



**More than 50 years of community care**

MENTAL HEALTH • SUBSTANCE USE DISORDERS • DEVELOPMENTAL DISABILITIES

**Annual Report for Fiscal Year 2021**



FAIRFAX - FALLS CHURCH

**Community Services Board**

# CSB Board Members

## FY 2021 Board Officers

Garrett McGuire, Chair  
Representing the Mount Vernon District

Daniel Sherrange, Vice Chair  
Representing the Sully District

Captain Derek DeGeare, Secretary  
Representing the Office of the Sheriff

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Dranesville District  
Jennifer Adeli

Hunter Mill District  
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Larysa Kautz

Mason District  
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Sandra Slappey Brown

City of Falls Church  
Edward E. Rose, III

## Fairfax County At-Large

Daria Akers

Diana Rodriguez

Andrew Scalise

Anne Whipple

\*The following members left the CSB Board during FY 2020: Thomas Burger (Springfield District), Captain Basilio Cachuela Jr. (Office of the Sheriff), Rachna Sizemore Heizer (Braddock District), Suzette Kern (Lee District), Nancy Scott (Providence District), Evelyn Spain (Sully District), Willard Kenneth Garnes (Fairfax County At-Large), and Diane Tuininga (City of Fairfax).

[Join us at a CSB Board meeting](#)

Visit [www.fairfaxcounty.gov/community-services-board/board](http://www.fairfaxcounty.gov/community-services-board/board) to review times and locations of meetings.

## Message from the Chair and the Executive Director

We are pleased to present our FY 2021 Annual Report highlighting major accomplishments, challenges, and opportunities. Commitment and strong partnerships with the Fairfax County Board of Supervisors and the cities of Fairfax and Falls Church result in continuous delivery of services critical to our most vulnerable residents.

In FY 2021, the CSB provided mental health, substance use disorder, and developmental disability services to more than 20,200 people. The numbers below are unduplicated within each service type. However, individuals may have received more than one type of service.

- 6,304 individuals received CSB Emergency Services and 3,420 received same day walk-in screening and assessments. 93% of persons receive emergency services within one hour.
- 5,004 people with developmental disabilities received support coordination services.
- 1,716 individuals received peer support services in the community.

In FY 2021, the CSB faced challenges and opportunities in ongoing key issue areas, some of which are described in more detail in this report including:

- A continued focus on access to timely and appropriate services and supports to individuals and families.
- Ongoing work with CSB and County HR to strategize on ways to increase recruitment and retention of CSB staff.
- Ongoing problem solving and partnership to manage the state psychiatric hospital bed shortage.
- Beginning a complete re-design of the walk-in assessment business process.
- Exploring ways to support individuals who do not meet priority access guidelines and those awaiting CSB services.
- Continuing to address client and staff safety regarding the continued impact of COVID-19 while maintaining continuity of operations.
- Ensuring efficient and effective utilization of resources.
  - Expanding the CSB's ability to maximize service provision revenue.
  - Completing the electronic healthcare record (EHR) contracting process.
  - Continuing to update business practices in revenue cycle and maximizing revenue.
- Addressing the heroin and opioid epidemic.
- Expanding Diversion First initiatives to enhance ongoing decriminalization of mental illness.
- Implementing new state mandated requirements for individuals with developmental disabilities.

As we continue to work through the COVID-19 pandemic, the CSB has risen to meet the demands of the community as we all face unprecedented challenges. We cannot do it alone, and your dedication and continued support to the CSB is valued and appreciated.



