

CENTRAL FAIRFAX SERVICES, INC.

PERFORMANCE REPORT- FISCAL YEAR 2008

Purpose of this Report:

This report is to serve as a guide to evaluate program accomplishments on an annual basis by the CFS Board and management team. This information is used as part of the CFS quality improvement process. CFS uses quality indicators and questions that are consistent with its values and mission, as well as requirements of regulatory bodies. This report is shared with all stakeholders and may also be found on the CFS website <http://www.centralfairfaxservices.org> or requested by telephone at 703-354-0900.

PERFORMANCE HIGHLIGHTS:

- CFS underwent the annual DMHMRSAS Licensure review in July, 2008, with no deficiencies cited. This marks five years of review with no citations.
- CFS reacquired all grants from last year excepting the ones requiring a waiting period for reapplication. This includes five grants for purchasing equipments and services for consumers' therapeutic needs.
- CFS Board, staff, and consumers have been actively engaged in making service needs known to State Delegates, Senators, and locally elected officials in hearings, rallies, e-mails and phone calls.
- CFS continues to be a part of a state wide task force to advance a person-centered approach to the Medicaid Mental Retardation Community Waiver.
- CFS revised its service planning and implementation procedure to promote person-centered planning.
- CFS continues to train all existing staff and new staff in person-centered thinking and application.
- CFS Consumer Council met on a monthly basis. The members were actively engaged in decision making for the CFS web-page design, advocating for new and additional activities that suit their interests and needs, and e-mail polling for taking the R-word out of the Virginia vocabulary.
- A joint advocacy effort by CFS consumers, staff, management, and board of directors resulted in adding a managerial position for acquiring, coordinating, and facilitating person-centered activities.
- CFS received an overall consumer satisfaction rating of 96%, an increase of eight percent from last year. A hundred percent (100%) consumer satisfaction rating was received in categories involving decision making in person centered planning, respectful treatment of consumers, and listening to their ideas and work concerns.
- Including CFS consumers in community activities has significantly increased. In FY 2006, 78 of 217 consumers (36%) were involved in community inclusion activities; in FY 2007 that number increased to 113 of 219 (52%). In FY 2008, 187 of 223 (84%) consumers were involved in community inclusion activities, which reflect an increase of 32% in a year and a 50% increase in two years.
- CFS continued its volunteer activities through active participation in several community betterment activities including parks and recreation center maintenance, delivery of meals to the elderly, caring for animals at the shelter, litter patrol for

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Adopt-a-Highway, recycling, and a collection drive for a food bank. Additionally, through regular participation in the Proud Hearts Civitan Club, CFS furthered its volunteer spirit by making medicine bags for St. Jude Children’s Research Hospital, book marks for a local library, gift baskets for local group homes, door decorations for Children’s National Medical Center, making decorative pins for Mother’s day and cards for Father’s day for the troops serving abroad.

CFS Consumer Profile:

During FY 2008, CFS served 223 consumers. The primary diagnosis for each consumer was intellectual disability.

The Developmental Program provides services to consumers with multiple disabilities. Services including behavior management, music therapy, occupational therapy, physical therapy, rehabilitation engineering, speech-language therapy, and personal care are provided to enable these consumers to participate in functional tasks and activities of daily living.

In the Sheltered Employment Program, consumers are provided with ongoing supervision and assistance to complete paid contract jobs.

The Community Based Program provides opportunities for consumers to work on mobile crews and enclaves, as well as support for one consumer holding a competitive job.

Fiscal Year	Total # of consumers	Consumers in Developmental services	Consumers in Sheltered Employment services	Consumers in Community Based services
2005	215	191 (89%)	10 (5%)	14 (6%)
2006	217	199 (92%)	6 (3%)	12 (5%)
2007	219	207 (95%)	4 (2%)	8 (3%)
2008	223	215 (96%)	4 (2%)	4 (2%)

Fiscal Year	Additional diagnosis of med/psych disorder	Feeding/eating assistance	Toileting assistance	Mobility Assistance
2005	151 (70%)	156 (73%)	151 (70%)	139 (65%)
2006	151 (70%)	181 (83%)	159 (73%)	154 (71%)
2007	156 (71%)	185 (84%)	171 (78%)	169 (77%)
2008	162 (73%)	196 (88%)	174 (78%)	164 (74%)

Access and Admission:

All consumers are referred to CFS by a case manager from a local Community Services Board or by a social worker from the Intermediate Care Facilities. Tours are available, with an appointment, so the prospective consumers and their representatives can make an informed decision regarding applying to CFS.

