September 14, 1989

Families of Viet Pol Pris, Inc.
Mrs. Khuc Minh Tho
P. O. Box 5435
Arlington, Virginia 22205-0635

Dear Mrs. Khuc:

The budget planning season for the Arlington County Department of Human Services and Arlington Community Services Board has arrived. I want to invite you to assist us in developing the Department's budget priorities for the fiscal year beginning July 1, 1990, and ending June 30, 1991 (known in the County as FY 1991). You can do this by participating in one of the two public forums on our budget:

Thursday, October 12, 1989
10:00 a.m. and 7:30 p.m.
George Mason Center
1801 N. George Mason Drive
Second Floor Conference Room
(Same block as Arlington Hospital)

You will note that this year we are holding an evening and daytime hearing. This is to permit those unable to travel at night an opportunity to be heard. Anyone is welcome to attend either session.

This forum is the first phase of the long process of deciding Arlington's overall financial plan for FY 1991. Information I receive from the forum and from DHS staff will result in recommendations to the County Manager and ultimately his proposed budget to the County Board. The Manager's budget proposal is sent to the County Board and made public in early February. The County Board traditionally holds a public hearing in March and acts on the budget in late April. At each step, public participation is encouraged and makes a difference.
Regarding the attached, please distribute to supervisors of Records Assistants. Also, our JIDS are all in and have been for several weeks.
TO: Department Directors, Constitutional Officers, Chief Judges, and all Arlington County Employees in Records Assistant classes

FROM: Doris M. Hager, Job Analysis Supervisor

SUBJECT: Classification Maintenance Study of Positions in Records Assistant Classes

The County Manager has approved a regular classification maintenance study of all positions classified as Records Assistant. Currently, we have five Records Assistant classes and approximately 48 employees in those classes. The study will start on June 1, 1990 and is expected to be implemented by October 15, 1990.

This memorandum is a follow-up to my verbal message of May 11, 1990 to organizations with positions in these classes. At that time, I requested that employees concerned be notified of the study and asked to prepare a new or revised Job Information Questionnaires. It is important that we receive the JIQs as soon as possible so that we can start the study process. As of today, most of the JIQs have not been received. Of the JIQs are all in and have been for several weeks.

Each employee in a position classified as a Records Assistant should review the JIQ that was prepared for the position during the Classification and Compensation study. If the position has not changed, the employee and supervisor should assign a current date and sign the JIQ. It is not necessary for the employee to rewrite the JIQ if the position has not changed or if the changes are minor. Annotations to the existing JIQ are acceptable if they are clearly written and initialed by both employee and supervisor. Only in those cases where major duties and responsibilities have changed should a new JIQ be prepared.

Copies of blank JIQs are available in our office. We also have many of the JIQs completed for the Classification and Compensation study. If you want copies of the old JIQs please contact me or one of the Job Analysts to make arrangements to have the JIQs duplicated.

The decision to select this group of positions as one of the earlier maintenance studies is based on the information gathered by the staff during the recent Administrative Assistant and Office Supervisor study. During the course of that study, it was necessary to look at other positions within the same office to establish relationships and, in many cases, those positions were Records Assistants. Therefore, some of the preliminary work for this study has already been done. Completion of this study will
bring to closure many of the issues that surfaced when we studied the Administrative Assistant classes.

I do not want to raise the expectations of employees that a significant number of positions will be upgraded. I can assure you that will not happen. What will happen, is that all positions will be studied, interviews will be conducted, and more refined guidelines will be established for use County-wide which describe differences in kinds and levels of work.

My advanced verbal notification to you about the study was intended to start the process so that we would have JIQs submitted quickly. To date, that has not happened. We urgently need you to encourage employees and supervisors to expedite the submission of the JIQs so that we can start the review process.
ARLINGTON COUNTY, VIRGINIA  
INTERDEPARTMENTAL MEMORANDUM  

May 4, 1990

TO: All DHS Employees

FROM: Ron Carlee, Director, Department of Human Services

SUBJECT: Merit Award Nominations

I am pleased to announce that I am now taking nominations for merit awards until May 24, 1990. Attached is a copy of the official Departmental procedure for merit awards. This has been developed in cooperation with the Values Advisory Committee and I encourage you to review it carefully.

