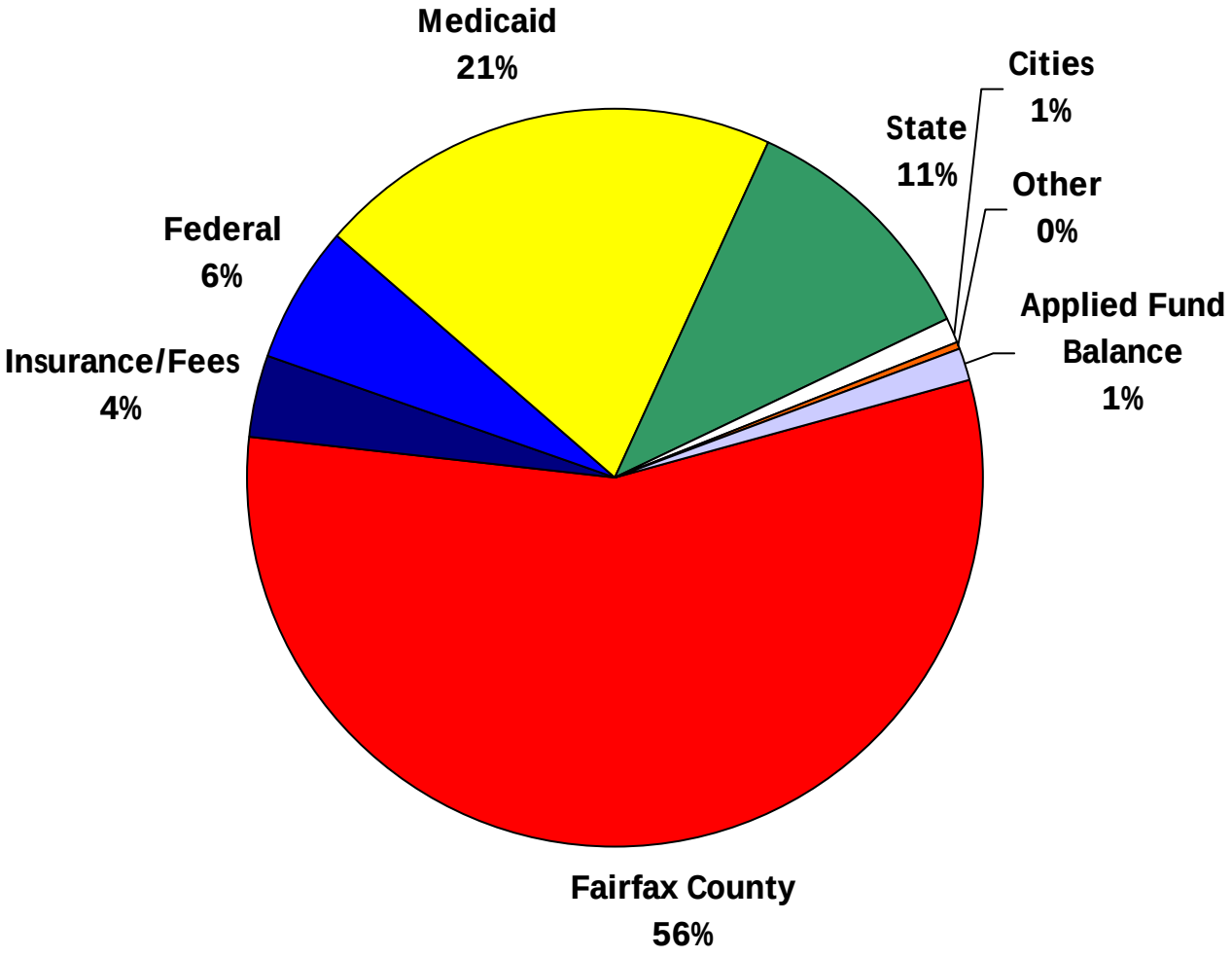
Financial Summary

FY 2004 CSB Total System Expenditures



Mental Health	$55,551,783
Mental Retardation	$57,905,518
Alcohol and Drug	$25,963,195
Infant and Toddler Connection	$3,717,952
Central Services	$1,533,804
Total	$144,672,252

