



**FAIRFAX-FALLS CHURCH
COMMUNITY SERVICES BOARD**



***Facing Challenges...
Finding Strength***

**Annual Report
July 1, 2001 to June 30, 2002**



Mental Health, Mental Retardation and Alcohol and Drug Services

Helping to Build a Healthier Community Since 1969!

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 dependency. Our aim is to empower and support the people we serve to live self-determined, productive and valued lives within our community. To accomplish these aims, the CSB must identify, develop or 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 we serve.

Vision

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

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 County Government Center in Fairfax, Virginia. The public is invited to attend. Call the Board Calendar, 703-324-7035, TTY 703-802-3015 to confirm the 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.

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MESSAGE FROM THE CHAIRMAN

Dear Friends and Colleagues:

The theme of this year's Annual Report – “Facing Challenges... Finding Strength” – was adopted to acknowledge the extraordinary events of September 11, 2001, their impact on our community and the role still being played by the CSB as a consequence.

It is not our purpose here to revisit the past but rather to recognize the ongoing impact of these events and to reflect on our response as a total community.

In the following pages, you will see a chronicle of our involvement in some of the rescue efforts at the Pentagon, our stress debriefings for those involved in the rescue and recovery efforts and our ongoing outreach to the thousands of citizens whose lives were changed that day.

We had many partners in these activities. They included most notably the Fairfax County Fire and Rescue Department, Fairfax County Police Department, the County's Office of Emergency Management, and the County's Department of Systems Management for Human Services as well as many others. In addition, we worked closely with the American Red Cross, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, the Metropolitan Washington Council of Governments and the Federal Emergency Management Agency (FEMA).

Events such as this also present a learning opportunity for everyone involved. In this case, through the outreach efforts of the FEMA grant, we have improved our understanding of the needs of our diverse community and strengthened our ability to serve our neighbors from a variety of cultures and backgrounds.

Taken together, these efforts reflect what is possible when dedicated staff coordinate their activities both within the County and across the region. The fact that this was achieved within a matter of hours of the incident demonstrates the level of training, planning and the spirit of cooperation that already were in place.

As in many other communities across America, we believe that this event brought out the best in our community. We are proud to have been able to play a role in this effort.

At the same time, we must look ahead to new challenges. We know that our community will continue to grow in size and diversity. We are also redesigning programs to better meet the needs of our changing community. While we are extremely concerned about dwindling resources, we are heartened by the creativity and resourcefulness of our public officials and the citizens of this community.

While September 11 was an extraordinary event –hopefully not to be repeated, we join with our partners in moving ahead to build an even stronger community for the 21st century.

Sincerely,

Jessica Burmester, Chair of the Board



THE DAY THE WORLD CHANGED

September 11, 2001

The CSB responded on several fronts, with an immediate deployment of emergency clinicians to crisis points, with a rapid formation of a working alliance with other agencies and governments, and with concentrated planning for the future.

From the very beginning of the crisis of September 11th, a considerable range of services were mobilized:

- Walk-in clinics were set up at four major county sites for county employees who needed immediate contact with a counselor.
- A link on the county's main website was created to the CSB homepage which gave the public specific information about available services.
- A program to help citizens who lost a relative or friend in one of the terrorist incidents and walk-in groups for citizens who "just needed to talk." were offered and publicized through the website and press releases.
- Printable stress management guides, including specific advice for parents on what to tell their children, were posted on the website.
- Staff debriefed firefighters as each shift returned from initial mutual aid deployments and firefighting at the Pentagon.
- Consultations with the school system to develop and provide intervention programs for children were coordinated.
- Special group counseling services for CSB consumers were organized.



Other comprehensive responses were also set in motion. To address what were expected to be the long term impacts of the events of September 11th, the CSB worked with the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services to pursue funding for a federal mental health disaster assistance program. The model had been successfully employed in many other disaster events, including Oklahoma City. It is specifically targeted to the large segments of population who did not have any mental health problem prior to a disaster, but who might be at risk for event-related symptoms.

"I will not forget the wound to our country and those who inflicted it. I will not yield, I will not rest, I will not relent in waging this struggle for freedom and security for the American people."

President George W. Bush, September 20, 2001

COMMUNITY RESILIENCE PROJECT

In November, 2001, the CSB was awarded a Federal Emergency Management Agency (FEMA) grant to establish the Community Resilience Project, a network of organizations providing community outreach to respond to community needs as a result of the 9/11 events. With the assistance of staff from the County Department of Systems Management for Human Services, community representatives from many cultures were identified and connected to the CSB. At the same time, other target populations were also identified, including school children, immobile elderly persons, unemployed persons and those persons who lost friends or relatives in the terrorist attack.

This effort has created a unified network, representative of our large and diverse community. It has provided services in geographic regions of the community with multi-lingual and multi-cultural capabilities in order to reach individuals and families who may not normally access traditional mental health or emergency services. This project has allowed each organization to enhance its outreach efforts.

Partner organizations (along with their language capabilities and geographic area served) include:

- ADAMS Center- Herndon-Reston (Arabic, Urdu, Dari, and Farsi)
- Boat People SOS, Inc.- County-wide (Vietnamese)
- Dar Al Hijrah Center- Falls Church, Alexandria, and Central Fairfax County (Arabic, Somalia Tigray, Urdu, and Farsi)
- Hispanic Committee of Virginia- Fairfax County and the Cities of Fairfax and Falls Church (Spanish)
- Islamic Foundation- Springfield/Alexandria (Somalian and Arabic)
- Korean Community Service Center- Fairfax County and the Cities of Fairfax and Falls Church (Korean)
- Masjid Mustafa- Springfield/Alexandria (Dari and Farsi)
- Northern Virginia Family Services- Central and Northern Fairfax County (English, Spanish, Arabic)
- United Community Ministries- Southern Fairfax County (English, Arabic, and Spanish)

Paraprofessional outreach counselors from these organizations “hit the streets” in early November, 2001 to provide supportive listening to the public about their fears and concerns after 9/11 and the subsequent anthrax outbreak. Initially, the public’s reaction to 9/11 was one of sadness and anxiety, and as time passed and threats of future attacks were in the news, persons were fearful that “the other shoe will drop”.

In addition to the outreach crisis counseling, Community Resilience staff provides:

- psycho-educational presentations to community groups regarding the effects of crisis on the mind and body along with tips on how to cope with stress. And as time evolves, broader presentations are being developed on stress management and personal resiliency skills to cope with adversity
- CSB’s grief program was expanded through the FEMA grant to provide a targeted program for the victims’ families of 9/11.
- The Community Resilience Project developed multicultural initiatives to strengthen channels of communication between ethnic minorities and the majority populations, and promote cross-cultural understanding.



THE HEALING BEGINS

- Community Fairs and Awareness Days were developed:
 - Coordinated the first-ever cross cultural fair and awareness day in the Culmore area in conjunction with the local mosque, churches, Vietnamese, Hispanic and Korean service agencies.
 - A Community Day was held at Stonegate Village Apartments in Reston, a large, ethnically diverse, federally assisted housing development. In both cases, the attendance was high (800 and 500 respectively) and demonstrated that people are interested in learning about one another.
- Project Resilience developed a partnership with George Mason University's Institute on Conflict Analysis and Resolution (ICAR) to carry out two initiatives:
 - 1) conduct four cross cultural dialogues with members of the general public about cultural issues in the post 9/11 era, and
 - 2) produce 2-3 videos about the migration and assimilation process from videotaped interviews with immigrants from various countries of origin. Both of these initiatives are intended to challenge myths and stereotypes about how we think and feel about one another.
- The Community Resilience Project partnered with Faith Communities in Action and George Mason University to conduct a special 9/11 anniversary event entitled, "A Day of Remembrance: An Interfaith Gathering United for Peace". This event was attended by over 1900 persons and involved eight world religions, and an interfaith chorus was formed for this event. This event was designed to help the community represented by many cultures, races and countries of origin to come together to heal.

During this time period, the Community Resilience Project provided the following:

- 192 support groups to 2517 individuals
- Six ongoing, twice per month, grief support groups for families of Pentagon crash victims
- 613 educational presentations to 17,706 individuals
- Over 126,000 educational materials disseminated in person, 10,000 pieces of material mailed out to individuals, and nearly 130,000 pieces of material distributed in public places.

Almost 10,000 individuals received brief, individual crisis counseling. Of these:

- 77 percent were referred for other community services related to short term financial needs related to unemployment from the economic downturn since 9/11
- 45 percent were referred for additional project services, most particularly to grief support services
- 10 percent were referred for more intensive mental health services

With ongoing community needs, the FEMA funding has been extended and the program is anticipated to continue to mid-2003. The Community Resilience Project has built strength in our community through a united effort. The partnerships developed have become very strong and the community has increased its capacity to respond to crisis. Plans are underway to make these partnerships a lasting resource for the County in the future.

EMERGENCY PREPAREDNESS.....