In summary, any employee may nominate any other employee or contract employee for recognition. A person may be nominated based on overall performance or successful completion of a special project. In addition, nominations will also be accepted for teams of employees who have achieved outstanding performance in a collective effort. Since the superior performance program has now been implemented, the number of awards based on overall performance will be significantly reduced from past years.

All nominations are confidential. All employees nominated will not receive an award. This is a competitive process. The nominations will be reviewed by a peer committee described in the Departmental Procedure and the final selection made by me.

Employees selected for an award will receive a certificate and cash award. If a contract employee is selected, County regulations prohibit making a cash award. All employees selected for an award will be recognized in a ceremony to be conducted in July.

This is a twice a year opportunity to recognize employees who have clearly gone beyond the norm in their work or in a special project. It is an open process that enables any employee at any level in the organization to be recognized. I strongly encourage you to think about those individuals with whom you have worked who have distinguished themselves and take the time to nominate these individuals for recognition.

All nominations should be sent to me at the address below in sealed envelopes marked "confidential". Remember, the deadline is May 24, 1990.

Director's Office  
Suite 411 - CHP

Attachment

dhc:124
DEPARTMENTAL PROCEDURE: 1.8

SUBJECT: Merit Awards for Outstanding Performance and Special Projects

Section 1. Purpose:

To establish a procedure to recognize outstanding achievement by employees of the Department of Human Services.

Section 2. Application:

This procedure applies to all Divisions within the Department of Human Services.

Section 3. Procedure:

I. Nominations

A. Eligibility

1. Any Department of Human Services employee may submit a nomination.

2. All employees, including peers and supervisors are eligible to be nominated.

3. All members of a group or team of employees who have successfully completed a task of significance to the Department are eligible to receive a nomination.

4. Individuals on personal service contracts are eligible to receive a nomination for recognition and award of a certificate, but may not receive cash awards.

B. Merit Award Categories

1. Performance Awards - These awards are for employees who have performed exceptional work over a period of time. (With the implementation of the Superior Performance program, the number of these awards will be significantly reduced from past years). These awards are normally in the amount of $500.
Departmental Procedure: 1.8 (page 2 of 4 pages)

Merit Awards

2. Special Project Awards - These awards recognize outstanding performance on specific, time limited projects, especially when extra time, effort, and dedication are required. These awards are normally in the amount of $250.

3. Team Awards - These awards recognize outstanding performance and achievement as a collective effort of a group of departmental employees. The group may or may not be a formal task force. Normally each member of a team receives an award of $250.

C. Criteria for Merit Awards

1. Nominator should describe how candidate is outstanding in very specific detailed terms, using but not limited to the following areas:
   a. Service Delivery - Employee demonstrated excellence in serving the public in either direct service delivery or in performance of duties which has a positive impact upon the public. Of special noteworthiness are efforts to achieve integration of services.
   b. Cooperation - Both within immediate work group setting and beyond (particularly among divisions or other agencies) employee went out of the way to promote and foster team work.
   c. Innovation - Employee assessed a need and devised a unique or novel plan of action to solve a problem.
   d. Production - Employee achieved outstanding results in regular work or special project.
   e. Cost Effectiveness - Employee achieved money savings to the County through improved systems of operation.
   f. Productivity - Employee used initiative to achieve capacity to do more work within existing resources.
Merit Awards

D. Schedule

1. Merit awards will be given annually in the spring. Approximately 5-10 percent of DHS employees may receive merit awards.

E. Submission Process

1. All nominations must be submitted on a Merit Award Submission Form (see attached), and forwarded to the Director of Human Services. The Director will forward the nominations to the Merit Awards Advisory Committee.

II. Merit Award Advisory Committee

A. Purpose:

A Merit Awards Advisory Committee will be established to receive the merit award nominations and to recommend to the Director persons for merit awards.

B. The Merit Award Advisory Committee will be appointed by the Director and be made up of the following:

- One Division Chief;
- One DHS Values Advisory Committee member recommended by the DHS Values Advisory Committee;
- One Supervisor chosen from a list of supervisors given to the Director of Human Services from each Division Chief;
- One direct service employee from past Merit Award winners; and
- One administrative staff person from past Merit Award winners.
Departmental Procedure 1.8 (page 4 of 4 pages)

Merit Awards

C. Representation

- The Merit Award Advisory Committee should be comprised of at least one person from each division.

D. Functions

1. The Merit Award Advisory Committee will sort the nominations by division and forward the supervisor's form (see attached) to the appropriate supervisors.