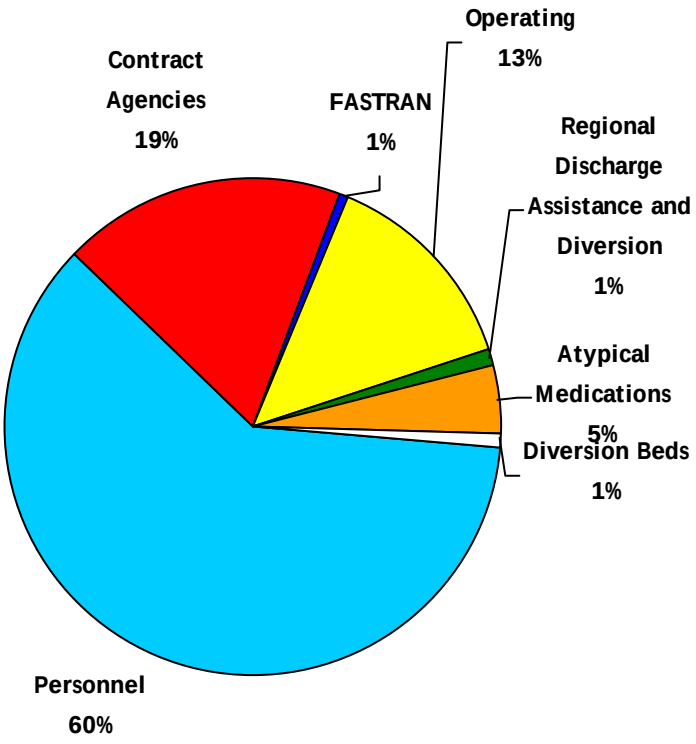
FY 2004 CSB Total System Revenues



Fairfax County	$80,599,965
Insurance/Fees	$5,342,632
Federal	$8,983,641
Medicaid	$29,774,320
State	$15,871,348
Cities	$1,861,632
Other	$227,533
Applied Fund Balance	$2,011,181
Total	$144,672,252

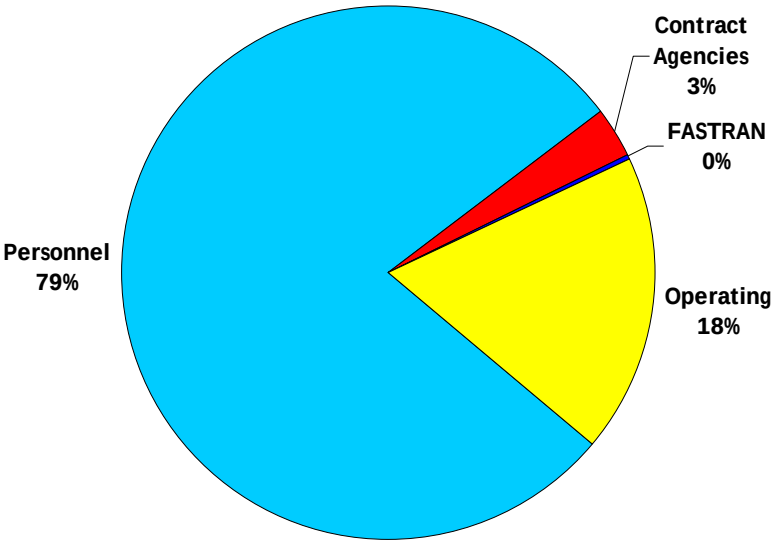
FY 2004 CSB Total System Expenditures by Program Area

Mental Health Services



Personnel	$33,744,334
Contract Agencies	$10,440,660
FASTRAN	$298,747
Operating	$7,442,781
Regional Discharge Assistance and Diversion	$629,153
Atypical Medications	$2,554,458
Diversion Beds	$441,650
Total	$55,551,783

