

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Lt. Colonel Mark Sites, Chair

Fairfax County Government Center

12000 Government Center Parkway, Conference Rooms 9 & 10

Fairfax, Virginia 22035

Wednesday, November 28, 2012

6:30 p.m. Work Session

7:30 p.m. Board Meeting

CSB Board Work Session	6:30 p.m.
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| 1. | <i>Meeting Called to Order</i> | Mark Sites | 7:30 p.m. |
| 2. | <i>Matters of the Public</i> | | 7:30 p.m. |
| 3. | <i>Amendments to the Meeting Agenda</i> | Mark Sites | 7:35 p.m. |
| 4. | <i>Matters of the Board</i> | | 7:40 p.m. |
| 5. | <i>Consent Agenda</i> | Mark Sites | 8:00 p.m. |
| 6. | <i>Committee Reports</i> | | 8:05 p.m. |
| | A. External Committee | Mark Sites | |
| | B. Fiscal Oversight Committee | Glenn Kamber | |
| 7. | <i>Information Items</i> | | 8:20 p.m. |
| | A. FAST Team Annual Report | Ginny Cooper | |
| | B. Unit Cost Report | Ginny Cooper | |
| 8. | <i>Action Items</i> | | 8:35 p.m. |
| | A. Election of Board Secretary | Mark Sites | |
| | B. FY2013 Fee Schedule Additions | Ginny Cooper | |
| | C. Good Neighbor Campaign | Jeannie Cummins Eisenhour | |
| 9. | <i>Executive Director's Report</i> | George Braunstein | 8:50 p.m. |
| | A. Legislative Update | | |
| | B. Fairfax County Budget Update | | |
| | C. Training Centers-DOJ Agreement Update | | |
| 10. | <i>Adjournment</i> | | 9:05 p.m. |

Consent Agenda

Motion:

I move that the Board include the items listed on the Consent Agenda:

- A. Approval of the October 24, 2012 minutes of the Fairfax-Falls Church Community Services Board meeting.5A-1
- B. Acceptance of the August 8, 2012 minutes of the Intellectual Developmental Disability Workgroup.....5B-1
- C. Acceptance of the October 19, 2012 notes of the Ad Hoc Fiscal Committee meeting..... 5C-1

Fairfax-Falls Church Community Services Board

October 24, 2012

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9 and 10, in Fairfax, VA.

The following CSB members were present: Mark Sites, Chair, Pamela Barrett, Mary Ann Beall, Susan Beeman, Glenn Kamber, Suzette Kern, Karen Margensey, Juan Pablo Segura, Woody Witt, Jane Woods

The following CSB members were absent: Pam Barrett, Jessica Burmester, Mark Gross, Lisa Kania, Mattie Palmore, Lori Stillman

The following CSB staff was present: George Braunstein, Gary Axelson, Bill Belcher, Belinda Buescher, Jeannie Cummins-Eisenhour, Jean Hartman, Dave Mangano, Cathy Pumphrey, James Stratoudakis, Alan Wooten

1. Meeting Called to Order

Mark Sites called the meeting to order at 7:30 p.m.

2. Matters of the Public

There were no matters presented.

3. Recognitions

Sarah Gary, CSB Mental Health Counselor, was honored as the recipient of the 2012 CSB Spirit of Excellence Award, a system-wide CSB staff recognition established this year. Lt. Colonel Mark Sites shared an overview of the exceptional body of work Ms. Gary provides which exceeds expectations. In addition, Joel Friedman was recognized for spearheading the formation of the employee recognition venue. A motion was offered, seconded and carried to include Ms. Gary's recognition in the CSB first quarter report to the Board of Supervisors.

Two Board members who recently stepped down were recognized for their many years of services and contributions to the community, Lynne Crammer and Jean McNeal. Deep appreciation was extended to Ms. Crammer who during her tenure held numerous committee and Board leadership positions including Board chair, and Ms. McNeal who provided leadership to the Fiscal Committee.

4. Amendments to the Meeting Agenda

Following a request to add as an information item the FY2014 CSB budget submission, a motion was made, seconded and carried.

4. Matters of the Board

- Noting the Secretary to the Board vacancy with the resignation of Lisa Kania, and after reviewing the Bylaws which do not specifically mandate steps to fill the vacancy, Lt. Colonel Sites suggested opening the floor for nominations. Glenn Kamber nominated Jessica Burmester, and as there were no further names offered, the nominations were

closed. Lt. Colonel Sites indicated he would follow up with Ms. Burmester as she was not in attendance, and if she accepts the nomination, a final vote can be taken at the next meeting.

- For planning purposes, the Board members were notified that directly prior to the November 28th Board meeting a work session is scheduled beginning at 6:30 p.m. to provide Freedom of Information Act (FOIA) training.
- For the December holiday gathering it was recommended to hold a dinner at Ozzie's restaurant prior to the December 19th Board meeting, and upon a consensus of those present, a reservation will be secured.
- Following the presentation of Deputy Director Pat Harrison at the Board of Supervisors Human Services Committee, Lt. Colonel Sites reported he provided a brief update on the FY2014 3% budget reductions being submitted as well as the anticipated early November timeframe for submission of the CSB FY2013 first quarter report. Mr. Kamber noted Lt. Colonel Sites' participation was well received and cited a comment by Chairman Bulova that was also picked up by the news media indicating the CSB Board has become rejuvenated.
- As a result of the recent CSB Board member resignations, there are five General Assembly legislators unassigned for visits. With this in mind, Lt. Colonel Sites indicated he would forward the names for consideration.
- A brief public service announcement (PSA) was viewed providing information on the Mental Health First Aid training as well as commentary by Kevin Early, a peer support specialist. In announcing the PSA will be broadcast on Fairfax County Channel 16 in early November, it was suggested the message be provided to the Cities of Fairfax and Falls Church City for possibly broadcasting on their local channels. In addition, a recommendation was made to reference the PSA in the first quarter report to the Board of Supervisors.

5. Consent Agenda

A motion was made for Board approval of the Consent Agenda with the following items included:

- A. Approval of the September 26, 2012 minutes of the Fairfax-Falls Church Community Services Board meeting.
- B. Acceptance of the September 21, 2012 notes of the Ad Hoc Fiscal Committee meeting.
- C. Acceptance of the October 5, 2012 notes of the Ad Hoc Fiscal Committee meeting.
- D. Acceptance of the June 27, 2012 minutes of the External Committee meeting.
- E. Acceptance of the July 25, 2012 minutes of the External Committee meeting.