2. The Merit Award Advisory Committee will review the Merit Award Submission Forms and the completed supervisor's forms.

3. The Merit Award Advisory Committee will agree on recommendations and submit them to the Director of Human Services.

4. If a supervisor or division chief disagrees with a nomination of an employee, she or he may meet with the Director of Human Services to discuss the issue.

III. Nothing in these procedures shall in any way restrict the Director of Human Service from recognizing any other employee with a merit award consistent with the County's personnel regulations.

IV. These procedures are subject to change at any time based on the County's current or future personnel rules or their interpretation.

V. The Department of Human Services may modify or eliminate this program at any time.

Approved:

__________________________   _______________________
Director                                           Date
Department of Human Services

dhc:120
To: Supervisor: ________________________________

From: Merit Award Advisory Committee

______________________ has been nominated for a Merit Award for

___ Exceptional Performance

___ Special Project

Name of Project ____________________________

___ Team Award for __________________________ 

If you agree that this work should be recognized by a Merit Award, you may submit an endorsement by __________________ to __________________. In your endorsement you should explain fully why you think the employee's performance is exceptional and should be recognized.

If you do not think that this work should result in a Merit Award, you may meet with the Director of Human Services to discuss the case before he makes a final decision.

These nominations are confidential. You should not share this information with the employee.

Thank you.

c: Division Chief

dhc: 120
RETURN TO: Director of Human Services
Court House Plaza - Suite 411

REMEMBER: I. These submissions/nominations must be kept confidential by ALL staff. No staff members should inform other workers who were nominated.

II. No employee should be nominated due to longevity and/or job fulfillment.

Award Category (Check One)

Special Projects

Description of Special Project

Exceptional performance (over period of time)

Team Award X

Name of the individual/team you wish to nominate:

Administration Support Staff/MHMRSAS

Nominee's Position: Administration Assistant's

Bureau/Unit: MHMRSAS Division: Mental Health

Nominee's Supervisor: Lessie Hicks

Individual Making Nomination: Tho Khuc

Title: Records Clerk Telephone Number: 358-5154

Please elaborate on the following questions on a separate piece of paper and attach to this form. Feel free to add any comments on the nominee's work performance.

1. Why do you think this person is outstanding?

2. What specific tasks does this person perform beyond the norm in his/her job?

3. What measurable accomplishments has this person achieved?
The Administrative Support Staff of MHMRSAS has been off to a successful start on our reorganization here at MHMRSAS and without the hard work and dedication of the people in the Administration Support Staff a lot of the ideas from Management would not have been able to come about.

The Administrative Support Staff at the MHMRSAS provided the consistent and quality support to the division during the reorganization even during the State Board Re-certification.

The Administrative Support Staff offered support to the newly created intake unit, making the unit a productive and progressing part of the MHMRSAS.

It's pride in saying that even the clients have noticed the step up in the services offered here at the MHMRSAS.
April 24, 1990

Dear Tho Khuc:

During National Secretary's Week, I want to take this opportunity to honor all support staff and to tell each of you how much I appreciate the work you do for Arlington County and the Department of Human Services. It is my personal belief that each of you provides professional services to the citizens of Arlington County and this is my effort to recognize you as a part of our team. While we may not say it frequently enough during the year, your work is valued and we could not achieve what we do without your efforts.

Thank you for your contribution. We look forward to your continued involvement in helping deliver services to our County.

Sincerely,

Ron Carlee
TO: Supervisors & Coordinators
FROM: Joanne Yuri
SUBJECT: COMMUNITY SERVICES BOARDS WORKFORCE SURVEY

The CSBs Workforce Survey has arrived. Please inform your staff that the survey must be completed by every employee and returned to their respective supervisors. Supervisors/Coordinators should return all surveys with completed checklist for their staff, to Lessie's mailbox by 5:00 p.m. Thursday, April 26, 1990.
PURPOSE: This study was designed to obtain information about staff providing direct, indirect, and administrative/support services in CSBs. The results will be used to:

- Compile an inventory of public community resources;
- Identify the nature and extent of specific workforce "shortage areas" where specialized recruitment, retention and academic linkages will need to be developed and;
- Project the level and array of professional and support staff that will be required in community programs for the next 5 - 10 years.

