



Fairfax-Falls Church Community Services Board



Creating Opportunities and Promoting Independence

Fiscal Year 2003 Annual Report

July 1, 2002 - June 30, 2003



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Stevenson Place



A New Beginning



Woodburn Mental Health Center



Sunrise I

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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.

Our Vision

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

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

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

This publication can be made available in alternative format upon request.

Please call 703-324-7000 or TTY 703-802-3015 and allow a reasonable period of time for preparation of the material.

Message from the Chairman



This year our Annual Report focuses attention on the wide variety of activities we offer that promote independence. While recognizing that each client or consumer has a different potential for independent living, this has always been a major goal of each person's treatment plan.

On page three of this report, we have presented some summary data relating to these activities. There you will see information about the nine different residential treatment and day treatment programs for children and youth that contain educational services provided by Fairfax County Public Schools. In FY 2003, over 150 school-aged consumers participated in these classes. In addition, approximately 30 adult consumers have taken advantage of adult education and GED programs for those who have not earned a high school diploma.

Another aspect of our programs is preparation for employment. In all of our service areas, we have established a close working relationship with the Virginia Department of Rehabilitative Services and the Virginia Employment Commission. In all of our treatment programs operated by Alcohol and Drug Services, there is a strong emphasis on job readiness with an expectation that each person has a job by the time they finish their treatment program.

In Mental Health Services, job readiness training is an integral component of the psychosocial program provided by Psychiatric Rehabilitative Services Inc. In addition, there is a close working relationship with the Laurie Mitchell Employment Center which focuses on computer related jobs. We estimate that over 600 persons served by Mental Health Services participate in these employment services each year.

In Mental Retardation Services, about 70 percent of the consumers participate in an employment related program. In fact, over 200 persons with mental retardation are independently employed and have an average annual wage of \$13,582. The average annual wage for those participating in group employment was \$6,837 which is a 14 percent increase over the previous year.

While not all of our clients and consumers can achieve full time employment, they all strive to obtain the maximum amount of independence by taking advantage of the many opportunities we offer for personal development and skill training. Thus, participation in our programs promotes independent living and allows our clients and consumers to be active, contributing members of our community.

- Dave Redman

Creating Opportunities and Promoting Independence

Did you know that...

Consumers report high satisfaction with CSB services:

- 96% of consumers receiving Prevention Services reported high satisfaction ratings.
- 95% of consumers receiving Alcohol and Drug Services Outpatient and Case Management Services reported satisfaction with those services.
- 88% of consumers receiving Mental Health Outpatient and Case Management Services reported satisfaction with those services.
- 95% of Program of Assertive Community Treatment consumers reported satisfaction with their services.
- 96% of individuals receiving Mental Retardation Services Competitive Employment Services reported satisfaction with their current wages.
- 96% of individuals receiving Mental Retardation Services Day Support reported the services received were helpful.

CSB Programs promote best practices and enhance opportunities for consumers:

- Nine programs in Mental Health Services and Alcohol and Drug Services offer academic instruction and GED preparation for enrolled consumers through a cooperative relationship with the Fairfax County Public Schools. More than 150 youth were served through these programs. At least 30 adults enrolled in Mental Health Day Support Services made use of adult education and GED programs.
- More than 600 Mental Health Services consumers participated in employment services offered through Psychiatric Rehabilitation Services Inc. and the Laurie Mitchell Employment Center.
- Girl Power Program participant evaluation results reflect low intent levels to try alcohol or drugs, increases in community bonding, significant increases in social skill areas. All of these areas have been proven to help reduce substance abuse.
- The average annual wage for the 204 surveyed people receiving Mental Retardation Services individual employment services for FY 2003 was \$13,582. This represents an increased of 6% from FY 2002 and 19% from FY 2001.
- Total wages for 270 people surveyed receiving group support employment services in FY 2003 was \$1,845,922. The average annual wage is \$6,837. This is a 14% increase from FY 2002 and a 74% increase from FY 2001.
- 88% of consumers participating in 90 plus days of treatment at Crossroads were either employed or in school upon leaving the program.
- People who stayed in Mental Health Partial Hospitalization Programs three months or more showed a 64% reduction in using Emergency Services one year post-discharge compared to the year prior to their entering treatment.
- 85% of Program of Assertive Community Treatment participants resided in the community at least 300 days during the 12 months without incidents of hospitalization, incarceration or homelessness.
- 90% of consumers in Mental Health Supported Living Arrangements were able to maintain stable housing for one year or more.

Persons Served

Characteristics of Persons Served by CSB Program Areas – FY 2003					
		ADS	MHS	MRS	Infant & Toddler Connection
Persons Served *		6,323	10,438	1,985	1,254
Age	0-2				100%
	0-17	17%	14%	21%	
	18-22	17%	9%	10%	
	23-59	65%	70%	66%	
	60+	1%	7%	3%	
Gender	Male	75%	53%	59%	61%
	Female	25%	47%	41%	39%
Income Level	\$0 – \$9,999	44%	60%	86%	38%
	\$10,000 – \$24,999	30%	25%	10%	8%
	\$25,000 +	26%	15%	4%	54%
Race	Asian	4%	7%	9%	9%
	Black/African American	26%	21%	12%	11%
	White/Caucasian	52%	57%	71%	72%
	Other	18%	15%	8%	8%
Hispanic Origin		26%	14%	14%	14%

* This is an unduplicated count of persons served.

Over the last five years:

- The percentage of White/Caucasian Mental Health Services consumers declined with a concomitant rise in the “Other” category.
- The percentage of ADS consumers of Hispanic Origin increased dramatically from 1999 to 2000, and continues to increase each year.
- The percentage of Asian and White/Caucasian Infant and Toddler Connection consumers declined between 2002 and 2003.
- The percentage of Mental Retardation Services consumers of Hispanic Origin increased from 2002 to 2003 after being steady over the previous years.

Services Delivered

Services Delivered by CSB Program Area – FY 2003				
Persons Served *	ADS	MHS	MRS	Infant & Toddler Connection (Part C)
Emergency	2,271	5,850		
Outpatient/Case Management	3,562	5,142	1,708	
Methadone	35			
Day Support	512	877	1,283	
Residential	2,303	1,888	840	
Family Support	550	416	147	
EI/Infant & Toddler Connection				1,254
Inpatient		76		
Transportation	5	173	654	

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

Over the last five years, numbers of persons served:

- In Mental Health Services declined slightly in most program areas except for an increase in residential programs.
- In Alcohol and Drug Services declined in the first part of the last five years followed by a slight increase.
- In Mental Retardation Services has risen in day support.
- In Infant and Toddler Connection has been steadily on the rise.

Alcohol and Drug Services

William H. Williams, Jr., M.A., LCADC, Director

Accomplishments

Best Practice/Evidence-Based Models

Alcohol and Drug Services (ADS) continues to strive for excellence in service. The following examples are Best Practice/Evidence-Based Models initiatives accomplished in FY 2003:

- Developed family counseling services at all five Adult Outpatient sites, as well as Spanish-speaking family services at three Adult Outpatient sites.
- Established a pilot Drug Court program for youth in partnership with the Fairfax County Juvenile and Domestic Relations Court.
- Performed an outcome evaluation study for Youth Outpatient and Residential Services.
- Developed a quality management committee to review practices throughout the ADS service system.
- Began using the newly approved medication, buprenorphine, at the Fairfax Detoxification Center to assist individuals in safe withdrawal from opiates. The program is one of the first in the United States to use this new medication.
- Redesigned services in the Adult Detention Center and Pre-Release Center to increase the number of inmates receiving services.
- The Regional Assessment, Consultation, and Treatment (ACT) program, which provides HIV counseling and case management services began on-site OraSure oral swab HIV testing. The testing service is fully funded by the State.