**Garrett McGuire**  
CSB Board Chair

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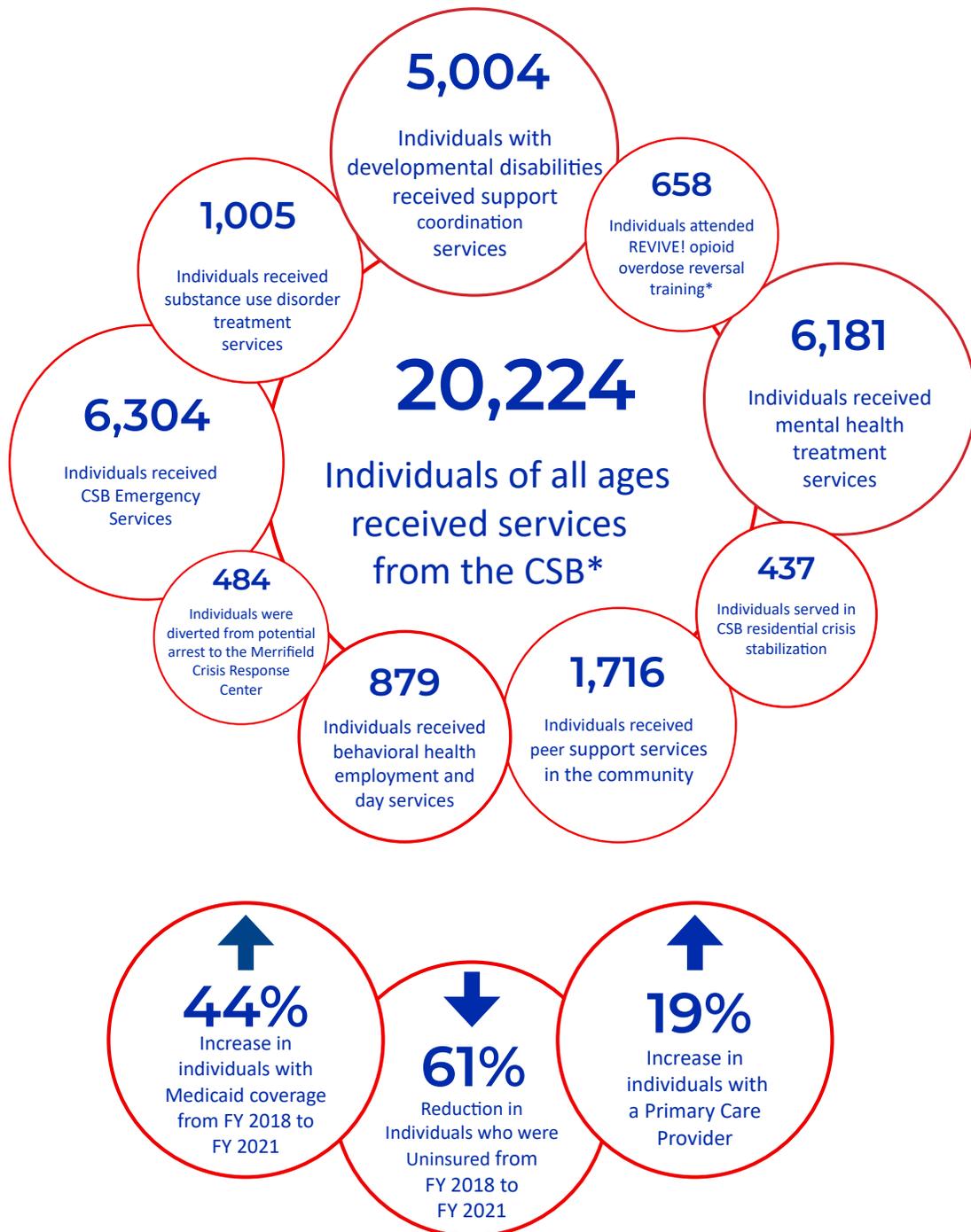
**Daryl Washington**  
CSB Executive Director

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# Annual Report for Fiscal Year 2021

More than 50 years of community care.

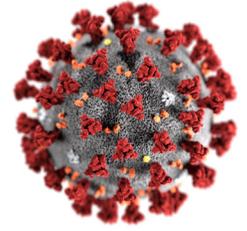
The Fairfax-Falls Church Community Services Board provides services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities. In FY 2021, we continued to deliver services and programs to help our community's most vulnerable, even as COVID-19 pushed its way into Fairfax County.



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

# Continued Delivery of Services Through COVID-19

FY 2021 was a year like no other as our community was battling the COVID-19 pandemic from day one. In one short year, COVID-19 wiped out in-person access to thousands in our community, strained frontline employees, and pushed some individuals and families further into isolation. School closures, contact restrictions, and economic challenges profoundly affected our families, workplaces, and communities, amplifying the needs of those most vulnerable to mental health challenges and substance use.



The CSB remained dedicated to providing support and strengthening the systems upon which our community relies – from in-person and telehealth services, expanded trainings, new partnerships, as well as broader outreach and communications being provided in additional languages. The pandemic led to the re-organization of family life, which has disproportionately affected individuals with developmental disabilities, their families, and other disadvantaged and marginalized communities. In many cases, it laid bare the widening gap between those who have easy access to critical services and support and those who do not have access or know where to find it.

The crisis also revealed the strength and character of the CSB. We continued to learn through the pandemic, and it was evident that access to care became more important than ever before. In FY 2021, more than 20,000 individuals received our mental health, substance use disorder, or developmental disability (DD) services. Over 6,300 residents received CSB emergency services. Our planning, through completion of our Continuity of Operations Plan (COOP) in FY 2020 and other strategic measures, as well as continued diligence over the health and safety of our staff and individuals we serve, ensured that our critical functions and most of our services continued during this once in a lifetime event.

**20,224**  
Individuals of all ages  
received services  
from the CSB\*

However, a national shortage of workers in critical healthcare fields remains a hindrance to growth and sustainability. In the face of continued staffing shortages, the CSB is working diligently to continue its work in prioritizing

retention, recruitment and hiring. In the summer of 2021, as the world was engaged in recovering and rebuilding as the pandemic waned, the second wave of the pandemic exacerbated by the Delta variant brought even more challenges.