All survey results will be reported in aggregate form not by individual respondents. The results of the survey will not be used to assess the competency of any individual or of any group. The data will be returned to CSBs after it has been recorded by DMHMHRAS.

If you have any concerns about answering a question, please call your CSB Survey Coordinator to discuss your concern.

NAME: Please enter your name (print) and a telephone number where you can be reached during the day on the lines provided below. This information is necessary should we need to contact you for clarification of a response (e.g., a question may have been skipped) or to collect additional information about special credentials you may have (e.g., certification in sign interpreting or fluency in a foreign language).

Name: Minh-Tho Khue
Telephone: 358-5154

INSTRUCTIONS: It typically takes only 15 minutes to complete this form. EVERYONE MUST COMPLETE QUESTIONS 1-22. Most items ask that you select only one response. If more than one response is applicable, select the one response that best applies to you. See the last page for definitions. Turn page for detailed instructions and examples.

IF YOU HAVE ANY QUESTIONS about how to complete the survey form, take the following steps:

1. Check the instructions for clarification.
2. Ask your immediate supervisor.
3. If you are a supervisor and you require assistance, check with the CSB Survey Coordinator.

EXAMPLES ON BACK
EXAMPLES

COMPLETING MULTIPLE CHOICE QUESTIONS. Complete multiple choice questions by circling the number that corresponds to your answer. Most multiple choice questions ask you to give a single response (i.e., select only one response). If more than one response is applicable, select the one response that best applies to you. For example:

23. In what PROGRAM are your primary job responsibilities? (CIRCLE ONLY ONE) (72)

1. Mental Health
2. Mental Retardation
3. Substance Abuse
4. Administration/Support

COMPLETING FILL-IN-THE-BLANK QUESTIONS. Complete fill-in-the-blank questions by entering digits in the blank spaces. For example:

8. What is your current gross ANNUAL SALARY (without fringe benefits and rounded to the nearest $100)? $ 24,300 (19-24)

33. Approximately how many clients do you have on your current, active case management caseload in each of the MAJOR DISABILITY categories listed below. DO NOT ENTER A CLIENT INTO MORE THAN ONE CATEGORY.

1 3 (91-93) Seriously mentally ill adults
4 (97-99) Mentally retarded adults

COMPLETING QUESTION #11. If you have a college degree, enter the degree code on the line next to the appropriate DEGREE/DISCIPLINE. If you have more than one degree for a given discipline, enter only the highest degree. If a major degree/discipline does not apply to you, leave that line blank. For example:

You have earned three (3), degrees: an associate degree in physical therapy, a bachelor's degree in psychology, and a master's degree in psychology. You complete question #11 as follows:

<table>
<thead>
<tr>
<th>DEGREE CODE</th>
<th>MAJOR DEGREE/DISCIPLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Medicine</td>
</tr>
<tr>
<td>31</td>
<td>Psychology</td>
</tr>
<tr>
<td>32</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>33</td>
<td>Counseling</td>
</tr>
<tr>
<td>34</td>
<td>Social Work</td>
</tr>
</tbody>
</table>

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<th>DEGREE CODE</th>
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<tr>
<td>4</td>
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<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>
COMMUNITY SERVICES BOARDS WORKFORCE SURVEY

STAFF QUESTIONNAIRE

1. What is TODAY'S DATE?  \( \underline{\text{1/4/2022}} \) (1-6)
   - mo.  day  yr.

2. What is your DATE OF BIRTH?  \( \underline{\text{1/2/2000}} \) (7-12)
   - mo.  day  yr.

3. What is your SEX? (Circle only one) (13)
   1. Female
   2. Male

4. Indicate the RACIAL GROUP with which you identify. (Circle only one) (14)
   1. American Indian / Alaskan Native: A person having origins in any of the original
      peoples of North America and who maintains cultural identification through tribal affiliation
      or community recognition.
   2. Asian or Pacific Islander: A person having origins in any of the original peoples of the Far
      East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands.
   3. Black: A person having origins in any of the black racial groups of Africa.
   4. White: A person having origins in any of the original peoples of Europe, North Africa or the
      Middle East.
   5. Other: A category for use in instances in which a person is not classified above or whose
      origin group, because of area custom, is regarded as a racial class distinct from the above
      categories.

