FY 2005 Annual Report

PARTNERS *in a* CARING COMMUNITY

Fairfax-Falls Church Community Services Board

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

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A special thank you to the CSB consumers who created the artwork presented throughout this report.

WHO WE ARE

The Fairfax-Falls Church Community Services Board (CSB) serves the community as the public agency responsible for planning, organizing and providing services to person who have a mental illness, mental retardation, or a substance use disorder. Programs are directly operated or provided by private organizations and are licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

The CSB was established in 1969 by the joint action of Fairfax County and the Cities of Fairfax and Falls Church. The CSB functions as part of the Fairfax County Human Services system. The State Code requires that every jurisdiction in the Commonwealth of Virginia has a CSB.

Our Vision

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

Our Mission

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

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

The Fairfax-Falls Church Community Services Board normally meets at 7:30 p.m. on the fourth Wednesday of each month. Meetings are held at the Fairfax County Government Center in Fairfax, Virginia and the public is invited to attend.

Call the Board Calendar at 703-324-7035; TTY 703-802-3015 or visit our web site at www.fairfaxcounty.gov/csb to confirm time and location.

MESSAGE FROM THE CHAIRMAN

Last year in our Annual Report, we reviewed the history and accomplishments of the first 35 years of the Community Services Board (CSB) from its establishment in 1969 until 2004. As we begin this new chapter in our history, we want to draw particular attention to the critical importance of partnerships, because it is these partnerships which truly make progress possible.

First, our system is committed to empowering the persons we serve and their families. Thus, they will also become partners in achieving not only their own personal goals but also in helping us plan and refine our service delivery system to better meet the needs of a changing community.

Second, we are extremely grateful for the strong relationships that have been formed over the years with a growing number of public and private agencies. While our major partners are identified in this report, I do wish to highlight two special partnerships. First, in October of 2005, in conjunction with the Fairfax County Police Department and the Office of the Fairfax County Sheriff, we established a Jail Diversion Program. Through this innovative and collaborative approach, we are now able to divert persons with mental illness and substance use disorders from incarceration into active treatment programs. I also wish to highlight the close working relationship that has been formed with Fairfax County Public Schools. Through these school-based programs, we are able to both prevent our youth from engaging in high-risk behavior and provide early intervention services for those who are in need of our services.

Third, we wish to recognize the unprecedented support that we receive from our funding partners, especially Fairfax County. Without the financial contribution to our agency from the County, we would never be able to meet the needs of our growing community of over one million people. In addition, numerous County agencies provide significant support on a daily basis in such areas as financial services, information technology, transportation, legal services, public works, procurement and numerous services through the Department of Administration for Human Services.

Finally, we must acknowledge the sustaining nature of our relationship with the community. The people we serve all live and work in the community on a daily basis. And it is through the active support of employers, landlords and neighbors that we all come together to form a community that cares for persons with disabilities. In November of 2004, the community once again demonstrated its support for these programs by approving a Bond Referendum that will enable the CSB to renovate or replace two major mental health centers and a residential treatment program.

So as we acknowledge the work of our partners, we also wish to take this opportunity to sincerely thank them for their ongoing support. We firmly believe that our community is a better place to live and work and raise our children because of the strong partnerships that have been established with our system of care.

I also want to thank my fellow Board members for all their work toward helping our consumers to be active, contributing members of our community.

Thank you!

Josiah H. Beeman
FY 2006 Chairman

AGENCY ACCOMPLISHMENTS

National Accreditation

Four CSB directly operated residential treatment programs received a three year accreditation award from the Commission on Accreditation of Rehabilitation Facilities (CARF) – Sunrise I and II (Alcohol and Drug Services) and My Friends Place and Sojourn House (Mental Health Services). CARF accredits rehabilitation and human services providers in the U.S., Canada and Europe. To receive this accreditation, providers must meet rigorous CARF guidelines for service and quality. This endorsement demonstrates that the above CSB programs conform to nationally and internationally recognized standards. In addition, the accreditation enhances increased funding reimbursement from Medicaid and third-party payers.

National FOSE Award

The CSB received a National FOSE 2005 Homeland Security Center Award for its notifier application, a Geographic Information Systems (GIS)-enabled emergency response system that allows the CSB to integrate service sites and critical information for emergency and disaster planning and response. This notification system, built with assistance from the county's Department of Systems Management for Human Services, follows the county's Emergency Operations Plan for response, evacuation and recovery of all county facilities and sites occupied by the CSB's special needs population. Federal and state mandates provide directives to the CSB to provide protective measures at its service sites in the event of a natural or man made disaster.

"Living the Vision" Award

The CSB's New Generations program is one of only ten programs statewide which received "Living the Vision" recognition at the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services' Governor's Conference. Programs which receive this recognition must embody the vision statement: A community-based system of services that promotes self-determination, empowerment, recovery and the highest possible level of consumer participation in work, relationships and all aspects of community life. New Generations is a long-term residential substance abuse treatment program for pregnant women and women with children.

HOPE Award for Prevention Services

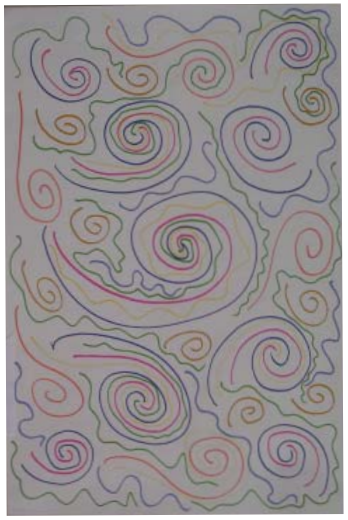
The CSB's Prevention Unit, Fairfax County Public Schools' Safe and Drug Free Youth Section and Fairfax County Department of Community and Recreation Services' Teen Centers collaborated on a substance abuse prevention program for young people. The *Middle School Promising Programs After School* project was funded through a State Incentive Grant of the Governor's Office for Substance Abuse Prevention. The project was recognized with the HOPE (Honoring Outstanding Prevention Efforts) award which is a national recognition given by United Learning, Inc. for success stories in prevention services with quantitative results.

"Best Buddies" Advisor of the Year Award

The consumer who is the Buddy Director for George Mason University received the Best Buddies' Buddy Director Award for the Eastern Region. The Eastern Region includes Maryland, Virginia, District of Columbia, New Jersey and Delaware. She and her student buddy have been matched for four years. Best Buddies is an international organization that promotes friendships between people with intellectual disabilities and college students.

National Model Program

The Leadership and Resiliency Program which is recognized as a national model program by the U. S. Substance Abuse and Mental Health Services Administration continues to provide workshops across the country to groups interested in replicating the program. The program is designed to reduce teen substance use among high school-aged youth. Revenue produced at the workshops helps offset program costs.