Through reflection upon all that has been learned during this time, the CSB has developed preventative measures to assure a timely response should future crises occur. The following preventative measures have been incorporated into the CSB operations:

- **Emergency Coordinating Committee:** Chaired by the Deputy County Executive and comprised of agency heads, and other critical planners, this Countywide group has worked to assure ongoing and future coordinated efforts across agencies. Planning has focused on:
 - Providing support for victims and response personnel.
 - Assisting in the management of Family Mass Excavation Shelters and citizen inoculation centers.
 - Arranging for the care and support of CSB clients.
- **Site-Specific Emergency Response Plans:** Each CSB site has individual emergency plans in place to support communications, evacuation, shelter, and service delivery in the event of future community disasters and emergencies.
- **Geographic Information System (GIS):** All CSB service sites have been entered into the County's computerized mapping system to help identify sites that might be in the path of airborne chemical, biological, or other harmful events.
- **Metropolitan Washington Council of Governments (COG):** The CSB has been an active member of a regional emergency response planning committee to include mental health and substance abuse services as an integral part of disaster operations.

While we share great hope for the future in the Fairfax-Falls Church community, the CSB has developed strategies for a strong response system focusing on emergency preparedness.

“Police, fire and rescue, emergency management, and other County personnel involved in responding to the Pentagon disaster have done an absolutely outstanding job.”

*- Deputy County Executive Robert Stalzer
September 21, 2001- Courier*

ACCOMPLISHMENTS

Cooperative Employment Program Puts People to Work

The Cooperative Employment Program (CEP), which is jointly operated by the Community Services Board and the Virginia Department of Rehabilitative Services, served 133 individuals this past year.

- The program provided 38 new competitive employment placements and supported 100 employed individuals. These individuals earned an average hourly wage of \$8.60, working an average of 33.7 hours per week. During the entire year, the participants collectively earned wages totaling \$1,527,566.
- Over 50 percent of the participants were employed in positions providing full or partial benefits.
- CSB costs per service hour are 10 to 20 percent less than similar contracted services.
- CEP has a high satisfaction rate of 99 percent.
- The CEP program participated in the County's "Older Adult Employment Expo" and staff served as greeters, provided career counseling, and resume assistance at the event.

CSB Establishes Medical Director Position

A full-time Medical Director position was developed with the assistance of partial state funding and an appointment was made. This represents the first time that the CSB has realized the full-time efforts of a medical/psychiatric director. All program areas serve clients with complex medical issues in addition to their primary disability. A greater emphasis on integrated behavioral and medical care is needed. The Medical Director will work closely with the Directors of Mental Retardation, Mental Health and Alcohol and Drug Services, their staff and 80 physicians to identify standards of care issues, psychiatric needs and staffing models. The Medical Director will serve as the chief liaison with the Medical Directors of the Virginia State Hospitals and with the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Case Managers Connect People with Services

Twenty-one people received emergency Medicaid Waiver funding in FY 02.

Case managers coordinated services for 94 individuals served by Mental Retardation Services and the Regional Community Support Center Clinic at the Northern Virginia Training Center for a variety of services including dental, medical, psychiatry, ophthalmology, neurology, sensory integration, nutrition, gynecology, occupational and physical therapy, and behavioral consultation.

Each of the FY02 graduates was successfully placed in jobs/day support services of their choice and also received the necessary transportation.

"Now, he has the promise of being a taxpayer, rather than a disabled person receiving a permanent government subsidy. These proven results make this type of self-help program a model partnership between the person needing the service, the government, and the private sector."

—From a parent whose adult son is served by the Cooperative Employment Program

ACCOMPLISHMENTS

Crossroads Redesign

Crossroads was redesigned to meet the needs of both the substance abuser and clients with co-occurring disorders that require longer-term substance abuse residential care. Crossroads has modified programming to include two distinct tracks for primary substance abuse and dually diagnosed disorders. All staff received extensive training on dual diagnosis and counselors' responsibilities have expanded to facilitate clients receiving treatment for substance abuse and mental health issues simultaneously. In addition to the dual diagnosis counseling services offered, the redesigned program components include:

- psychiatric assessments,
- prescribing and monitoring psychiatric medication, and
- Aftercare Pharmacy site, which has improved medication access for consumers.

The benefits of the redesign are:

- clients can receive their medication and therapy on-site,
- the mental health center resources that once went to this population are now available to others in the community, and
- there is an 85 percent reduction in Mental Health Emergency Services visits by clients in the program.

Family Support Offers Choice and Flexibility

Over \$190,000 was used to support 206 individuals and their families through the Mental Retardation Services' Family Support Program in FY02. Funding was used to provide nursing services, personal assistance, needed supplies and equipment, and assistive technology.

PACT Continues Its Successes!

The Program of Assertive Community Treatment (PACT) is a state-of-the-art multidisciplinary comprehensive outreach program that targets those seriously mentally ill individuals who are at greatest risk and works to stabilize them within the community. It is a model that has reported remarkable successes around the country and has been endorsed by a number of groups, including the National Alliance for the Mentally Ill (NAMI). The program here has had a very productive year as it:

- Reduced PACT consumers' psychiatric hospitalizations by **89 percent**.
- Reduced homelessness of PACT consumers from 61 percent to **7 percent**.
- Increased the number of persons served by PACT by **32 percent**.
- Increased employment among PACT consumers **five fold**.

ACCOMPLISHMENTS

Interagency Hoarding Task Force

With representation both from the Mobile Crisis Unit and the Older Adults programs, Mental Health Services actively participated in the County's new interagency Hoarding Task Force. Pathological hoarding is a behavior that is just coming into national prominence. Since it occurs behind closed doors, it goes undetected until the people involved find themselves in harm's way. In the most severe cases, belongings are stacked ceiling high, leaving few internal walkways – to the extent that homes are unsafe because of fire and structural risks. The task force is chaired by the County Fire & Rescue Department, and also includes engineering, housing, legal, health and mental health staff. In the community, these treatment-resistant individuals often come to the attention of Mental Health Services through the Fire Marshall, Health Department, Police Department, and Adult Protective Services. The Mobile Crisis Unit helped resolve a number of these complex cases through consultation, assessment and clinical interventions.



Reorganization of Adult Mental Health Services

Adult Outpatient Services conducted a thorough needs analysis and survey of other mental health systems and began a major restructuring of services based upon these findings. Integrating a variety of adult programs across outpatient programs, the division was renamed and is now known as **Adult Community Services (ACS)**. In addition to service integration and coordination, ACS has focused on the development of individual managers as content area experts, increasing responsibility for the quality of clinical services, and the implementation of a Recovery Model approach for the delivery of clinical services.

3RD Annual Tim Harmon Memorial 5K Race/Walk

Building on the success of the past two years, Alcohol and Drug Services sponsored the 3rd annual Tim Harmon Memorial 5K Race/Walk on June 15th, 2002 at the Fairfax County Government Center. The public/private effort increases awareness of Hepatitis C, organ transplantation and substance abuse in our community.

- 600 individuals registered and 539 individuals completed the race
- 100 people volunteered
- Local businesses and county agencies, such as the Fairfax County Firefighters and Paramedics, Local 2068 and the County's Community and Recreation Services sponsored the event.
- Over \$8000 was raised and donated to the following organizations: The Hepatitis Foundation; Friends of Sunrise; Friends of Crossroads; The American Liver Foundation, Washington DC Metro Chapter, and the Firefighters September 11th Relief Fund.



ACCOMPLISHMENTS

Infant and Toddler Connection- New Name Adopted for Part C Services

Governor Warner and the Fairfax County Board of Supervisors proclaimed May 2002 as Early Intervention Awareness Month in the Commonwealth of Virginia. At the same time, Governor Warner also announced the “Infant & Toddler Connection of Virginia” as the new state name for Part C Services in Virginia. Locally the name, “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.

Other highlights this year included:

- The program hosted a physician’s outreach training at INOVA Hospital; a parenting mini-conference; and offered parent support groups.
- The Assistive Technology workgroup increased available resources for families.
- The program implemented the initial phase of a new statewide web base data system. Also, a new statewide fee system was implemented.



Alcohol and Drug Youth Services Opens New Site

Alcohol and Drug Youth Services opened a new facility for Outpatient and Day Treatment in Chantilly. The site serves approximately 300 outpatient clients and 35 Day Treatment clients per year. These services fill an important gap for youth and families in the western part of Fairfax County.

CSB Staff Join Human Services Partners in New South County Building

The CSB’s Alcohol and Drug Youth Services and several Mental Health programs to include Victim Assistance Network, Anger and Domestic Abuse Prevention and Treatment (ADAPT) and Youth and Family Services relocated to the new South County Center. The programs are co-located with other human services agencies which increases collaboration and interagency program planning. The co-location also facilitates access to several human services programs at one site for families and clients in the South County area.