5. Are you of HISPANIC ORIGIN or CULTURE? (A person of Mexican, Puerto Rican, Central or
   South American or other Spanish origin or descent, regardless of race) (15)
   1. No
   2. Yes

6. Please specify the CULTURAL or ETHNIC ORIGIN group with which you identify. If you do not
   identify with a cultural or ethnic group, enter NA. __________ N / A __________

7. What is your EMPLOYMENT STATUS with this agency? (Circle only one) (16)
   1. Regular staff: full-time
   2. Regular staff: part-time
   3. Contractual or consulting staff employed directly by the CSB: full-time or part-time
   4. Student, Intern or Resident: full-time or part-time

8. How many HOURS are you typically SCHEDULED to work each week within this organization?
   (Include any normally scheduled overtime and round to the nearest hour) ______ (17-18)

9. What is your current gross ANNUAL SALARY (without fringe benefits and rounded to the nearest
   $100)? $ ______ (19-24)

10. When did you START WORKING for this CSB?  \( \underline{\text{2/2/2010}} \) (25-28)
    - mo.  yr.
11. What is the highest LEVEL OF EDUCATION or degree you have completed? (Circle only one) (29)

1. No high school diploma or GED
2. High School diploma or GED
3. Some education beyond high school
4. Associate degree
5. Bachelor's degree
6. Master's degree
7. Doctorate degree

If you have a college degree, enter the degree code on the line next to each MAJOR DEGREE/DISCIPLINE. If you have more than one degree for a given discipline, enter only the highest degree. See back of Cover Sheet for an example of how to complete #11.

DEGREE CODE MAJOR DEGREE/DISCIPLINE

(30) Medicine
(31) Psychology
(32) Physical Therapy
(33) Counseling
(34) Social Work
(35) Rehabilitation
(36) Occupational Therapy
(37) Nursing
(38) Education
(39) Audiology
(40) Speech Pathology
(41) Dietetics / Nutrition / Home Economics
(42) Other (Specify)

12. In what STATE/COUNTRY did you receive your highest degree? (Circle only one) (43)

1. Not applicable
2. In Virginia.
3. In another state (include U.S. colleges and universities located overseas).
4. In another country.

13. How many years of EXPERIENCE have you had working in Mental Health, Mental Retardation and/or Substance Abuse Services organizations? (Rounded to the nearest year. If less than one year, enter zero). ___ (44-45)

14. Did you participate in any job related or career development TRAINING during 1989? (CIRCLE ALL THAT APPLY)

1. I participated in no job related or career development training during 1989. (46)
2. Formal classroom education at a college, community college or university. (47)
3. In-service training (i.e., sponsored by your CSB and usually on site). (48)
4. Extracurricular (i.e., sponsored by another organization, usually off-site). (49)

15. Did you participate in a TRAINING event during 1989 that was devoted to one or more of the following TOPICS? (CIRCLE ALL THAT APPLY)

1. Case Management training (50)
2. Emergency Services training (51)
3. Substance Abuse training (52)
4. Multicultural Services/Issues (53)
5. None of the above (54)
16. Do you hold a state or national CERTIFICATE in one or more of the following areas? (CIRCLE ALL THAT APPLY. DO NOT ADD RESPONSES)

1. No - I do not hold a state or national certificate in one of the areas listed below (55)
2. Psychiatry, Board Certified M.D. (56)
3. Psychiatric Clinical Nurse Specialist (57)
4. Sign Interpreting (58)
5. Substance Abuse Counseling (59)
6. Education (60)

17. Do you hold an appointment or other AFFILIATION WITH A COLLEGE OR UNIVERSITY to do teaching or research at that institution? (Circle only one) (61)

1. No
2. Yes

18. What LANGUAGE(S), other than English, do you speak fluently? (CIRCLE ALL THAT APPLY)

1. I do not speak a foreign language (62)
2. Spanish (63)
3. French (64)
4. Korean (65)
5. Chinese (66)
6. Vietnamese (67)
7. Thai (68)
8. Laotian (69)
9. Cambodian (70)
10. Other__________________________(71)

19. What is your PRIMARY JOB FUNCTION? See the attached list for definitions. (CIRCLE ONLY ONE) (72)

1. Direct or client related service
2. Indirect Services
3. Administration/Support Services
4. Other job functions (all other job functions in the organization not covered above).