WORKING TOGETHER

Working With Community Partners to Improve Housing Accessibility

Human Services Facilities Funding

Twenty million dollars of the approved human services facilities bonds will be used to construct and renovate several mental health facilities. The renovations will address health and safety issues and improve physical site accessibility with barrier-free design as required by federal law. Two mental health programs will relocate to the redeveloped county site which will consolidate program resources and enhance program efficiency for the consumers. The CSB partners with the county's Department of Public Works and Environmental Services' Planning and Design division and the Department of Facilities Management for these construction and renovation projects to develop positive and accessible environments for residents seeking county services.

Community Task Force on Housing

The CSB initiated collaboration between public and private sector groups for an extensive community planning effort to study affordable efficiency housing units for single individuals. A two year study by the task force produced a report which outlines strategies for developing housing for single adults who live on a very low income, and also may have disabilities or may have been homeless. As affordable housing will remain a critical need for very low income residents in our community, broader collaboration with new community partners will be essential to address these needs. The report is available online at:
www.fairfaxcounty.gov/dsm/raps/projects/sro.htm

Housing Partnerships

Christian Relief Services, Inc., (CRS), a nonde-nominational international human services agency, established a corporation in Virginia to assist in the development of housing for people with very low incomes and who also may have disabilities. CRS has been a model partner with many social service agencies throughout our community, by providing homes, funding, housing counseling and very practical life skills education for individuals who have been homeless and struggling to improve their housing and job situation.

CRS began its support of group homes with a home serving adults with Mental Retardation. They later purchased the New Generations group home, which the CSB has been operating for several years. New Generations is a long-term residential substance abuse treatment program for pregnant women or women with a child three years of age or younger. Recently, CRS purchased a group home for the CSB New Generations continuing care program. The home was dedicated in honor of the Mr. Shiv Kapur family, another partner who donated considerable resources to the shared mission of housing for people with disabilities.

Working with Community Partners to Invest in Our Youth

Youth Drug Court – Treatment Works

The CSB, in collaboration with the Fairfax County Juvenile and Domestic Relations District Court, established a youth drug court in the county. The drug court program provides 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.

Vulnerable Infants Multiagency Workgroup

As an active participant in the Vulnerable Infants Multiagency Workgroup, Infant and Toddler Connection staff provide training to county agency service providers who work with infants and toddlers.

Connecting with County Youth

In a collaborative effort with the Fairfax County Public Schools, the Leadership and Resiliency Program is designed to reduce teen substance use and address emergent mental health needs among high-school-aged youth. It has been named a national model program and has received numerous recognitions and honors. This fiscal year, students who participated had a 67 percent drop in school suspensions and increased their grade point average by one half point. In addition, Girl Power implementation workshops and ongoing technical assistance continue to be offered to groups interested in setting up their own Girl Power program.

Child Abuse Prevention & Treatment Act

The Federal Child Abuse Prevention and Treatment Act requires screening and assessments for at-risk children birth to age three who are involved in court proceedings. Mental Health Services and Infant and Toddler Connection are coordinating needed activities with the county's Department of Family Services, Juvenile Court system and Fairfax County Public Schools. Mental Health Services has provided seminars for these agencies on conducting screenings for this special population and how to provide court testimony.

Early Intervention for At-Risk Children

Mental Health Services, through a contract with the Fairfax County Public Schools, provides direct therapy to children, ages two to five years and their families at seven preschools. Therapists are deployed four hours a week at the schools as part of an early intervention strategy for those children identified most at-risk by school personnel.

Systemwide Prevention Strategy

The CSB is an active partner in the development of the systemwide Prevention Coordination and Strategy Teams and numerous gang prevention initiatives.

Diversion Projects Begin in 2005

During FY 2005, the CSB will begin operation of its Diversion Projects – Alcohol and Drug Services' (ADS) Detoxification Diversion Project and Mental Health Services' (MHS) Jail Diversion program. These projects are the result of a two-year collaborative effort with agencies and stakeholders within the community. Stakeholders include area police departments, the Fairfax County Office of the Sheriff, advocates for people who are homeless, criminal justice agencies, non-profit organizations and consumer groups such as NAMI-Northern Virginia (National Alliance for the Mentally Ill), Inova Fairfax Hospital and the CSB.

- ADS Detoxification Diversion Project offers diversion from arrest to treatment services for people who are intoxicated in public and have committed a minor, non-violent offense. Through contact with the Diversion Outreach Team, clinicians are dispatched to where the person who is intoxicated is located. If the individual is considered appropriate for services, they are transported to the Fairfax or Alexandria Regional Detoxification Centers for services.

- MHS Jail Diversion offers an alternative to arrest and incarceration for people with mental illness who have committed minor, non-violent offenses. Police may divert a person to Woodburn Emergency Services for assessment, treatment and intensive case management services. In addition, individuals are also linked to other community resources, such as housing and health care.

Cross-Agency Training

Alcohol and Drug Services continues to work with the Virginia Department of Probation and Parole and the Alcohol and Safety Action Program to enhance communication and provide cross-training among these agencies.

Virginia Serious & Violent Offender Reentry

Mental Health Services, in collaboration with the Virginia Department of Corrections, Fairfax County Sheriff's Office, OAR (Opportunities, Alternatives and Resources), and the Northern Virginia Workforce Investment Board, provide this program designed to transition consumers from incarceration to the community. In Fiscal Year 2005, VASAVOR (Virginia Serious and Violent Offender Reentry) reduced the incarceration recidivism rate of participants to three percent, compared to the national average of 35 percent and the Virginia rate of 15 percent for released offenders. In addition, 75 percent of VASAVOR clients are employed and have an average annual salary of $27,809 and 49 percent are receiving on the job benefits such as health insurance.

Working With Community Partners to Enhance Service Delivery

Secondary School Graduates Start New Jobs

Mental Retardation Services maintains cooperative agreements and collaborates with the Virginia Department of Rehabilitative Services, Fairfax County Public Schools and Falls Church City Schools to provide transition services for young adults graduating from secondary education and entering employment and day support services in the community.

Co-Occurring Disorders Treatment

Alcohol and Drug and Mental Health Services are working together in providing outpatient and residential services to people with co-occurring disorders. People with co-occurring substance use and mental illness disorders account for approximately 20 percent of the population served. This population experiences extraordinary stressors and is prone to higher relapse rates. Research has demonstrated that integrated treatment helps address the issues simultaneously, resulting in greater opportunities for recovery, improved treatment retention and outcomes.

