



More than 50 years of community care

MENTAL HEALTH • SUBSTANCE USE DISORDERS • DEVELOPMENTAL DISABILITIES

Annual Report for Fiscal Year 2020



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Community Services Board Members

FY 2020 Board Officers

Bettina M. Lawton, Esq.
Chair

Jennifer Adeli
Vice Chair

Sheila Coplan Jonas
Secretary

FY 2020 Board Members

Braddock District*
Karen Abraham

City of Fairfax
Diane R. Tuininga

City of Falls Church
Edward E. Rose III

Dranesville District
Jennifer Adeli

Fairfax County At-Large*
Daria Akers
Ken Garnes
Anne Whipple

Hunter Mill District
Bettina M. Lawton, Esq.

Lee District*
Larysa Kautz

Mason District
Sheila Coplan Jonas

Mount Vernon District
Garrett McGuire

Office of the Sheriff*
Captain Derek DeGeare

Providence District
Vacant

Springfield District*
Srilekha Palle

Sully District*
Daniel Sherrange

The following members left the CSB Board during FY 2020: **Thomas Burger (Springfield District), **Captain Basilio Cachuela Jr.** (Office of the Sheriff), **Rachna Sizemore Heizer** (Braddock District), **Suzette Kern** (Lee District), **Nancy Scott** (Providence District), **Evelyn Spain** (Sully District).*

Visit www.fairfaxcounty.gov/community-services-board/board for detailed CSB Board information.

Join us at a CSB Board meeting

The Fairfax-Falls Church Community Services Board normally meets at 5 p.m. on the fourth Wednesday of each month. Meetings are held at the Merrifield Center in Fairfax, and the public is encouraged to attend. During the COVID-19 pandemic, meetings may be held online.

Call the Board audio calendar at 703-324-7035 (TTY 711) or visit the Board meeting schedule page on our website at www.fairfaxcounty.gov/community-services-board/board to confirm times and locations.

Message from the Chair and the Executive Director

We are pleased to present our FY 2020 Annual Report highlighting major accomplishments, challenges, and opportunities. Commitment and strong partnership with the Fairfax County Board of Supervisors and the cities of Fairfax and Falls Church result in continuous delivery of services critical to our most vulnerable residents.

In FY 2020, the CSB accomplished much while facing challenges and opportunities in ongoing key issue areas described in more detail throughout the report including:

- Implementation of multiple new safety protocols and innovative changes in service delivery which allowed the CSB to continue to provide care to the residents of Fairfax-Falls Church.
- Expanding implementation of services and service standards as required under STEP-VA (System Transformation Excellence and Performance in Virginia).
- Addressing the heroin and opioid epidemic by expansion of treatment services.
- Expanding Diversion First initiatives to enhance ongoing decriminalization of mental illness.
- Enhancing access to Medicaid and health care for individuals served.
- Ongoing problem-solving and partnership to help manage the state psychiatric hospital bed shortage.
- Implementing new state mandated requirements for individuals with developmental disabilities as part of the Commonwealth's settlement with the Department of Justice.
- Expanding the CSB's ability to maximize service provision revenue.

Thank you for your continued support.