The following examples are Best Practice/Evidence-Based Models initiatives which began in FY 2003 and will continue in FY 2004:

- Developing a unit in Adult Outpatient services to treat persons who have both a serious mental illness and a substance use disorder.
- Reviewing the Adult Outpatient service system to ensure quality and consistency throughout the continuum.

ADS Works Toward “No Wrong Door”



ADS believes that a client should receive the services they need regardless of where they enter the system. FY 2003 “No Wrong Door” initiatives include:

- Increasing the capacity to serve individuals whose primary language is Spanish by hiring staff with Spanish language capability into vacant positions in ADS Emergency Services.
- Increasing the capability to serve persons who are dually diagnosed through training of all staff in mental illness issues in ADS Emergency and Outpatient Services.

Alcohol and Drug Services

ADS Revenue Maximization Efforts

ADS continues to work toward revenue maximization and diversification. Initiatives in this area include:

- Collaborating with Fairfax County Public Schools on contracts and pursuing Title IV-E funding for case management services.
- Increasing revenue through Medicaid billing at the Cornerstones program.
- Pursuing Commission on the Accreditation of Rehabilitation Facilities (CARF) accreditation in Youth residential programming to diversify revenue streams and improve quality of services delivered.



ADS Psychiatric Services

- ADS psychiatric services were reconfigured to provide services at contracted programs. This initiative fills a gap in services for clients with co-occurring mental illness and substance use disorders. ADS adult psychiatric services were also redesigned to better meet the needs of clients with co-occurring disorders.

Public and Private Partnerships

Collaboration and Programming Enhancements

Collaboration with community partners is an invaluable benefit to the service delivery system, helping the process of continuous quality improvement. The following are examples of key FY 2003 initiatives:

- Developed a multi-agency committee to enhance communication and provide cross-training with the Virginia Department of Probation and Parole and the Alcohol Safety Action Program (ASAP).



- Responded to community and stakeholder concerns regarding the long wait for medical detoxification services by reallocating existing resources and initiating a contract for medical detoxification services.
- Participated in the County initiative to Reshape Children's Services.
- Redesigned women's outpatient and day treatment services.
- Merged the Supervised Apartment Program and Recovery House program to create "Steps to Recovery," a continuing care residential program for persons in recovery from substance abuse. The program is cost efficient and meets budgetary guidelines without significantly reducing client services.

Alcohol and Drug Services

Opportunities Realized



- “Just wanted to say thanks again for your intervention and help with my daughter. She’s now at A New Beginning and doing well. I have hope - and more important, I think she does too. Thank you, thank you, thank you.”
- “I tell myself these feelings won’t last forever...” Mary entered A New Beginning at age 21. She was introduced to alcohol and marijuana at age 16. While in treatment, Mary began to build coping skills for dealing with her issues of depression, low self-esteem, unresolved grief, and unhealthy relationships. She found a sponsor and attended Alcoholics Anonymous and Narcotics Anonymous meetings nightly. Today Mary has over 18 months of sobriety and continues to live in supported housing. She recently got a new job with health benefits and is line for a promotion.

■ Carlos was referred to ADS by Juvenile and Domestic Relations Court due to a charge of domestic violence towards his adolescent daughter. He abused alcohol and prescription medications that he brought from El Salvador. He became very involved with Alcoholics Anonymous and now “takes” meetings into treatment centers and jails. He also became a community volunteer with *Marcelino Pan y Vino*, a nonprofit community organization that helps people with special needs.

■ Joe was referred to ADS by the Alcohol Safety Action Program (ASAP) due to two charges of Driving While Intoxicated and a charge of domestic violence. At the time of his discharge from the program, he was interviewing for jobs, registering at a school to study physical therapy and leading Alcoholics Anonymous meetings.

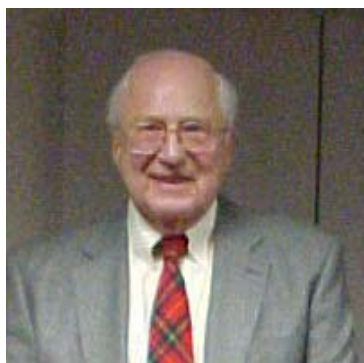
■ “Providing treatment for my addiction has not only changed my life, but has given my young son a new chance at a happy life.” Shelly was referred to a long-term residential treatment program for her 20 year history of substance abuse and criminal behavior including drug-related offenses. She was separated from her seven month old baby due to her incarceration. She wanted to address her addiction, but would not enter a program without her child. She entered the New Generations program, was reunited with her baby and completed the identified treatment tasks.



Special note: Beginning with this report, the term “substance use disorder” is being introduced to refer to alcohol or drug dependence or addiction.

Alcohol and Drug Services

Challenges



As Chairman, and on behalf of the Alcohol and Drug Committee of the Fairfax-Falls Church Community Services Board, I would like to take this opportunity to express our commitment to the provision of evidence-based prevention and treatment services to individuals and families in our community who battle issues of substance abuse and addiction.

Nationally, 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, Substance Abuse and Mental Health Services Administration*). These statistics would indicate that 94,152 individuals in our community suffer with substance dependence or abuse issues. These statistics do not include the family members also impacted by the illness and abuse of substances.

Alcohol and Drug Services (ADS) provided care to 6,323 individuals during the 2003 fiscal year. While we acknowledge that we are not and cannot be the only treatment provider in the community, we also know that substance abuse treatment slots are not readily available and that waiting lists remain long. ADS is only able to provide services to seven percent of the needed slots in our community. Individuals waiting for services remain on lists from four to six months, with inadequate treatment options for highly vulnerable populations that include women with children, youth and adults waiting for long-term residential care, and homeless individuals. Once in service, vulnerable populations -- particularly women, homeless individuals, those transitioning from jail to the community, and persons who are dually-diagnosed -- lack adequate case management services to ensure linkages to other vital services, monitoring to increase the effectiveness of care and reduce relapse potential.

We know that prevention and treatment programs work, reduce strain on the health care and justice systems and make it possible for individuals to lead healthy, productive lives. Our goals continue to emphasize reduced waiting times, increased treatment capacity, and prevention of the impact of substance addiction and abuse on individuals, their families, and on the community at large. Prevention and treatment save lives and in the long run save money and ensure a better life for all of us. For these reasons, we urge you to join with us in advocating for the provision of high quality care in our community and compassion for those suffering with this devastating illness.

- Ben Pepper, Chair, Alcohol and Drug Committee

Ongoing Challenges for Alcohol and Drug Services

- Reducing the waiting lists and the waiting time for the large numbers of individuals in our community who suffer from the illness of addiction. ADS lost the capacity to treat over 1,100 individuals in our community due to recent budget reductions.
- Continue to work on diversification of revenue streams because most ADS clients are either indigent or underemployed with no health insurance coverage.
- Continue to respond to the diversity in the community through hiring and contractual agreements.

Mental Health Services

John DeFee, Ph.D., Director

Accomplishments

Endorsement and Implementation of Recovery Principles

Throughout this past year, the Comprehensive Treatment & Recovery (CTR) Program of Adult Community Services (ACS) introduced and began implementation of recovery practices in all outpatient services for adults.

- All treatment and program design initiatives in the ACS Division are being developed within the “Recovery” context of consumer and other stakeholder participation.
- Recovery is a unifying concept that promotes partnership with other providers, consumers, family members, advocates and the community to design, implement and monitor services for quality and excellence.
- Initial steps have been taken toward developing partnerships in recovery-oriented services with Psychosocial Rehabilitation Services Inc., the Northern Virginia Mental Health Institute, Fairfax-Falls Church CSB-Alcohol and Drug Services, and Arlington County Community Services Board.