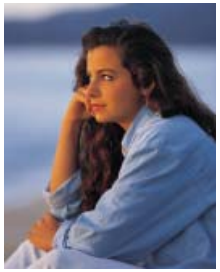
Northern Virginia Joint Training Coalition

Established in 2003, the Northern Virginia Joint Training Coalition continues its mission of providing ongoing regional training and support to service providers who work with people with disabilities. The Coalition is comprised of representatives from community services boards, rehabilitation service providers, residential service providers, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Department of Rehabilitative Services.

Enhanced Services & Public Education

Mental Retardation Services continues to collaborate with The Arc of Northern Virginia, the Virginia Association of Community Rehabilitation Programs (VaAccess) and other agencies and jurisdictions to enhance services for people with disabilities and to educate the public about the needs of this population.

Homeless Services Team



Alcohol and Drug and Mental Health Services' residential programs have coordinated their services at homeless shelters and in the community. The team approach enhances staff communication and provides cohesive services to consumers with co-occurring disorders.

Hospital Detoxification Services

Alcohol and Drug Services has contracted with Prince William Hospital to provide detoxification treatment services to persons with co-occurring substance use and mental illness disorders who also have serious medical problems.

Community Involvement Partnership Council

The Community Involvement Partnership Council is comprised of Mental Health Services, contract agencies, the Department of Rehabilitative Services and consumers. The Council's focus is to provide opportunities for consumer feedback and participation in program development and outcome assessments.

ALCOHOL AND DRUG SERVICES

Alcohol and Drug Services offers many specialized programs and treatment services to people with a substance use disorder and their families. Services include assessment and referral, case management, outpatient, day treatment, jail-based services and residential programs. Specialized services are available for pregnant women, people who are hearing impaired, non-English speaking or people with mental illness, mental retardation and a substance use disorder.

Message from the Chair

Imagine a time when an individual suffering from a catastrophic illness hid their disease. Imagine living with blame for the disease, not being able to reach out for support, hiding in shame, fearing discovery. That time is *now* – and that disease is addiction.

The stigma associated with addiction originates from misunderstanding. Addiction is a chronic, progressive disease, which can be treated but not cured. It is NOT a weakness in moral character.

Individuals in recovery are everywhere, are successful, and are contributing to the community in meaningful ways. Yet there is a fear of discovery – to reveal remission and success means fear of judgment – perpetuating the idea that there is something fundamentally *wrong* about having this disorder and disease.

It is estimated that 22 million Americans, or 9.4 percent of the total population aged 12 or older, are classified with substance dependence or abuse (2002 National Survey on Drug Use and Health, U.S. Substance Abuse and Mental Health Services Administration.) That would indicate that more than 94,000 individuals in our community have a substance use disorder.

Let's join in providing quality treatment programs and services for our community, free from stigma, and acknowledge that *Recovery Matters*. And let us focus as well on the fact that programs aimed at preventing alcohol and substance abuse and intervening at an early stage of the disease saves lives and money. Our children, adults and the general public all benefit.

Let us therefore join in ensuring quality prevention and treatment services for our community. Much has been accomplished, much remains to be done. We have the will, the dedicated, hardworking and qualified staff. All that is lacking is adequate funding. For that we need the advocacy of all of us – consumers, those of us affiliated with the CSB, and you who read these words.

Ben Pepper, Chair
Alcohol and Drug Committee

Excellent Service to the Community

Alcohol and Drug Services (ADS) continues to strive for excellence in offering community-based treatment services for individuals diagnosed with substance dependence or abuse. In addition to the accomplishments achieved through partnerships described at the beginning of this report, the following services to the community were provided in FY 2005.

- Serving the multi-cultural community – ADS continues to recruit bilingual and culturally competent staff in order to provide appropriate services to this growing population.
- Enhancing quality services – Crossroads Adult and Youth Residential programs are preparing for accreditation award from Commission on Accreditation of Rehabilitation Facilities (CARF). Programs must meet rigorous CARF guidelines for quality services and conform to nationally and internationally recognized standards. CARF accredits rehabilitation and human services providers in the U.S., Canada and Europe.

Trends and Challenges

- Reducing the stigma associated with substance use disorders.
- Reducing the waiting list and waiting time for people in our community who are ready to begin treatment.
- Researching and obtaining diverse revenue streams to assist program funding. Most ADS clients are indigent, underemployed or do not have health insurance.
- Hiring staff and developing contractual agreements to meet the needs of our diverse community.
- Developing and increasing best-practice and research efforts to enhance and strengthen quality treatment services.

- Increasing outreach efforts in the community to engage people to needed treatment services and recovery.

What We're Hearing...

"Thanks to treatment, I've developed leadership skills and I have more self confidence." – Youth Day Treatment Consumer

"Without treatment, I have no idea where my life would be. Today, I am a better person, a better mother and an awesome parent!" – Graduate of New Generations residential treatment program

"We have hope that our daughter can become a productive member of society because of what she gained by being a client at ADS" – Parent of an ADS Consumer

MENTAL HEALTH SERVICES

Mental Health Services provides an array of programs and services to people with serious mental illness and their families. Services include emergency, case management, entry and referral, outpatient, inpatient, day treatment, vocational, jail-based services, domestic abuse and sexual assault education and treatment program, and residential programs. Specialized services are available for people who are hearing impaired, non-English speaking or need intensive outpatient services.

Message from the Chair

"There are two trends that I see as particularly important in our delivery of mental health services. One trend is the active engagement of our consumers as stakeholders both in their individual treatment and in helping shape new directions for the delivery system. The other is the kind of stewardship that is taking a closer look at how we measure our effectiveness and how we hold ourselves publicly accountable through the use of better yardsticks. I remain concerned about having sufficient resources to meet the burgeoning demand for services, but partnering with the people who receive our services and with those who examine how we provide them may help us jointly find solutions."

Renée Alberts, Chair
Mental Health Committee

Excellent Service to the Community

Mental Health Services (MHS) continues to strive for excellence in offering community-based treatment services for individuals with serious mental illness. In addition to the accomplishments achieved through partnerships described at the beginning of this report, the following services to the community were provided in FY 2005.

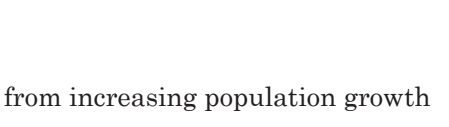
- Consumer-Run Drop-In Centers – Following a countywide "Empowered for a Change" conference in FY 2005, consumers and Mental Health Services staff have been working together to develop consumer-run drop-in centers in several locations in the county. Consumers have asked Mental Health Services to provide technical, facilitative and financial assistance for the centers. The goal of consumer-run drop-in centers is to provide consumer empowerment. Consumers manage and staff the centers

and the centers provide an array of services including support groups, advocacy training, job training and socialization opportunities. The first center in the northwest section of the county will open in early 2006.