ACCOMPLISHMENTS

New Generations Family Reunification Track

New Generations is a long-term residential substance abuse treatment program for pregnant and postpartum women and their children. New Generations, in collaboration with the County's Department of Family Services, continues to promote preservation and reunification of families.

- Programming is designed to allow women to be admitted without their children in order to enhance their treatment process.
- The new service, the *Family Reunification Track*, maximizes the potential of successful family preservation.
- New Generations serves 38 women annually.

Alcohol and Drug Adult Outpatient Services Expand Services to Spanish Speaking Persons

ADS Adult Outpatient Services provides community-based substance abuse treatment in the southern region of the County, Fairfax City, Falls Church, Reston, and in the Adult Detention Center. Existing services were redesigned to include an improved continuum for our Spanish-speaking individuals. Service areas include:

- Hispanic Day Treatment Program in Fairfax,
- Intensive Outpatient Program in Reston and South County,
- Education and assessment services in the Adult Detention Center, and
- Family Counseling services for Spanish-speaking significant others and family members in Fairfax.

Viviendo Saludable- Residential Services for Spanish Speaking Clients

Viviendo Saludable is the only residential substance abuse treatment program in the Washington Metropolitan area for monolingual Spanish speaking clients. The program administered by Vanguard Services Unlimited is the result of a successful partnership between the Arlington, Alexandria and Fairfax-Falls Church Community Services Boards, with funding provided by the federal Center for Substance Abuse Treatment.

Treatment saved my life literally by keeping me alive. I was physically deteriorating and unable to care for my child. Now, I have regained my daughter's trust and am able to give her a better life.

Client in the New Generation's program

CHALLENGES

Rise in Numbers of Children and Adults without Health Insurance

As of March 2000, the Census Bureau estimated that about eight percent of households in the Fairfax Falls Church area lacks health insurance coverage. This translates into about 82,000 Fairfax-Falls Church residents.

Fairfax Falls Church Residents Without Insurance

Below 200 % of Poverty	37%
Above 200% of Poverty	5%

Fairfax County is one of the most affluent localities in the nation, yet a local and national comparison of insurance coverage for residents whose incomes fall below \$50,000 is of concern.

Income Level of Residents	Nationally	Fairfax-Falls Church Area
Below \$25,000	23%	35%
Between \$25,000 - \$49,000	17%	20%

According to the Fairfax-Falls Church Community Assessment Report released last year, uninsured residents, including special needs infants and the increasing immigrant population, are placing increased demands for services on publicly supported health and behavioral healthcare programs.

- In the Fairfax-Falls Church area, it is estimated that 19,000 or seven percent of children ages 18 or younger have no health insurance.
- During FY02, only 12,274 children were enrolled in Medicaid, while during 2001 and the first quarter of 2002, only 8,922 children were served in locally supported non-Medicaid funded primary health care programs.

Year	Enrolled in Medicaid	Enrolled in Local, Non-Medicaid Primary Health Care Programs
1998	17,100	10,752
2002	12,274	8,922

Available indicators show a burgeoning problem. By 2010, Fairfax County projects having 1.1 million residents, of whom approximately 132,100 will be uninsured. When insurance benefits are limited, exhausted or denied, people stop treatment, try to pay out of their pockets and/or seek treatment in the public sector. The real impact is that people will get sicker before they seek care, delayed care is more expensive and, in the case of mental illnesses and substance abuse problems, the burden will fall upon the Community Services Board.

Substance Abuse and Complicated Medical Conditions

During the past several years, there has been an increase in substance abusing clients with complicated medical conditions.

- Examples of conditions include diabetes, Hepatitis C, heart problems and cancer.
- Additionally, the incidence of Hepatitis C and associated liver damage has continued to rise.
- More and more clients are in need of medical treatment and medications are often expensive; yet community resources are shrinking.
- Clients with substance abuse problems are often ineligible for Medicaid or other medical coverage.

Residential programs, in particular, are facing a difficult dilemma. Since programs must ensure clients receive appropriate medical services and if medical resources are unavailable, the client may be excluded from the program. Excluding a client from necessary substance abuse treatment results in increased cost to the community through emergency room visits and hospital stays. Unmet medical needs are taxing CSB resources.

Growing Need for Primary Medical Care

Persons with mental retardation are now living longer and as a result, many experience the same health and aging related issues as the general population and are in need of special care. Also, many are more medically fragile, and may require hospice, in-home cancer care, special diets, oxygen tubes or gastrointestinal tubes for feeding. Staff are required to monitor the status of these medical conditions, the medications the individual takes and the possible side effects. Special training for staff is a major requirement and will be an increasing emphasis in the future.

The Increasing Demand for and Cost of Psychotropic Medications

Among many critical challenges facing the CSB, one of the most urgent areas of concern is the exploding cost of psychotropic medications. The increased cost of psychotropic medications has been steady and substantial here and across the country. One study in California showed a 192 percent increase in the cost of several antipsychotic medications over a three year period.

The advances made in the last decade in the quality and effectiveness of psychotropic medications have been remarkable:

- Many people who once required lengthy hospitalizations can now be treated in the outpatient community due to the effectiveness of these drugs.
- The newer drugs significantly improve the quality of life and they reduce long-term health care costs.
- In the short run, however, the newest medications are very costly and these costs come at a time when state and county budget cuts are reducing the resources to pay for them. At present, the mental health system is wrestling with a medication deficit approaching one million dollars.

CHALLENGES

The CSB has instituted numerous cost saving initiatives to try and lessen the impact.

- Partnering with the pharmaceutical industry to maximize the use of samples and indigent medication programs.
- Establishing co-payments and examining the qualification level for consumer subsidies.
- Using less expensive drugs (generics) whenever it is clinically appropriate.
- A medication utilization and cost containment work group is continuing to develop cost containment strategies and monitoring results.

Workforce Crisis Impacting the Most Disabled Consumers

Across the nation there is an increasing shortage in the availability of home health care workers, nursing assistants, and other paraprofessionals who provide long-term care and support to individuals on a daily basis.

In the Fairfax-Falls Church area provider organizations offer both vocational and residential support services for persons with mental retardation and/or serious mental illness.

Challenges include:

- Unprecedented staff vacancies and turnover rates for direct care staff and first line supervisors;
- Inability to raise wages, lack of career growth opportunities, and demanding workloads and schedules offset the recruitment and retention of staff.

In Virginia, a major factor for Medicaid waiver providers is the Medicaid rate of reimbursement for residential, in-home and day support services. Since the beginning of the Medicaid waiver program in Virginia ten years ago, there has been no significant increase in these rates of reimbursement, nor is there a differential for the Northern Virginia region where the cost of providing services is higher than in other areas of the state. As a result, providers are experiencing increased difficulty in maintaining services.

Another major issue is the continuation of the existing State policy which freezes the number of Mental Retardation (MR) Waiver slots. This increases the number of persons with mental retardation who are in urgent need of care but cannot receive it. Since this population needs long-term care with little turnover of slots, there is a cumulative impact when this is unfunded.

Housing and Support Services Needs

A crisis of limited affordable, accessible and available housing for persons with disabilities continues to top the list of critical community concerns as reported by consumers, their families and many service providers.

- Although the community continues to establish successful networks of collaboration involving public and private organizations, churches and other community based organizations, the gaps are highlighted each year with homelessness numbers, waiting list numbers, which translates to tragic individual human stories of people who have no place to live.
- When housing and support services are not provided to persons with chronic disabilities, the result is an increase in the number of clients living with aging parents, an increase in the number of psychiatric hospitalizations, more homelessness and, often, incarceration for trivial offenses like trespassing and disturbing the peace.
- The Community Services Board has always supported a wide range of housing options for people with disabilities who need residential services. These housing options include single apartments, shared group housing, assisted living, and residential and treatment services as needed. But the resources are far from sufficient.
- There are 6,661 people on the Housing Choice Voucher and Public Housing waiting lists at the Fairfax County Department of Housing and Community Development (DHCD). Almost 25 percent - one in every four - of these persons have disabilities. All too often, landlords will not accept housing subsidies.
- Virginia, like other states, is involved in developing a State Olmstead Plan (following the 1999 U.S. Supreme Court Olmstead Decision). The Olmstead Decision emphasizes the legal rights of persons with disabilities to have access to community based care. This CSB, as well as consumers, advocates and community members are actively gathering information for consideration in the development of this plan as it relates to housing.

When I was at Homeless Services, the ADS staff there helped me to stabilize, supported me in my time there, and also referred me to further treatment at Recovery House. They arranged the interview for me, helped me to understand what is required and to prepare; and supported me in the time after I was accepted and still waiting for a bed to become available.