Recovery, Employment & Rehabilitation Recommendations are Unveiled!

A task force comprised of all participating programs and stakeholders convened to examine and redesign Day Support Services.

- The design is based on the Recovery Model.
- The work group proposed a network of six major programs:
 - Consumer-Run Drop-In Centers
 - Employment Program
 - Community Readiness and Support
 - Focused Treatment
 - Psychosocial Rehabilitation Services
 - Intensive Recovery Services

In addition, the task force strongly recommended a number of mechanisms to tie the programs together. One bridging element would be a:

- Community Involvement Partnership Council, which will be comprised of a full and diverse spectrum of stakeholders and have input on design and delivery of all adult services.

A second bridging element is an:

- Integrated Referral and Transition Team, which will be made up of representatives from participating programs charged with reducing barriers between programs and having a level of authority to make changes in service delivery, as needed. This team will also ensure that individual consumers participate in treatment choices and transitions from one program to another are done efficiently.



Medication Cost and Accessibility

Mental Health Services (MHS) has made progress in cutting medication costs and increasing accessibility for consumers. During FY 2003, MHS:

- Reduced its subsidized psychotropic medication budget by more than \$400,000 while serving more clients and experiencing a 15 percent annual inflation in drug costs.
- Instituted procedures to maximize the use of pharmaceutical sample medication programs.
- Initiated a new medication fee policy to increase revenues from co-payments and established a financial means test to establish eligibility for CSB subsidized medications.
- Established procedures to more consistently identify clients eligible for the MedSaver program of the State Aftercare Pharmacy.
- Integrated psychiatric services at the Kennedy Shelter to better serve consumers who are homeless.
- Established prescribing guidelines based upon best-practice, evidence-based standards.
- Maximized use of lower cost generic medications when clinically appropriate.



MHS Revenue Maximization Efforts

- Procurement of Title IV-E funds through the Social Security Act for children - this program provides for partial federal reimbursement of administrative costs for children who are at risk for out-of-home placements. The initial claim resulted in over \$400,000 in funds which will allow the agency to expand and improve services to the County's at-risk youth and families.
- Pursuing Commission on the Accreditation of Rehabilitation Facilities (CARF) accreditation in Youth residential programming to diversify revenue streams and improve quality of services delivered.

Mental Health Services

Public and Private Partnerships

Youth and Family Services Roll Out Programs

Mental Health Youth and Family Services division enhanced and implemented two school-based initiatives with the Fairfax County Public School system and undertook a major revenue enhancement project this fiscal year.

- One program provides direct therapy services to children and their families at five preschools. Therapists from the Infant and Early Childhood Program provide four hours of therapy per week as part of an early intervention strategy for those children deemed most at risk by school personnel. Due to the success of this program, the schools have requested an expansion of services and the division will now provide these services at eight schools.
- Youth and Family Services began a new initiative that targets children and youth most at risk for needing more expensive and restrictive contract services and possible out-of-home and area placements. The pilot project at three schools provides targeted interagency services to various school professionals and students.

Mental Health Services Partner in Care for Sexually Abused Children

- Three Mental Health Youth and Family staff members have been assigned to work four hours per week at the ChildHelp USA Children’s Center of Virginia. At the Center, they work cooperatively with co-located staff from the Department of Family Services (Child Protective Services) and various police departments. Services provided include mental health consultation, crisis intervention and general treatment services to sexually abused youth and their non-offending parents. They also participate in interagency staffings and a best practices workgroup.

Opportunities Realized



- “The Woodburn program has helped me get out from under the parental influence and become emancipated and lead a life of my own. It has eased the transition from living at home to living on my own.”
- “Residential Intensive Care (R.I.C.) Central is the best program I have ever been in. I have sincere thanks and gratitude for each member and have had a truly great therapist to assist me in developing ways to manage my illness and assist me when I have had difficulty with daily life skills. R.I.C. Central has truly been a godsend for me.”
- “In my opinion, your organization has done an excellent job helping me balance my illness in everyday life...I am working to improve my meals by basic cooking. I feel your staff is very educated and professional. Thank you so much for helping.”
- “I couldn’t have done this without the Women’s Shelter staff. I will never forget you.”
- “You can’t imagine how much I appreciate you. You have made my life bearable.” (To a support services counselor)

Challenges



Mental Health Services is a system invested in providing quality clinical services that are evidence-based and measurable by meaningful outcome criteria. It is committed to an increasing involvement of consumers in making decisions about their treatment and is committed to involving stakeholders in decisions about current and future directions. The context, however, is a time of uncertainty about funding dollars and some significant challenges which must be addressed, such as...

- *Rising numbers of adults and children without health insurance.* In March 2000, 82,000 Fairfax County residents lacked health insurance coverage. By 2010, that number will reach 132,000. This will mean more people will seek publicly funded care and fewer insurance dollars will be available to the mental health system.
- *Growth of over age 65 population through 2050, with 51,000 more seniors in the county by 2010.* These added individuals will present with psychiatric needs common to geriatric populations. Further, aging parents who have been caring in their homes for adult children with serious mental illness will be less able to do so.
- *Increasing demand for psychotropic medications and increasing cost.* New psychiatric medications have greatly improved the lives of consumers, reduced the number and length of psychiatric hospitalizations and saved long-term dollars associated with hospitalization. However, these medications are expensive and these costs come at a time when budget reductions are reducing the resources to pay for them.
- *Demands of increased population growth in the County and demands for culturally competent mental health services.* The County's population is growing by about 15,000 persons per year and many come from different cultures. This means more people seeking services and a greater need for culturally competent programming.
- *Increased homelessness among indigent consumers as increases in housing costs exceed Supplemental Security Income Program checks.* The lack of affordable housing is a problem that worsens daily. Hundreds of adults are on waiting lists for residential services. The list will grow. Sufficient Medicaid and/or State General Funds are needed to defray housing costs.
- *Aging mental health treatment facilities will demand more dollars for renovations and maintenance.*
- *The potential loss of private sector psychiatric beds.* Private psychiatric inpatient units around the country are downsizing or closing for lack of profitability. In Northern Virginia, some hospitals have announced their intentions to downsize or close all of their psychiatric beds. If beds are unavailable, people who need them will get sicker in the community and be at greater risk.

In sum, demands for quality mental health services will increase across a spectrum of fronts and resources to meet those demands will remain tenuous. Of course, there is a clear need to pursue creative ideas to make the best of things. But there will also be a need to make hard decisions about which services the community values and wishes to have continued and which services will not be delivered. I am confident that we will face these challenges with innovation and courage.

- Renée Alberts, Chair, Mental Health Committee

Mental Retardation Services

Alan Wooten, M.P.A., Director

Accomplishments

West County Developmental Center Opens

On April 14, 2003 the Chantilly location of Mount Vernon-Lee Enterprises Inc. (MVLE) opened as scheduled to meet the increased demand for facility-based day support services in the western corridor of Fairfax County. Known as MVLE-Chantilly, this barrier free, accessible center provides quality services that meet the habilitative, health, and therapeutic needs of its participants and promotes community participation and inclusion.



- Pre-vocational training, health care services, behavioral support, and therapy are provided in a positive, stimulating environment.
- Program-themed, individualized training is also available to increase skill acquisition and promote community participation.
- Individuals benefit from shorter travel distances and times as they now attend day support services in a location closer to their homes.

Increased Accessibility in Southeastern Fairfax County

Mental Retardation Services decentralized a team of six case managers to the Mount Vernon Mental Health Center to increase service accessibility for individuals and their families.

- One hundred seventy-six people residing in this section of the County received case management services through this location.
- Co-location of Mental Retardation Services and Mental Health Services staff has enhanced professional knowledge, skills and abilities and promoted better service collaboration, especially around services to individuals with both mental illness and mental retardation diagnoses.
- Individuals and families have greater accessibility for case management service coordination and monitoring.