The motion was seconded and carried.

6. Housing Presentation

Jeannie Cummins Eisenhour provided an overview of the 2011 Housing Needs Report, Housing Action Plan as well as a Powerpoint. Ms. Cummins Eisenhour highlighted the key points and recommendations developed to address the needs, a large portion of which have been undertaken. Pointing out the increased housing and service demands with the upcoming closure of the training centers, it was indicated those projected numbers are not currently

included in the Housing Action Plan. The role of Fairfax REACH to assist in creating housing opportunities was discussed and interest expressed in receiving a progress report on REACH activities that is scheduled for the November Board meeting. There was a consensus to adopt the Housing Action Plan as part of the transformation plan with a notation to add in the needs with the training center closures.

7. Committee Reports

- A. *External Committee:* Due to the FOIA training in November, the next meeting will take place on Wednesday, December 12th.
- B. *Internal Committee:* There was not a report available.
- C. *Ad Hoc Fiscal Committee:*
 - Mr. Kamber indicated with the assistance of Ginny Cooper and Bill Belcher the Committee members are staying abreast of the CSB fiscal activities and have drafted the first quarter report to the Board of Supervisors for full Board review.
 - When presented with a mockup of the report, some of the feedback received from Supervisors Jeff McKay, Penny Gross and Cathy Hudgins included a request for a concise document that clearly highlights developments and/or concerns that should be brought to their attention. In addition, it was recommended complete and accurate financial numbers be provided even if this would result in a delayed submission, and performance and outcome measures be included if and when available.
 - The Committee is still waiting for the final financials and stressed that it is imperative this information be provided as soon as possible in order to incorporate in the report.
 - Following this background, the draft report and transmittal letter were distributed for review and it was indicated three items previously referenced would be incorporated: 1) Sarah Gary receipt of the CSB Spirit of Excellence Award, 2) Mental Health First Aid PSA, and 3) primary care integration at the Gartlan site.
 - In addressing the high level of staffing vacancies and impact on workloads, a suggestion was offered to consider a staff survey that would assist in accessing morale. Acknowledging the various surveys available, wide range of costs as well as quality of surveys, it was recommended a workgroup be established to explore possible options. Mr. Kamber volunteered to be on the workgroup and Lt. Colonel Sites noted he would contact the Board members to determine others that may be willing to participate.
 - The discussion also focused on staff caseloads and the comparison to National averages that may be information for inclusion in the second quarter report to the Board of Supervisors.

9. Information Items

- A. *Good Neighbor Campaign*

Jeannie Cummins Eisenhower provided background on the development of the Good Neighbor Campaign that stemmed from increasing community concerns voiced to the Board of Supervisors with some homes in which individuals receiving CSB services

reside. In an effort to establish and maintain positive relationships, the Good Neighbor Agreement was created affirming a commitment and responsibility to uphold community values and standards. In reviewing the current signatories to the agreement, a request was made to highlight those providers with homes in the Cities of Fairfax and Falls Church that, in turn, can be presented to the city administrators.

Further outreach is underway with meetings being scheduled with the Board of Supervisors and providers to communicate the steps implemented so far. If any CSB Board members may wish to join the meeting with their district supervisor, a request for availability will be forwarded in order to coordinate a convenient time.

Following a suggestion the Board may wish to adopt this agreement, it was indicated to place this as an action item on the November agenda.

B. *FY2014 Budget Submission:*

Bill Belcher presented and reviewed some of the materials submitted to Department of Management and Budget (DMB) including a Fund Statement as well as an Addendum Request. At the next meeting, a full package of submissions will be provided that should be finalized following DMB review. It was indicated the budget submission is flat line and does not include the 3% proposed reduction or inclusion of the additional funds received with the carryover. Within the Addendum are requests for adding to the baseline the following: 1) \$1 million for Infant & Toddler Connection services, 2) \$1 million to support the special education graduates, and 3) six new positions for Intensive Service Case Management to support the additional services resulting from the Department of Justice settlement.

10. Action Items

A. *Amendments to the Bylaws:*

Following the initial discussion at the September meeting, a motion was presented to amend the CSB Bylaws to add a Fiscal Oversight Committee as a standing committee of the Board. The motion was seconded and carried. It was noted the Bylaws will be revised with this language and forwarded to all members for their records.

B. *FY2014-18 Capital Improvement Program:*

Jeannie Cummins Eisenhower provided background and an overview of the multiyear Capital Improvement Plan (CIP) including evaluation of residential treatment, detox and assisted living in FY2014. Noting a change from previous years, Ms. Cummins Eisenhower indicated housing is being removed from the CIP as it is more appropriately addressed in the Housing Blueprint. With this in mind, the CIP can focus on CSB facility needs allowing those to become more prominent when bonding requests are submitted. A motion was offered to adopt the FY2014 to FY2018 recommendations as presented which was seconded and carried.

11. Executive Directors Report

A. George Braunstein reviewed letters of appreciation recently received that included:

- Communication from a parent whose son received services through the partial hospitalization program at Gartlan. It was noted this program has been very successful in stabilizing individuals within weeks vs. months or even longer than is otherwise experienced.

- Police Captain Daniel Janickey received a letter praising the skillful response of the police in diffusing a tense situation with a resident's son. This is one of several examples of the successful training provided to the police force in conjunction with the CSB Mobile Crisis Unit.
- Supervisor Penny Gross extended thanks and appreciation to John Curtin for his participation in a panel on bullying.

B. *Legislative Update:*

Mr. Braunstein reported three items affecting CSB services have been identified by the Board of Supervisors as high priority: 1) ITC, 2) the needs of the individuals in the training centers, and 3) beds at Northern Virginia Mental Health Institute.

C. *Fairfax County Budget Update:*

- Noting one-third of the CSB work plans will be completed by the end of the month as well as the Beeman-Transformation progress report, it was indicated additional time will be required to review and address these work products.
- While the work plans have been documented due to the budget environment, it was pointed out staff has consistently been identifying efficiencies, some examples of which include major medication savings and housing efficiencies.
- There was some discussion as to a Board meeting schedule, possibly twice a month meetings, to address these issues. With some Board members not in attendance, Lt. Colonel Sites indicated he would discuss a revised schedule with committee and workgroup chairs and be in touch with the Board to coordinate further.