Because they were able to do so, I am now involved in ongoing care for my alcohol/drug abuse problem as well as my mental health issues. Without their help, I probably would have just left the shelter when I began to feel better, and I would have likely returned to using drugs if I did not have the structure to help me. Dan J -

CHALLENGES

Special Education Graduates Crisis

The need for day services for each year's graduates with mental retardation or autism has been addressed for nearly 20 years through an annual appropriation by the Board of Supervisors. These students have received over 20 years of public education to prepare them for adult day services. Without this service, the students are likely to experience significant regression of their learned skills. Additionally, since many students have severe disabilities and cannot be left home alone, a lack of day programs will require one of the parents to either stay home or alternatively purchase alternate respite services. Either alternative has a significant economic impact on the family.

Each year, Mental Retardation Services anticipates the need for day services for the upcoming school graduates based on data provided by the Fairfax County Public Schools.

<u>Day Services</u>	FY 03/04	FY 04/05	FY05/06	FY06/07	FY07/08	5 Year Total
Developmental	8	7	13	16	11	55
Sheltered Employment	11	7	14	6	12	50
Supported Employment	42	42	34	28	36	182
Individual	33	25	33	17	15	123
SUBTOTALS:	94	81	94	67	74	410
Individuals Requiring Additional Funding						
Cooperative Employment Program (Department of Rehabilitative Services & CSB Funded)	5	7	9	7	2	30
TOTAL:	99	88	103	74	76	440

The CSB has served 333 students in the past five years. During the next five years, the Fairfax County Public Schools (FCPS) and the CSB anticipate that 440 graduates will need day support, most of them requiring some type of employment service. Of this number of graduates, additional CSB funding will be needed for 410 persons. FCPS estimate that 105 graduates will need facility-based services: 50 in sheltered employment and 55 in developmental programs.

Youth and “Club” Drug Abuse

For the past five years, youth seeking services through Alcohol and Drug Services have reported an increase in the availability and use of “club” drugs, including Ecstasy (a psychoactive drug with both stimulant and hallucinogenic properties) and ketamine (a dissociative anesthetic). Youth are also reporting the availability of PCP (a dissociative anesthetic) and Methedrine (speed).

Research supported by the National Institute on Drug Abuse has shown that use of “club” drugs can cause serious health problems and, in some cases, sudden death. Youth continue to choose alcohol as their primary drug of abuse and frequently use marijuana. “Club” drugs, used in combination with alcohol, can be even more dangerous. The *Communities That Care Survey* will be re-administered in 2003 to sixth, eighth, tenth and twelfth graders to gauge the extent of the problem and provide planning information related to service needs for youth in the community.

Delivering Accessible, Quality Youth and Family Mental Health Services

There are three significant challenges in Youth and Family mental health services that will require careful attention in the coming year.

- **Maintain ready access to outpatient care for children of all ages and their families-** The public and private partnership developed to expand youth and family mental health services in our centers has resulted in significant improvements in access. There is no waiting list for outpatient services to this population. With reductions in mental health funding, maintaining ready access will become substantially more challenging.
- **Preservation of in-community residential programming for Seriously Emotionally Disturbed (SED) and At Risk (AR) children and youth -** Local children’s residential beds have been declining and more children are being placed outside of the area. The Community Policy and Management Team, through the Comprehensive Services Act program, has established a goal of retaining more children and youth within the community.
- **Opening of the Children’s Crisis Care Facility-** This program will direct children and adolescents from psychiatric hospitalizations by providing intensive short-term therapeutic residential services in a state-of-the-art crisis care facility. The opening of this facility is anticipated before the end FY 03.

Alcohol and Drug Adult Services for Women

ADS Adult Services is providing special services for women in the community. Women experience many barriers to treatment and research has demonstrated that gender-specific treatment is more effective with this population. Barriers to treatment for women include:

- daycare services for women with limited resources,
- transportation to the treatment sites,
- services at a time of day that will allow them to coordinate work, school and /or child care, and
- the stigma associated with substance abusing women who are pregnant or have children.

ADS Adult Services provided treatment for 427 adult women during FY 02.

CHALLENGES

County's Rapid Growth and Diversity

The Fairfax-Falls Church community continues to grow and diversify.

- The U.S. Census 2000 documented a population of 1,001,624 and this number is expected to increase by nearly 15 percent by the year 2010. * The community is characterized as having high mobility rates. Of the population in 2001, 10 percent had moved to the area that year.
- In addition to this population growth, there has been a significant increase in diversity. There are over 100 languages spoken in the area and almost 31 percent of households have persons who speak a language other than English at home.**

Fairfax County Population Racial / Ethnic Origin Composition 1980-2001

Race/Ethnic Origin	2001	1990	1980
White (Non-Hispanic)	63.6%	77.5%	86.2%
Black (Non-Hispanic)	8.3%	7.6%	5.8%
Asian/Pacific Islander	14.0%	8.3%	3.8%
Hispanic	11.6%	6.3%	3.3%
Other	2.5%	0.3%	1.0%

Sources: U.S. Census Bureau, 1980 and 1990 Decennial Censuses and 2001 Decennial Supplementary Survey.

There is a need to deliver services in multiple languages within the workforce and within the community. The CSB is challenged to move beyond cultural sensitivity to cultural competence, incorporating new and innovative approaches to meet community needs.

Racial/Ethnic Origin of People Receiving CSB Services: 2002 and 1992

	ADS		MH		MR	
	2002	1992	2002	1992	2002	1992
White/Caucasian	51%	63%	59%	74%	74%	85%
Black/African American	24%	27%	21%	19%	12%	9%
Asian	4%	2%	6%	3%	9%	4%
Hispanic Origin	25%	9%	13%	6%	8%	2%
Other	21%	8%	14%	4%	5%	2%

* COG Summary of Intermediate Population Forecasts - Round 6.2 Cooperative Forecasts Updated to include Census 2000 Population Totals

**Fairfax County Department of Systems Management for Human Services and U.S. Census Bureau, 2001 Decennial Supplementary Survey

PARTNERSHIPS: SCHOOLS

School Early Intervention Services

Alcohol and Drug Services (ADS) operates School-Based Early Intervention Services in collaboration with Fairfax County Public School social workers, guidance counselors, and administrators. School personnel identify youth involved in alcohol and substance abuse and refer students to ADS for assessment, intervention, and treatment services. The ADS Early Intervention Services program provided:

- 176 substance abuse assessments for youth and families, with 122 youth requiring treatment;
- 781 parent consultations related to child substance use and related behaviors,
- 199 student consultations related to substance abuse;
- 164 youth were required by the school system to attend the 3-day education course at the Substance Abuse Awareness Seminar in Falls Church as a diversion for in-school substance abuse violations; and
- 124 attended the Tobacco Education Seminar.

The Substance Abuse Awareness Seminar has been so successful that programming was initiated in the southern region of the County.

Mental Health Youth and Family Services implemented an agreement with Fairfax County Public Schools through which therapists are deployed to work in pre-school programs for 2 to 5 year old children having serious but not “categorized” emotional disorders. Teachers identify the young children who need mental health intervention. The clinicians then work both with the children and their parents. This program offers a critical opportunity to intervene in the earliest stages of potential mental illness and treat it before it worsens and could become entrenched and treatment-resistant.



PARTNERSHIPS: SCHOOLS

Transition from School to Work

Mental Retardation case managers transitioned 67 students from school to work. The case managers work cooperatively with Employment and Transition representatives from the Fairfax County Public School system. A timeline was set for each student at the beginning of the school year at which meetings, vendor site visits and site assessments were scheduled. Each student successfully transitioned into a day placement at the end of the school year.

CSB Prevention Staff and Fairfax County Public Schools

The CSB Prevention Unit continues to work with the Fairfax County Public Schools (FCPS) through collaborative planning efforts and direct services.

- The Leadership and Resiliency Program pairs CSB staff with school counselors to provide intensive prevention programming to youth in alternative and mainstream high schools. This year programming was provided at 11 sites.
- FCPS continue to open their facilities for prevention programming:
 - Family Night is a neighborhood program based at Forest Edge Elementary School and hosted by Reston Interfaith and the CSB
 - The Girl Power program is an after-school program based at many school sites as well as community centers.
- The County-School Collaborative was formed to develop new approaches for collaboration across systems.
- The CSB Prevention Unit and the FCPS Safe and Drug-Free Youth office work closely to provide resources and address youth alcohol and drug issues.

“The program has earned a very special place in my heart because of the power that it has given me. Power that gave me self-confidence, strength to say no to drugs, power to stand up for truth, power to be a good role model, help others when they need it. Not only have I had the opportunity to share my feelings and emotions with others, I have also learned from others unique and distinct abilities.”

Prevention Program Youth Participant

PARTNERSHIPS: PUBLIC AND PRIVATE

Drug Court - An Interagency Initiative

In collaboration with the Fairfax County Juvenile and Domestic Relations Court, a Planning Team was established to develop a Juvenile Drug Court in Fairfax County. The Planning Team includes staff from the CSB, Juvenile Court, Juvenile Court Judges, the Commonwealth Attorney's Office, the Public Defender's Office, the Fairfax County Public School system, the Department of Family Services, and the Department of Systems Management for Human Services. Committee members will attend several trainings in 2003 to develop the model and a pilot program. Once implemented, Drug Court programming will provide mandatory substance abuse treatment for juvenile offenders with alcohol and drug problems and a weekly judicial review of a youth's progress. Drug Courts nationwide are demonstrating that treatment works and is an effective alternative to incarceration.