Supporting Families In Need

- Mental Retardation Services' Family Support Program served 147 families by providing funding to offset the costs of disability related items and services not covered by insurance for a family member with a disability living at home. The program provides a small amount of relief to families and helps ease care giving demands, which in turn assists the family in keeping the individual with the disability in the family home.
- Respite services provide much needed short-term relief to families caring for individuals with disabilities at home. In-home respite subsidies and facility-based respite services were provided to 175 families through Mental Retardation Services' contract with Hartwood Foundation Inc., a private provider of residential services.

Mental Retardation Services

Meeting Demands for Day Support and Long-Term Residential Services

Mental Retardation Services maximized Virginia and Federal Medicaid funding resources allocated to the CSB for Fairfax-Falls Church area citizens with mental retardation in urgent need for day support and emergency residential services.

- In FY 2003 there were 18 individuals who were assigned Mental Retardation Medicaid Waiver slots, obtained through attrition, to address urgent needs for residential and day support services.
- Mental Retardation Services was allocated 25 new Mental Retardation Medicaid Waiver slots as the CSB's share of 175 new slots appropriated statewide by Virginia's General Assembly in 2003. As a result of these new slots, nine children and sixteen adults from the urgent needs wait list were able to begin Medicaid funded services.
- In FY 2003, Case Management Services transitioned 63 special education graduates with mental retardation into day support services.
- A total of 22 individuals who were in emergency need of residential services were placed in long-term residential services settings.



Public and Private Partnerships

- Mental Retardation Services partners with nearly 25 private providers of community-based residential, day support and therapeutic services to provide valued services to individuals with mental retardation in the Fairfax-Falls Church area. These partnerships represent approximately 60 percent of total expenditures for Mental Retardation Services annual budget.
- Mental Retardation Services works collaboratively with other Fairfax County agencies, primarily the Department of Family Services, the Department of Housing and Community Development, and the Department of Community and Recreation Services in the provision of services, and provides mandated case management functions for admission and discharge planning to state facilities, such as the Northern Virginia Training Center.



- Mental Retardation Services has dynamic cooperative agreements with and a long history of successful collaboration with the Virginia Department of Rehabilitative Services, Fairfax County Public Schools and Falls Church City Schools in providing transition services for young adults graduating from secondary education and entering employment and day support services in the community.
- Mental Retardation Services collaborates with private providers, The Arc of Northern Virginia, the Virginia Association of Community Rehabilitation Programs (Va ACCESS), other agencies and jurisdictions to enhance services for persons with disabilities and to educate the public about this population.

Mental Retardation Services

Opportunities Realized



■ David says of the CSB and the Cooperative Employment Program, “It’s a good idea.” Upon David’s graduation from Fairfax County Public Schools and part-time employment, he wanted a permanent job. He decided to work with the CSB’s Cooperative Employment Program to begin the process of finding a permanent job. Successfully David got a job at a Sunrise Senior Living center. Through mobility training, David rides the Metro bus to work or rides his bike. Sunrise staff and residents value his work and he is known for his efficiency and quality of work.

■ Brad said, “I was very nervous, excited and anxious to move out of my group home into my own apartment. It took a lot of work from all my friends and support people to make this big move. Now that I am settled, I love the freedom and am able to decorate my place as I like. I love buying clocks and grocery shopping. Don’t give up if you have a dream!”

■ Mark has been working in the ServiceSource Inc. Employment Center for nearly 20 years. He recently was promoted and works in an enclave. When Mark was asked what he liked about his new job, he stated, “Good to work in the community. I like the employees. I like delivering mail.”

■ “I was very excited to start the job. The job is pretty good. I am delivering and sorting mail. I also am learning to meter the mail.” Kim moved from sheltered supported employment to group supported employment within a matter of a month and a half.

■ Tony works at a thrift store. He handles donations, keeps the store clean, hangs clothes, and assists customers. He has been recognized by ServiceSource Inc. as this year’s Monumental Achiever at the site. The store manager consistently praises him in recognition of his work efforts at the site and for his friendly, agreeable manner. Many store customers know him by name and are quick to praise him for his good help.

■ Several persons in the Day Support program have been participating in the Keep It Green computer recycling program. Kelly, Hang, Fawzi, Chris, Elizabeth, Dana and Kathy have all expressed how much they enjoy the tasks and all have increased their productivity by at least 300 percent within the past year.



Mental Retardation Services

Challenges



Providing opportunities for day support and employment services for special education graduates with mental retardation in Fairfax County is a major challenge confronting the CSB. Mental Retardation Services works closely with the public school systems in Fairfax County, the cities of Fairfax and Falls Church, and private schools within the County to transition special education graduates into community-based work settings through the procurement of support services from over a dozen private provider organizations. With this support, individuals are able to maintain their levels of functioning, are less at risk of regression of skills and adaptive behaviors, and are able to contribute productively in their communities. In June 2004 there will be 58 special education graduates in need of day support services. Without this support, graduates will be forced to remain at home and will be at risk of losing adaptive skills acquired through years of education. Families will face added stress and hardship due to the lack of

meaningful work opportunities for their disabled children and may need to sacrifice their own jobs in order to provide supervision and support at home. The CSB recognizes and appreciates the County's support over the past seventeen years to provide these very necessary and valuable services.

Another major challenge for Mental Retardation Services is securing long-term residential placements and support for an average of 20 emergency requests each year. When an individual's aged parent or primary caregiver dies or becomes unable to provide necessary care to an adult son or daughter with disabilities, Mental Retardation Services seeks to procure appropriate long-term residential care through private service providers. No State general funds are designated to assist localities with these emergencies. Additional Medicaid Waiver slots each year would help ameliorate emergencies. Currently, the only way slots become available is through attrition (reassignment of slots upon the death, relocation out-of-state, or move into a Medicaid-funded facility) or through an act of the General Assembly. As of January 2004, a total of 744 persons were identified as waiting for residential and other services, 438 are Medicaid Waiver eligible and 306 are not Medicaid Waiver eligible. Of the 744, a total of 321 have been identified as having an urgent need for services.

The CSB also faces the negative impact on service delivery created by workforce and funding issues. Mental Retardation Services is dependent on the private, nonprofit service provider community for the provision of necessary services to the vast majority of individuals with mental retardation. There has been virtually no increase in Medicaid Waiver rates since 1992 and no rate differential established for Northern Virginia for group homes or day support, where property and wage costs exceed the state's average. Inflationary costs associated with rental costs, insurance, and mandatory regulatory compliance have created burdens on service providers. In addition, providers have been unable to compete with salary ranges offered by for-profit businesses in our region and have experienced significant staff turnover over the last few years. As a result, service quality has been impacted, some non-profits have ceased doing business in Fairfax County, and current providers cannot afford to expand to meet increased needs. Without some relief to offset the losses of providers through State and local assistance, service capacity in the Fairfax-Falls Church area will continue to diminish.

- Jessica Burmester, Chair, Mental Retardation Committee

Infant and Toddler Connection

Allan J. Phillips, M.S., Director

Accomplishments and Challenges



The Infant and Toddler Connection of Fairfax-Falls Church provides Federally-mandated early intervention services to infants and toddlers birth to age three who have been identified as having a developmental delay, a diagnosis with a high probability of developmental delay, and/or atypical development. The goal of these services is to assist eligible children and their families in their day to day activities, community integration, and promotion of overall development. The program is mandated, as outlined in Part C of the Individuals with Disabilities Education Act (IDEA).