D. *Training Centers-DOJ Agreement Update:*

Mr. Braunstein reported while recognizing the limitations, staff continues to plan for the training centers including consideration of vendors available to assist as well as the individuals that could return to the community this year.

12. Closed Meeting

A motion was offered, seconded and passed to enter a closed session for a discussion of personnel matters pursuant to Virginia Code §2.2-3711-A-1.

13. Certification of Closed Meeting

Following the closed session a motion was offered to certify that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board during the closed meeting. The motion was seconded and passed unanimously.

Actions Taken –

- ◆ Approval of the September 26, 2012 minutes of the Fairfax-Falls Church Community Services Board.
- ◆ Approval of the amendment to the CSB Bylaws to establish a standing Fiscal Oversight Committee.
- ◆ Approval of the recommendations for the County’s FY2014 to FY2018 Capital Improvement Program.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 11:12 p.m.

Date

Staff to Board

DRAFT

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disabilities Workgroup

August 8, 2012

The Intellectual and Developmental Disabilities Workgroup of the Board met in regular session at 12000 Government Center Parkway, Fairfax, VA 22035.

The following Board members were present: Woody Witt (Chair), Jessica Burmester, and Jean McNeal

The following CSB members were present: None

The following Committee members were absent: Mark Gross, Karen Margensey, and Lori Stillman

The following CSB staff members were present: Alan Wooten, Evan Jones, Kevin Lafin, Jean Hartman, and Dave Mangano

Also present were private provider representatives as well as members of the public.

1. Meeting Called to Order

The meeting was called to order at 7:30 p.m.

2. Approval of the Minutes

The minutes from the meeting on May 2, 2012, were approved without changes.

3. Matters of the Public

None

4. Matters of the Committee

The members of the committee acknowledged Jean McNeal for her advocacy efforts.

5. Election of Workgroup Chair

The members of the committee elected Jessica Burmester as the Chair.

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disabilities Workgroup

August 8, 2012

6. CSB Work Plan

Alan Wooten reviewed the CSB Work Plan as requested by the County Executive for the County Board of Supervisors (BOS). The work plan has four sections: 1) fiscal leadership, controls and accountability, 2) service utilization and cost containment, 3) communication and 4) long term service trend analysis and strategic planning. Mr. Wooten distributed a handout "Moving Forward: Projects to Ensure Quality and Cost Effective Services" which is a CSB staff work outline of twelve project areas to address item # 2, service utilization and cost containment, and an additional five concurrent projects in progress. Of these seventeen total project areas, the following related directly to CSB services for persons with intellectual disability:

- A) Employment and Day Support: Investigate alternative business and service models to ensure long term sustainability and maintenance of effective access to services. To this end, an outside consultant will be procured to explore and propose alternative service and payment/financing strategies. Deadline for final report is January 2013.
- B) Residential Support Services: Review the cost/benefit of any home that provides ongoing residential services operated by the CSB to determine opportunities for cost savings for both the property and the program. Analyze efficiencies and options of either outsourcing and/or merging similar intermediate and longer term support services. This applies to all CSB directly operated residential services. Deadline for completion is November 2012.
- C) Contracted Services: Examine CSB contracts for goods and services to determine utilization, costs, benefits, and alternatives. Compare with similar services across jurisdiction and identify any potential alternative funding sources. This project does not include contracts for CSB Day Support and Employment as that is covered under # 1 above. Deadline for completion is October 2012.

7. Service Area Updates

In Support Coordination, the 34 new ID Medicaid waivers allocated July 1st have been assigned and support coordinators are in the process of getting the waivers activated within the sixty day timeline. Transition services for adult day support and employment is ongoing for the 19 individuals approved by the BOS. The remaining 45 graduates plus 26 individuals on the community wait list are still wait-listed for services. There are approximately 90 students scheduled to leave school in June 2013 and transition services planning will be commencing in September. Support Coordination has six vacant positions. The CSB is still unable to hire positions to fill vacancies pending the outcome of the BOS budget carryover action scheduled for September 11, 2012. Currently the CSB has 127 vacant merit positions and over 30 vacant exempt limited term positions.

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disabilities Workgroup

August 8, 2012

In Residential Services, vacancies have impacted staff schedules and assignments. The largest percentage of vacancies CSB-wide is in the CSB residential services areas. For ID group homes, some staff have been redeployed and leave requests not fulfilled in order to ensure basic health and safety. Residential services staff, both directly operated and privately operated, are to be commended for excellent emergency responsiveness to the recent derecho. Almost all program sites were impacted by power outages. Despite the many logistical challenges and demands, residents were kept safe and relocated as necessary to ensure health, safety and personal comfort.

Mr. Wooten distributed a handout of a power point presentation by Heidi Dix, Assistant Commissioner, DBHDS, entitled "DBHDS Settlement Agreement Overview and Update" dated July 25, 2012. The presentation includes progress updates and statistics on DOJ Settlement Agreement planning and implementation, including brief information on waiver reform (merging the ID and DD waivers). Mr. Wooten also provided current wait list data statewide and Fairfax only.

8. Meeting adjourned at 8:45 pm.

Action Taken – None

Follow-up Items – None

November 1, 2012

Date Approved

Tonya Wise

CSB Ad Hoc Fiscal Committee Meeting Notes

Date: October 19, 2012

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Topic	Action	Responsible Party	Due Date
	<p>Personnel Management. Focus on <u>service</u>. At what point do staffing controls affect services. The request was made again to collect and provide the Committee data with which they can interpret the impact of the 10% vacancy factor (translated into 112 positions needing to remain vacant at all times to achieve budget targets) on direct service positions. The Committee discussed needing clarity around the choices being made and examples of choices.</p> <ul style="list-style-type: none"> • Recommendation to add Intensive Community Treatment Team (ICTT, a Mental Health service) as a Major Area of Concern. • Recommendation to reorder the Major Areas of Concern: 1) Infant and Toddler; 2) ID Employment and Day Support; 3) ICTT; and 4) Personnel Management. • Will delete Current Year Proposed Fee Changes under New and Significant because it will have been reviewed by the BOS prior to receipt of the 1st Quarterly Report. • Link Financial Status to Financial Statement using highlights. Add a general status statement to the Financial Status page. • Reordered Dashboard items: 1) Benefit Costs; 2) Vacancy Breakeven Point; 3) Fee Revenue Collections; 4) Contracted Service Obligations; 5) Lease Cost Obligations; 6) Subsidized Medications; 7) Paid Overtime 	<p>Ginny Cooper 3,6, 7 Bill Belcher 1,2,4,5</p>	
<p>DAHS Financial Reports</p>	<p>B. Belcher described in detail a supporting worksheet to the Merit Vacancy Plan section of the CSB Financial Update October 18. He stated that the vacancies are monitored on daily basis and calibrated against service needs.</p> <p>There is a standing request for copies of the DAHS 'at a glance' summaries prepared for the Deputy County Executive</p>	<p>Bill Belcher</p>	<p>As published</p>
<p>Survey on Staff Morale</p>	<p>Committee Chair is interested in compiling data on staff morale. It was discussed that there are some statistically-valid and free-tested organizational climate surveys that can be obtained from Joan Rodgers, the CSB's</p>	<p>Glenn Kamber</p>	