- New interview project initiated by consumer advocates – Consumer advocates proposed an interview project to assist consumers to provide input on the mental health service system. A workgroup comprised of Mental Health Services' Adult Community Services staff, consumers and family members drafted an interview tool and will conduct interviews with consumers about their treatment experiences which will assist in identifying gaps/needs for services.

Trends and Challenges

- Working with the community to address psychiatric bed closures.
- Identifying strategies/initiatives to address the high cost of and growing demand for psychotropic medications.
- Researching options and resources to address the rising numbers of people that are uninsured or underinsured and its impact on the public mental health system.
- Working with community partners to develop options and resources for consumers impacted by the lack of affordable housing and long waiting lists.
- Identifying gaps, staffing and services needs resulting from increasing population growth – both in numbers and cultural diversity.



What We're Hearing...

"Psychiatric Rehabilitation Services helped me to be successful on the job in ways I never thought I could. I've been working for almost two years now and am more confident than I have been in many years."

"Without the caring and, even as important, truly knowledgeable support and guidance from Woodburn's mental health staff, I would not be here to write this today. I've learned the importance of staying healthy – mind, body and soul."

"My therapist is very consumer centered, consumer driven and strives to achieve the dream we call RECOVERY."

"You saved my life – not just being alive, but helping me get to where I can do what I want to."

"I don't know what we would have done without you. Perhaps the most meaningful thing you have said is 'there is recovery.' We feel blessed that you are here offering yourself."

"I never would have finished high school. This place showed me that you really can care about strangers. You all provide me a support system even when I try so hard to push away."

MENTAL RETARDATION SERVICES

Mental Retardation Services provides case management, day support, employment services, residential and respite services for people with mental retardation and their families. Specialized services are available for people who are visually or hearing impaired or non-English speaking.

Message from the Chair

A home, a job, and a life. Three words that state simply what all persons with mental retardation and other disabilities want. Three words that are fundamental in Mental Retardation Services' mission to empower and support people to achieve self-determined and valued lives, which include a home, something meaningful to do during the day, and a network of relationships in the community. To achieve its mission, Mental Retardation Services has developed a strong network of partnerships with other Fairfax County agencies, Fairfax County Public Schools, multiple private, non-profit service providers, disability advocacy organizations and families. In fact, partnerships with private service providers represent over 60 percent of Mental Retardation Services' total annual expenditures. As the Commonwealth strives to increase community services for persons with disabilities and reduce waiting lists, our challenges in Fairfax County will be to increase private provider service capacity and to achieve greater workforce stability.

Jessica Burmester, Chair
Mental Retardation Committee

Excellent Service to the Community

Mental Retardation Services (MRS) continues to strive for excellence in offering community-based treatment services for individuals with intellectual disabilities. In addition to the accomplishments achieved through partnerships described at the beginning of this report, the following services to the community were provided in FY 2005.

- Case management services were provided to approximately 1,700 persons. These individuals usually have multiple disabilities and serious medical needs. For these services, Medicaid reimburses the CSB approximately $1.9 million annually.

- 94 new Medicaid Waiver slots were allocated to Mental Retardation Services by the State for FY 2005. These were promptly assigned to individuals with urgent needs who had been waiting for much needed residential and other community-based services. There are currently 504 active Waiver slots assigned and 8 additional slots are in the enrollment process. The additional Medicaid funding helped offset the cost for county funding to meet critical needs.
- For FY 2005, there were 75 individuals utilizing Medicaid consumer-directed services. This is an increase of 34 individuals from FY 2004. Consumer-directed services provide an alternative to agency-directed services. With consumer-directed services, the consumer and/or family member are responsible for recruiting, hiring, scheduling, training, supervising and terminating staff rather than selecting an agency to complete these tasks. Currently three services are available under the consumer-directed model: companion, personal assistance and respite services.
- Residential and related support services were provided to more than 600 individuals through directly-operated and private, nonprofit providers.
- 74 individuals were served through the Family Support program which provides full or partial funding to families for disability-related expenses such as assistive technology devices, behavioral consultation, counseling, and speech therapy.
- 49 special education graduates received transitional employment and job placement services.
- Vocational training and support services were provided to people as they began a new job. The average annual earnings of the 577 people surveyed in FY 2005 were $8,298 and their total gross earnings were $4,758,073.

Trends and Challenges

- Ongoing work to obtain funding to assist special education graduates with the transition from school to employment.
- Continuous work to address inadequate Medicaid reimbursement rates which to date is resulting in service providers downsizing or discontinuing services, which then impacts the numbers of consumers who can receive needed services in their home community and near their family.
- Identifying funding resources for needed services for the increasing numbers of people with mental retardation who are not eligible for Medicaid Waiver funded services.

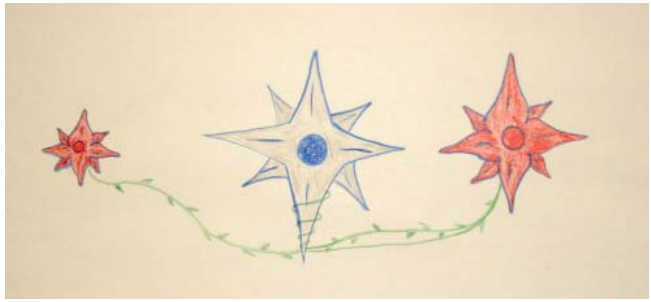
What We're Hearing...

"Our 40 year-old son is severely handicapped, has no speech and functions as a small child behaviorally. We rely on the services from Mental Retardation Services' Case Management, Central Fairfax Services, Hartwood Foundation, and FASTRAN to keep him at home with us instead of putting him in a training center or institution. As a result, he is functioning well at home, at work, and in the community. I urge you to continue to fund the critical services that enable parents such as us to provide a home environment for others like our son in the community." – Parent of Mental Retardation Services consumer

"My daughter's case management staff have been very supportive in helping me obtain services for my child. Their help with getting Medicaid Waiver services for my daughter opens the door to many opportunities we would have otherwise missed." – Parent of Mental Retardation Services consumer

"Our daughter has been a resident of an MR Services group home for several years. The staff at her group home is unquestionably the most professional and competent residential team we have had the pleasure to know. The manager and her team anticipate the residents' needs and go out of their way to help them feel as though they were among family. The team approach that the staff uses is exemplary. Without their attention to details and selfless support every day, the home would not be the growing and nurturing environment we see." – Parent of Mental Retardation Services consumer

"My brother receives services in an MR Services group home. During emergencies, he has been taken care of in a professional, caring manner and I have been notified and kept informed of progress when I was not able to be with him. I wish to express my deep gratitude for the loving, caring and professional care that my brother receives." – Sibling of Mental Retardation Services consumer



INFANT AND TODDLER CONNECTION

Infant and Toddler Connection of Fairfax Falls Church provides evaluation services, service coordination and individual service plans for children birth to age three who have developmental disabilities and their families in accordance with Part C of the Individuals with Disabilities Education Act.