**6,304**  
Individuals received  
CSB Emergency  
Services

Undaunted, we are reimagining what is possible by building new health and well-being systems, driven by a revolution in the treatment of substance use disorders within the court system, and creating new forums for collaboration, coordination, and action. The progress we achieved during the most challenging year of our agency's history was substantial and lasting. With FY 2021 behind us, we can persevere and grow again, but we cannot do it alone. The long-term, large-scale changes required by the vulnerable individuals we serve requires concerted action with existing and new partnerships. The CSB is proud to stand with county leadership, our partners, and our community with hope and optimism. Again, undaunted by the challenges before us, together, we will seize this moment in history and reimagine a better future for our families, our workforce, the individuals we serve, and our community.



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

# State Psychiatric Hospital Bed Crisis

In FY 2021, CSB conducted over 1,700 mental health evaluations related to temporary detention orders – a 50% increase from FY 2015. One of the reasons there is a statewide psychiatric bed crisis has been the nearly 400% increase in the number of temporary detention orders through FY 2021. The Northern Virginia region is the only region in the Commonwealth that has been able to increase the number of temporary detention orders by private psychiatric hospital beds. The Fairfax-Falls Church CSB continues to be one of the lowest users of the state psychiatric hospital beds per capita.

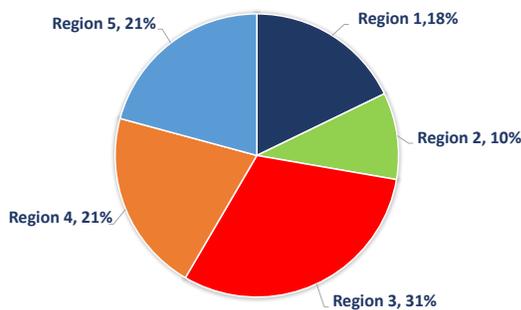
Amid the state psychiatric hospital bed crisis, Fairfax County’s ongoing local investments ensured one of the lowest per capita hospitalization rates in the Commonwealth (6 residents per every 100,000 as compared to the statewide average of 16 residents per 100,000). The CSB continuously adapted to multiple state hospitals opening and closing throughout the year using alternative solutions to meet emergency constituent needs. With additional discharge assistance funding and staff, it is feasible to lower the rate by expanding our case management and discharge planning staff. By reducing the extent of hospital stays and emergency services, cost savings can be achieved and reapplied to other critical programs. The employment of additional discharge planners will reduce emergency services and judicial support costs.

**437**  
Individuals served in CSB residential crisis stabilization

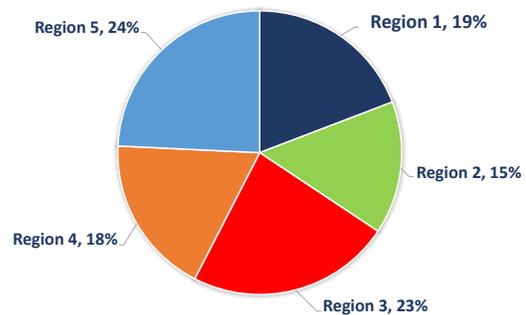
The Psychiatric Crisis Stabilization unit that quickly opened in September 2020 at the Alternative Incarceration Branch (AIB) in cooperation with the Fairfax County Sheriff’s Office is an example of the CSB’s successful partnership with other local resources to address this crisis. In addition, in early 2021, the Woodburn Place Crisis stabilization unit moved to a newly renovated location which allowed the program to accept and treat individuals with extremely complex mental health and substance use histories. Efforts are underway to further expand crisis stabilization services in the Chantilly area in the fall of 2021.