Alcohol and Drug Contract Services

Alcohol and Drug Services (ADS) entered into two new contracts to address gaps in the residential continuum of care. These contracts were established by reallocating existing resources, but unfortunately do not meet the level of need in the community. The new contracts provide for medical detoxification and women's supportive housing services.

Psychosocial Day Programs Provides Community Living Support

In FY 02, over 93 percent of the clients attending the Psychiatric Rehabilitation Services, Inc., psychosocial day programs remained in the community and did not need psychiatric hospitalization. This is an increase from the previous year, when over 90 percent remained in the community.

Mental Retardation Services Vocational Vendors

Mental Retardation Services vocational vendors demonstrated cooperation and partnerships in planning in two major areas: HIPAA and Emergency Preparedness. HIPAA is the Health Insurance Portability and Accountability Act of 1996. It is an unfunded mandate standardizing how health and mental health care providers maintain individual health care information. Emergency Preparedness procedures were developed in the wake of September 11th with all contracted private providers.

PARTNERSHIPS: PUBLIC AND PRIVATE

Second Genesis, Inc.

- Second Genesis, Inc. received accreditation from the Commission for the Accreditation of Rehabilitation Facilities (CARF). CARF is a national organization that establishes and maintains quality standards for behavioral health organizations with a rigorous process that ensures the highest standard of client care.

Vanguard Services Unlimited

- After years of planning and fundraising, Vanguard Services Unlimited moved its' corporate headquarters and intermediate length substance abuse treatment program, Phoenix, into a new building in Arlington.
- The Annual Run for Recovery was held with over 500 participants. The race helped raise money and awareness of substance abuse and recovery issues.
- Vanguard Services Unlimited has worked collaboratively with the non-profit Washington Lawyers Committee to advocate for fair housing rights for recovering individuals.

Pathway Homes, Inc.

In partnership with the Community Services Board, Pathway Homes, Inc. has added services for 12 new residents in 2002. The expansion is made possible through a Shelter Plus Care grant from the U. S. Department of Housing and Urban Development. All 12 new residents have a history of homelessness and are dually diagnosed with serious mental illness and substance addiction. They receive support services from counselors in the joint Pathways/CSB Supported Housing Options Program (SHOP).

Alternative House Provided Crisis Stabilization for Many Families

During the past fiscal year, Alternative House, the abused and homeless children's refuge, provided emergency shelter, care and counseling for 128 homeless young people. Through the two-week crisis intervention program, more than 80 percent of the children were stabilized and able to return to their families.

Partnership Helps Victims of Domestic Abuse

The Fairfax County Domestic Violence Crisis Shelter received county funding to expand the number of shelter beds in FY 02. By combining county and contract resources in a unique way, the capacity for an additional twelve victims have been added to the existing shelter. Reston Interfaith received the contract to provide staffing most notably bi-lingual staff. The CSB maintains the site lease and utilities and provides the program equipment and staff supervision. The expansion includes a furnished playroom with toys and supplies for the many children at the shelter.

PARTNERSHIPS: PUBLIC SAFETY

Mobile Crisis Unit

- As a result of the events of September 11, 2001, the Mobile Crisis Unit (MCU) coordinated the mental health response to requests from the American Red Cross and the Department of Defense for mental health professionals to provide crisis intervention and stress management to rescue and medical personnel at the Pentagon and to the victims' families. In the six weeks following the event, Emergency Services/MCU and other Community Services Board staff provided a total of 222 hours of crisis intervention and stress debriefings to rescue workers at the Pentagon, to family members of victims, and to personnel from various agencies including public safety. Two Emergency Service/MCU staff provided a grief counseling program for victims' families.
- MCU provided 79 training sessions to law enforcement personnel, an increase of 276 percent over FY2001. This included training in crisis intervention and communication skills to Fairfax County police officers participating in crisis negotiation used during hostage or barricade situations. Similar trainings were also provided to security officers at the Central Intelligence Agency. Handbooks focusing on mental health problems, services and procedures were also developed.
- MCU provided 47 Critical Incident Stress Management debriefing sessions to individuals from various Fairfax County agencies, Community Services Board programs, and private organizations in response to the occurrence of traumatic or unusual stress-producing events, a 48 percent increase over FY2001
- MCU provided 1,507 face-to-face interventions, a 7 percent increase over FY 2001.
- MCU responded to 446 referrals from public safety agencies, this is an increase of 4 percent over FY 2001.
- MCU responded to 244 referrals from area hospitals and private practitioners for involuntary hospitalization evaluations, a 17 percent increase over FY2001.



PARTNERSHIPS: PUBLIC SAFETY

Mental Health Forensic Services

The Forensic Section of the Community Services Board has participated in a partnership with the Fairfax County Sheriff's Office for twenty-five years. The Forensic Section was created to address the needs of offenders with serious mental illness at the Fairfax Adult Detention Center. From recent reports (Bureau of Justice Statistics, 1999), it is estimated that approximately 16 percent of jail inmates experience a serious mental disorder, such as schizophrenia or bipolar disorder. Additionally, jails nationwide have been challenged by the high rate of suicide, estimated to be nine times greater than the general population. With a daily census of over 1,100 inmates, there are approximately 200 incarcerated persons with mental illness who receive mental health services.

Mental health services at the Adult Detention Center include crisis management with recommendations regarding cell placement, psychotropic medication, and psychiatric hospitalization.

Cell Placement: Although ongoing individual counseling is not available, identified inmates receive crisis intervention services and placement in a cell block that matches their risk level.

Medication: Inmates with significant mental health disorders receive psychotropic medication to manage their psychiatric symptoms. During FY02, an average of 164 inmates were treated with antipsychotic, antidepressant, and mood-stabilizing medications each month. Similar to other Community Services Board programs, the expense of psychotropic medication has been a challenge for the Sheriff's Office and has resulted in increased collaboration between the two agencies in efforts to reduce those costs.

Hospitalization: In some situations, Forensic staff arrange a transfer to a psychiatric hospital for intensive treatment. In FY02, seventy-eight inmates were transferred and stabilized at a state hospital during their incarceration.

Release Planning: Mental health services are essential in the jail but also need to continue after release from jail. At the time of release, persons with mental illness are at risk of returning to the Adult Detention Center for another minor offense if release planning is not available. Such planning transitions inmates' mental health services from jail to the community.



PARTNERSHIPS: PUBLIC SAFETY

Alcohol and Drug Jail Services

Alcohol and Drug Court Services represents a successful partnership between Alcohol and Drug Services (ADS) and the Office of the Sheriff to enhance public safety and public health by returning offenders to the community as productive citizens. Accomplishments during the past year include the development of a jail-based Spanish speaking substance abuse treatment program.

With limited resources, challenges for the future are:

- Meeting the high demand for services and significant waiting lists. Currently, 87 percent of those incarcerated are substance abusers.
- Transitioning inmates into community based programs that have significant waiting lists.



**“I would never have addressed my alcohol abuse as effectively in the community.
The substance abuse group in the jail made a huge difference in my life.”**

M.K.

PREVENTION SERVICES

The CSB Prevention Unit works to reduce known risk factors in the community related to substance abuse, mental illness, and other related issues. Programming is designed to increase skills that will strengthen individuals and families and reduce susceptibility towards problem behaviors. All programs are based on solid research about “what works” in prevention.

Prevention Program Receives National Recognition

The Leadership and Resiliency Program (LRP) was named a National Model by the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (SAMHSA). This is the first such program in Virginia to achieve this recognition. National model programs are replicated across the country. The LRP was also recognized in 2001 by the Fairfax County Board of Supervisors for collaborative programming and producing cost effective, measurable outcomes.

Family Interventions Create Link to the Treatment System

Typically, families in crisis often find themselves immobilized. The Prevention Unit’s Family Intervention Program provides assistance to families who are often unable to deal with the challenges of seeking help for themselves or finding resources for their family member who is abusing substances. Through education, planning, and preparation, family members identify coping skills, learn family roles, explore strategies and potential solutions. In FY02, the Family Intervention Program received 372 calls regarding services. Of the requests for services, 87 families received education, consultation, crisis intervention, and/or facilitated intervention services. All callers received requested information and/or referral to services.

Scholarship Event

Girl Power participants were invited to enter a scholarship contest that awarded savings bonds to help with higher education tuition. Participants in the 2001 program were invited to submit an essay about their experience in the Girl Power program. Over 50 essays were submitted and ten savings bonds were awarded.

PREVENTION SERVICES

Recognition and Replication for Girl Power!