Message from the Chair

The Infant and Toddler Connection of Fairfax Falls Church strives to partner with families by working with them to identify their infant and toddler's strengths and concerns. The program provides supports and strategies to promote the child's development and the family's ability to participate in all that their community has to offer at the earliest age possible.

Verdia L. Haywood, Deputy County Executive, County of Fairfax
Chair, Fairfax-Falls Church Intervention Coordinating Council

Excellent Service to the Community

Infant and Toddler Connection continues to strive for excellence in offering community-based treatment services for children with developmental disabilities. In addition to the accomplishments achieved through partnerships described at the beginning of this report, the following services to the community were provided in FY 2005.

- Increased Medicaid billable services and reimbursement.
- Increased collaboration with Fairfax County Public Schools.
- Increased access to interpreters fluent in 10 different languages to improve communication with families and children.
- Implementation of the requirements outlined in the Child Abuse and Prevention Act through a strengthened collaboration with Child Protective Services
- Increased use of the Assistive Technology Loan Closet by both contract and government interventionists in the system allowing for more families to benefit from this equipment.
- Worked closely with the state to complete a cost study for early intervention services.

Trends and Challenges

- Difficulty meeting federal and state requirements for timeliness of service provision, due to the current insufficient number of staff positions.
- Recruiting staff has proven very challenging this year. The fields of physical therapy and speech-language pathology are both demonstrating a shortage at this time.
- Continuing training of new therapists in order to maintain the quality of intervention services that Infant and Toddler Connection provides to the families served.
- Increased traffic congestion adds travel time and stress for staff that provide services in the "natural environment."
- Communication between providers is challenging in such a large system which provides services in families' homes.

What We're Hearing...

"She has thrived in her fine and gross motor skills and I am positive that it is a result of your program and how quickly you saw her." – ITC parent of a child with Torticollis

"With my son's diagnosis my world came crashing down. My interventionist's guidance helped me build myself into a functioning person, parent, and wife." – ITC parent of a child with quadriplegic cerebral palsy.

"The parent support group has been beneficial for me because I learned a lot about strategies to use with my special needs children. I feel less isolated than I did before." – ITC parent of twins with autism.

PREVENTION SERVICES

Prevention services promote healthy behaviors and lifestyles through the provision of programs and strategies that are proven to be effective. Prevention can sometimes be a challenging concept to understand since it seeks to stop something from happening. New research has helped by identifying factors that put people at risk for substance use, mental health concerns, and problem behaviors. Prevention services helps to buffer against the risk by building resiliency traits and strengthening participants, families and the entire community. By intervening before a problem occurs or at the very start, the need for future, more costly services is prevented. There is a very strong relationship among risk factors for other problem behaviors, so when skills are strengthened in one area, the impact is far-reaching.

Excellent Service to the Community

Effective prevention strategies are research-based, targeted to engage each family, outcome-focused and sustained over time. Effective strategies can identify what has changed in the lives of individuals, families, organizations, and the community as a result of each program. Effective programs use outcomes to measure and continually improve their effectiveness. In addition to the accomplishments achieved through partnerships described at the beginning of this report, the following services to the community were provided in FY 2005.

- Reach: The total number of participants was 48,470. Includes 8,189 individuals who participated in multi-session programs.
- Satisfaction: 96% of program participants report satisfaction with services.
- Knowledge is Power: 88% of program participants demonstrate improved pre- to post-test scores .
- Program Enhancements: A parent communication workshop was added to the existing Girl Power program and 286 parents attended five different events; 71% of the parents reported learning new concepts and ideas about communication with other family members.
- Positive Behavior Change: The percentage of high school participants in the Leadership and Resiliency Program who do not intend to smoke nearly doubled after one year of programming (35% at the beginning of the program and 66% after a year).

Trends and Challenges

- Strategic Planning – Service needs are revisited annually with stakeholder input and a review of community indicators to address present needs and to forecast emerging trends.
- Prevention as a Community Priority – Broadening our impact through collaboration with businesses, schools, community groups, and agencies to address community-wide concerns such as gangs and teen driving fatalities.
- Sustainabilty – Increase the community's ability to address needs through capacity-building initiatives.
- Increasingly diverse community – Prevention Services continues to explore partnerships with faith-based and multicultural organizations, schools and others in order to broaden the range of consumers served.

What We're Hearing...

"The most important thing I learned from Girl Power is that I should take pride in myself." – Girl Power participant

"Once again, thanks to you and your organization for your commitment to our children." – Parent of a middle-school aged child participating in a CSB Prevention program

"In Girl Power, I learned how to solve problems." – Girl Power participant

"The program was fun and helped my son learn new skills that will carry him far in life." – Parent

"Through this program, I learned that an alcohol-related crash is NOT an accident." – 13 year old participant in the Road DAWG (Don't Associate With Gangs) camp

VOLUNTEER PROGRAMS

CSB Programs Receive over Half a Million Dollars Worth of Volunteer Support – The 2005 Virginia average hourly value of volunteer time, as determined by the Virginia Employment Commission is $18.04. Based on that rate, the CSB estimates that in FY 2005, the value of services provided by the volunteers was worth $525,072. Nearly 400 volunteers provided a total of 29,106 hours of services for CSB consumers and programs.

Alcohol and Drug Services Volunteer and Intern Program

Volunteers provided the following activities to clients and the community:

- Introduced clients to computer programs
- Educated Spanish-speaking jail inmates on the health consequences of substance abuse
- Taught yoga
- Taught woodworking
- Taught poetry as a healing art
- Provided data entry
- Taught Life Skills Training to teens
- Planted and harvested an herb garden, flower beds, trees and countless vegetables with clients in the Crossroads program
- Drove Crossroads clients over 1,000 miles to doctor appointments and other needed appointments

- Provided 439 hours mentoring teen boys
- One volunteer spent 72 hours with Cornerstones clients who didn't have family members visiting them on Sundays
- Hugged one dozen babies at New Generations!

ADS interns gained experience in professional counseling positions.