## Consistently Keeping Hospital Bed Day Use Low

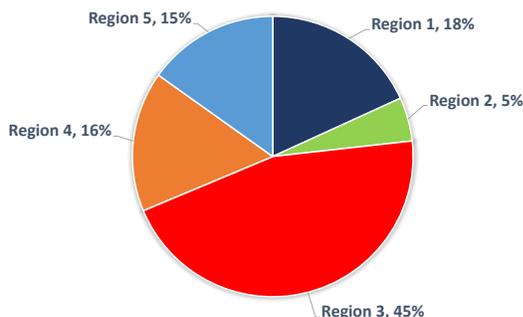
FY 2021 Adult Bed Day Use Per 100K



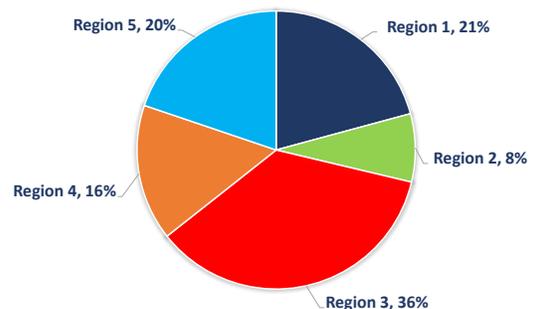
FY 2021 Adult Bed Day Use, Actual



FY 2021 Older Adult Bed Day Use Per 100K



FY 2021 Older Adult Bed Day Use, Actual



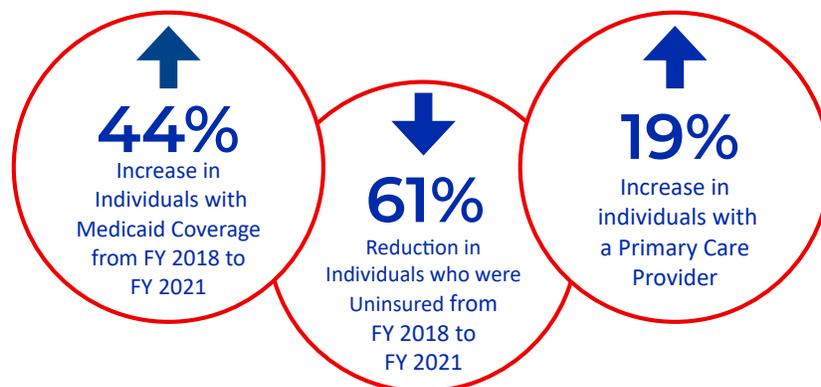
## System Transformation, Excellence And Performance (Step-VA) Mandates

Enacted in 2017, the Commonwealth's STEP-VA initiative continues to be a priority for the agency. Fairfax County has continued to provide significant funding and support for implementation of the Commonwealth's System Transformation, Excellence and Performance in Virginia (STEP-VA). Although the Virginia Department of Behavioral Health and Development Services (DBHDS) has provided funding for STEP-VA, the funding is significantly below what is required for a locality of our size.

Implementation of Phase 1 of STEP-VA Mobile Crisis expanded the services collectively known as "REACH" (Regional, Education, Assessment, Crisis Services, Habilitation). The REACH services include mobile response for those with a developmental disability. As a result of increased funding from DBHDS, the capacity of our Children's Regional Crisis Response Program, known as "CR2", has nearly doubled.

## Medicaid

The CSB and DFS partnered on a pilot program which has now become part of our regular business practice. The goal of the program is to increase the number of individuals with health insurance in a shorter timeframe and increase the number of individuals seeing a primary care provider. This program was started in early 2020. Between July 2020 and July 2021, the percentage of individuals with Medicaid increased from 69% to 72% and the number of uninsured decreased from 15% to 12%.



## Human Resources

The national shortage of qualified behavioral health care professionals continues to increase pressure on our leadership team to meet the expanding constituent base and deliver services. Most of our clinical positions, including in the areas of nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Due to these requirements, most health care related employers in our area are competing for the same group of qualified candidates. Some neighboring jurisdictions are offering \$10,000 more for case management/support staff.

In addition, an aging population, increasing needs of the individuals we serve, coupled with an aging workforce and (many) projected retirements in the near-term means we may anticipate additional staffing shortages ahead. Recruitment efforts were a strategic priority in FY 2021 and will remain critical to attract qualified talent, but equally important will be the efforts employed to ensure the retention of existing talent.

Steps to increase retention include:

- Exit surveys – Sent to staff who left the CSB from January to present.
- Staff engagement surveys – Expected to launch in early FY 2022. The results will not be implemented until well into 2022. Leadership at the CSB will be working internally with CSB staff and with county leadership to implement results of the survey as quickly as possible.
- Bonuses – Sign on and referral bonuses were approved for hard to fill positions.
- Internships – Expanded to include licensed counselors and will include a stipend for those supervising interns.
- Annuitants – Allowed the return of annuitants to address time to treatment concerns.
- Job sharing – Converted some full-time merit positions to job sharing positions for clinicians who want to retain county benefits.
- Interviewing flexibility – Exploration of options for virtual interviewing processes and development of generic job ads to broaden candidate pools.
- Salary compression – Ongoing review for internal salary alignment of hard to fill positions including 466 clinicians.

Research began into a video-based interview system which will significantly reduce the time to hire and increase opportunities for more diverse and equitable hires.



## Heroin And Opioid Epidemic

In the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church), opioids are the number one cause of unnatural death, with 94 opioid deaths in 2020; all but six were due to fentanyl. Hospitals in the Fairfax Health District reported a 38 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in 2020 relative to 2019. The number of such visits in the first quarter of 2021 trended higher than the same period in 2020 and raised concerns about it continuing to trend upwards throughout 2021. This indicates that the opioid epidemic continues to impact the Fairfax County Health District.