20. In what PROGRAM are your primary job responsibilities? (CIRCLE ONLY ONE) (73)

1. Mental Health
2. Mental Retardation
3. Substance Abuse
4. Administration/Support

21. In which of the following PROGRAM ELEMENTS are your primary job responsibilities? See the attached list for definitions. (CIRCLE ONLY ONE. DO NOT ADD RESPONSES) (74)

1. Emergency Services
2. Inpatient Services
3. Outpatient Services
4. Case Management Services
5. Day Support Services
6. Residential Services
7. Prevention Services
8. Early Intervention Services
9. Administrative or Support Services

22. Is the provision of DIRECT SERVICES one of your job responsibilities with this agency? See the attached list for definitions. (75)

1. No (STOP HERE.)
2. Yes (Go on to Question 23)
23. Are you LICENSED to practice as a human service professional? (CIRCLE ALL THAT APPLY)
   1. No (76)
   2. Yes - I am licensed to practice in Virginia (77)
   3. Yes - I am licensed to practice in another state (78)

24. Please circle the numbers (1-6) corresponding to the PROFESSIONS that you are licensed to practice. (CIRCLE ALL THAT APPLY)
   1. Not applicable (79)
   2. Medicine (does not include nursing) (80)
   3. Clinical Psychology (81)
   4. Clinical Social Work (82)
   5. Professional Counseling (83)
   6. Other: ____________________________ (84)

25. Do you maintain a PRIVATE PRACTICE in your profession? (Circle only one) (85)
   1. No
   2. Yes

26. Do you receive clinical SUPERVISION from a licensed/certified human service professional? (86)
   1. No
   2. Yes

27. On the average, how many HOURS OF clinical SUPERVISION from a licensed/certified human service professional do you receive monthly? (Rounded to the nearest whole number. If less than one hour, enter zero) ___ ___ (87-88)

28. Is providing EMERGENCY SERVICES one of your job responsibilities with this agency? (Circle only one) (89)
   1. No
   2. Yes - providing emergency services is my PRIMARY job responsibility.
   3. Yes - I provide emergency services, but this is NOT my primary job responsibility.

29. What is the most common LOCUS OF SERVICE that you employ when providing emergency services? (Circle only one) (90)
   1. NA - I do not provide emergency services.
   2. Most of my client contacts are face-to-face, but I also interact with clients by telephone.
   3. About half of my client contacts are face-to-face and half are telephone contacts.
   4. Most of my client contacts are telephone contacts, but I do meet clients face-to-face whenever necessary.
   5. Almost all of my client contacts are telephone contacts; face-to-face contacts with clients are rare.

30. Is the provision of CASE MANAGEMENT services one of your job responsibilities with this agency? (Circle only one) (91)
   1. No (STOP HERE.)
   2. Yes - Providing case management services is my PRIMARY job responsibility. (Go to #31)
   3. Yes - I provide case management services, but this is NOT my primary job responsibility. (Go to
31. How many years of full time, paid EXPERIENCE have you had as a case manager? (Rounded to the nearest year. If less than one year, enter Zero) __ ____ (92-93)

32. Approximately how many clients are on your current, active case management CASELOAD? __ __ ____ (94-96)

33. Approximately how many clients do you have on your current, active case management caseload in each of the MAJOR DISABILITY categories listed below. DO NOT ENTER A CLIENT INTO MORE THAN ONE CATEGORY.

- __ (97-98) Seriously mentally ill adults
- __ (99-100) Seriously emotionally disturbed children/adolescents
- ____ (101-102) Mentally retarded adults
- ____ (103-104) Mentally retarded children/adolescents
- ____ (105-106) Adults & children with substance abuse as a primary problem
- ____ (107-108) Mentally ill/mentally retarded - adults and children
- ____ (109-110) Mentally ill/substance abuse - adults and children
- ____ (111-112) Mentally retarded/substance abuse - adults and children

34. Which statement best describes the most common LOCUS OF SERVICE that you employ when providing case management services to clients? (Circle only one) (113)
   1. Most of my client contacts take place in the client's natural environment (community/home), but I sometimes meet with clients at my place of work (office, clinic, clubhouse).
   2. About half of my client contacts take place in the client's natural environment and half are at my place of work.
   3. Most of my client contacts take place at my place of work, but I sometimes meet with clients in their natural environment.
   4. Almost all of my client contacts take place at my place of work; meeting with clients outside of my place of work is rare.

STOP HERE

PLEASE CHECK TO MAKE SURE YOU HAVE ANSWERED EVERY QUESTION.