- In FY 2003 a multi-provider system of service delivery was implemented to allow for increased insurance reimbursement for the system, increased expertise of various service providers and assurances that services will be available in a timely manner for all eligible children.
- There were 717 new children who received services in FY 2003, representing an annual growth rate of 8.7 percent.
- The number of parent support groups was expanded from one to three to be more responsive to families in need.
- An assistive technology (hearing aids, walkers, mobility aids) loan closet was established and assistive technology acquisition procedures implemented to increase family access to essential equipment while reducing the overall costs.

Challenges

- Need for ongoing state funding to replace one-time funding to ensure the delivery of early intervention services throughout the Fairfax-Falls Church area and the Commonwealth. Without on-going funds from the state, the ability to provide services as mandated under Part C of the Individuals with Disabilities Education Act is seriously at risk. Funding allocated to provide early intervention services at critical stages in early childhood development is essential in preventing the need for more costly and intensive services as the child ages.
- Serving medically fragile infants who are discharged from hospital settings to their homes with limited in-home medical or nursing assistance. As modern technology and science increase the survival rate of very medically challenged babies who in the past may not have survived birth, the demand and care needs placed on families can be overwhelming. Early interventionists are called upon often to provide therapy to these medically fragile infants and their families who require ongoing medical or nursing services in-home.



Infant and Toddler Connection

- Since most of any child’s learning happens during everyday activities in the natural environment or home setting, early intervention services are mandated to be provided in home to support the maximum opportunity for growth and success. Delivering in-home therapy to infants and toddlers in the Fairfax-Falls Church area presents many challenges to provider agencies and to the individual interventionists. Traffic congestion, travel time, family dynamics, diversity issues and coordination of resources are some of the issues that confront service providers who deliver services daily to babies in the comfort of their own homes.



Public and Private Partnerships

- Therapy services are provided through a collaborative public/private partnership model with three private providers of physical therapy, occupational therapy, speech therapy, and educational instruction.
- A quarterly provider forum was established for private and public providers of early intervention services, with a focus on current service delivery issues and best practices.
- Infant and Toddler Connection successfully collaborates with Fairfax County Public Schools/Bright Beginnings for Babies program to maximize resources and expertise.
- Infant and Toddler Connection co-hosted training sessions at Inova Fairfax Hospital for Caring for Infants and Toddlers with Disabilities physicians and nurses to increase awareness of early intervention services in the medical community.
- Infant and Toddler Connection collaborated with the Office for Children/Head Start to provide a local training to support the inclusion of infants and toddlers with significant disabilities into the Early Head Start and Head Start programs.

Opportunities Realized



- Service Coordination - “You made what could have been a very confusing and intimidating process, so much easier and understandable.”
- Parent Support Groups - “I want to express my gratitude for the support groups for parents of children with special needs. I attend regularly because of the guidance, information and support that is shared within the groups.”
- Interventionists - “With the support, dedication and experience of your staff, our son has made progress and we have found ways to cope with the stress and many challenges of being a special needs family.”

Prevention Services

Laura Yager, M. Ed., LPC, CPP-ATOD, Director

Accomplishments and Challenges

The CSB Prevention Unit focuses on preventing youth substance use and improving mental health throughout the community. Activities and programs implemented are all evidence-based, proven to be effective through research and ongoing evaluation. The following are accomplishments from FY 2003:

- *Girl Power Program Gains Momentum* - The Girl Power Program continued its record of excellence and effectiveness in the community and across the nation. Girl Power is a substance abuse prevention program created in 1997 as one teen club and has grown to 35 sites with 600 participants throughout the County.
 - Received a 2003 Promising Program citation by the Federal Office of Juvenile Justice and Delinquency Prevention.
 - A Girl Power video was produced and aired by the Fairfax County Cable office on Channel 16. The video has generated interest and has been used as a training tool as well.
- *New Program Developed* - “Over Time” is a 24-week program created by Prevention Unit staff focusing on substance use prevention through media literacy. Two pilot sites started using the program, which will be evaluated, refined and expanded in future years.



Revenue Enhancements

- The Leadership and Resiliency Program, deemed a 2000 National Model by the federal Substance Abuse Mental Health Services Administration, began national training to organizations interested in implementing the program. These workshops, as well as purchases of the implementation manual and license have become a source of revenue.
- The Girl Power curriculum is now available for national distribution. Implementation workshops have become a revenue source and also helped build capacity in the community to start additional Girl Power groups. Locally, 25 new facilitators were trained to implement the program.

Challenges

- Sustaining funds following the completion of grants continues to be a challenge. In FY 2004, several grants will complete funding cycles.
- Need for overall coordination of services in order to best utilize resources and meet changing community needs.
- Building capacity in the community and among service providers to deliver prevention programming that works is a priority and an ongoing challenge that includes reviewing policies, funding streams, and developing collaborative relationships. This approach is needed in order to better meet community needs.

Public and Private Partnerships

- Collaboration with the Safe and Drug Free Youth Section of the Fairfax County Public Schools continues with the Middle School After-School grant initiative funded by the Governor's Office on Substance Abuse Prevention. During this second year of funding, after-school programming was provided in 18 middle schools around the County.
- Girl Power partnered with Alternative House, Barrios Unidos, the Fairfax County Department of Community and Recreation Services, FACETS, the Korean Community Services of Greater Washington and United Community Ministries Inc. to facilitate Girl Power groups.
- The Youth Golf Initiative continued through a partnership with the Fairfax County Park Authority, Greendale Golf Course, Hilltop Driving Range, Sports Authority, and a grant through the United States Golf Association. Thirty-three youth participated in the program, which included golf lessons. Each participant completing the program received a set of golf clubs to encourage ongoing involvement in the sport.
- Staff participated in the Reshaping Children's Services Initiative, a system-wide service quality improvement effort.
- Health Planning Region (HPR) II Prevention Managers collaborated on projects of interest to the region. Regional planning groups include the Metropolitan-Washington Council of Governments, the High Intensity Drug Trafficking Area's (HIDTA) Prevention Committee, and the North Region Tobacco Settlement Foundation Advisory Board. For the second year, HPR II collaborated with the Virginia Tobacco Settlement Foundation to produce a media cinema campaign focusing on youth tobacco prevention. Anti-tobacco messages and CSB contact information slides were shown to almost one-half million moviegoers during movie previews throughout the region in FY 2003.



Opportunities Realized



- "Teamwork is the best part of Girl Power. I have learned a lot working with girls from different cultures. Teamwork describes Girl Power the best because it illustrates how members from different Girl Power groups help each other by giving advice and understanding each other's feelings. By working in teams I have learned to get along with others and it made it easier for me to adjust to peoples behaviors."
- "I've learned that when I have problems we can discuss them in a safe place. I learned problem solving and where my questions can be answered. I know that if I see someone I could trust like my parents, teacher, or counselor never to stay quiet. I think it's also very important to have an open communication with your parents. Learning how to get along with everybody has been fun, no matter how different others can be from yourself, you should respect them no matter what."

System-Wide Issues

Community Resilience Project



The Community Resilience Project was funded by the Federal Emergency Management Administration (FEMA) following September 11, 2001. The overall goal of the project is to return the community to a pre-crisis level of emotional health through the delivery of outreach and counseling services.

- Crisis counseling services reached almost 50,000 persons in the community.
 - Support groups provided services for almost 6,000 persons.
 - Educational presentations reached 38,000 persons in the community.
- Target populations included ethnic, language and racial minorities, seniors, children, unemployed, low income and persons with serious mental illness.
 - An anniversary event called “An Interfaith Gathering For Peace” was held in September 2002.
 - Four multicultural community dialogues were held in Annandale, Vienna, Herndon and Alexandria.
 - In concert with the George Mason University Conflict Resolution Center, a film was made entitled “They Are Us,” which promotes community, cultural awareness and shared vision during this time of healing.