The CSB provided support and treatment in many ways. Medication-assisted treatment was expanded and the number of individuals waiting for residential treatment decreased from 49 in July 2020 to 35 in July 2021. The Sheriff's Office's jail-based MAT program in the Adult Detention Center launched in July 2020 and saw early success with former inmates staying engaged and successfully connecting in unprecedented numbers to CSB's Addiction Medicine Clinic.

**REVIVE!**  
Opioid Overdose and  
Naloxone Education

Since its inception, nearly 3,900 individuals have received REVIVE! training, a free course on how to administer opioid reversal medication. In FY 2021, more than 650 individuals were trained in REVIVE! with more than 400 naloxone distributed via the trainings. Partnerships continued with the Peer Outreach Response Team (PORT), the Fairfax County Fire and Rescue and Police Departments connecting individuals encountered by public safety for

non-fatal overdoses to PORT for recovery action planning, discussion of treatment and support group options, REVIVE! training, and more.

**658**  
People attended  
REVIVE! opioid  
overdose reversal  
training\*

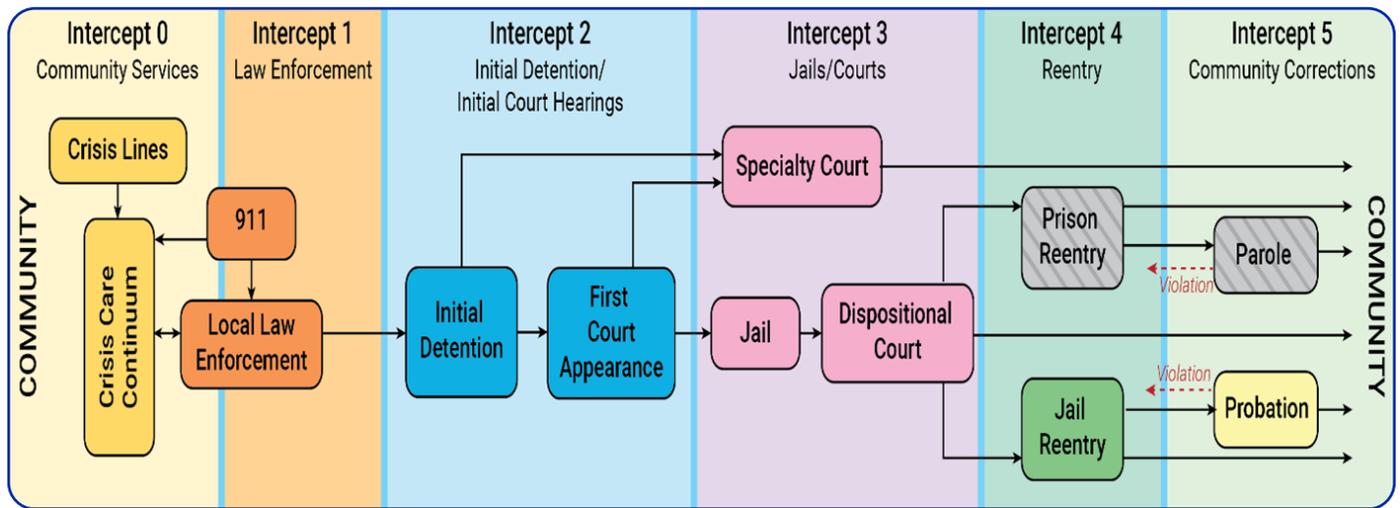
# Decriminalizing Mental Illness

## DIVERSION FIRST

The countywide Diversion First initiative continues to make a difference in our community, providing alternatives to incarceration for people with mental illness, co-occurring substance use disorders and/or developmental disabilities who come into contact with the criminal justice system for low-level and/or non-violent offenses. Diversion First programs and services are possible due to Fairfax County's investment and partnerships between the Fairfax-Falls

Church Community Services Board, Office of the Sheriff, Fairfax County Police Department, Fire and Rescue Department, Courts, Department of Public Safety Communications (DPSC), other county agencies and the community. Throughout FY 2021 the programs supporting the Diversion First mission have continued to provide services in a variety of settings, responding to the needs of the community.

Diversion First utilizes the Sequential Intercept Model (shown below), a national framework to inform strategies and community-based responses to the involvement of people with behavioral health issues in the criminal justice system. This framework provides a broad overview of the intercept points and examples of services for each intercept.