Bettina M. Lawton, Esq.
Chair, CSB Board



Daryl Washington
CSB Executive Director

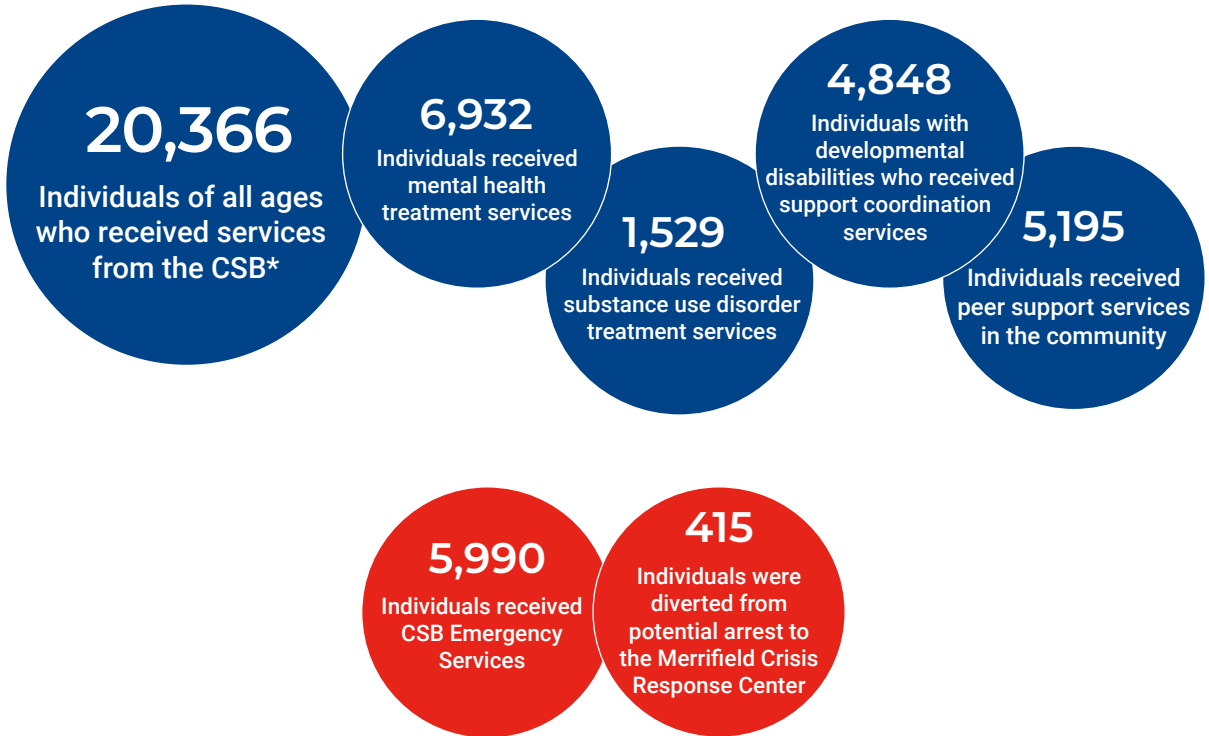
Bettina M. Lawton *Daryl A. Washington*

Annual Report for Fiscal Year 2020

More than 50 years of community care.

The Fairfax-Falls Church Community Services Board provides services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.

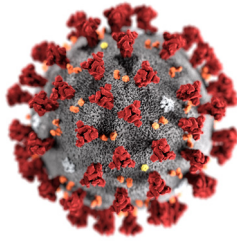
In FY 2020, we continued to deliver services and programs to help our community's most vulnerable, even as COVID-19 pushed its way into Fairfax County.



* Individuals may have received more than one type of service.

Serving Through the COVID-19 Pandemic

The second half of FY 2020 brought COVID-19. In March, and in coordination with other Fairfax County government agencies, the CSB completed its COVID-19 Continuity of Operations Plan (COOP). The CSB's completion of this plan was a key factor in its ability to continue to provide services as COVID-19 hit the our area.



The CSB was able to quickly respond and adjust staff, processes, and technology to meet the demands and restrictions of COVID-19. The CSB's response was, and continues to be, focused on keeping the CSB staff and individuals we serve safe and healthy while providing essential services, despite ongoing constraints presented by COVID-19. Immediate and frequent communication with the CSB staff kept them informed about the disease, phased re-engagement plans, and provided guidance to prevent the spread of illness and reduce misinformation.

Four of the CSB's main service sites and all its residential programs remained open even as COVID-19 safety protocols and procedures to address the personal protective equipment (PPE) shortage were put in place.



ASSISTANCE FROM A DISTANCE
Help for Mental Health, Substance Abuse, and/or Developmental Disabilities During the COVID-19 Pandemic

Medication Clinic Hours

Location	Monday	Tuesday	Wednesday	Thursday	Friday
Station	11 am to 3 pm	Closed	11 am to 3 pm*	11 am to 3 pm	Closed
Manassah	Closed	9 am to 3 pm*	9 am to 3 pm*	9 am to 3 pm	Closed
Chantilly	Closed	11 am to 3 pm*	11 am to 3 pm*	11 am to 3 pm	Closed
Reston	11 am to 3 pm	11 am to 3 pm*	11 am to 3 pm	Closed	Closed

Pharmacy Hours

Location	Monday	Tuesday	Wednesday	Thursday	Friday
Station	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm
Manassah	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm
Chantilly	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm
Reston	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm	8:30 am to 5 pm

Flyers promoting CSB's continued services and adjusted hours through COVID-19.

CSB also transitioned to the use of telehealth in lieu of face-to-face visits when clinically appropriate. Over 450 clinical staff can now provide telehealth services via Zoom for Healthcare. This easy to use and convenient service includes video and teleconferencing. The digital transformation of our operations to telehealth, and the switch to having most staff telework, meant more than 6,500 people received critical, life-changing education and services such as therapy, counseling, case management and prescribing, via telehealth.

450
Clinical staff were trained to provide telehealth via Zoom for Healthcare

More than 6,500
Individuals received crucial, life-changing education and services during COVID-19

The CSB saw a drop in new individuals seeking services in April and May as COVID-19 swept across the Fairfax-Falls Church area. However, requests for services have steadily increased as our community transitioned into Phase 3 re-opening.