All consumers applying to CFS participate in an intake process. Admission is based on a thorough assessment of each consumer's needs, level of functioning and preferences. Based on the information gathered at the intake meeting and the information available from previous

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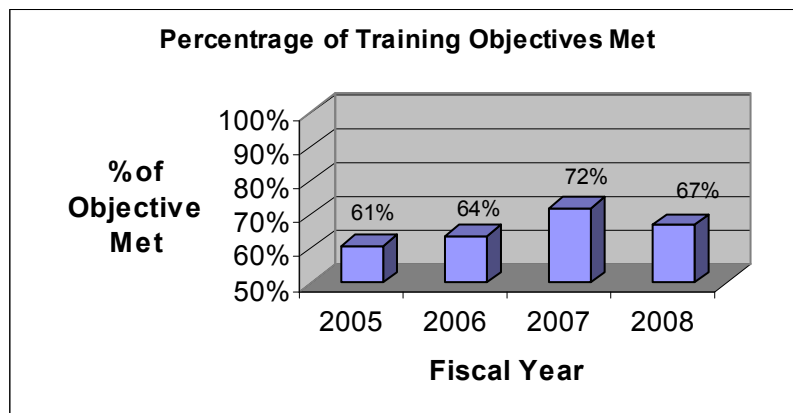
functional/social/psychological/health/medical reports, a preliminary assessment summary is prepared and an admission decision is made by the CFS clinical team. If the individual is admitted, a preliminary Individual Service Plan is developed to be implemented during the assessment period. After the assessment period, another Interdisciplinary Team meeting takes place to develop goals, training/service objectives and action plans to achieve the projected outcomes. Individuals who are not admitted are either referred to other providers or remain in their current placement/area.

In FY'08, 17 individuals were referred. This included transfers from other programs or areas, and special education graduates. CFS worked closely with the consumers, Authorized Representatives/Legal Guardians, funding agencies, and other service providers to assure successful transitions. A total of seven people were separated during the program year. A discharge report was developed for each consumer who left CFS. Information regarding assessment, evaluation, personal care, health care, daily activities, and support needs was provided to those who moved out of the area or placed in long term care, for smooth transition.

Fiscal Year	Admissions		Separations					
	Total Referrals	Total Admitted	Moved to different provider/area	Unable to serve due to health/behavior	Extended absences due to health/behavior	Nursing home placement	Deceased	Total Separation
2005	15	11	7	0	0	0	3	10
2006	15	11	2	0	2	0	2	6
2007	11	9	0	0	2	0	6	8
2008	17	16	3	1	1	1	1	7

Person Centered Service Provision and Activities:

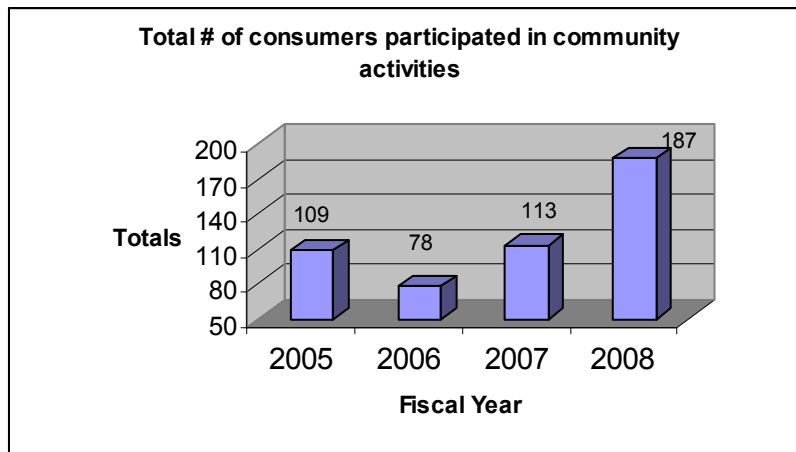
The training and service objectives are based on each consumer's chosen outcomes and designed to address acquisition of skills in the areas of socialization, communication, appropriate behavior, gross and fine motor skills, visual-motor coordination, sensory stimulation, and community integration.



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CFS offers a variety of activities for the consumers to engage in throughout the program day. Assignment of activities is based on each individual's personal choice, preferences, and is consistent with their service and support needs. For the work related activities, the consumers receive compensation in accordance with the Department of Labor regulations. The work activities included folding, stuffing, sealing, labeling, and affixing postage for bulk mailing, can crushing, recycling, shredding, housekeeping activities at a local church, restaurant and a warehouse, and distributing brochures for Fairfax County Department of Transportation. Community volunteer, recreational, and training activities included public transportation training, Meals on Wheels, Adopt a Highway, grounds maintenance for a recreation center and a nature center, bowling, going to movies, shopping at local malls, participating in different recreational and fitness games at a local sports arena, and eating at local restaurants. In-house activities included participating in Art, Music and Pet therapy, sensory integration, news groups, advocacy groups, fitness groups, cooking groups, and recreational groups.