The Girl Power program received a National Association of Counties award for program excellence. Staff developed a 32 week substance abuse prevention program for girls, ages 10-15, based on a national information campaign developed by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. It has generated extensive interest for program replication across the country. Using a four-pronged approach including education and skill-building, community service projects, recreational and alternative activities, and a parent/caregiver component, the program expanded to 23 sites this year. With a grant award from the Governor's Office on Substance Abuse Prevention, Girl Power has developed partnerships with area private, nonprofit organizations.



“Teamwork made the best of Girl Power. I have learned a lot working with girls from different cultures. Teamwork describes Girl Power! the best because it illustrates how members from different Girl Power groups help each other by giving advice and understanding each other’s feelings. By working in teams I have learned to get along with others and it made it easier for me to adjust to peoples behaviors.”

Prevention Program Youth Participant

VOLUNTEER SERVICES

Over 400 volunteers provided services to benefit CSB consumers and programs.
A total of 25,772 hours of service were provided to all programs.

CSB Programs Receive Over Half Million Dollars Worth of Volunteer Support!

The 2002 Virginia average hourly value of Volunteer Time, as determined by the Virginia Employment Commission, Economic Information Services Division, is \$19.77. With that rate, the CSB estimates that in FY 02 it received \$509,512 of support from volunteers.

Fairfax County Volunteer Service Award

A CSB Mental Retardation Services volunteer was awarded the 2002 Youth Volunteer Award. The volunteer was the college “Buddy Director” of George Mason University’s chapter of “Best Buddies”, an international organization that promotes friendships between people with intellectual disabilities and college students.



Corporate Donation Makes a Difference

The Mental Retardation Services Volunteer program’s ongoing relationship with the Fair Lakes Wal-Mart resulted in a \$500 donation. The donation enabled people with limited financial means to purchase clothing, personal care items, custom-made shoes, and begin some dental work. The Arc of Northern Virginia has set up a permanent account for Mental Retardation Services that will enable the receipt of future cash donations.

Alcohol and Drug Volunteer and Intern Program (VIP)

The ADS Volunteer and Intern Program (VIP) established partnerships for intern placements with 24 academic programs and volunteer activities included CPR training, AIDS awareness and psychoeducational programs.



VOLUNTEER SERVICES

Artist in Residence

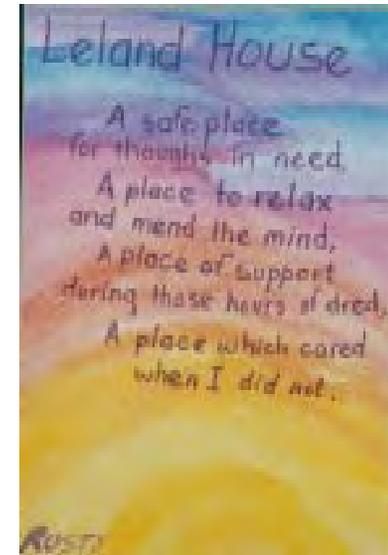
A local artist arranged for an artist living in a CSB group home to have an art show at a community fair. Tara Derr Webb, an artist in the Be a Friend! program was matched with a group home resident to support his artistic interests and talents. His artwork is featured on the Be a Friend! program T-shirts. At Art by the Lake, held at the Reston Community Center, several local artists and other volunteers introduced people served by the CSB to working with clay, photography, painting with acrylics, and pencil drawings.

Community Volunteer Support

The staff of the Westfields Marriott provided community volunteer support and conducted an all-day clean up and beautification of Leland House, an adult mental health crisis care program. The company purchased new benches for the yard, installed outdoor solar lights and landscaped the yard.

Volunteers Help Domestic Abuse Program

An average of 40 persons volunteered with the Anger and Domestic Abuse Prevention and Treatment (ADAPT) program and provided support and administrative services for over 300 clients in 13 groups.



Fun Facts...

14 Alcohol and Drug Services (ADS) volunteers "volunteered" in a second program

2 volunteers were hired by the Community Resiliency Project

6 volunteers were hired by ADS

2 volunteers were hired by the CSB

1 volunteer was hired by Vanguard Services Unlimited, an ADS contract agency

"Our bilingual intern has been great with our Spanish-speaking families. He helps so much with the cultural details that are so important in serving our clients. He jumps in and helps with anything we need. We have found that an internship is an invaluable experience for a potential employee."

- Comments from Sunrise Program Staff

QUALITY IMPROVEMENT/STAFF TRAINING

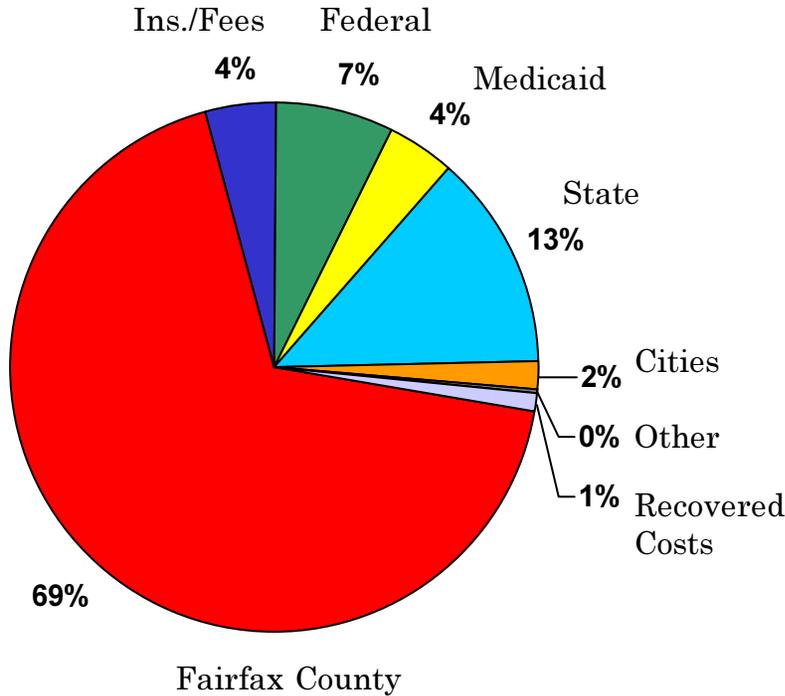
Fiscal Year 2002 Quality Improvement Plan Highlights

- Licensure: All programs reviewed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) were licensed with no deficiencies
- Adverse Incident Procedures and Forms: A CSB Committee established standardized procedures and forms for reporting to State, CSB Central Services QI/Risk Management staff and Program QI staff.
- Medical Records Reviews: A review of Medical Records were conducted at Alcohol and Drug , Mental Retardation and Infant and Toddler Connection Services. Recommendations made to improve patient confidentiality, chart security and chart documentation are being implemented.
- Credentialing: Over 1,000 licensed and non-licensed staff have been credentialed for reimbursement by insurers for services provided.
- Texas Algorithm Pilot Medication Project was completed.
- A Pharmaceutical Review by a consultant was completed and is being used by Medical Unit staff to design improvements in medication and pharmacy practice.

Staff Training Highlights

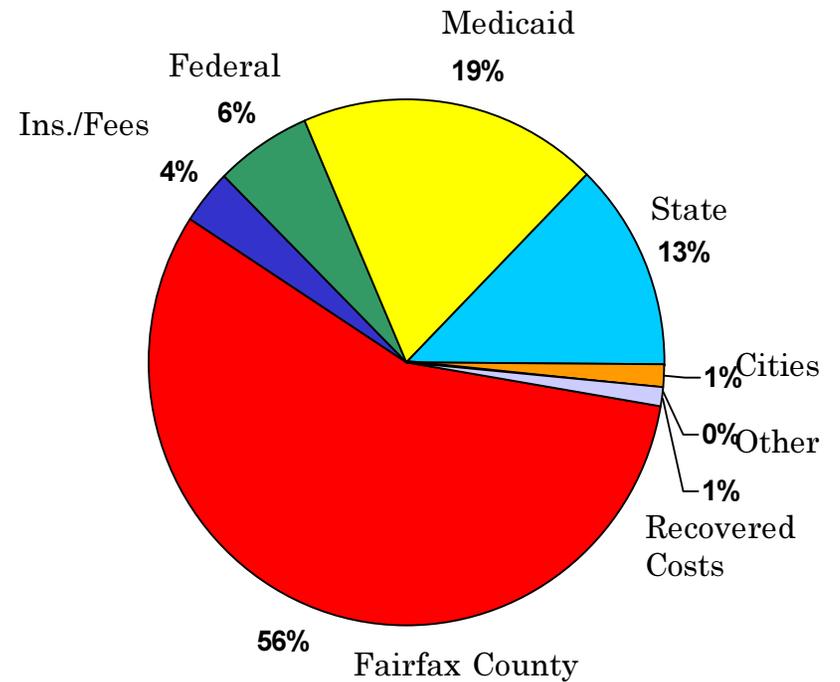
- Training: Completed CSB system wide training on revised fee and subsidy related procedures as part of reimbursement and clinical charting process improvements to maximize revenues.
- Continuing Education Requirements: Because the CSB is a governmental entity for mental health, mental retardation and substance abuse services, credits toward continuing education requirements can be given to certain professional groups.
- Reimbursement: Completed review of documents and an online inquiry are part of the process improvements related to revenue maximization efforts.
- Human Rights Regulations: The State finalized new Human Rights Regulations requiring the CSB to design a training program for all staff to be implemented in FY 2003.