Providing More Services to Treat Opioid Use Disorder

In FY 2020, the CSB provided assessment and treatment services to more than 1,500 individuals with a history of opioid use. In FY 2020, the Addiction Medicine Clinic (AMC) at Merrifield Center offered medication-assisted detoxification services and substance use disorder treatment to over 400 individuals. The services are provided in an outpatient setting and allow individuals to remain in their community throughout treatment. During FY 2020 the CSB was able to expand its outpatient substance use disorder services and provided intensive outpatient and outpatient treatment services to 488 adults and 157 youth.

The Fairfax Detoxification Center had over 975 client admissions for residential detoxification services during FY 2020, despite serving fewer people at a time in order to meet social distancing standards during the COVID-19 pandemic. Contracts with local hospitals were used to help reduce the waiting list, however the demand for medication-assisted detox services continues to be greater than the program's capacity to provide this essential service. In FY 2020, the Center maintained a medical detox waiting list of 16 clients, on average, with a typical wait time for admission of 3 to 6 days.

In FY 2020, the behavioral health adult outpatient services program provided case management and treatment to 330 individuals with an opioid use disorder, including those with co-occurring mental health disorders.

Clinicians became keenly aware that the increase in the number of emergency room visits for opioid overdoses were an early indicator of an increased use due to the COVID-19 pandemic. They quickly moved to provide significant outreach and support to

those in need at first through the telephone and then via televideo software, such as Zoom. CSB staff continued to reinforce the importance of staying connected to existing support systems and provided these additional support resources:

- Online 12-step meetings.
- Connections to Coordinated Services Planning for help with basic needs.
- Assistance in obtaining free telephones and internet services.
- Educational resources about COVID-19 and assistance in getting COVID-19 testing as needed.

Additionally, when needed, clinicians assisted in getting individuals into detox and to the Addiction Medicine Clinic for suboxone.

The CSB's Wellness, Health Promotion and Prevention (WHPP)

team continued to offer REVIVE!, a training that teaches people how and when to administer naloxone to reverse a heroin/opioid overdose. Trainings were shifted to a virtual platform to ensure that this important initiative continued during the pandemic. The training was delivered in Spanish and English. In FY 2020, 584 individuals were trained in REVIVE! and 148 naloxone doses were dispensed. Since the program's inception, more than 3,300 individuals have taken REVIVE! training.

In addition, public service announcements

** The arrival of COVID-19 in Fairfax County impacted the number of classes that were held.*

REVIVE!
Opioid Overdose and
Naloxone Education

584


People attended
REVIVE! opioid
overdose reversal
training*

(PSAs) focused on opioid medication safety were developed by the WHPP team and supported with State Opioid Response (SOR) funding. The PSAs aired in English and Spanish in March and April 2020. These PSAs highlighted that opioid addiction could occur in as little as three days and encouraged viewers to ask their physician or dentist for a shorter prescription or alternative pain medication. The PSAs directed individuals to the CSB's website with more information about heroin and opioids.

The CSB continues to manage the Fairfax Prevention Coalition (FPC), a partnership of parents, youth, schools, healthcare providers, government agencies, law enforcement, faith-based organizations, media, nonprofits, businesses, policy makers and volunteers, working together to combat substance misuse in our community. FPC celebrated its year anniversary in April 2020. The FPC meets the second Wednesday of every month. Meetings are now held virtually.




Lock & Talk is a program focused on preventing suicides by restricting access to firearms and poisons. The initiative supplies locking devices for firearms and medications and also teaches how to have tough conversations about suicide and mental health that can help save lives.




Medication Storage Safety

- Secure and take inventory of your prescription and over the counter medications;
- Properly dispose of unused, unwanted, or expired medications;
- Take medications strictly as directed; and
- Talk to your children about the dangers of overdose and prescription drug abuse.



Call the National Suicide Prevention Lifeline if you or someone you know is in crisis:
1-800-273-8255; Veteran Crisis Line, press 1
 Español 1-888-628-9454
 Poison Control Center: 1-800-222-1222



People who pick up a medication lock box also receive an instruction card with safe storage information.

Decriminalizing Mental Illness

Throughout FY 2020, CSB continued working to offer alternatives to incarceration for people with mental illness, developmental disabilities and co-occurring substance use disorders who encounter the criminal justice system for low-level offenses. These efforts are possible because of county investments in diversion programs and ongoing county partnerships between the CSB, court services, law enforcement, fire department and the community. Since January 2016, more than 1,900 people have been diverted from potential arrest to assessment, treatment, and support.

During FY 2020, 415 individuals were diverted from potential arrest to the Merrifield Crisis Response Center (MCRC). Law enforcement transported 2,193 individuals to the MCRC, of which 1,627 were under an emergency custody order and 566 were voluntary transports.