CSB Ad Hoc Fiscal Committee Meeting Notes

Date: October 19, 2012

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Topic	Action	Responsible Party	Due Date
	<p>organizational development and training manager.</p> <p>The Committee supported the Chair's request to propose a couple of options then ask for full support of the Board.</p>		
FY 2014 Budget	B. Belcher reviewed a draft FY 2014 CSB budget submission cover memo, and in particular the Supplemental Funding Requests.		
Benefit Cost Data	The Committee requested that Benefit Cost data be furnished to the CSB and to them in the January/February timeframe based on the results of the Open Enrollment selections made by employees effective Jan 1, 2013.		
Next Meetings	<p>The first and third Friday of every month from 9:00 am to 11 am.</p> <p>Next meetings will be November 2nd and November 16th</p>		Ongoing

CSB Financial Assessment and Screening Team (FAST) Annual Report FY 2012

Background:

The CSB's Financial Assessment and Screening Team (FAST) rolled out in the Spring of 2011 with the dual aim of improving the lives of the individuals and families who come to the CSB for services while bending the curve of rising uncompensated behavioral healthcare. Referring individuals with incomes at or below 200% of Federal Poverty Level (\leq \$22,340) to the FAST Managed Care Resource Specialists yields the greatest returns with potential federal, state, and local programs that can help individuals pay for their primary and behavioral healthcare and their prescriptions.

FAST, led by Mari de Leon, is a team of nine Managed Care Resource Specialists who receive rigorous training of the basic entitlement programs, e.g., Supplemental Security Income (SSI and SSDI), Medicare D (the Prescription Drug Benefit), and Low Income Subsidy (the latter covers Drug Plan co-pays.) In addition, these Specialists are fully trained and sanctioned to perform enrollment activities for the County's Community Health Care Network (CHCN). All of the Managed Care Resource Specialists receive certification in the two primary insurance verification databases via Allscripts/Payer Path, State Health Insurance Program (SHIP) database, and the Centers for Medicare and Medicaid (CMS.) Each Specialist is a Virginia Public Notary.

In all cases, FAST works with the referred individual to assess their eligibility for these programs but cannot give the final approval or make the final determination as that is the purview of the Department of Family Services (for the entitlement programs) and the Health Access Assessment Team deployed by the Department of Family Services (for the CHCN primary care clinics.)

FAST plays a significant role with eligible consumers in the Medicare Part D Prescription Drug Plan open enrollment process. Medicare Part D Prescription Drug Plans provide individuals 65 years and older and people with disabilities with a comprehensive prescription drug benefit under the Medicare program. All Medicare beneficiaries regardless of their income are required to have a credible prescription drug plan in order to avoid federal penalties. The FAST team focuses its efforts on reaching individuals who have a Medicare Part D Plan that will be affected by plan changes and those who may be enrolling for the first time. Also, FAST helps individuals reevaluate their Plan in light of changes in their medications. FAST makes referrals to the CSB's Patient Assistance Program (PAP) and review Prescription Drug Discount Card options. Finally, the team is responsible for updating a Medicare Part D formulary form for the CSB doctors and nurse practitioners to reference when prescribing medications for covered individuals.

While FAST does not assist individuals with appointments nor applications for Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI), many more clinicians are actively involved in working with individuals and the local Social Security office.

When an individual is approved for SSI benefits by the Social Security office, they automatically qualify for Medicaid benefits once they apply. As a result, the CSB continues to benefit from the Medicaid reimbursement for the behavioral health services provided to these newly covered individuals.

Twenty-four (24) months after individuals are approved for SSDI, they are automatically enrolled in Medicare Part A (hospitalization) coverage but enrollment in both the Medicare Part B (outpatient) and Part D (drug) plans is a choice.

Some individuals will be dual-eligible for Medicare and the Medicaid Savings Plan, the latter is a form of Medicaid. This is particularly significant for the Prescription Drug Plan in that dual-eligible falls under special enrollment for Medicare Part D and means that the individual can change plans at any time during the year and have it effective the beginning of the next month.

Having implemented FAST before federal health reform takes full effect in January 2014, the CSB has laid the foundation for efficiently planning and managing the business intake for the anticipated Medicaid expansion from 80% of Federal Poverty Level (FPL) for persons with disabilities to 133% and for the new Health Insurance Exchanges for persons with incomes between 133%-400% of FPL.

The business practice takes multiple screening tools and assembles them into one cohesive package for the individual. Appointments are then scheduled for individuals to meet with the Managed Care Resource Specialists at a particular site. In order for FAST to be most effective, the Specialists encourage the primary clinical support coordinator to contact FAST first, and then have FAST contact the consumer. Cold calls or unplanned visits are not generally productive for the consumer and routinely result in more than one follow-up appointment. Primary duties of the Specialists include:

- Conduct comprehensive interviews with consumers about private health insurance coverage and assistance programs.
- Counsel consumers and gather sufficient screening information and documentation to initiate applications (as necessary) for Medicaid and other federal/state/local assistance programs, e.g., Medicare Part D, Subsidized Nutrition Assistance Program, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Community Health Care Network (CHCN), as well as charitable care through Kaiser Bridge.
- Forwards applications to the DFS Benefits Program and/or Health Access Assistance Team (HAAT) for formal review and determination.
- Set the individual's level of responsibility (liability) for CSB fees.

FAST does not charge for its services.

Summary:

In its first Annual Report, the FAST team highlighted its Key Workload Indicators and multiple challenges including staffing, language skills, organizational development, and funding of its service. Also included was an outline of staffing resources – *more than double the current staffing complement* -- needed now to adequately address the demand by site and by specialty.