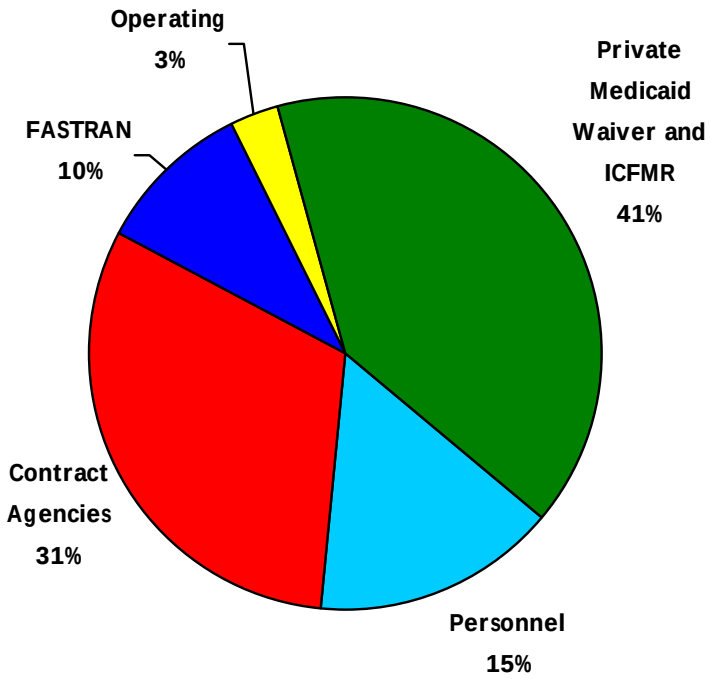
Alcohol and Drug Services



Personnel	$20,392,086
Contract Agencies	$831,125
FASTRAN	$38,329
Operating	$4,701,655
Total	$25,963,195

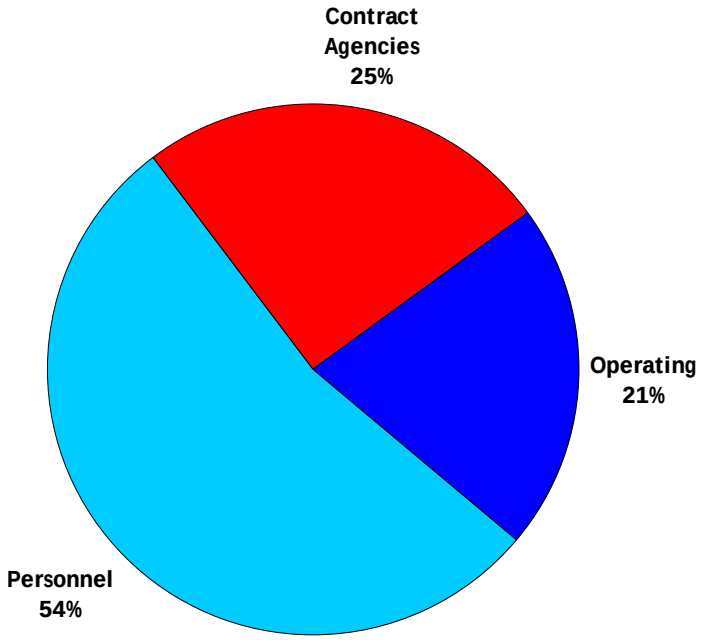
FY 2004 CSB Total System Expenditures by Program Area

Mental Retardation Services



Personnel	$8,926,512
Contract Agencies	$18,084,006
FASTRAN	$5,844,423
Operating	$1,723,447
Private Medicaid Waiver and ICFMR	$23,327,130
Total	$57,905,518

Infant and Toddler Connection



Personnel	$1,997,834
Contract Agencies	$938,791
Operating	$781,327
Total	$3,717,952

Program Locations

Central Services Unit

Human Services Center
12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035
703-324-7000
703-802-3015 (TTY)

Alcohol and Drug Services

Administrative Office
3900 Jermantown Road, Suite 200
Fairfax, Virginia 22030
703-934-5476
703-538-5292 (TTY)

Adult Services
Assessment and Referral Center
3900 Jermantown Road, Suite 201
Fairfax, Virginia 22030
703-359-7040
703-538-5292 (TTY)