DIVERSION FIRST

415

Individuals were
diverted from
potential arrest to
the MCRC



The Community Response Team (CRT), a co-responder team, served more than 240 individuals who are super utilizers of public safety services. Super utilizers generally have chronic and complex health problems and make up a small percentage of the U.S.

population, yet account for nearly 50 percent of health care costs. In the past year, the CRT has significantly expanded their collaboration with community partners, including hospitals such as Inova Health System Emergency Departments. This collaboration has allowed the CRT to improve care coordination for individuals who frequently cycle through hospital emergency departments and jail.

The CRT has also worked with the Department of Information Technology (DIT) to build a data system to better coordinate referrals and data tracking across public safety agencies. Additionally, the MCRC received a grant from the Department of Behavioral Health and Developmental Services (DBHDS) and is partnering with Neighborhood Health to launch medical assessment/clearance at the MCRC for individuals who need inpatient hospitalization or crisis stabilization admission. This partnership is the result of a multi-year effort. On site medical clearance will reduce the time individuals and law enforcement spend in emergency departments; increase the number of individuals who are connected to follow up care; reduce potential injuries to the individual and law enforcement; and reduce costs by providing these services in a non-emergency department setting.

During FY 2020, the CSB continued to support the specialty courts which grew to serve 14 people in the Mental Health Docket, 18 in the Veterans Treatment Docket and 18 in the Drug Court. Many participants have graduated these programs and many more have been referred and accepted. These dockets provide a critical opportunity to work in partnership with the courts in diverting individuals into treatment and away from the criminal justice

system. In collaboration with the Fairfax County Sheriff's Office, the CSB has supported initiatives to connect individuals with an opioid use disorder to Medication Assisted Treatment, to include Suboxone, while incarcerated. The CSB is providing Adult Detention Center (ADC) based treatment support and connections to community-based care upon release in partnership with the CSB's Addiction Medicine Clinic. Efforts to effectively identify individuals at the ADC who have mental health needs have led to a steady increase in referrals to the CSB's ADC-based team for treatment services. Overall, there has been a 54.7 percent increase since 2015 and an 8 percent increase in the past year.

50
Individuals
served in
Specialty
Dockets

In November 2019, Fairfax County was named an Innovator County by the national Stepping Up Initiative for its expertise in collecting baseline data on the number of people in its jail who have serious mental illnesses. Currently, Fairfax County is one of only 21 counties in the country that have been recognized as an Innovator County that uses the Stepping Up approach to collect and analyze timely data on the prevalence of people in their jails who have serious mental illness.

The Sequential Intercept Model (SIM) is a standard framework adopted across the nation which details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system in a predictable manner. In August 2019, a group of approximately 50 county and community partners came together for a 1½ day SIM mapping workshop. Participants reviewed best practices, local services, resources, and opportunities to further prevent

interaction and/or deeper involvement in the criminal justice system. Through this workshop, priorities were identified to address community gaps, with a focus on leveraging existing resources, enhancing service linkages, and improving outcomes. Identified priorities included the need to continue to bolster efforts to intervene and connect individuals to services and support before a crisis begins or at the earliest possible stage of system interaction. While Fairfax County has some existing Intercept 0 services (e.g. Mobile Crisis Unit, Community Response Team), needs in the areas include increased community outreach, greater awareness of existing services and increased capacity for 24/7 crisis service response services. Other priorities identified include reentry and community services such as housing and peer supports and other pre/post release services and supports. Work is currently underway to address these priorities.

Strengthening Community Mental Health and Substance Use Disorder Services

The implementation of the Commonwealth's System Transformation, Excellence and Performance (STEP-VA) initiative continues to be a CSB priority. STEP-VA was enacted in 2017 and seeks to establish a statewide set of community behavioral health services to be offered by each of the 40 CSBs. Our CSB initiated the first two core services, same-day access to mental health screening and primary health care screening, before the July 1, 2019 deadline.

The CSB has received \$1.1 million from DBHDS to provide same-day access, primary health care screening and outpatient services. This is about 9 percent of the total estimated cost of \$12.9 million to provide these services.

Although not funded by DBHDS, the CSB provides critical employment services and psychosocial rehabilitation services which are vital to meeting the STEP-VA mandates. Behavioral health employment and day services include individual supported employment with 879 persons receiving services in FY 2020, and group supported employment with 7 persons being served in FY 2020. The CSB successfully transitioned its directly operated psychosocial rehabilitation program to a community partner with no interruption of service. 249 individuals served by the CSB received psychosocial rehabilitation services in FY 2020.