In addition to its productivity measures, FAST intends to design performance measures that best inform us about successes (or failures.) Such measures will get at what the individual most cares about so that FAST knows where it should be putting its efforts.

Enclosed Documents:

- CSB Financial Assessment and Screening Team (FAST) Annual Report FY 2012

Staff:

Mari de Leon, Healthcare Access Supervisor
Ginny Cooper

CSB Financial Assessment and Screening Team (FAST) Annual Report FY 2012

OVERVIEW

Declining state and local budgets contributed to under-funded and fragmented processes within the CSB to research, assess, and educate consumers and staff about health access through available federal, state and local assistance programs. The Financial Assessment and Screening Team's (FAST) objective is to uphold the Fairfax-Falls Church Community Services Board's (CSB) mission to support the lives of Fairfax county residents by providing assistance in locating a medical home along with affordable prescription drug coverage.

Our FAST services assist individuals and their families with their primary health care needs by promoting health access and managed care, thus improving their quality of life. In addition, this reduces the CSB's funding for services and medications provided to low income and/or under-insured individuals.

The primary services performed by FAST are as follows:

- Find individuals a medical home by screening and assessing their health care needs once assigned to a service.
- All individuals initially entering into a CSB program who are seen by FAST are screened for entitlement and/or subsidy eligibility. For example:
 - Medicare
 - Medicare Part D
 - Social Security Low Income Subsidy (Extra Help)
 - Medicaid/QMB/Spend down
 - Community Health Care Network (CHCN)
 - Kaiser Bridge Program
 - Patient Assistance Program referrals

If found eligible, individuals are assisted with the application process including tracking the application status and following up with individuals and other necessary parties until a determination is made.

Individuals receiving services with active entitlements and/or subsidies are assisted with managing and troubleshooting their cases. This includes assisting the individual in evaluating their Medicare Prescription Drug Plan (Part D) to find the most affordable and comprehensive plan available for their medication needs. FAST is also utilized as a resource for referring individuals to the Patients Assistance Program (PAP) if additional medication needs are required.

FAST serves as a resource to the CSB clinical and Revenue Management (RMT) staff. FAST is utilized to verify insurance, troubleshoot Medicaid issues, assist Qualified Medicare Beneficiary (QMB)/Spend down individuals with meeting the individual's spend down amount to qualify for full Medicaid benefits and to troubleshoot Medicare Prescription Drug issues which minimize cost to the CSB. Our goal is to assure that a CSB individual has access to healthcare. Working with clinical and RMT staff, will help individuals maintain their benefits which helps reduce the lapse of insurance coverage thus maximizing the reimbursement of CSB services from Medicaid/Medicare.

CSB Financial Assessment and Screening Team (FAST) Annual Report FY 2012

Once an individual is assigned to a CSB service, an initial appointment with a FAST staff is made. Within the allotted 45-minute appointment time, the FAST staff screens and evaluate individuals who may not be aware entitlements and/or subsidies are available to them, how to navigate through the process, or manage their benefits once received. For business efficiencies, routine CSB notifications are performed by FAST within the same 45 minute appointment. Explanations are provided and consumer acknowledgments are obtained for human rights, voter registration, notice of privacy practices, key contacts, financial responsibility agreements, and the determination of a service fee liability percentage if not 100%.

FAST performs Fairfax Community Health Care Network (CHCN) eligibility processes for CSB consumers as a delegate of the County's Health Access Assessment Team (HAAT). The Fairfax CHCN is a partnership of health professionals, physicians, hospitals and local governments formed to provide primary health care services to low-income, uninsured County residents who cannot afford medical care. The HAAT, deployed by the Department of Family Services, supports and ensures standard, comprehensive eligibility and enrollment processes for CHCN. In addition to its three health centers at Seven Corners, SouthCounty and NorthCounty, CHCN operates primary health care clinics for CSB consumers at Woodburn and Gartlan Centers. At the same time that FAST was being formed, planning for the Gartlan primary health care clinic was underway. For business efficiencies, it was agreed that the new FAST team would be fully trained and delegated roles and responsibilities to assess the eligibility of CSB consumers for CHCN on behalf of HAAT. It is estimated that 20% of FAST staff time is utilized in carrying out this responsibility.

Currently there are nine Human Services Workers (6 CSB and 3 through the Northern Virginia Family Services contract) working out of the larger outpatient clinic sites but also serve consumers in residential programs. With the implementation of the CSB's new electronic health record (EHR), FAST schedules and records its services, including forms and documentation of work with consumers. Nearly all of the data recorded by and utilized by FAST for screening and monitoring purposes will be reflected within the first full year of the EHR.

Key Workload Indicators: July 1, 2011 to June 30, 2012 (FY 2012)

Screenings	Initial Consumer Appointments	Applications Facilitated	Approvals/Enrollments	Percent
a. Medicaid	-	273	53	19.4%
b. Community Health Care Network	-	164	98 Approved 66 Wait Listed	
c. Medicare Part D Open Enrollment	639	-	563	88%
d. Financial Responsibility & Entitlement Screenings	668 unduplicated New=531(79%) Existing=137 (21%)	-	-	-

CHALLENGES

Staffing: As a result of the Board of Supervisors action taken at its meeting on May 22, 2012 on the CSB budget management plan, a probationary full-time FAST employee was terminated at the end

CSB Financial Assessment and Screening Team (FAST) Annual Report FY 2012

of June 2012. The incumbent – who obtained subsequent employment with DFS -- was bilingual (Spanish/English) and provided all of the FAST screenings and CHCN enrollment screenings for consumers who speak Spanish at Woodburn and, when available, at the other CSB clinic sites. Scheduled interviews averaged 10 per week (*excluding the Medicare Part D Drug Benefit Open Enrollment Period*) with preparation and some follow-up required for each new consumer served. Non-scheduled interviews (walk-ins) were also accommodated. The Spanish/English bilingual capacity is in great demand across the County, so the loss of this employee left FAST with only one employee who is bilingual in Spanish/English.

In the beginning of July 2012, an NVFS contracted FAST staff member resigned but was replaced quickly in August with a bilingual Spanish/English NVFS employee. A major seat change in coverage ensued, sending the remaining Spanish/English bilingual FAST staff transferred from serving SouthCounty and GartlanCenters to Woodburn. Within a month, NVFS had filled its recent vacancy with a Spanish/English bilingual specialist, who then was assigned coverage at Gartlan to fill that short-term gap. The intent is to minimize contracted interpreter services expenses and/or clinician face-to-face time in the FAST screening appointment.