During FY 2021, 484 individuals were diverted from potential arrest to the Merrifield Crisis Response Center (MCRC). Law enforcement transported 2,176 individuals to the MCRC, of which 1,553 were under an emergency custody order and 623 were voluntary transports. In FY 2021, MCRC continued to expand, and in partnership with Neighborhood Health, a Federally Qualified Health Center, the CSB launched onsite medical assessment at the MCRC for individuals who need inpatient hospitalization or crisis stabilization admission. The goals of the Medical Assessment Program (MAP) are to reduce patient and law enforcement time spent in Emergency Departments, increase the number of transfers of custody at the MCRC, reduce the number of injuries to the client and law enforcement, increase number of individuals connected to follow up primary care services, and reduce costs by providing services in a non-emergency setting. Launched in October 2020, MAP has served more than 250 individuals. MAP assessment is completed in an average of 90 minutes, compared to an average of over four hours in emergency rooms.

**484**  
Individuals were diverted from potential arrest to the MCRC

In the spring of 2021, the CSB, Fairfax County Police Department, and the Department of Public Safety Communications collaborated to implement an exploratory "micro pilot" to learn about logistical and operational considerations for launching a primary response Co-Responder program in Fairfax County. During this micro pilot, a CSB Crisis Intervention Specialist and Crisis Intervention Team (CIT) trained police officer were paired to respond to 911 calls that were related to behavioral health issues. In addition to the co-responder team, a CSB Crisis Intervention Specialist was deployed to DPSC to serve as a "Behavioral Health Liaison" (BHL). The BHL provided public safety personnel with behavioral health resources, and researched calls to assist the Co-Response team. In the coming fiscal year, strategies to continue this initial effort will be explored. In FY 2021, the CSB will also be preparing for Marcus Alert implementation. This recently enacted legislation is designed to enhance crisis response throughout the state.

The Community Response Teams (CRT), a CSB and public safety partnership, has built upon their success in providing outreach and care coordination to frequent utilizers of public safety services, with the goal of better outcomes for individuals served and more efficient utilization of public safety resources. The CRT has partnerships with several local agencies and community-based organizations, such as Inova Health System. The work of the CRT has attracted national attention, and the team has presented at national conferences and frequently consults with similar programs across the county to share successes and lessons learned. To date, more than 400 individuals have been referred to the CRT program.

Diversion First also provides opportunities for intervention throughout the criminal justice system. Individuals booked into the Adult Detention Center (ADC) are screened with the Brief Jail Mental Health Screening (BJMHS), and the CSB provides behavioral health services to many incarcerated individuals with a variety of behavioral health needs. In partnership with the Sheriff's Office, the CSB provides Medication Assisted Treatment (MAT) services; linking individuals to medication and treatment supports to address opioid use disorder while they are incarcerated and at the high-risk time of release. The CSB provides services to the Office of the Sheriff Striving to Achieve Recovery (STAR) program a peer led, trauma informed, jail-based addiction recovery program. In FY 2021, in partnership with a local non-profit, the Chris Atwood Foundation, the CSB received grant funding to connect individuals participating in the MAT program to a Peer Recovery Specialist upon ADC release. Through this CSB grant, Peer Recovery Specialists provide one-on-one peer support, for MAT participants to access recovery housing, treatment programs and in developing harm reduction strategies.

The CSB is a strong partner of the specialty courts, providing program coordination and access to treatment services for these rapidly expanding programs. Individuals who are diverted to one of these specialty court programs participate in a structured program integrating treatment with court supervision. Successful outcomes for the program involve individuals achieving personal goals rooted in recovery and, potentially, reduced or resolved charges. During FY 2021, despite the challenges of the COVID-19 pandemic, the Veterans Treatment Docket, Drug Court and Mental Health Dockets were at or near capacity of 25 people for each docket. The CSB also collaborates with Court Services to serve individuals in the Supervised Release Program, which provides intensive supervision in the community instead of incarceration.

In addition to community-based services and treatment, the CSB provides permanent supportive housing services for the Diversion First population, in partnership with New Hope Housing. Permanent supportive housing is 50% less expensive than incarceration, and typically, over 85% of those housed through this program have maintained housing and have had no additional psychiatric hospitalizations.

Successful expansion of a community-based crisis services mental health response will depend on increased funding for Marcus Alert implementation for program development and community care teams. The voluntary database component of the Marcus Alert system became available July of 2021. The Marcus Alert system will provide the appropriate response in the community when an individual is experiencing a mental health crisis.

The agency will participate in Phase II of the Marcus Alert initiative. This requires that the Fairfax-Falls Church community establish protocols by July 1, 2022, and recommendations for protocols will be submitted in a report to the Board of Supervisors and to the CSB Board prior to July 1. The planning process will include gathering community input including stakeholder groups and broader communication efforts focusing on underserved communities, staffing needs, and funding proposals. A reminder was offered that state funding beyond the initial funding of \$600K is unlikely. Related to Marcus Alert protocols is Rapid SOS, a digital platform that provides a database for community members to register special needs information alerts for first responders. The alerts are assigned via cell phone number and can include the home address for identification. The alerts do not work with land lines. The platform is anticipated to be operational by the end of June 2022.