Fairfax Detoxification Center
4213 Walney Road
Chantilly, Virginia 20151
703-502-7000
703-538-5292 (TTY)

ADS Youth Services
8350 Richmond Highway, Suite 515
Alexandria, Virginia 22309
703-704-6707
703-538-5292 (TTY)

14170 Newbrook Drive, Suite 200
Chantilly, Virginia 20151
703-961-1080
703-538-5292 (TTY)

107 Park Place
Falls Church, Virginia 22046
703-533-5634
703-538-5292 (TTY)

1850 Cameron Glen Drive, Suite 500
Reston, Virginia 20190
703-481-4004
703-538-5292 (TTY)

Mental Health Services

Administrative Office
12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1105
703-324-7095
703-802-3015 (TTY)
703-573-5679
(24-hour emergency)

Mount Vernon Center
8119 Holland Road
Alexandria, Virginia 22306
703-360-6910
703-799-4363 (TTY)

Northwest Center - Reston
1850 Cameron Glen Drive, Suite 600
Reston, Virginia 20190
703-481-4100
703-481-4110 (TTY)

Northwest Center - Chantilly
14150 Parkeast Circle
Chantilly, Virginia 20151
703-968-4000
703-968-4050 (TTY)

Woodburn Center
3340 Woodburn Road
Annandale, Virginia 22003
703-573-0523
703-207-7737 (TTY)
703-207-6976 (en Espanol)

Services for Deaf & Hearing Impaired Persons
8348 Traford Lane, Suite 400
Springfield, Virginia 22152
703-866-2100
703-451-1245 (TTY)

Springfield Center
8348 Traford Lane
Springfield, Virginia 22152
703-866-2100
703-451-1245 (TTY)

Mental Retardation Services

Administrative Office
12011 Government Center Parkway, Suite 300
Fairfax, Virginia 22035
703-324-4400
703-324-4495 (TTY)

South County Location
Mount Vernon Center
8119 Holland Road
Alexandria, Virginia 22306
703-360-6910
703-799-4362 (TTY)

Infant and Toddler Connection

3750 Old Lee Highway
Fairfax, Virginia 22030
703-246-7121
703-324-4495 (TTY)

Cooperative Employment Program

11150 Main Street, Suite 300
Fairfax, Virginia 22030-5066
703-359-1124
703-359-1126 (TTY)

Prevention Services

3900 Jermantown Road, Suite 200
Fairfax, Virginia 22030
703-934-5476
703-538-5292 (TTY)

Partners in Delivering Services

Alexandria Community Services Board
AliPar Inc.
Alternative House
Applied Technology Services Inc.
Barrios Unidos
Beyond Behaviors Inc.
Central Fairfax Services Inc.
The Chesapeake Center Inc.
Child Help
CHIMES, Virginia
Christian Relief Services Inc.
Community Living Alternatives Inc.
Community Residences Inc.
Community Systems Inc.
CSS Inc. - Cardinal House
Didlake Inc.
ECHO Inc.
E-TRON Systems Inc.
FACETS
Fairfax County Department of Community and Recreation Services
Fairfax County Health Department
Fairfax County Public Schools - Safe and Drug Free Youth Section
Family Preservation Services
For Children's Sake
Gabriel Homes Inc.
Graydon Manor
Hartwood Foundation Inc.
ICON Community Services
Inova Health System - Fairfax Hospital, Mount Vernon Hospital
Jewish Foundation for Group Homes
Job Discovery Inc.
Korean Community Services of Greater Washington
Langley Residential Support Services Inc.
Leary Educational Foundation
Learning Services Corporation
Lighthouse Health Care Assoc. Inc
Marion Manor
Mount Vernon-Lee Enterprises Inc.
Pathway Homes Inc.
Prince William Health System
Psychiatric Rehabilitation Services Inc.
Rehabilitation Associates P.C.
Resources for Independence of Virginia Inc.
Reston Interfaith
Second Genesis Inc.
ServiceSource Inc.
SOC Enterprises
Southern Manor Homes for Adults
St. Coletta Day Support Program
St. John's Community Services Inc.-OPCO
Tall Oaks of Reston
Therapy 4 Kids L.L.C.
United Community Ministries Inc.
Vanguard Services Unlimited
Virginia Baptist Hospital - Bridges
Volunteers of America - Chesapeake
Williamson Pharmacy
Women's Home Inc.
Woodmont Center (Arlington County Community Services Board)
Youth for Tomorrow