In less than 1 year, FAST had to scale back nearly 20% of its staffing, from 11 to 9 Specialists. All but three staff has been deployed to different Centers in attempts to match demand, available hours, and skill levels. For the service system, these deployments are perceived as FAST being nimble and flexible to address immediate needs. However, for personal and professional reasons, these deployments will likely result in additional resignations. Screenings at several stand-alone CSB sites has been reduced to paper reviews not appointments. A particular concern is that coverage has been sharply cut back at busy youth services offices that are not part of the larger outpatient clinics. This could impact CSB Medicaid receipts and medication cost avoidance.

As a result, FAST has sought to augment their ranks temporarily during the Medicare Part D Drug Benefit Open Enrollment Periods in order to handle the appointments of at least those with Medicare plans that need to re-enroll annually. The CSB Valued Interns, Volunteers & Advocates staff work with FAST to attract interns and volunteers who can commit to providing logistical support. In addition, the FAST leadership sponsor in the CSB Central Administration has recently participated in the Medicare Part D enrollment training in preparation for accepting Open Enrollment Period appointments beginning October 15, 2012.

Language Skills Capacity: Due to the loss of two of the three Spanish speaking positions, in order to provide services in accordance with Title VI, FAST currently utilizes the language line for interpretation services at \$1 a minute with a 1 hour minimum charge (\$60). The use of this language line service increases the duration of the appointment time from 45 minutes to over an hour, which directly affects the scheduled clinical appointment which immediately follows the FAST initial appointment. This adversely impacts the initial appointment for a new CSB consumer by lengthening the overall appointment time from two hours and 15 minutes to over three hours.

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Organizational Development/Career Path: To date, the cost to train Specialists has been mitigated considerably by conducting dedicated group training events supported by ongoing coaching and mentoring. Currently, there are no opportunities to further staff members' careers within FAST, thus the recruitment and retention of qualified and highly skilled staff is difficult. Since the inception of FAST, the MCRS position has evolved and the level of skills needed to perform the responsibilities has increased.

Funding: Currently, the CSB has severely restricted funds from which to fill critical service delivery vacancies. This means that FAST will not be able to replace vacant positions or expanding staff to proportionally cover all the needs of various CSB sites.

FUTURE ORIENTATION

Ideally, FAST works best when there are at least two Specialists at every site for coverage and consultation. Assuming an adequate supply of offices to secure files and conduct interviews, the demand for FAST screenings would be met as follows:

CSB Site-specific:

- **Assessment, Engagement and Referral Office** (Jermantown): 2.0 (both Spanish/English bilingual)
- **GartlanCenter:** 2.0 FTE (both Spanish/English bilingual)
- **SouthCountyCenter** (youth): 1.0 FTE (Spanish/English bilingual)
- **Springfield:** 2.0 FTE (at least 1 Spanish/English bilingual)
- **Woodburn:** 5/4.5 FTE a) 1.5 FTE Emergency Services including coverage of Woodburn Place Adult Crisis Care (Spanish/English bilingual, with evening and weekend hours); b) 3.0 Clinic (Spanish/English, Vietnamese/English, Korean/English).
- **Chantilly Clinic:** 2.0 FTE (Vietnamese/English, Korean/English)
- **Chantilly Tim Harmon Complex:** 1.0 FTE includes coverage at FairfaxDetoxCenter, A New Beginning and Cornerstones (Spanish/English bilingual)
- **NWC Reston:** 3.0 FTE (Spanish/English, Vietnamese/English)

Non-site specific:

- **Work Incentive / SSI / SSDI** – 1.0 FTE
- **Supportive Residential** – 1.0 FTE
- **Intensive Community Treatment Teams** – 1.0 FTE

➡ **tal = 21/20.5 FTE. This is more than double the current complement.**

Availability and training to use teleconferencing equipment to respectfully conduct FAST appointments across sites could help FAST reach all sites with the current complement of staff, and cut down on travel time and down time resulting from late cancellations or no shows. Issues

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regarding administrative support to facilitate these appointments, use of signature pads, etc. would need to be researched and resolved.

Encrypted written correspondence privileges for FAST staff would greatly enhance their work as the staff communicates routinely with consumers and family members, Department of Family Services, Health Department, and the Social Security district office.

Information Item: Unit Cost ReviewBackground:

Per CSB Regulation 2120.1 Fee and Subsidy Related Procedures, Section VI (A): *The fees shall be reasonably related to the established unit cost of providing the service. Unit costs for all services will be reviewed annually and updated as necessary.*

Units of service reviewed were those reported to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in the Community Consumer Submission (CCS) for all services provided by CSBs directly or through contracts with other providers. These data are organized by Program Area and Core Service Category as defined in the *Core Services Taxonomy 7.2* issued by the DBHDS. Core service costs reviewed were those reported to DBHDS in a separate DBHDS database (referred to as CARS). For purposes of this review, staff merged the data from both sources.

No unit cost review was performed last year during the moratorium on changes to the Fee Policy, Fee Regulation and Fee Schedule pending the implementation of both a new County financial management system (FOCUS) and a new CSB electronic health record (Credible.) These two large-scale projects – *both occurring at different times in FY 2012* – had an impact on the review and presentation of the costs per unit and per person data, resulting in some of the detailed data unintentionally appearing askew. This was particularly true for both residential and day support core services. For that reason, the line-item level core service data used in the review will be furnished upon request.

Summary:

After reviewing the CCS and CARS data, staff found a collective 13% drop in unit costs and a 15% drop in costs per person at the same time that there was a 3% increase in service units and 9% increase in persons served. Efforts to curtail spending in FY 2012 due to the budget shortfall would appear to have influenced the reduced costs.

FY 2013 Review – Looking Ahead:

The CSB's business goal is to more closely align cost data with service data in order to satisfy the requirements of the Board, DBHDS, and the emerging data needs of the CSB system transformation. Ongoing evaluation and refinement of both data sets will continue through FY 2013 in order to more closely align cost data with service data.

The basis for evaluating costs and recommending fees for services will improve with the newer technology. In recent years, only 13 of the 46 CSB service fees (28%) were based on costs. Beginning in FY 2013, critical service data from the electronic health record can now be filtered, exported and analyzed with cost data from the financial management system to facilitate service costs at a level more detailed than that of the DBHDS defined core service level.