Emergency Preparedness, Response and Recovery

- CSB funded programs reviewed their site-specific emergency management plans and conducted various drills in conjunction with the County’s Office of Emergency Management.
- An exercise on Incident Command and Emergency Operations was designed by the County’s Office of Emergency Management for CSB management.
- CSB staff worked with County staff in implementing the County’s Emergency Alert Network.
- CSB programs provide a variety of communication methods to keep directly operated and contract program staff informed in the event of a natural or man-made disaster.



Services at the Fairfax County Adult Detention Center

- A collaborative initiative has been developed among the Office of the Sheriff, Mental Health Services, Alcohol and Drug Services and the CSB Medical Director to redesign CSB services in the jail.
- The budgetary authority for CSB jail programming was shifted from the Office of the Sheriff to the CSB.
- A single manager for Mental Health and Alcohol and Drug Services was appointed to assure an integrated team approach and a single point of communication and management with the Sheriff's Confinement and Medical Staff.
- A psychiatric nurse was added to the team to improve inmate care and increase collaboration with the prescribing psychiatrist and medical unit.
- The Alcohol and Drug Services treatment program shifted its locus of services to the Pre-Release Center to enhance the continuity of substance abuse treatment from incarceration to the community with a focus on abstinence and relapse prevention.
- The CSB Medical Director worked to enhance access to the most effective psychiatric medications for inmates who experience mental illness.
- A part-time discharge planning staff person has been added to the team for the first time to ensure linkage to community-based services for at-risk inmates.



Volunteer Programs

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



- The 2003 Virginia average hourly value of volunteer time, as determined by the Virginia Employment Commission, Economic Information Services Division, is \$19.77. Based on that rate, the CSB estimates that in FY 2003, the value of services provided by the volunteers was worth \$509,512. Over 400 volunteers provided services to benefit CSB consumers and programs. A total of 25,507 hours of service were provided to all programs.

Awards Received at Statewide Volunteer Recognition Event

- Six CSB volunteers received recognition and awards at the Commonwealth of Virginia's 20th Annual Statewide Volunteer Recognition event in Richmond.



Mental Retardation Services Volunteer Program



- Mental Retardation Services' Be a Friend! Community Events project had its kick off event this year. The purpose of the community events project is to provide opportunities for individuals with disabilities to develop friendships with others who live in their immediate community. The first three events this year were two pool parties and a St. Patrick's Day party and 116 people participated.

- Best Buddies is a Mental Retardation Services volunteer program which provides friendship opportunities between people with developmental disabilities and students at Marymount University and George Mason

University. This year, for the first time "buddy directors" were available at each school. With their leadership, they promoted and encouraged participation in this program. Activities this year with the "matched friends" included snow tubing, movies, shopping, dancing and visiting the college campuses.

- Received a \$1,000 donation from Wal-Mart to use for consumer activities.
- Received commitment from anonymous donor to fund annual Friendship Celebration dinner.
- Initiated George Mason University Patriot Center concession stand fund-raiser for annual dinner expenses.

Volunteer Programs

Mental Health Services Volunteer Program

- A Victim Assistance Network (VAN) volunteer working on the VAN hotline received a call from someone who was in the process of a suicide. The volunteer implemented her crisis training and was able to obtain sufficient information from the caller, keep him on the phone and call police and staff on another line to facilitate an intervention.
- The Mental Health Services Volunteer Program's Community Involvement Committee used a \$2,000 donation from the Westfields Business Owners Association to purchase holiday gifts for consumers.
- The Fairfax County Fire and Rescue Department designates a day each year for personnel to volunteer to work at My Friend's Place, a CSB group home for children with serious emotional disorders, aged 6-12. The Fire and Rescue Department staff paint, do yard work, provide all the equipment and supplies and spend time with the children. The children really enjoy the day with the Fire and Rescue Department staff.



Alcohol and Drug Services Volunteer and Intern Program



- The Alcohol and Drug Services (ADS) Volunteer and Intern Program (VIP) established partnerships for intern placements with 21 academic programs and hosted a visiting scholar from Korea.
- ADS interns gained experience in all the core functions of professional counselors.
- Activities the volunteers provided in the community included teaching yoga, woodworking, and computer classes, acting as interpreters and mentors, assisting with cooking and clerical tasks, directing horticulture projects, providing AIDS awareness and life skills training, and helping with nursing tasks.
- The diversity of the Volunteer and Intern Program is reflected in the 19 different languages spoken by ADS volunteers and interns in FY 2003.

Central Support Unit

Accomplishments

Strengthening CSB Medical Services

- Hired the new CSB Medical Services Director.
- Developed Standards of Psychiatric Practice.
- Initiated medication cost containment strategies.
- Expanded psychiatric medication services for the jail population.
- Initiated first phase of psychiatric services to the homeless shelters.

Strengthening CSB Quality Management Efforts

- Implemented an orderly transition of program redesigns and reductions based on the reduction of State and County revenues.
- Ensured compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Implemented the State's new Human Rights Plan.
- Developed the Patient Safety and Risk Management Committee to oversee agency compliance with the Code of Virginia and Fairfax County related to critical incidents.
- Served in a leadership role in the County's Emergency Preparedness, Response and Recovery program.
- Integrated CSB and County Strategic Planning efforts to ensure alignment of vision and mission.
- Promoted the use of evidence-based practice in all disability areas.
- Established a central mechanism to provide monitoring and technical assistance for CSB efforts.
- Participated in leadership development training.

Cutting Edge Technology

- Training and support were provided to CSB staff in cutting edge technology designed to improve data collection and client care. Training on the Assessment Module of SYNAPS (the CSB's data management system) was conducted in preparation for completing clinical assessments online. By the end of 2002, nearly all clinical staff were trained.



Support for Revenue Maximization

- Provided support needed to research, develop and begin implementing revenue enhancement strategies.
- Ensured that staff credentialing information is used to match consumers with specific services providers to maximize reimbursement.
- Established program-driven revenue targets and instituted a monthly review by program managers.
- Analyzed changes in Medicaid and other insurance regulations to enhance revenue potential.
- These efforts contributed to a 30 percent increase in actual fee revenues from FY 2002 to FY 2003, including more than a 50 percent increase in revenues from Medicaid and insurance companies and 130 percent in Medicare revenues. Sustained efforts over the last five years have resulted in a 38 percent increase in actual fee revenues.

Creating Supportive Housing Opportunities

- Expanded housing initiative partnerships with organizations in the faith-based community to increase housing opportunities for people with disabilities.
- Provided training sessions for public and private agencies on housing issues for people with disabilities.
- Provided staff resources to create a county-wide task force to study the feasibility of affordable housing options for people who are homeless or have a disability, with a focus on the SRO (single room occupancy) model.
- Joined in collaboration with other county agencies to enhance agency compliance with the Americans with Disabilities Act (ADA) legislation as it affects practices, procedures, and reasonable accommodation for housing and services.
- Worked with the newly formed “Smart Design Task Force” which is a multi-agency endeavor to improve the facility planning process of Fairfax County. The CSB has also participated in numerous training sessions with the Office of Equity Programs on ADA issues and will continue to collaborate with the Disabilities Services Board and the Department of Family Services on disability issues in our community.
- Worked in collaboration with the Department of Human Services Administration and the Department of Information Technology to develop a centralized computer database (the Human Services Site Profile) with facility and site data necessary to manage human services leases.
- Sited twenty new locations for group homes and apartments.