Fiscal Year	Total # of Contract Jobs Completed	Total # of Consumers Participated in Community Inclusion Program
2005	293	109
2006	301	78
2007	169	113
2008	131	187



CFS offers several clinical support services to overcome functional barriers and improve active engagement in person-centered activities.

Physical therapy provided services to 116 individuals. Occupational therapy provided services to 64 individuals in the areas of community work assessment, adaptive equipment, positioning, and activities of daily living. Speech-Language therapy provided services to 86 consumers including feeding evaluations, preliminary assessments, consultations, individual therapy sessions, and training in augmentative communication devices. Behavior Management services were provided to 113 consumers. 125 consumers received Music Therapy and Rehabilitation Engineering Services

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were provided to 13 consumers. Additionally, seven individuals went to a local dance studio to participate in therapeutic dance movements and 20 individuals received art therapy.

CFS nurses provided first aid treatments, administered medications, and provided other medical services to 219 consumers.

Assessing Consumer Choice and Satisfaction:

The preliminary and annual Individual Service Plans (ISP) are developed and revised, as necessary, according to changes in consumer needs and preferences and with input from the consumer and his/her representatives. Progress on meeting the goals, training and service objectives, as well as satisfaction with services are reviewed periodically with the consumer and/or representatives and reported on a quarterly basis to the funding agencies. Ongoing feedback is solicited formally and informally, from the consumer, family and/or authorized representative and other service providers, as applicable.

CFS is committed to improving quality of services by ensuring that the consumers have the necessary support and the tools to exercise their choice in every aspect of the services they receive, and that they and the other stakeholders are satisfied with the services. CFS uses various formal survey instruments along with ongoing solicitation of opinions, comments, and suggestions from consumers, authorized representatives, legal guardians, and family members.

Formal consumer satisfaction surveys are conducted at the end of each fiscal year. Surveys of other stakeholders are conducted every other year. Results of these surveys are analyzed by the Board of Directors and designated staff, and actions are taken as necessary.

In FY'08, the percentage of satisfaction responses for Persons Served was 96%. A total of 37 consumers were able and willing to participate in the survey. In order to evoke honest and free responses, most of the interviews were conducted by a student intern who was not directly involved in the day to day care of the consumers. Two of the 37 individuals were able to independently complete most of the survey. The highest satisfaction rating (100%) was received on five out of ten questions and those were "I feel involved with decision making regarding my plan and my services", "my supervisor treats me with respect", "the service that I am receiving is helpful", "I would recommend this employment service to a friend", and "my supervisor listens to my work concerns and ideas".

The CFS Consumer Council monthly meetings continued throughout the year. The Council discussed several issues including self-advocacy, human rights, health care and fitness, choice of activities in planning personal plans, funding, and transportation.

Fiscal Year	Percentage of Very Good to Excellent Satisfaction Rating			
	Consumer (completed every year)	Family	Residential Partners (completed in alternate years)	Funding Agencies
2003	93%	84%		
2004	93%		76%	
2005	91%	96%		98%
2006	92%		93%	
2007	88%	90%		100%
2008	96%			

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Standards of Care in Providing Safe Environment and through Crisis Management:

The safety of consumers is considered one of the most important functions of CFS. Safeguards for protecting consumers from abuse and neglect start at the hiring process with the mandatory background checks of all new employees. Human rights training and the procedure for reporting abuse and neglect is provided for all staff at the time of orientation and annually thereafter. Consumers and their legal representatives are advised of the rights and complaint process at the time of admission and annually thereafter. Documentation of this notification is kept in the consumer files. CFS has a current affiliation agreement with the Fairfax-Falls Church Local Human Rights Committee.

In FY'08, two reports involving allegations of abuse, neglect or exploitation were made by CFS. One incident at CFS was not investigated by Adult Protective Services (APS). One other incident reported by CFS regarding alleged incidents that involved the consumer's caregivers is under investigation.

The CFS Safety Committee meets monthly. Issues addressed by this committee include the maintenance and safety of equipment and vehicles used by staff in executing their duties, a number of environmental factors such as adequate lighting, temperature, maintenance, parking and other facility-wide and off-site safety issues. The CFS Vehicle Committee meets regularly to keep track of maintenance, usage, and safety of all CFS vehicles. Assigned staff conduct routine safety inspections to identify and correct physical conditions that may have an impact on the safety of both staff and consumers. All issues that have life, health, and safety implications are immediately addressed. CFS conducts routine emergency evacuation drills. Weather permitting, consumers are evacuated during these drills so that an accurate measure of time to vacate the building can be taken. There is an expectation that all injuries are reported in a timely manner. The Human Resources Manager tracks all worker's compensation and accident claims. There is an Emergency Preparedness Team that meets quarterly. Issues addressed by this committee include follow up on travel restrictions as classified by US Department of Homeland Security, emergency provisions including food and medical supplies, and weather specific emergency procedures. Shelter-In-Place drills are conducted quarterly to practice emergency preparedness.