879
Individuals received behavioral health employment and day services



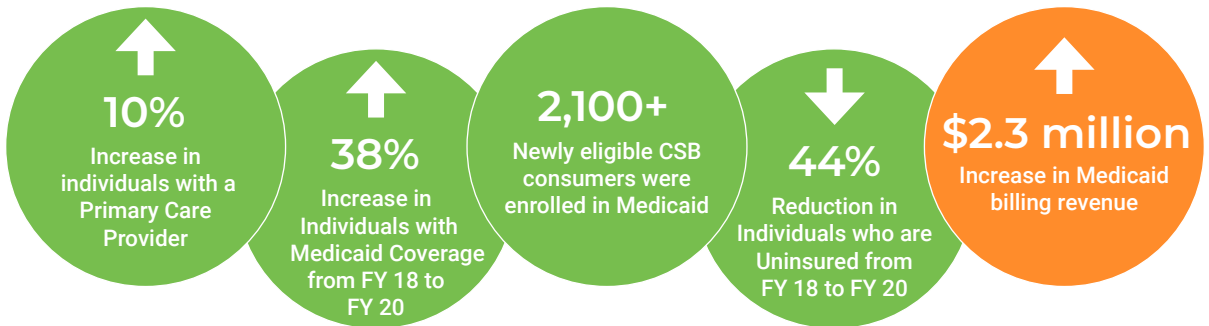
During FY 2020, the peer workforce has stabilized and grown. Turnover rates have decreased dramatically through the implementation of group supervisions, enhanced trainings, and regular consultation with supervisors. Peer Specialists now work in eighteen CSB programs. Programs with new peer support services include Medication Assisted Treatment clinics, New Horizons, Crossroads and Detox/ Substance Abuse Outreach Monitoring and Engagement (SOME) unit. The Peer Overdose Response Team (PORT) began taking referrals and served 40 individuals with recent overdoses or who are at high risk of overdose. Following the conclusion of a federal grant, the BeWell Health Integration Peer Specialist program was sustained by the CSB in partnership with PRS and continues to offer Peer Health Coaching to the CSB's clients. In adapting to the COVID-19 environment, the Wellness & Recovery Centers began operating a "virtual center" with groups and a warmline. (Warmlines provide early intervention with emotional support that can prevent a crisis. The lines are typically free, confidential peer-support services staffed by volunteers or paid employees who have experienced mental health conditions themselves.)

Expanding Individual Access to Health Care

By January 2020, a year after Medicaid expansion took effect, more than 375,000 people gained coverage under expanded eligibility in the Commonwealth. The CSB continues its efforts to enroll individuals in Medicaid to ensure they have access to this vital resource. In FY 2020, over 2,100 newly eligible CSB consumers were enrolled in Medicaid. Additionally, the number of individuals with no insurance reported decreased from 27 percent at the beginning of FY 2019 to 15 percent at the end of FY 2020. At the end of FY 2020, 69 percent of individuals were enrolled in Medicaid, an increase from 50 percent in FY 2018.

The CSB is also dealing with ongoing fiscal and revenue challenges because of the reduction in state general funds related to Medicaid expansion. After Medicaid expansion, state general fund dollars to CSBs were cut with the expectation that CSBs could replace these dollars with Medicaid reimbursements. The CSB experienced a \$4.3 million reduction in funding from DBHDS.

The CSB has increased the amount of billing revenue from Medicaid from \$12.7 million in FY 2019 to \$15 million in FY 2020. The revenue will increase further during FY 2021, as the CSB will begin billing additional services under Addiction Recovery and Treatment Services (ARTS). During FY 2020 the CSB implemented enhanced identification monitoring and improvements to our claims billing process. As a result, our FY 2020 variable revenue increased 12 percent over FY 2019.



Responding to the State Hospital Bed Crisis

The state psychiatric hospital bed crisis continues to challenge the statewide mental health system of care. Northern Virginia represents 29 percent of the population of the Commonwealth, but used only 14% of adult beds and 9% of older adult beds in FY 2020. Northern Virginia used 6% of the Adult Bed Days and 3% of Older Adult Bed Days per 100K in FY 2020.

The Fairfax-Falls Church CSB has made continuous improvements in its crisis services continuum despite consistently having one of the lowest rates of hospitalization. For the past few years, Northern Virginia has been working to increase acceptance rates at our private hospital partner facilities and decrease admissions at state hospitals. This goal was met in FY 2020, as acceptance rates increased in five of our local private hospitals and decreased by up to 22 percent in three state hospitals. Northern Virginia was the only region in the Commonwealth to achieve this goal.

The early stages of the COVID-19 pandemic were marked by a significant decline in acute care admissions statewide. However, in May this trend reversed course with a profound exacerbation of the hospital bed crisis for adults. The CSB discharge planning team quickly responded to meet the imminent need.