- "Students consistently report that this is an excellent internship opportunity with highly qualified and caring supervision. The ADS Volunteer and Intern Program makes a significant contribution to counselor training in the Northern Virginia area, and I am delighted that our students can participate." – Diana Gibb, Ed.D., Assistant Professor, Graduate School of Education, George Mason University
- "The steady commitment of your organization through the ADS Volunteer and Intern Program has led to excellent training for future social workers, ultimately impacting the quality of services to clients." – Molly Davis, Ed.D., Associate Professor, George Mason University Department of Social Work

- "Kits" for Homeless Services programs – David Maisel, an Eagle Scout candidate with Troop 698 in Burke, wanted to undertake a service award project that would help people. He organized several Boy Scouts and adults and with permission from the Burke Wal-Mart, set up a "donations table" outside of the store. Wal-Mart customers donated a large quantity of food and personal care items. From the donations, David and his fellow Scouts assembled more than 100 food and personal care kits. To meet his goal of helping people, the kits were distributed to the Homeless Services programs in the South County area.

The volunteer services office continues its work with corporate donor programs.

- "Beans to Jeans" – The Door and Hardware Institute (DHI) which is headquartered in Chantilly, is a professional organization that serves as a resource for education and information on doors, hardware, security and specialty products for the architectural/building industry. DHI wanted to start "casual dress Fridays" at its office, and created the "Beans to Jeans" program. In order to have "casual Friday," DHI employees donate canned beans or other food items to the volunteer services office for distribution to MHS clients. The donation then entitles the DHI employee to wear casual dress/jeans to work on Fridays. The volunteer services office appreciates the continuing support of DHI and the many businesses throughout the county whose contributions enhance the lives of our consumers.

- Red Hatters – The Vienna Chapter of the Red Hat Society, working with the Northwest Community Mental Health Center Advisory Board, donated twenty-two thousand dollars from the proceeds of their first-time published calendar. Twenty-two Red Hat Society women from their late thirties to early eighties "modeled" for the calendar. Working with photographer Lynn Mohr of Potomac, Maryland and C&E Printing, 6000 calendars were printed and sold in 28 states and six foreign countries. The funds have been used to purchase sleeping bags, bus tokens, and winter clothing for homeless clients. The funds also provided support for long distance bike excursions and other recreational activities for the teenage residents of Sojourn House and participants of the Teen Alternative Program (TAP), and for the renovation of the TAP Art Room.

- Community Get-Togethers – The MRS Volunteer Office began community events projects a few years ago to provide opportunities for individuals with disabilities to develop friendships with others who live in their immediate community. This year, consumers, volunteers, and neighbors enjoyed a summer picnic, a pizza party, the Alexandria Fall Festival, a luau, a pool party and several dinner parties.
- Best Buddies clubs participated in volunteer opportunities to help the community:
  - The George Mason University (GMU) club held their annual Valentines Day Dance and had a record number of attendees - 330 people! The GMU club invited other Best Buddies clubs and all those who have applied for the volunteer programs with the CSB to attend.
  - The Marymount University club hosted a crafts table at Halloweenfest, a school-wide outreach program for children in their community. This club also made cards for injured soldiers from Iraq who are in the hospital.

PERSONS SERVED

Characteristics of Persons Served by CSB Program Areas – FY 2005					
		ADS	MHS	MRS	Infant & Toddler Connection
Persons Served *		5,290	11,006	1,809	1,541
Age	0-2				100%
	0-17	19%	18%	14%	
	18-22	17%	9%	14%	
	23-59	63%	66%	69%	
	60+	1%	7%	3%	
Gender	Male	75%	53%	55%	60%
	Female	25%	47%	45%	40%
Income Level	$0 – $9,999	39%	58%	86%	69%
	$10,000 – $24,999	32%	25%	10%	5%
	$25,000 +	29%	17%	4%	26%
Race	Asian	4%	7%	10%	10%
	Black/African American	21%	21%	13%	7%
	White/Caucasian	50%	54%	72%	63%
	Other	25%	18%	5%	20%
Hispanic Origin		27%	16%	13%	18%

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

Consumer trends over the last five years:

- Race and gender percentages remained consistent.
- Slight increase in the number of MHS consumers who are less than 17 years old.
- Slight increase in the number of ADS consumers who are less than 22 years old, with a decrease in the number of consumers who are between the ages of 23 and 59.
- Increase in the number of MRS consumers in the 23 to 59 age range.
- Shift in the income level of individuals seen in ITC – an increase in the number of those with incomes less than $10,000 and a decrease in those with incomes greater than $25,000.

SERVICES DELIVERED

Services Delivered by CSB Program Area – FY 2005				
Persons Served *	ADS	MHS	MRS	Infant & Toddler Connection
Emergency	1,986	6,015	25	
Outpatient/Case Management	3,036	5,583	2,207	
Methadone	24			
Day Support	278	680	1,289	
Residential (treatment program)	2,056	1,822		
Residential (supported community living)		496	737	
Family Support			72	
Early Intervention	404	411		1,541
Inpatient		690		
Transportation	7	91	351	

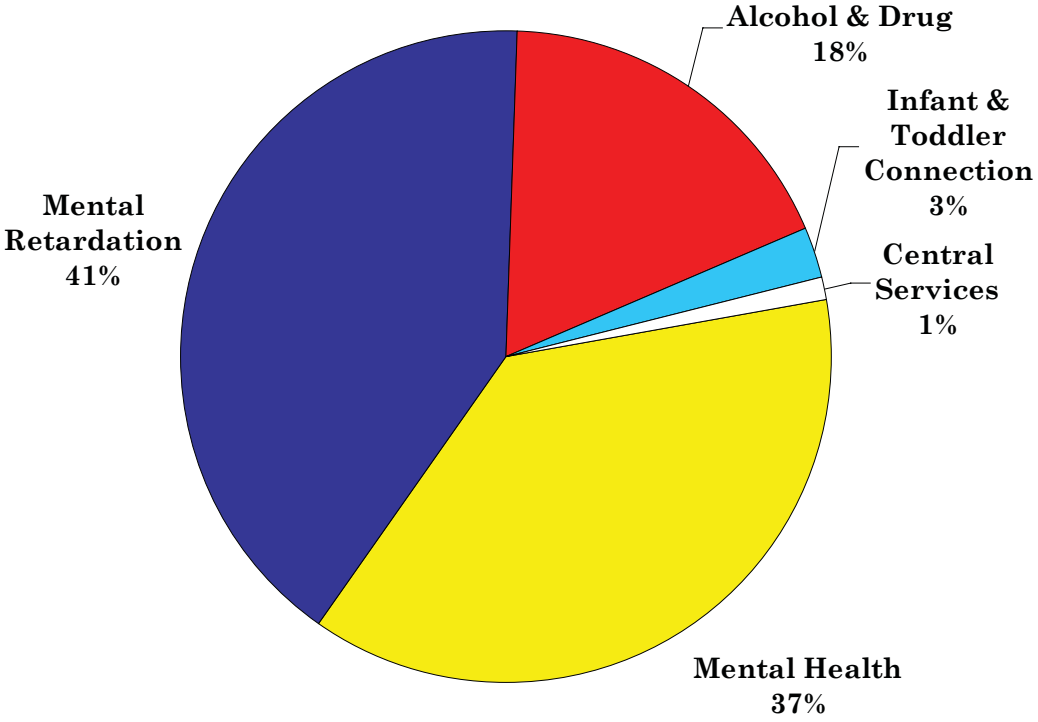
** Some CSB consumers participate in more than one program or service.*

What's anticipated in the next five years?