Staff:

Ginny Cooper

ACTION ITEM

FY 2013 Fee Schedule Additions

Issue:

Correction to the FY 2013 Fee Schedule

Timing:

FY 2013 Fee Schedule goes into effect 12/1/12.

Recommended Motion:

I move the Board approve the FY 2013 Fee Schedule addition, as presented.

Background:

The Board approved the FY 2013 Fee Schedule at its meeting on September 26, 2012. Subsequently, staff was asked to **re-insert the fees for two existing services** that had originally been slated to phase out before 12/1/12 with the roll out of a newly designed Assessment Unit. Neither of these existing service fees were or will be subject to the Ability to Pay Scale.

- Follow up ACCESS 2nd appointment fee of \$25.00
- Follow up ACCESS 3+ appointment fee of \$5

The ACCESS service is a preliminary assessment with brief intervention. The intervention could be crisis stabilization, referral to community providers or referral for other CSB services.

Fiscal Impact:

Minimal. Combined, the year-to-date revenue receipts for the two follow up ACCESS service fees total \$1,534.00 with an anticipated collection rate of 25% of billed charges.

Enclosed Documents:

- FY 2013 Fee Schedule as revised

Staff:

James P. Stratoudakis, Ph.D., LCP, Director, Corporate Compliance and Risk Management
Ginny Cooper



FY 2013 FEE SCHEDULE

Effective December 1, 2012

Mental Health (MH) Intellectual Disability (ID) Substance Use Disorder (SUD)

Service	Subject to Ability to Pay Scale	Unit of Measurement	Fee
Access Followup 2nd Appointment	reinserted; no change from current fee No	Each	\$25.00
Access Followup 3+ Appointment	reinserted; no change from current fee No	Each	\$5.00
Adolescent Day Treatment - SUD	Yes	¼ hour	\$4.80
Adolescent Day Treatment- MH	Yes	2-3.99 hours/day	\$50.00
		4-6.99 hours/day	
		7+ hours/day	
Adult Day Treatment - MH	Yes	2-3.99 hours/day	\$50.00
		4-6.99 hours/day	
		7+ hours/day	
Adult Day Treatment- SUD	Yes	¼ hour	\$4.80
Case Management	Yes	Month	\$326.50
Counseling - Family	Yes	Event	\$100.00
Counseling - Group	Yes	Event	\$35.00
Counseling - Individual	Yes	¼ hour	\$35.00
Counseling - Multi-Family	Yes	Event	\$35.00
Crisis Intervention	Yes	¼ hour	\$44.00
Crisis Stabilization - Adult Residential	Yes	Hour	\$123.41
Detoxification, Medical and Social	Yes	Day	\$330.00
Drop-In Support Services, ID	No	Hour	< or =10% of gross income
Evaluation - Psychiatric	Yes	¼ hour	\$62.00
Evaluation/Assessment- Initial	Yes	Event	\$150.00
Head Start - Services to	No	¼ hour	\$25.00
IDS Congregate Residential Waiver Services	No	Hour	\$17.36
Independent Evaluations	No	Each	\$75.00
Injection Procedure	Yes	Injection	\$20.00
Intensive Care Coordination - Youth	No	Month	\$1,160.00
Intensive Community Treatment	Yes	Hour	\$153.00
Intensive Outpatient - SUD, Individual or Group	Yes	¼ hour	\$4.80
Lab Tests	No	Cost to consumer	Actual cost
Late Cancellation or No Show	Yes	Event	\$25.00
Legal Testimony	Yes	¼ hour	\$25.00
Medication Management	Yes	Event	\$62.00
Neurological Testing	Yes	Event	\$1,168.00
Psychosocial Rehabilitation	Yes	2-3.99 hours/day	\$24.38
		4-6.99 hours/day	
		7+ hours/day	
Release of Information: Copying	No	Per page	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Research	No	Event	\$10.00
Release of Information: Worker's Compensation	No	Event	\$15.00
Residential Fee Community Living, ID	No	Month	75% of gross income
Residential Services for Pregnant and Post Partum Women (New Generations)	Yes	Day	\$120.00
Residential Support Services, HUD	No	Month	30% of gross income Residential=\$223.07
Residential Treatment Center Adolescent Level B (Sojourn House)	Yes	Day	Comb. Resid Svcs = \$180.78 Total Per Diem- \$403.85
Residential Treatment Services, MH and SUD, not otherwise listed on this chart	No	Month	30% of gross income, or \$5 per day, whichever is greater
Residential, SUD Youth Intensive (Crossroads Youth)	Yes	Day	\$331.62
Returned Check	No	Each	\$50.00
Substance Abuse Screening	No	One Time	\$25.00
Support Services - MH Targeted	Yes	1-2.99 hours/day	\$91.00
		3-4.99 hours/day	
		5-6.99 hours/day	
Testing - Psychological	No	Event	\$150.00
Testing Battery - Psychological	Yes	Event	\$851.00
Transportation	No	Month	\$100.00
Urine Collection & Drug Screening- Retests Only	Yes	Each	\$25.00

Title of Item ENDORSEMENT OF GOOD NEIGHBOR AGREEMENT

Issue: The Good Neighbor Agreement is a statement of basic principles for establishing and maintaining positive relationships among neighbors, including providers of residential services and affordable housing for people with disabilities, the staff and residents, and community members who live nearby. The Fairfax-Falls Church Community Services Board (CSB), as one of a number of providers of residential services in the Fairfax-Falls Church community, initiated an effort to encourage other housing providers to affirm their commitment to these standards, and to inform the community about this commitment. The CSB, as a public provider of residential services to individuals with mental illness, intellectual disabilities, and substance use disorders, shares this commitment. Therefore, the CSB Board proposes to endorse this agreement along with 21 nonprofit organizations that provide residential services and affordable housing to these populations in Fairfax County and the Cities of Fairfax and Falls Church.

RECOMMENDED MOTION:

I move that the Fairfax-Falls Church Community Services Board adopt the Good Neighbor Agreement to demonstrate its commitment to practicing the fundamental principles of community living expected of citizens in every residence throughout Fairfax County and the Cities of Fairfax and Falls Church.

TIMING:

Immediate.