The CSB discharge planning team worked diligently to expedite state hospital discharges for individuals who have clinically stabilized and are appropriate for the community continuum of care. In FY 2020, the CSB was able to discharge 444 individuals

from Northern Virginia Mental Health Institute (NVMHI) to services in the community.

Despite the COVID-19 impact on community providers, CSB's discharge planning team successfully discharged 140 adults from state psychiatric hospitals in Q4 of FY 2020 (April-June); 82% of these discharges occurred from our local adult state facility, NVMHI. In FY 2020, 505 individuals were served through residential crisis stabilization at Woodburn Place Crisis Care) through a mix of hospital diversion and hospital step-down.

505

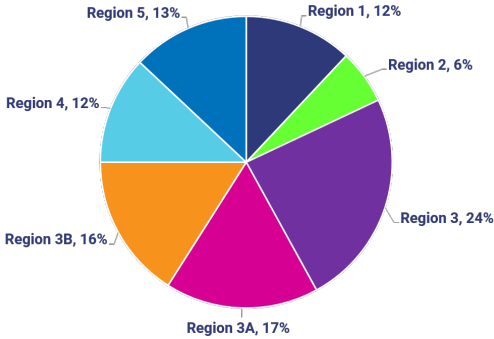
Individuals served
in residential crisis
stabilization

444

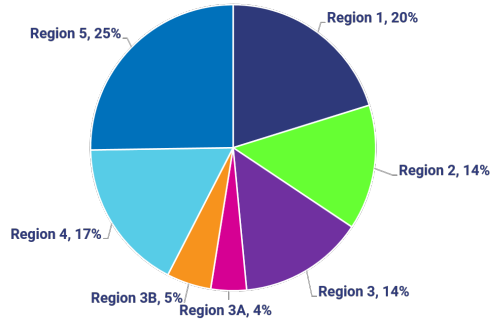
Individuals were
discharged from
NVMHI to community
services

Consistently Keeping Hospital Bed Day Use Low

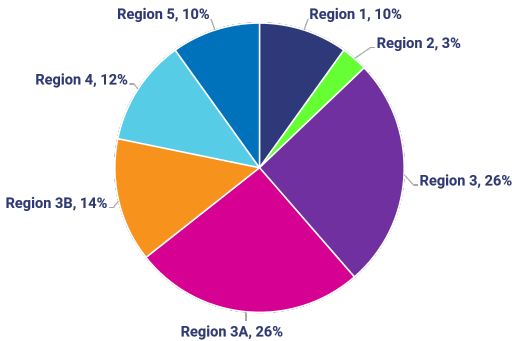
FY 2020 Adult Bed Day Use Per 100K



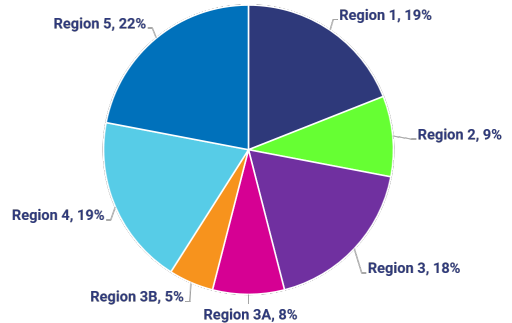
FY 2020 Adult Bed Day Use, Actual



FY 2020 Older Adult Bed Day Use Per 100K



FY 2020 Older Adult Bed Day Use, Actual



Although Region 3, Region 3A and Region 3B are separated on the charts, they are one region.

There is a hospital bed crisis throughout the Commonwealth. However, the Fairfax-Falls Church area of Northern Virginia is not the source of this crisis. In FY 2020, the CSB used 15,197 adult state hospital beds and 3,183 older adult state hospital beds. Northern Virginia used 14% of all state adult hospital beds and 9% of all state older adult hospital beds despite representing 29% of the population of Virginia. The CSB's continued efforts to intervene early and provide excellence in community services are effectively keeping our state facility's bed use much lower than any other area in the Commonwealth. We have the lowest actual bed day use of any region in the Commonwealth.

Expanded Services for Individuals with Developmental Disabilities

Collaborative efforts by the CSB and the community continue to expand and improve the services provided by the CSB and our community partners to meet the needs of individuals with developmental disabilities and co-occurring behavioral health needs.

During FY 2020, CSB support coordination services served 4,848 individuals with developmental disabilities. Employment and day services were provided to 1,573 individuals. The CSB provided care for the 139 individuals who received new Medicaid waiver slots allocated by Virginia's General Assembly. We also increased targeted support to the more than 2,532 individuals on the DD waiver wait list and ensured the individuals' health and safety during the COVID-19 pandemic.