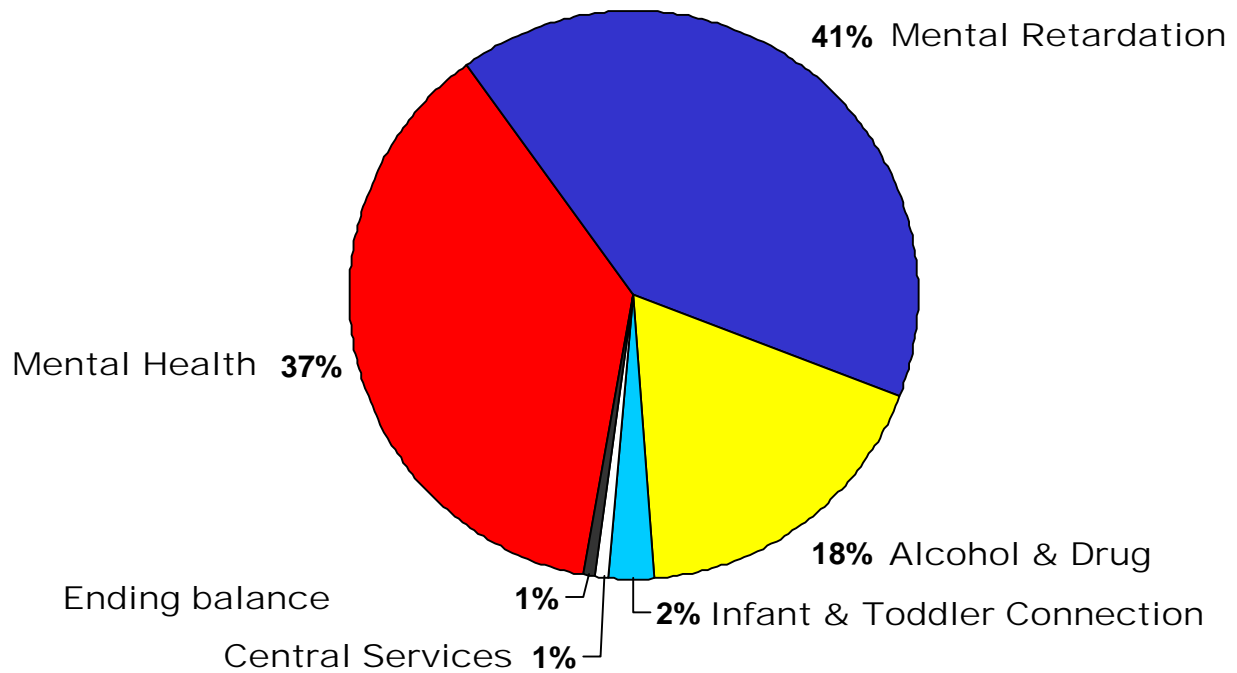
Public and Private Partnerships

- Emphasized participation in community partnerships.
- Took a leadership role in the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Regional Partnership Planning Project.
- Actively engaged in the County’s efforts to redesign children’s services.



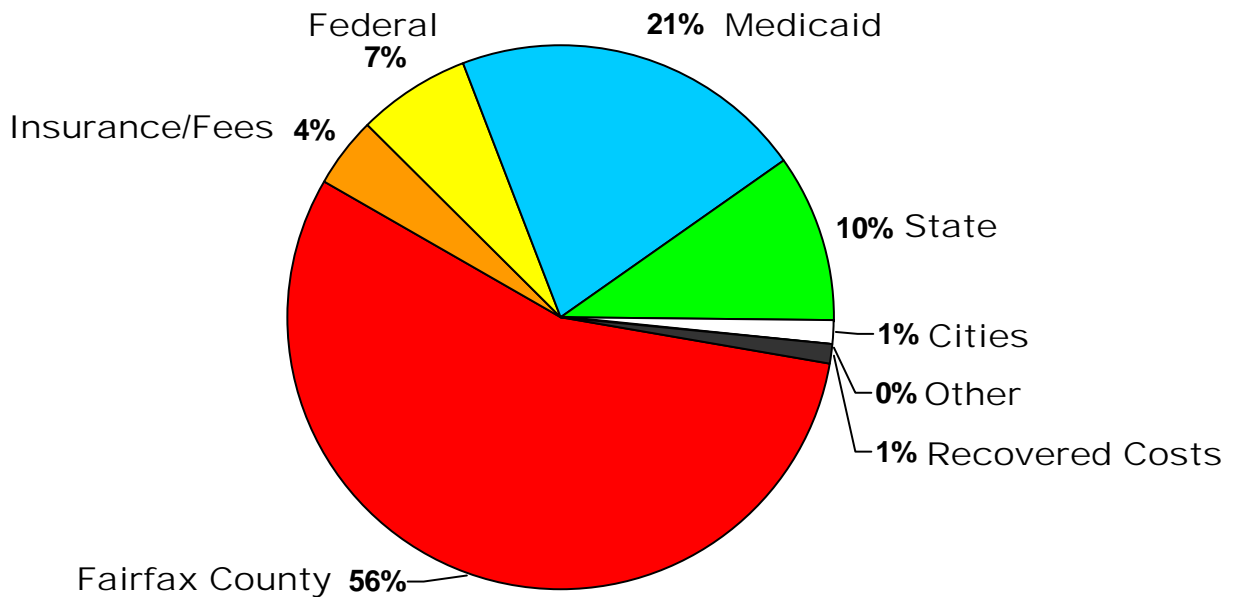
Financial Summary

FY 2003 CSB Total System Expenditures



Mental Health	\$52,501,358
Mental Retardation	\$57,516,248
Alcohol & Drug	\$25,448,699
Infant & Toddler Connection	\$3,328,894
Central Services	\$1,280,355
Ending Balance	\$802,470
Total	\$140,878,024

FY 2003 CSB Total System Revenues



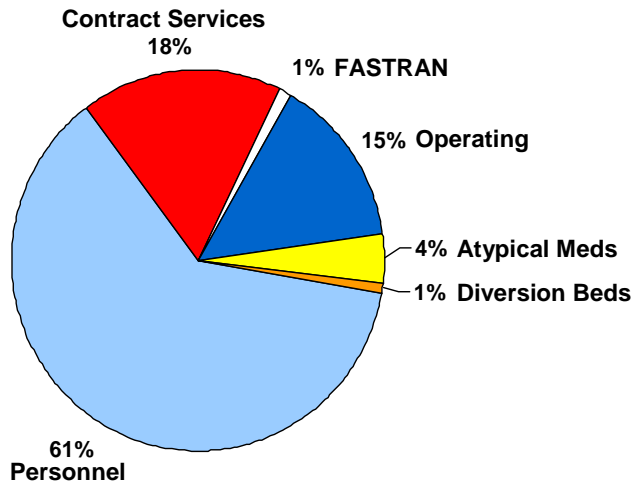
Fairfax County	\$78,401,580
Insurance/Fees	\$5,656,407
Federal	\$9,384,590
Medicaid	\$29,815,905
State	\$14,090,089
Cities	\$1,861,632
Other	\$268,872
Recovered Costs	\$1,398,949
Total	\$140,878,024

The Total CSB System figures include all of the State funds allocated to the CSB that are used to provide services to CSB clients. In FY 2003, \$11.3 million in State funds supported \$23.3 million in community Medicaid services paid directly by the State to private providers. Also included is \$2.2 million in State support for atypical medications required by patients discharged from State mental health facilities to CSB-supported programs. Further, \$0.4 million in State support is included for private hospital bed purchases required when the State hospitals are full.