While the ongoing COVID-19 pandemic continued to bring challenges in FY 2021, it also brought opportunities for CSB to have even greater collaboration with partner agencies to meet the needs of the Diversion First population. The focus has remained on what can be accomplished when teams work together toward solutions and a common vision.

## Health Care Compliance

The CSB's compliance program is focused on preventing, detecting, and correcting ethical and regulatory difficulties. A highlight of FY 2021 was the launch of the revised Psychiatric Diagnostic Evaluation (PDE) in July. A workgroup of clinicians across service areas reviewed the existing flow of clinical information and recommended changes to enhance the clinical and interview experience for staff and individuals. The revised PDE replaced the Service Specific Provider Intake (SSPI). An assessment addendum remained and included new content. With the revised PDE in place, the CSB streamlined a standard assessment that combines all the requirements of the:

- Multidimensional Assessment required by Addiction & Recovery Treatment Services (ARTS).
- Comprehensive Needs Assessment required by Community Mental Health & Rehabilitation Services (CMHRS).
- Psychiatric Diagnostic Evaluation required by Psychiatric Services (PS).



This combined standard assessment for the agency is one effort in moving away from individualized program forms and towards ensuring standardized data elements across our system.

## Informatics And Electronic Health Care Record

The contract process for a new Electronic Health Record (EHR) was finalized in June of 2021. Welligent, the new provider, is a cloud-based EHR platform with mobile apps providing comprehensive solutions to manage our caseload, schedule, documentation, and revenue cycle. The CSB formed a Health Record Implementation Team which has built a project plan in collaboration with DIT. It is projected to launch in the fall of 2022.

## Developmental Disabilities (DD) Services

More than 2,600 of the over 13,000 individuals with DD on the statewide Medicaid waiver waiting list are served by the Fairfax-Falls Church Community Services Board

Face-to-face Support Coordination services resumed on May 1, 2021, as required by the Department of Justice Settlement Agreement (DOJSA). Employment & Day Services providers started phasing in face-to-face service delivery in May of 2021 and are gradually increasing services as site capacity and staff resources allow. Ongoing engagement and re-engagement plans supported:

- An average of 78% sustained services for individuals with developmental disabilities in Individual Supported Employment (ISE) services from July 2020 to June 2021.
- An average of 23% sustained services for individuals in Group Supported Employment (GSE) from July 2020 to June 2021, with an increase to 41% from May to June 2021.
- Day and Sheltered Service providers have steadily increased service capacity over several months, despite many needing to close due to COVID-19 exposures, with an increase to 33% in June 2021.

CSB contracted service providers served 81% of all individuals (813 of more than 1,300) enrolled in Day, Sheltered, and Group and Individual Supported Employment. The increase in individuals served in April and May was primarily attributed to vaccinations. Staffing shortages resulted in a moderate increase in the time to treatment performance metric. It is anticipated that employment sites will continue to see a significant increase in services in the fall of 2021. In a typical year, more than 1,500 individuals are served in Day Support, Sheltered, and Group and Individual Supported Employment. Employment & Day Services are phasing in face-to-face service delivery.

As we return to pre-pandemic levels of in-person services, staffing shortages are expected to continue to be a challenge, especially due to the new individuals receiving waiver slots. The support coordination team is grateful to the Fairfax County Board of Supervisors for maintaining monies in the budget to assist with the 146 new waiver slots allocated to Fairfax-Falls Church for FY 2021. This will allow us to serve the additional individuals.

## One Fairfax

The CSB's Equity Workgroup was born out of Fairfax County's One Fairfax social and racial policy and consists of more than forty staff across all program areas and leadership levels. Our agency is resolved to use compassion, creative ideas, and our collective sense of humanity to ensure we are fostering and supporting a culture that acknowledges people's feelings, their pain, and their trauma and to further strengthen our commitment to diversity, inclusion, and addressing systemic racism.

The pandemic has impacted every resident and all facets of the economy, but it has disproportionately impacted Black, Latinx, and low-income residents. In turn, this has exacerbated racial and social inequities among residents with the greatest needs. The workgroup met regularly throughout FY 2021 and took strong action steps related to the social and racial disparities for those we serve and within our workforce. Workgroup members stepped up even more in FY 2021 and were our system's ambassadors during this time of national and local unrest. They led difficult conversations about race amongst their colleagues, on panel and webinar discussions with regional and state experts, and widened the dialogue to move us towards deeper understanding and action to create the changes needed.