Employment and Day programs served more than 1,550 persons with developmental disabilities. Services included Day Support, Sheltered Employment, Group Supported Employment, and Individual Supported Employment. Approximately 170 persons also received transportation services. Services were provided by contracted private providers in the Northern Virginia community. Nearly 30 different programs were utilized. The services and programs were well received with an overall 90 percent satisfaction rate. Services afforded persons either compensated employment or a meaningful day activity and the opportunity to economically participate in our community. In FY 2019, persons in the programs collectively earned over \$5.3 million through their employment. Earnings for FY 2020 should be similar adjusted for the time people were unable to work due to COVID-19 closures. Almost all of the contracted developmental disability employment and day programs closed in mid-March due to the COVID-19 pandemic. Some individuals continued to work through this time with planned supports in place. Re-opening plans are being developed for the Fall of 2020, with only a few employment and day providers already initiating modest re-openings. The expansion of self-directed services has continued. The number of individuals served through self-directed employment services increased from 144 in FY 2019 to 162 in FY 2020.

4,848

Individuals with developmental disabilities who received support coordination services

1,550+

Individuals with developmental disabilities served by Employment & Day programs

Improving Retention of CBS Staff and Recruitment

There is a nationwide shortage of qualified behavioral health care professionals. Most of our clinical positions, including nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Those requirements mean that most health care related employers in our area are competing for this same group of qualified candidates. In addition, an aging population, increasing patient needs, coupled with an aging workforce and projected retirements means we anticipate some staffing shortages ahead. Strategic recruitment efforts will remain critical to attract qualified talent, but equally important will be how we ensure retention of existing talent.

To promote career opportunities within the CSB, throughout FY 2020 the CSB's Human Resources program expanded its strategic recruitment, sourcing, and outreach efforts, including:

- Participation in the County's pilot program using "LinkedIn Recruiter".
 - Developed and sponsored content ads targeting audiences who met specific qualifications required for several of our hard-to-fill positions.
 - Resulted in stronger applicant pools and at least one hire, that we are aware of, our CSB Deputy Director for Administrative Operations.
- Connecting with university students majoring in health-related fields by participating in career fairs at:
 - Liberty University Nursing Career Fair
 - James Madison University (JMU) Employer Drive-In Conference
 - NAAAP-DC Diversity Job Fair
 - University of Mary Washington
 - Longwood University
- Partnering with Fairfax County's Department of Human Resources (DHR) to host an all-day event for a group of JMU students majoring in social work and psychology.
 - DHR and the CSB presented an overview of the benefits of working for Fairfax County Government and specific information about career opportunities with the CSB.
 - A tour of the Merrifield Center was also conducted and included members of the CSB's executive and senior leadership teams.
- Facilitating Realistic Job Previews for Diversion & Jail-Based Services and Support Coordination Services.
 - Updated the Careers web page to include employee spotlights and videos highlighting some of our service areas and related career opportunities.
 - Despite these efforts the CSB continues to struggle with identifying enough qualified professionals to meet the service needs of the agency.



Individuals Served

Characteristics of Individuals Served by CSB Service Types					
		<i>Developmental Disabilities</i>	<i>Mental Health</i>	<i>Substance Use Disorder</i>	<i>Ancillary Services**</i>
FY 2020 Individuals Served* <i>Based on state reporting categories</i>		2,479	6,932	1,529	17,707
Age	0-11	4%	7%	1%	8%
	12-18	7.5%	20%	11%	19%
	19-26	27%	10.5%	12%	19.5%
	27-59	55%	49.5%	71%	45%
	60+	6.5%	13%	5%	8.5%
Gender	Female	37%	48%	29%	40%
	Male	63%	52%	71%	60%
Race***	Asian	13%	9%	3.5%	9.5%
	Black/African American	13%	21%	19.5%	21%
	White/Caucasian	59.5%	43%	51%	46%
	Two or More Races	5%	7%	8%	7%
	Other	9.5%	20%	18%	16.5%
Hispanic Origin (any race)***		14%	24%	21%	23%

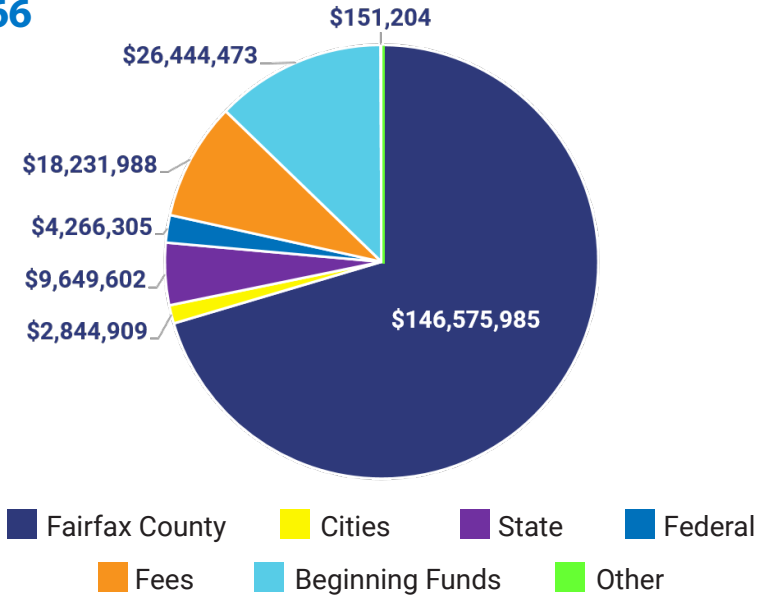
* Numbers served are unduplicated in each service type. Individuals may be served in more than one service type.