- Population growth in Fairfax County and the Cities of Fairfax and Falls Church is expected to increase by approximately 9%
- Largest growth is expected in the below 18 age group and the over 65 age group
- Racial and ethnic groups, especially Asians and Hispanics, will continue to grow
- Growth and changes in demographic distribution will challenge service delivery and development

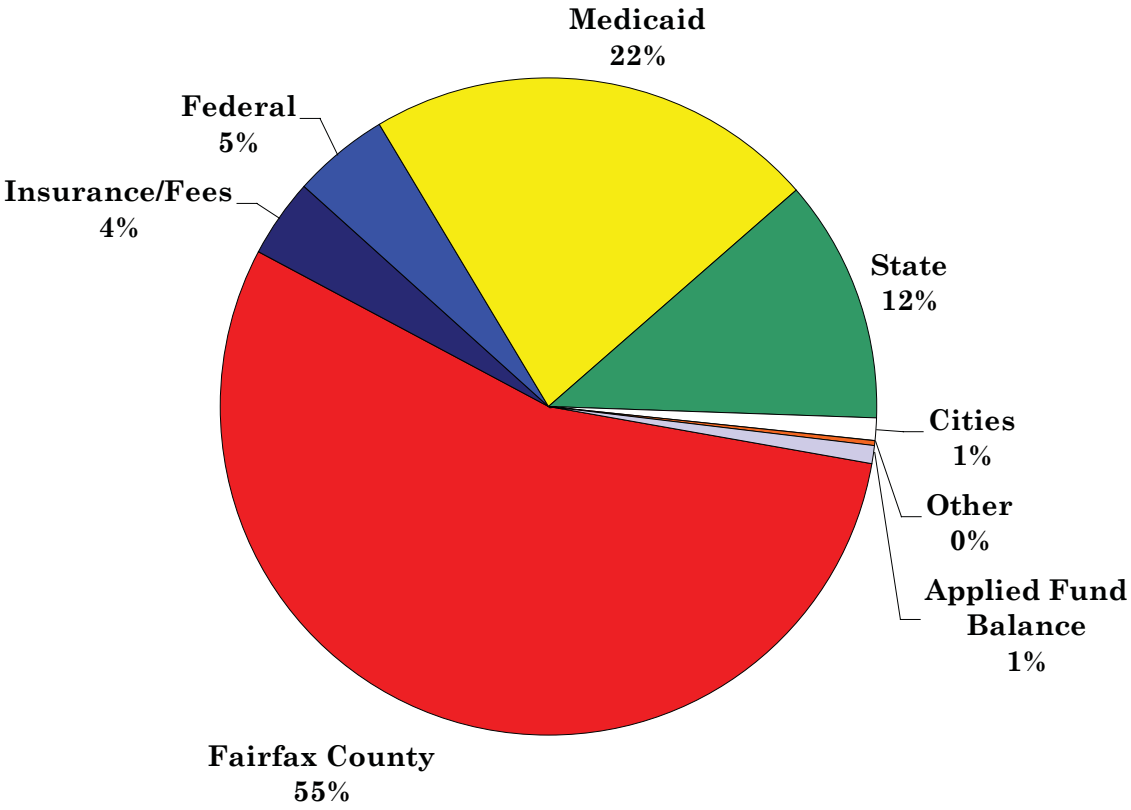
FY 2005 CSB Total System Expenditures

The Total System figures reflected in the pie charts are inclusive of the $120.6 million in CSB expenditures as well as other State funds allocated to the CSB that are used to provide services to CSB clients. The other State funds include $25.6 million in Mental Retardation Medicaid Waiver fees paid by the Department of Medical Assistance Services directly to private providers and $2.8 million in State support for atypical medications required by patients discharged from State mental health facilities to CSB-supported programs.



Mental Health	$55,789,978
Mental Retardation	$60,880,359
Alcohol and Drug	$26,823,640
Infant and Toddler Connection	$3,782,379
Central Services Unit	$1,764,716
Total	$149,041,072

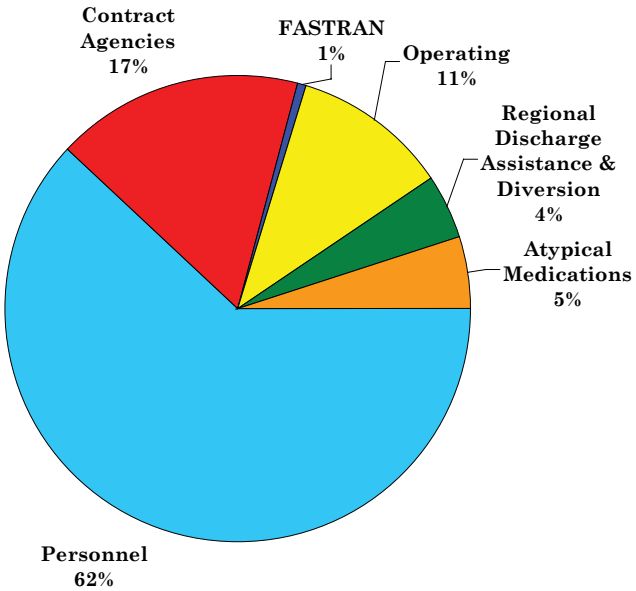
FY 2005 CSB TOTAL SYSTEM REVENUES



Fairfax County	$82,067,279
Insurance/Fees	$5,877,715
Federal	$6,761,866
Medicaid	$33,254,577
State	$17,737,663
Cities	$1,861,632
Other	$96,450
Applied Fund Balance	$1,383,890
Total	$149,041,072

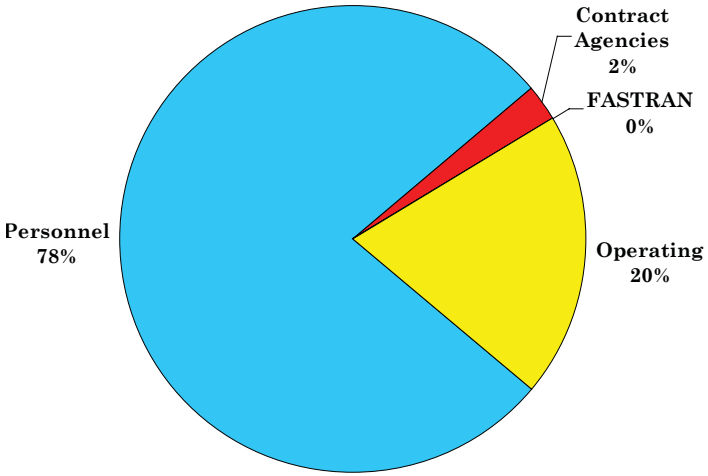
FY 2005 CSB TOTAL EXPENDITURES BY PROGRAM AREA