Another identified mechanism is the incident reporting system, which allows for an administrative review of an incident. The Executive Director, Assistant Executive Director, Program Manager, and other support staff as necessary review all incident reports. All incidents of medical and behavioral nature are reported according to requirements mandated by Licensure and other regulatory bodies.

The CFS Behavior Analyst is responsible for completing all functional analysis of inappropriate behaviors and developing programs that can be carried out by the direct care staff. The consultant also provides behavior management training to all staff and plan specific training for those who are responsible for implementation. Mechanical restraints are used mostly for protective purposes and sometimes due to behavioral reasons; physical restraints and psychotropic medications are used to promote safe behaviors. For restraints involving

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medication or used for protective purposes, a physician's order is obtained annually or as needed. Each restrictive technique is reviewed annually with the consumer's team, as well as with the local Behavior Management Committee and Local Human Rights Committee.

In FY' 08, CFS provided behavior management services to 113 consumers.

Medication usage is managed by the CFS nursing staff. Staff are appropriately trained in the use of the medication management and must demonstrate competency before being able to administer the medications. The staff stay informed about medication, dosages, reason for medication, and side effects through annual reviews. The medications are stored in the respective nurse's office under double-lock. Medications are checked against the physician's order and the medication administration is recorded before they are dispensed or administered. Nursing staff maintains data on critical medical/health incidents such as the number of pressure ulcers, consumers who required emergency services, nursing assistance (application of first-aid, blood sugar/blood pressure level check, weight check, and seizure management), tube feeding, and the number of medication errors.

In FY'08 the total number of consumers receiving nursing services was 213. During the fiscal year, 121 of the consumers received medications daily and a few received analgesics, antibiotics, etc. periodically for allergies and other ailments. There were approximately 18,788 medication administrations. Medication errors occurred ten times, six of which occurred due to CFS not being notified by consumers' residential facilities regarding proper dosage or medication not being sent in a timely manner. Of the four errors which were the responsibility of CFS, three were due to consumers refusing medication and one, due to loss of medication during a community activity. None of the medication errors resulted in adverse reactions. There were 7200 G-tube feedings. The annual number of daily blood glucose checks was 860.

Fiscal Year	Key Indicators for Standards of Care					
	Number of APS Reports against CFS	Number of HR Reports against CFS	Worker's Compensation Claims by Consumers	Number of Medication Errors made by CFS	Number of Falls	Number of times Restraints used
2006	0	0	0	10	61	53
2007	0	0	0	9	58	41
2008	0	0	0	4	54	55

Characteristics of CFS's Staff:

CFS employees' educational backgrounds vary. Several employees hold a Bachelor's degree; others hold a Master's degree in a related field (i.e., social work, psychology), others have some college courses or have at least a high school education (or equivalent). Some of our employees have obtained a Certified Nursing Assistant (CNA) certificate as well.

During Fiscal Year 2008, CFS employed an average of 96 employees. Of the 93 full time positions and three part time positions, approximately 80% were direct support positions.

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In FY '08, 16 employees were either terminated or resigned their position for a variety of reasons. The chart below provides a summary of turnover trends during the past five fiscal years. The length of employment with CFS ranges from approximately two months to 28 years; the current average is seven years.

Fiscal Year	Terminated	Moved from area	Returned to school	Employed in same field	Changed field of Employment	Retired	Other	Total # of staff resigned or terminated	Total # of Staff Employed	% of Turnover
2005	4	3	1	1	1	0	2	12	94	13%
2006	1	1	1	6	3	0	6	18	94	19%
2007	2	2	1	7	2	1	2	17	94	18%
2008	3	3	0	2	3	1	4	16	96	18%

Employee Retention, Job Enhancement and Advancement promoted by CFS:

In order to help retain our employees, CFS provides opportunities for growth through promotional opportunities within the agency and through enhancing the skills of staff. This is done through a wide range of staff training (both in-house and trainings/courses available in the community), a limited tuition and training reimbursement program (The Earl and Jeanne Wiley Fund) and encouraging staff to pursue specialized areas of expertise. Also in order to help retain employees, CFS provides employees with a matching pension plan with increases based on longevity; the Catherine Wright bonus (which provides a monetary bonus to employees for years of service at each five year increment); an Employee Referral bonus to employees whose referral(s) are hired and successfully complete the Introductory period; and promotional opportunities.

Fiscal Year	NUMBER OF STAFF RECEIVED TRAINING (duplicated)							
	Health and Safety	Behavior Management	Quality Assurance	Risk Management	Human Rights	Legal/ Insurance/ Financial	Employee Assistance/ Orientation	Position Enhancement/ Educational
2008	248	84	261	18	109	226	17	172

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