** Ancillary services include but are not limited to emergency services, assessment, monitoring, forensics and the Program to Assist in Transition from Homelessness (PATH).

*** Blank/unknown values are excluded from percentage calculations for race/Hispanic origin.

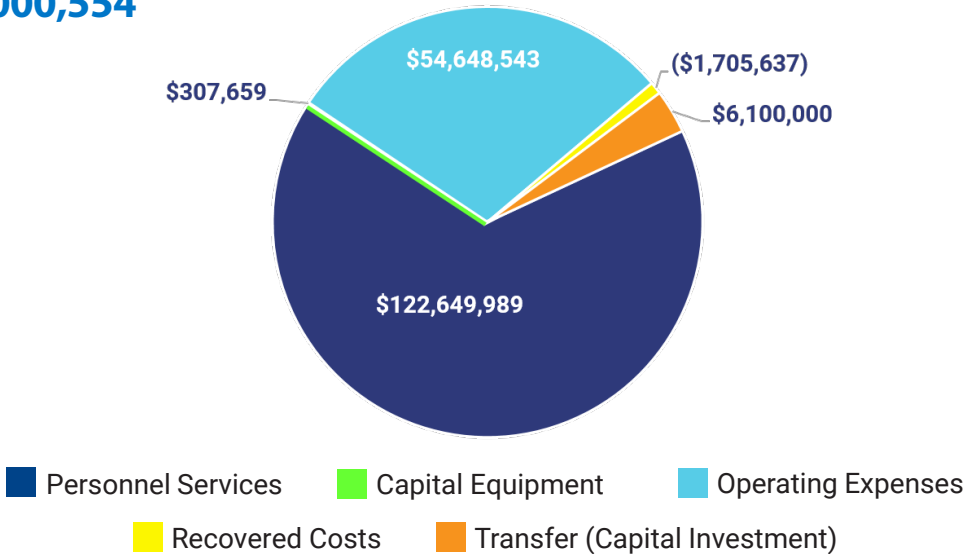
Financial Data – FY 2020 Revenues

\$208,164,466



Financial Data – FY 2020 Expenditures

\$182,000,554



Operating expenses include amounts paid to vendors for contracted services, rent, etc. Recovered costs include reimbursements for CSB services provided to other county agencies. FY 2020 ending fund balance was \$25,808,083

Our Vision, Mission and Values

Where We Want to Be – CSB Vision

Everyone in our community has the support needed to live a healthy, fulfilling life.

What We Do – CSB Mission

To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental disability, serious emotional disturbance (youth), mental illness and/or substance use disorders.

What We Believe In – CSB Values

In achieving our mission and vision, we value:

- ***Respect for the people we serve.***

Individual dignity and human rights protection are at the center of the CSB service philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.

- ***Quality in the services we provide.***

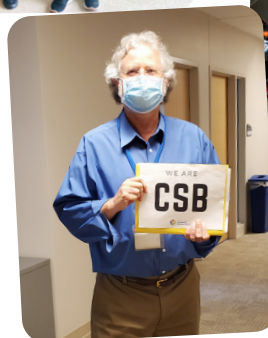
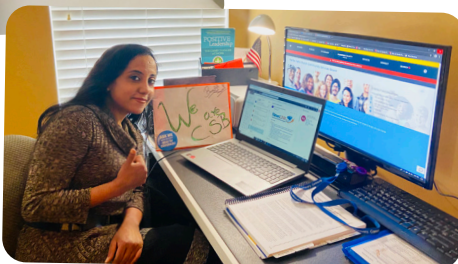
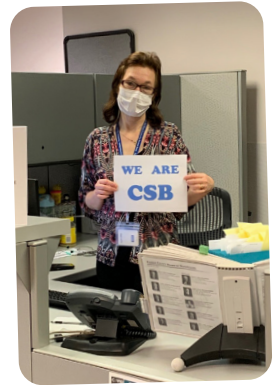
The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.

- ***Accountability in all that we do.***

The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in an effective and efficient manner. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

Adopted February 2020

Our staff



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