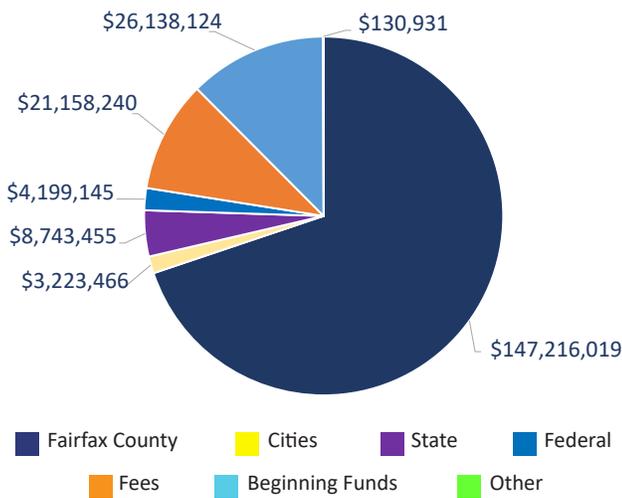


Expansion of the popular webinar series focusing on mental health in the Black community continued through the fall of 2020. These virtual community discussions focused on shifting the narrative around mistrust, while exploring the relationship of trust between the Black community and a variety of systems. The final event in this series on trust discussed engagement with professionals in mental health, medical services, and law enforcement.

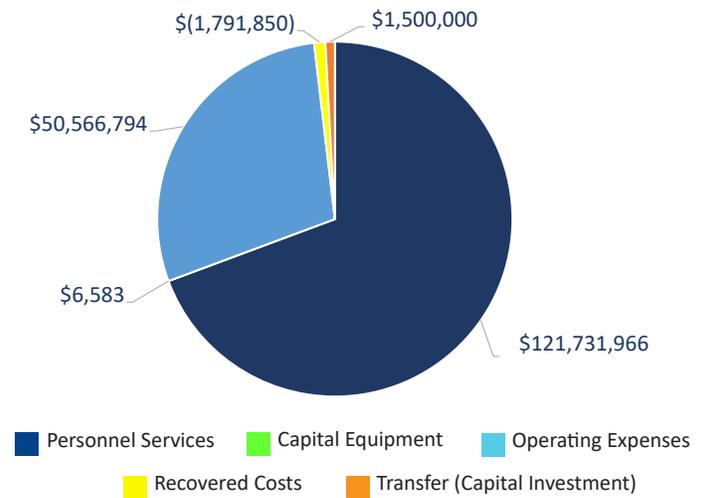


## Financial Data - FY 2021 Revenues & Expenditures

**\$210,809,380**



**\$172,013,493**



Operating expenses include amounts paid to vendors for contracted services, rent, etc. Recovered costs include reimbursements for CSB services provided to other county agencies. FY 2021 ending fund balance was \$25,808,083.

## Individuals Served

Characteristics of Individuals Served by CSB Service Types					
		Developmental Disabilities	Mental Health	Substance Use Disorder	Ancillary Services**
FY 2020 Individuals Served* Based on state reporting categories		2,330	6,181	1,005	17,874
Age	0-11	5%	6%	0%	7%
	12-18	10%	17%	7%	17%
	19-26	25%	11%	13%	20%
	27-59	52%	52%	75%	47%
	60+	8%	15%	5%	9%
Gender	Female	36%	48%	32%	41%
	Male	64%	52%	68%	59%
Race***	Asian	13%	9%	4%	10%
	Black/African American	14%	23%	21%	23%
	White/Caucasian	57%	42%	48%	44%
	Two or More Races	5%	7%	8%	7%
	Other****	10%	19%	19%	16%
Hispanic Origin (any race)***		13%	23%	24%	22%

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

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

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

\*\*\*\* Other includes individuals who self-reported their race as "Other", and individuals reporting their race as Native American, Alaskan Native and/or Hawaiian Native or Pacific Islander, with 0.1% or less of the CSB population represented in each category.

# Our Vision, Mission and Values

## Where We Want to Be – CSB Vision

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

## What We Do – CSB Mission

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

## What We Believe In – CSB Values

In achieving our mission and vision, we value:

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

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

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

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

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

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



# Our Staff



# Our Staff



## Our Staff

It's hard to put into words what we've experienced in FY 2021. And while it has been a year of enduring and enormous challenges, our courageous and hard-working staff have continued to provide services. Their ongoing work, commitment and perseverance, and unflinching dedication to delivering services during this difficult time cannot be overstated. Many worked double duty at home helping their kids manage distance learning while providing services in our community. Many showed up onsite every single day and continue to do so. The compassion, creative ideas, and the collective sense of humanity is inspiring and what makes the CSB such a special place.



# Our Staff



# Our Staff





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# Community Services Board



12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1100  
703-324-7000, TTY 711

[www.fairfaxcounty.gov/csb](http://www.fairfaxcounty.gov/csb) • [wwwcsb@fairfaxcounty.gov](mailto:wwwcsb@fairfaxcounty.gov)



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