Financial Summary

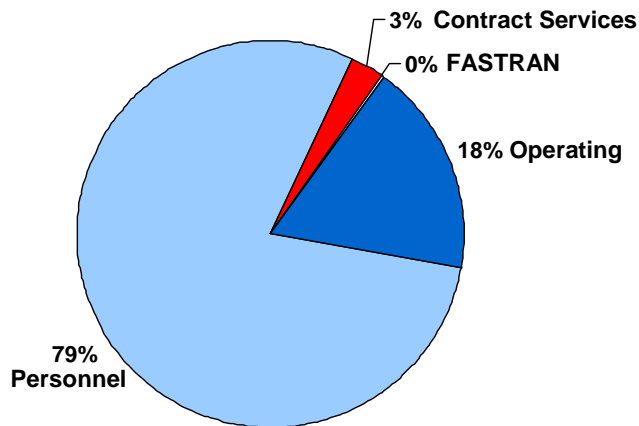
FY 2003 CSB Total System Expenditures by Program Area

Mental Health Services



Personnel	\$32,475,696
Contract Services	\$9,286,631
FASTRAN	\$466,244
Operating	\$7,651,434
Atypical Meds	\$2,196,978
Diversion Beds	\$424,375
Total	\$52,501,358

Alcohol and Drug Services



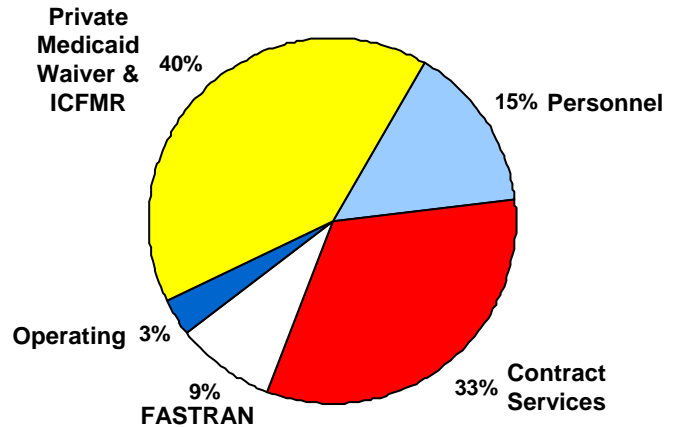
Personnel	\$20,119,837
Contract Services	\$753,173
FASTRAN	\$35,630
Operating	\$4,540,059
Total	\$25,448,699

Financial Summary

FY 2003 CSB Total System Expenditures by Program Area

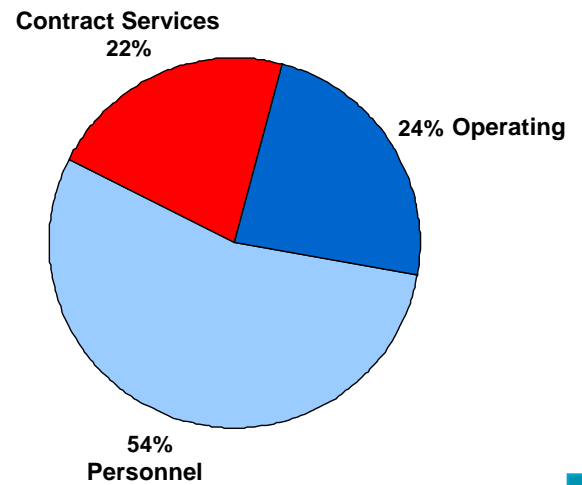
Mental Retardation Services

Personnel	\$8,531,933
Contract Services	\$18,725,459
FASTRAN	\$5,073,399
Operating	\$1,858,327
Private Medicaid Waiver & ICFMR	\$23,327,130
Total	\$57,516,248



Infant and Toddler Connection

Personnel	\$1,822,205
Contract Services	\$717,515
Operating	\$789,174
Total	\$3,328,894



Program Locations

Central Services Unit

Human Services Center
12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1105
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

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

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

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

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
Alternative House
Applied Technology Services Inc.
Barrios Unidos
Beyond Behaviors Inc.
Central Fairfax Services Inc.
The Chesapeake Center Inc.
Child Help
CHIMES, Virginia
Community Living Alternatives Inc.
Community Residences Inc.
Community Systems Inc.
CSS Inc. - Cardinal House
Cumberland Hospital
Didlake Inc.
ECHO Inc.
E-TRON Systems Inc.
FACETS
Fairfax County Department of Community and Recreation Services
Fairfax County Health Department
Fairfax County Public Schools - Safe and Drug Free Youth Section
Family and Youth Outreach Services Inc.
Family Preservation Services
For Children's Sake
Gabriel Homes Inc.
Gateway Homes

Graydon Manor
Hartwood Foundation Inc.
ICON Community Services
Inova Health System - Fairfax Hospital, Mount Vernon Hospital
Jewish Foundation for Group Homes
Job Discovery Inc.
Korean Community Services of Greater Washington
Langley Residential Support Services Inc.
Leary Educational Foundation
Learning Services Corporation
Marion Manor
Mount Vernon-Lee Enterprises Inc.
Pathway Homes Inc.
Prince William Health System
Psychiatric Rehabilitation Services Inc.
Rehabilitation Associates P.C.
Resources for Independence of Virginia Inc.
Reston Interfaith
Second Genesis Inc.
ServiceSource Inc.
SOC Enterprises
Southern Manor Homes for Adults
St. Coletta Day Support Program
St. John's Community Services Inc.-OPCO
Tall Oaks of Reston

Therapy 4 Kids L.L.C.
United Community Ministries Inc.
Vanguard Services Unlimited
Virginia Baptist Hospital - Bridges
Volunteers of America - Chesapeake
Williamson Pharmacy
Women's Home Inc.
Woodmont Center (Arlington County Community Services Board)
Youth for Tomorrow

Partners with the Community Resilience Project

Afghan Academy
All Dulles Area Muslims Center
Boat People SOS Inc.
Dar Al Hijrah Center
George Mason University Institute for Conflict Analysis and Resolution
Hispanic Committee of Virginia
Islamic Foundation of America
Korean Community Service Center
Northern Virginia Family Services
United Community Ministries

Community Services Board Members

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Sully District

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Hunter Mill District

Kathleen (Kathy) M. May
Springfield District

Benjamin (Ben) F. Pepper
Lee District

Jerome (Jerry) R. Shapiro
City of Fairfax

Membership as of December 2003

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M.S.W., M.P.H.
Executive Director

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

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

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

Colton Hand
M.D.
Medical Director

Ginny McKernan
Fiscal Administrator

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Pat Evans, Mental Retardation Services
Ruth Gerbec, Central Support Unit
Mary Johlfs, Mental Retardation Services
Mary Kudless, Central Support Unit
Cathy Pumphrey, Central Support Unit
Joan Rodgers, Alcohol and Drug Services
Jim Thur, Central Support Unit
Laura Yager, Prevention Services

Graphic Design and Layout

Lara Larson, Central Support Unit
Amy Riggle, Central Support Unit

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

24-Hour CSB Emergency Services

Phone: 703-573-5679/TTY: 703-207-7737

Fairfax Detoxification Center

Phone: 703-502-7000/TTY: 703-538-5292

Alcohol and Drug Assessment and Referral Center

Phone: 703-359-7040/TTY: 703-538-5292

Mental Health Entry and Referral Services

Phone: 703-222-4145/TTY: 703-481-4110

Spanish Line: 703-799-2838/TTY: 703-799-4363

Prevention Services

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

Mental Retardation Services

Phone: 703-324-4400/TTY: 703-324-4495

Infant and Toddler Connection

Phone: 703-246-7121/TTY: 703-324-4495

Fairfax-Falls Church Community Services Board

12011 Government Center Parkway, Suite 836

Fairfax, Virginia 22035-1105

Telephone: 703-324-7000

Fax: 703-803-9687

TTY: 703-802-3015

CSB website address: <http://www.fairfaxcounty.gov/service/csb/homepage.htm>

E-mail: wwwcsb@fairfaxcounty.gov