Independent Evaluators

Sarah Elpern, Ph.D.
Michael Hendricks, Ph.D.
Catherine Payne, Ph.D.
Judith Rumreich, Ph.D.
Deborah Weaver, Ph.D.

Community Services Board Members

FY 2004 Board Officers

David (Dave) M. Redman
Chair
Fairfax County At-Large

Roxann P. Ridley
Vice Chair
Dranesville District

Herbert (Herb) W. Taylor
Secretary
Providence District

FY 2004 Board Members

Renée M. Alberts
Fairfax County At-Large

Ambassador Josiah H. Beeman
Mason District

David M. Bender
Mount Vernon District

Jessica S. Burmester
Braddock District

Captain Paul R. Camarca
Office of the Sheriff

Luz M. Diago
Mason District

Diane Engster, J.D.
Fairfax County At-Large

Charles F. Fletcher, D.D.S.
Fairfax County At-Large

Mark L. Gross
City of Falls Church

Ortrud (Trudy) M. Harsh
Sully District

Anngienneta (Anngie) R. Johnson, D.Sc.
Hunter Mill District

Kathleen (Kathy) M. May
Springfield District

Benjamin (Ben) F. Pepper
Lee District

Jerome (Jerry) R. Shapiro
City of Fairfax

Executive Staff

James A. Thur
M.S.W., M.P.H.
Executive Director

Mary W. Kudless
M.S.N. APRN BC
Deputy Director

John DeFee
Ph.D.
Director, Mental Health Services

Pamela M. Gannon
M.A.
Director, Facility Planning and Site Development

Ruth A. Gerbec
Director, Public Information

Colton Hand
M.D.
Medical Director

Ginny McKernan
Fiscal Administrator

Cathy P. Pumphrey
M.A., L.P.C.
Director, Planning and Information Management

James P. Stratoudakis
Ph.D.
Director, Quality Management & Emergency Preparedness

William H. Williams, Jr.
M.A., LCADC
Director, Alcohol and Drug Services

Alan Wooten
M.P.A.
Director, Mental Retardation Services

Annual Report Editorial Committee

Gary Axelson, Mental Health Services
Lisa Blecker, Mental Retardation Services
Ruth Gerbec, Central Support Unit
Mary Johlfs, Mental Retardation Services
Mary Kudless, Central Support Unit
Cathy Pumphrey, Central Support Unit
Joan Rodgers, Alcohol and Drug Services
Jim Thur, Central Support Unit
Alan Wooten, Mental Retardation Services
Laura Yager, Prevention Services

Graphic Design and Layout

Lara Larson, Central Support Unit

Numbers to call for help for yourself or someone you care about

24-Hour CSB Emergency Services
Phone: 703-573-5679/TTY: 703-207-7737

Fairfax Detoxification Center
Phone: 703-502-7000/TTY: 703-538-5292

Alcohol and Drug Assessment and Referral Center
Phone: 703-359-7040/TTY: 703-538-5292

Mental Health Entry and Referral Services
Phone: 703-481-4230/TTY: 703-481-4110
Spanish Line: 703-799-2838/TTY: 703-799-4363

Prevention Services
703-934-5476/TTY: 703-538-5292

Mental Retardation Services
Phone: 703-324-4400/TTY: 703-324-4495

Infant and Toddler Connection
Phone: 703-246-7121/TTY: 703-324-4495

Fairfax-Falls Church Community Services Board
12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1105
Telephone: 703-324-7000
Fax: 703-803-9687
TTY: 703-802-3015

CSB website address: http://www.fairfaxcounty.gov/service/csb/homepage.htm
E-mail: wwwcsb@fairfaxcounty.gov