FY 2002 CSB Revenues Without Off-Budget Funds



Fx Co.	\$74,594,347
Ins./Fees	\$4,648,572
Federal	\$7,854,084
Medicaid	\$4,659,162
State	\$14,288,469
Cities	\$1,806,357
Other	\$234,118
Recovered Costs	\$1,316,765
Total	\$109,401,874

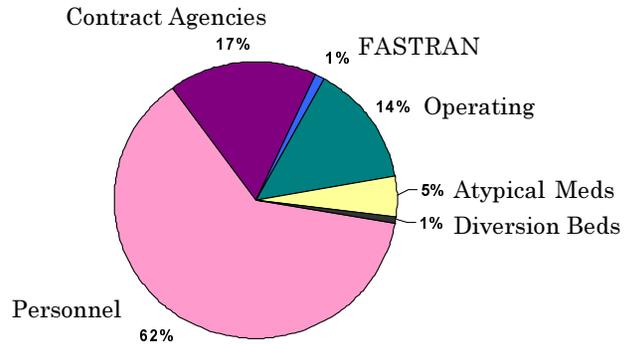
FY 2002 CSB System Revenues (With Off-Budget Funds Paid Directly to Vendor)



Fx Co.	\$74,594,347
Ins./Fees	\$4,648,572
Federal	\$7,854,084
Medicaid	\$24,975,062
State	\$17,058,565
Cities	\$1,806,357
Other	\$234,118
Recovered Costs	\$1,316,765
Total	\$132,487,870

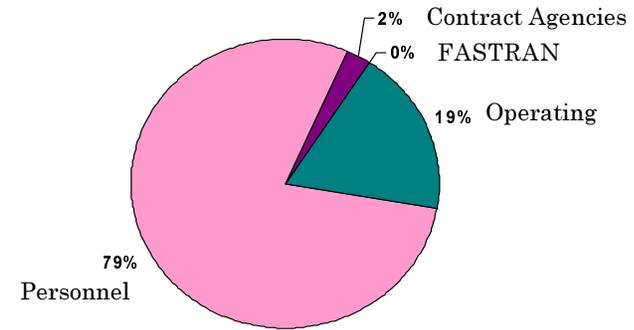
FINANCIAL SUMMARY

Mental Health



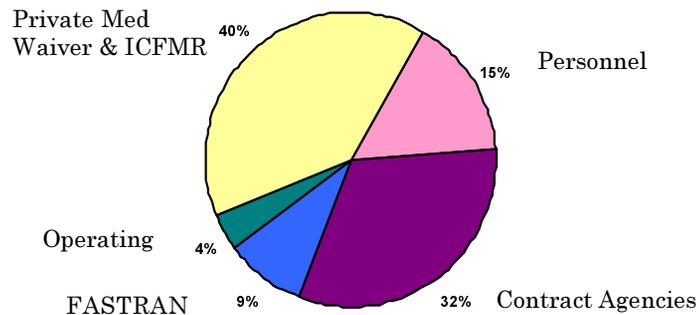
Personnel	\$30,811,054
Contract Agencies	\$8,384,019
FASTRAN	\$507,096
Operating	\$7,054,606
Atypical Meds	\$2,297,428
Diversion Beds	\$472,668
Total	\$49,526,871

Alcohol and Drug



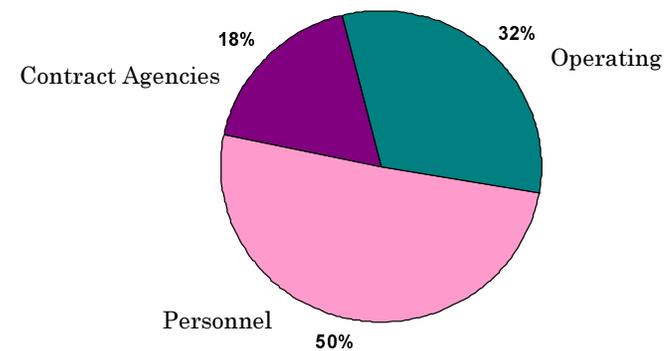
Personnel	\$19,055,271
Contract Agencies	\$561,791
FASTRAN	\$16,432
Operating	\$4,485,297
Total	\$24,118,791

Mental Retardation



Personnel	\$7,956,796
Contract Agencies	\$16,448,049
FASTRAN	\$4,660,342
Operating	\$2,087,490
Private Med Waiver & ICFMR	\$20,315,900
Total	\$51,468,577

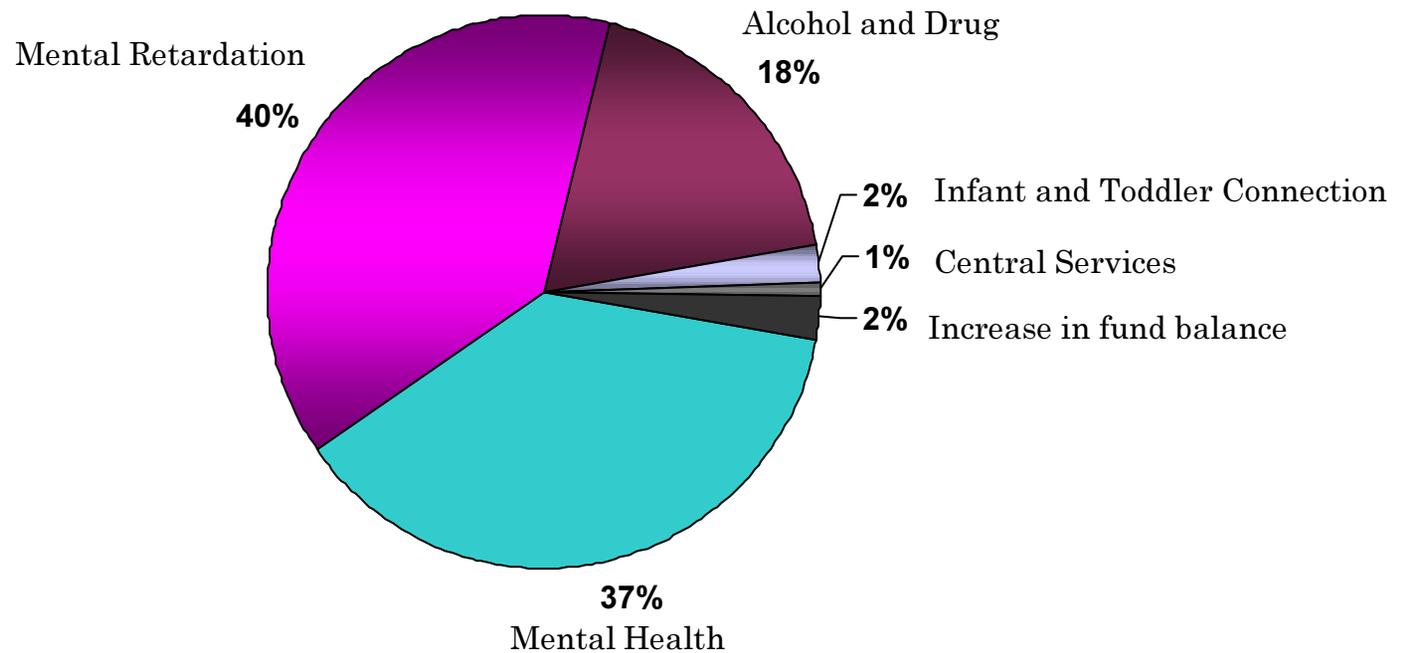
Infant and Toddler Connection (Part C)



Personnel	\$1,537,324
Contract Agencies	\$532,071
Operating	\$963,506
Total	\$3,032,901

FY 2002 CSB Expenditures With Off-Budget Funds Paid Directly to Vendors

Total CSB System



Mental Health	\$49,526,871
Mental Retardation	\$51,468,577
Alcohol & Drug	\$24,118,791
Infant & Toddler (Part C)	\$3,032,901
Central Services	\$1,032,662

Characteristics of Persons Served by CSB Program Areas FY 2002

		ADS	MH	MR	Infant & Toddler Connection (Part C)
Persons Served*		6224	10551	1882	1189
Age	0 - 17	17%	14%	17%	
	0 - 2				100%
	3 — 5				
	18—22	17%	9%	13%	
	23—59	65%	70%	67%	
	60+	1%	7%	3%	
Gender	Male	75%	53%	57%	59%
	Female	25%	47%	43%	41%
Income Level					
	\$0—9,999	43%	63%	86%	21%
	\$10,000—24,999	33%	23%	10%	11%
	\$25,000+	24%	14%	4%	68%
Race	Asian	4%	6%	9%	12%
	Black/African American	24%	21%	12%	11%
	White/Caucasian	51%	59%	74%	77%
	Other	21%	14%	5%	0%
Hispanic Origin		25%	13%	8%	19%

Services Delivered by CSB Program Area

Persons Served **	ADS	MH	MR	Infant & Toddler Connection (Part C)
Emergency	2130	6115		
Outpatient/Case Management	3353	5068	489	
Methadone	36			
Day Support	470	812	1378	
Residential	2304	2057	850	
Family Support			179	
Infant & Toddler Connection	556	402		1189
Inpatient		77		
Transportation	10	227	630	

*This is an unduplicated count of persons served.