Mental Health Services



Personnel	$34,530,983
Contract Agencies	$9,592,443
FASTRAN	$298,747
Operating	$6,149,082
Regional Discharge Assistance & Diversion	$2,374,999
Atypical Medications	$2,843,724
Total	$55,789,978

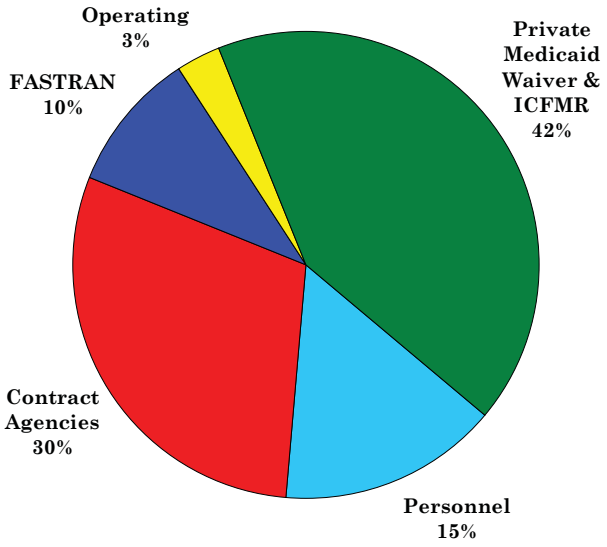
Alcohol and Drug Services



Personnel	$20,871,185
Contract Agencies	$639,952
FASTRAN	$38,329
Operating	$5,274,174
Total	$26,823,640

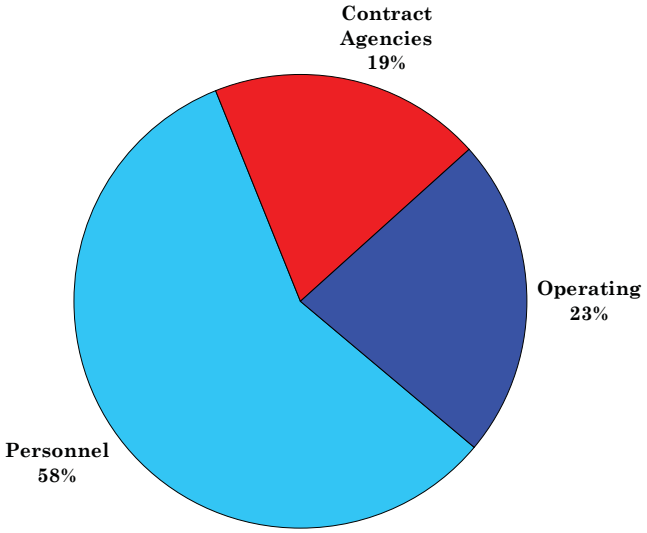
FY 2005 CSB TOTAL EXPENDITURES BY PROGRAM AREA

Mental Retardation Services



Personnel	$9,327,897
Contract Agencies	$18,133,263
FASTRAN	$5,816,100
Operating	$1,960,361
Private Medicaid Waiver & ICFMR	$25,642,738
Total	$60,880,359

Infant and Toddler Connection



Personnel	$2,187,561
Contract Agencies	$731,810
Operating	$863,008
Total	$3,782,379

PROGRAM LOCATIONS

Central Services Unit

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

Alcohol and Drug Services

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

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

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

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

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

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

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

Mental Health Services

Administrative Office
12011 Government Center Parkway,
Suite 836
Fairfax, Virginia 22035-1105

703-324-7095
703-802-3015 (TTY)
703-573-5679
(24-hour emergency)

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

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

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

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

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

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

Mental Retardation Services

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

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

Infant and Toddler Connection

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

Cooperative Employment Program

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

Prevention Services

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

PARTNERS IN DELIVERING SERVICES

Alexandria Community Services Board

AliPar Inc.

Alternative House

Applied Behavioral Concepts

Applied Technology Services Inc.

Arlington County Community Services Board

Barrios Unidos

Beauregard Medical Center

Benedictine Schools Inc.

Beyond Behaviors Inc.

Birmingham Green

Central Fairfax Services Inc.

The Chesapeake Center Inc.

Child Help

CHIMES, Virginia

Christian Relief Services Inc.

Colonial Community Services Board

Community Living Alternatives Inc.

Community Residences Inc.

Community Systems Inc.

Cooperative Employment Program

CrisisLink

CSS Inc. – Cardinal House

Delta-T Group

Didlake Inc.

ECHO Inc.

E-TRON Systems Inc.

FACETS

Fairfax County Department of Community and Recreation Services

Fairfax County Health Department

Fairfax County Public Schools – Safe & Drug Free Youth Section

Family Preservation Services

For Children's Sake

Gabriel Homes Inc.

George Washington University

Graydon Manor

Hartwood Foundation Inc.

Heritage House of Virginia Inc.

Homestretch Inc.

ICON Community Services Inc

Inova Health System

Jewish Foundation for Group Homes

Job Discovery Inc.

Korean Community Services of Greater Washington

Lake Anne Fellowship House

Langley Residential Support Services Inc.

Leary Educational Foundation

Learning Services Corporation

Lighthouse Health Care Assoc., Inc.

Loudoun County Community Services Board

Marion Manor

Meadow Woods Apartments

MVLE Inc.

Neighborhood Care Pharmacy

Parker House

Pathway Homes Inc.

Planning District 19 Community Services Board

Prince William County Community Services Board

Prince William Health System

Psychiatric Rehabilitation Services Inc.

Rehabilitation Associates P.C.

Resources for Independence of Virginia Inc.

Reston Interfaith

River Oaks Hospital

Second Genesis Inc.

ServiceSource Inc.

SOC Enterprises

Southern Manor Homes for Adults

St. Coletta of Greater Washington Inc.

St. John's Community Services Inc.

Tall Oaks of Reston

TATC Consulting

Therapy 4 Kids L.L.C.

United Community Ministries Inc.

Valley Community Services Board

Vanguard Services Unlimited

Virginia Baptist Hospital – Bridges

Volunteers of America – Chesapeake

Wall Residences

Williamson Pharmacy

Women's Home Inc.

Woodmont Weavers (Arlington County Community Services Board)

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

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

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

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

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

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

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

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12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1105
Telephone: 703-324-7000
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