BACKGROUND: The Good Neighbor Agreement was created as part of a three-pronged initiative to address a recent rise in citizen calls about concerns with existing and proposed group homes in their communities. The CSB tends to field these calls and connect citizens with the appropriate agencies, even though most calls have not been related to group homes operated by the CSB or its network of providers. However, many citizens do not distinguish between programs that ignore community norms and programs that operate within community norms. As a result, the few programs that operate outside neighborhood standards of behavior can negatively impact those organizations that conform to community expectations and are trying to expand their programs to meet community needs. This phenomenon could become a major barrier as we work to develop new housing options for individuals with disabilities as part of the DOJ Settlement, the 100K Homes campaign, and the Housing Blueprint.

The CSB convened a workgroup of CSB residential staff and residential providers to develop the language of the Agreement. The text suggests that being a "good neighbor" is a social compact, and it requires the commitment of both group home

program staff and residents AND the individuals or families next door to uphold certain standards of behavior in order to be successful. Once the text was agreed upon, the workgroup began an outreach campaign to twenty-seven residential providers for individuals with mental illness, intellectual/developmental disabilities and substance use disorders, and affordable housing providers that provide supportive housing to these populations. Providers were asked to “sign on” to the Agreement to demonstrate their commitment to upholding the Good Neighbor principles in their daily work. To date, twenty-one organizations have signed on (see attached list) and three more organizations are awaiting approval from their Board of Directors.

The workgroup is currently arranging meetings between each CSB Board member and his or her Supervisor at a group home in the district to provide a briefing on the status of the Good Neighbor Agreement and its uses. For example, some RFPs and contracts have already included terms such as providing housing and services in accordance with the Good Neighbor Agreement. In addition, the workgroup will work with the Department of Consumer Affairs to reach out to the Federation of Civic Associations and Homeowners Associations to develop a public awareness campaign about the Good Neighbor Agreement targeted to these organizations. And, the CSB will work with the Office of Public Affairs to post the Good Neighbor Agreement on the County’s website, along with other basic Q&A information about group homes in the County.

FISCAL IMPACT:

None

ENCLOSED DOCUMENTS:

Good Neighbor Agreement

List of Organizations Endorsing the Good Neighbor Agreement

STAFF:

George Braunstein, Executive Director

Laura Yager, Director of Partnerships and Resource Development

Belinda Buescher, Public Information Officer

Jeannie Cummins, Investment & Development Manager



As organizations that provide community housing options for people with disabilities, we know the importance of establishing and maintaining positive relationships with neighbors. When we rent or purchase homes in neighborhoods, we seek an opportunity for our residents to become a part of the community, as would any other new renter or homeowner. Becoming a member of a community is a social compact. Our neighbors hold us (our staff and our residents) accountable to certain standards of behavior, just as we expect the same from our neighbors.

We, the cosigners of this “Good Neighbor Agreement,” affirm our shared commitment and responsibility to uphold community values and standards in all of our residences in Fairfax County and the cities of Fairfax and Falls Church.

We will operate a home that is well maintained, presentable and in keeping with community standards for landscaping, painting, and trash disposal. We will strive to maintain and even enhance the positive character of the community.

We will expect everyone in our homes to show respect for their neighbors by obeying all laws and community standards and to endeavor to take neighbors’ individual needs into consideration, as would be expected of any neighbor.

We will respond quickly to any questions or concerns from neighbors and will provide contact information whenever requested, so neighbors know who to call. We will ensure that individuals providing support in the home will focus on the safety and well-being of everyone in the community.

We will welcome opportunities for neighbors to get to know our residents and staff as they would other neighbors, for example, while attending a neighborhood event, doing yard work, or enjoying a break on the porch.

In turn, we ask our neighbors to welcome us as they would other neighbors, let us know directly and promptly of any questions or concerns, and understand and respect our residents’ needs for privacy and confidentiality of personal health information.

Signators (as of October 24, 2012):

Brain Foundation

Community Residences, Inc.

Oxford House

Harrison House

RPJ Housing Development Corporation

CARE Homes

New Hope Housing

Reston Interfaith

Hartwood Foundation

VOA Chesapeake

Langley Residential Support Services

Jewish Foundation for Group Homes

CHIMES

RIVA

Gabriel Homes

Community Living Alternatives

Pathway Homes

PRS Inc.

Gateway

Marion Homes

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
GOOD NEIGHBOR AGREEMENT SIGNATORS**

Organization Name	CONTACTED?	STATUS	YES	NO
Brain Foundation	4/23/12	Agreed to join per 5/3/12 email	X	
Good Shepherd Housing	X	Agreed to join per 11/15/12 email	X	
Community Residences, Inc.	5/5/12	Agreed to join per 5/24/12 email	X	
Oxford House	5/1/12	Agreed to join per 5/11/12 email	X	
Harrison House	4/30/12	Agreed to join per 5/1/12 email	X	
Alliance for the Physically Disabled	X	BoD will consider		
RPJ Housing	7/20/12	Agreed to join per 7/20/12 email	X	
CARE Homes	7/23/12	Agreed to join per 7/23/12 email	X	
New Hope Housing	7/23/12	Agreed to join per 7/30/12 email	X	
Wesley Housing Development Corporation	7/20/12	Awaiting return contact		
Reston Interfaith	7/23/12	Agreed to join per 7/25/12 email	X	
Hartwood Foundation	8/28/12	Agreed to join per 8/28/12 phone conversation	X	
VOA Chesapeake	7/23/12	Agreed to join per 8/16/12 email	X	
Langley Residential Support Services	7/23/12	Agreed to join per 10/24/12 email	X	
Jewish Foundation for Group Homes	7/23/12	Agreed to join per 10/24/12 email	X	
CHIMES	7/23/12	Agreed to join per 10/23/12 email	X	
St John's Community Services		Awaiting return contact		
RIVA		Agreed to join per 10/24/12 email	X	
Job Discovery, Inc.	7/23/12	BoD will consider		
Gabriel Homes	7/23/12	Agreed to join per 9/21/12 email	X	
Community Living Alternatives	7/23/12	Agreed to join (with reservations) per 10/24/12 email		
CSI, Inc.	7/23/12	BoD will consider in Oct.		
Alternative House	7/23/12	BoD will consider in Nov.		
Christian Relief Services	7/23/12	Awaiting return contact		
Pathway Homes		Agreed to join per 7/30/12 email	X	
PRS Inc.	7/23/12	Agreed to join per 8/13/12 email	X	
Gateway	8/30/12	Agreed to join per 8/31/12 email	X	
Marion Homes	8/24/12	Agreed to join per 8/28/12 email	X	

Agreed to sign on: 21

Under consideration: 4

Awaiting return contact: 3