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

FY 2004 CRITICAL NEEDS

ALCOHOL AND DRUG SERVICES

**School-Based Substance Abuse Prevention
and Early Intervention Services for Youth**

**\$461,118
9/9.0 SYE**

In response to the findings from the 1999 survey A Study of Alcohol and Drug Abuse Among The Youth of Fairfax County, Alcohol and Drug Services developed a four-year plan of action to develop services to address the problem of youth substance abuse, which was endorsed by the Fairfax County Human Services Council in 2000. The plan addressed the need to phase in Prevention and Early Intervention Services over four years in the Fairfax County School system to curb the trend of growing youth substance abuse. This funding would allow implementation of these services

**Expanded Case Management Services for Clients
with co-occurring Disorders**

**\$406,072
7.0/6.5 SYE**

This project will provide case management, housing and wrap around services to the difficult to serve, high risk, dually diagnosed population. This population is at high risk of relapse and hospitalization without appropriate community supports in place.

**Contracted Residential Substance Abuse
Treatment Services for high risk clients**

\$100,000

This project will restore \$100,000 of funding for adult contract residential services to serve the most at risk clients. Clients often have multiple diagnoses, including middle and late stage addiction, mental health disorders, HIV, AIDS, and Hepatitis C. These clients cannot safely wait up to 12 months for services and must receive the treatment needed to end the destructive cycle of addiction.

MENTAL HEALTH SERVICES

Purchased Medications

\$800,000

Psychotropic medications have become increasingly effective for individuals with mental illness but their cost has significantly increased and they are often beyond the financial reach of many consumers. The requested funding will provide for psychotropic medications which are becoming more effective at the same time they are becoming substantially more expensive. The requested funding will provide medication and does not involve any increase in staffing patterns.

Adult Residential Services

\$1,290,000

Intensive Care

The requested funding will provide staffing, housing and services for consumers with serious mental illness who do not need 24 hour onsite staff support but are not prepared to live independently.

Criminal Justice

\$68,508

Diagnostic, Evaluation, and Crisis Services

Funding is requested for a jail diversion/discharge planner who will assess the mental health needs of the incarcerated seriously mentally ill, link them with case management, treatment, medication monitoring, dual diagnosis services, and residential services as appropriate, and coordinate implementation of these services with the criminal justice system.

Program of Assertive Community Treatment (PACT) Team

- **North County PACT Team** **\$1,100,000**
 - PACT Residential 17 two-bedroom apartments (rent & set up)** **\$250,000**
- **Central County PACT Team** **\$1,100,000**
 - PACT Residential 17 two-bedroom apartments (rent & set up)** **\$250,000**

The requested funding will expand the successful cost-effective PACT program on Route One to Central and North County citizenry. The PACT model enables persons with severe and persistent mental illness to live safely in the community by providing comprehensive mobile psychiatric treatment, rehabilitation and support services on an on-going drop-in basis.

MENTAL RETARDATION SERVICES

**Vocational and Day Support Services
for MR School Graduates**

\$990,529

The funding for the provision of vocational and day support services is needed for 75 special education graduates with mental retardation who will graduate in June 2003 who cannot be funded through the CSB fund balance. Without this support, individuals will be forced to remain at home, which creates stress and hardship to their families. The estimate also includes the cost of transportation services for these graduates.

Residential Emergency Services**\$500,000**

Funding is needed to address the approximately 15 to 20 individuals with mental retardation each year who are in emergency need of long-term residential services as a result of a death or serious illness of their primary caretaker(s). These individuals include Medicaid eligible consumers for whom there are no Medicaid funding slots available and individuals who are not Medicaid eligible.

Expanded Facility-Based Respite Services**\$350,000**

Respite services refers to short term, temporary care provided to people with disabilities in order that their families can take a break from the daily routine of care giving or can attend to the needs of their other children without disabilities. This request is part of a public-private partnership whereby a private agency is donating a facility and only requesting funding from the County for personnel and operations

Expanded Home-Based Respite Services**\$200,000**

Respite services refer to short term, temporary care provided to people with disabilities so that their families can take a break from the daily routine of care giving or can attend to the needs of their other children without disabilities. Part of this request, \$100,000 would be used to fund the in-home cash subsidy program to serve an additional 100 individuals using the current subsidy rate and the other \$100,000 would be used to increase the subsidy rate so that families would experience fewer difficulties in finding in-home respite providers.

CSB PROGRAM MAIN LOCATIONS

CSB Central Services

Human Services Center
12011 Government Center Parkway
Suite 836
Fairfax, VA 22035-1105
703-324-7000
703-802-3015 (TTY)

Alcohol & Drug Services

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

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

Fairfax Detoxification Center
4213 Walney Road
Chantilly, VA 20151
703-502-7000
703-207-7737 TTY

ADS Youth Services
8350 Richmond Highway
Suite 515
Alexandria, VA 22309
703-704-6707

14170 Newbrook Drive
Suite 200
Chantilly, VA 20151
703-961-1080

107 Park Place
Falls Church, VA 22046
703-533-5634

1850 Cameron Glen Drive
Suite 500
Reston, VA 20190
703-481-4004

Mental Health Services

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

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

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

Woodburn Center
3340 Woodburn Road
Annandale, VA 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, VA 22152
703-866-2100
703-451-1245 (TTY)

Mental Retardation Services

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

Infant and Toddler Connection

3750 Old Lee Highway
Fairfax, VA 22030
703-246-7121

Cooperative Employment Program

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

Community Services Board Executive Staff

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

Mary W. Kudless
M.S.N. R.N. C.S.
Deputy Director

Mental Health Services
John DeFee, Ph.D.
Director

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

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

PARTNERS IN DELIVERING SERVICES



Mental Health Services

- Alternative House
- Applied Technology Services, Inc.
- Beyond Behaviors, Inc.
- Child Help
- Community Residences, Inc.
- CSS, Inc.- Cardinal House
- Family & Youth Outreach Services, Inc.
- Family Preservation Services
- For Children's Sake
- Gateway Homes
- Graydon Manor
- ICON Community Services
- Inova, Mount Vernon Hospital
- Learning Educational Foundation
- Learning Services Corporation
- Marion Manor
- Pathway Homes, Inc.
- Psychiatric Rehabilitation Services, Inc.
- Reston Interfaith
- ServiceSource, Inc.

- Southern Manor Homes for Adults
- Tall Oaks of Reston
- United Community Ministries, Inc. (UCM)
- Virginia Baptist Hospital - Bridges
- Youth for Tomorrow



Mental Retardation Services

- Abilities Network
- CARECO, Inc.
- Central Fairfax Services, Inc.
- CHIMES, Virginia
- Community Living Alternatives, Inc.
- Community Residences, Inc.
- Community Systems, Inc.
- Didlake, Inc.
- ECHO, Inc.
- E-TRON Systems, Inc.
- Gabriel Homes, Inc.
- Hartwood Foundation, Inc.
- ICON Community Services, Inc.
- Job Discovery, Inc.
- Langley Residential Support Services, Inc.

- Mount Vernon-Lee Enterprises, Inc.
- Psychiatric Rehabilitation Services, Inc.
- Resources for Independence of Virginia, Inc.
- ServiceSource, Inc.
- SOC Enterprises
- St. Coletta Day Support Program
- St. John's Community Services, Inc.-OPCO
- Volunteers of America-Chesapeake
- Woodmont Center (Arlington Community Services Board)



Alcohol & Drug Services

- Alexandria Community Services Board
- Prince William Health System
- Second Genesis, Inc.
- Vanguard Services Unlimited
- Women's Home, Inc.



Infant and Toddler Connection

- The Chesapeake Center, Inc.
- Rehabilitation Associates, P.C.
- Therapy 4 Kids, L.L.C.

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: 703-207-7737

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

Mental Health Entry & Referral Services
Phone: 703-222-4145/TTY: 703-481-4110
Spanish Line: 703-799-2838/TTY: 703-799-4363

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

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

CSB website address:
[Http://www.co.fairfax.va.us/service/csb/homepage.htm](http://www.co.fairfax.va.us/service/csb/homepage.htm)
E-mail : wwwcsb@fairfaxcounty.gov



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