35. CSB Identifier __ ____ (114-115)
36. Staff Identifier __ ____ (116-118)

QUESTIONS 35 AND 36 TO BE COMPLETED BY THE SURVEY COORDINATOR

DEFINITIONS

A. ADMINISTRATIVE/SUPPORT SERVICES: Activities which support direct client services including: clerical/secretarial, general administrative/supervisory, fiscal, personnel, training, record keeping and data processing/MIS.

B. CASE MANAGEMENT SERVICES: Services to assure identification and outreach to potential clients and continuity of care for mentally ill, mentally retarded, and substance abusing clients by assessing, planning with, linking, monitoring, and advocating for clients in response to their changing needs.

CLIENT RELATED SERVICES: Those services which can be directly attributed to a specific client or client group, including report writing associated with direct services, such as the evaluation of a client.
D. **DAY SUPPORT SERVICES:** A planned program of mental health, mental retardation or substance abuse services generally provided in sessions of less than 3 hours to clients in a non-residential setting.

E. **DIRECT SERVICES:** Those activities which occur with the client or client group present, face-to-face, or directly involved. For the purpose of this survey, do not include as a direct service prevention services provided to agencies.

F. **EMERGENCY SERVICES:** Unscheduled mental health, mental retardation, and substance abuse services, available 24 hours a day and seven days per week which provide crisis intervention, stabilization and referral assistance over the telephone or face-to-face, if indicated, to individuals seeking such services for themselves or others. These emergency services may include walk-ins, home visits, jail interventions, and pre-admission screenings, and other activities for the prevention of institutionalization or certification process for admission to mental retardation facilities.

G. **INDIRECT SERVICES:** Those services of a general nature which are not attributable to a specific client or named client group. Includes community consultation, education or prevention.

H. **INPATIENT SERVICES:** Mental health, mental retardation or substance abuse services which are delivered on a 24 hour per day basis in a hospital or training center setting.

I. **OUTPATIENT SERVICES:** Scheduled outpatient mental health, mental retardation, or substance abuse services generally provided on an individual, group, or family basis and usually in a clinic, similar facility, or other location. These services may include diagnosis and evaluation, counseling, psychotherapy, behavioral management, psychological testing, ambulatory detoxification, and chemotherapy.

J. **PREVENTION AND EARLY INTERVENTION SERVICES:** Activities which seek to prevent or ameliorate the effects of mental illness, mental retardation, and substance abuse.

K. **RESIDENTIAL SERVICES:** Overnight care in conjunction with an intensive treatment or training program in a setting other than a hospital or training center; or overnight care in conjunction with supervised living and other supportive services.

L. **SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS:** This population includes youngsters whose problems are severe enough to necessitate the long-term intervention of mental health agencies. They almost universally exhibit problems in many spheres including: home, school, and community, making their needs multiagency in nature and generally requiring services from health, education, social services, juvenile justice, and other agencies in addition to mental health. These youngsters have a defined mental health problem which is diagnosable under DSM-III-R. They experience disabling emotional/behavioral problems based upon social functioning criteria and may require a transition from the child and adolescent service system into the adult service system upon reaching adulthood.

M. **SERIOUSLY (LONG TERM) MENTALLY ILL ADULTS:** Those persons 18 years of age or older who have a severe and/or persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. The population is defined along three dimensions:

- **Diagnosis:** There is a major mental disorder diagnosable under DSM-III-R, which is a schizophrenic, major affective, paranoid, organic, or other psychotic disorder or a disorder that may lead to a chronic disability, such as a personality disorder.

- **Severe Disability Resulting from Mental Illness:** The disability results in functional limitations in major life activities.

- **Duration:** Most individuals require care of an extended duration.
FEB 26 1990

THOMAS GEIB
DIVISION CHIEF

Dear [Name],

I hope you are well. Thanksgiving is my favorite holiday. It was my last day here a year ago, and one of the
few people I especially wanted to say goodbye to. I think you're in my official position. I will be
in touch with [redacted] so she can
tell you any concerns I may have.
Things work out for the
best.

Sincerely,

[Signature]
ADMINISTRATIVE STAFF – FYI

January 18, 1990

1. Lou Gambino is improving nicely and we anticipate that she will be returning to us within a week (maybe only on a part-time basis).

2. Wil Fletcher has been re-assigned to work at the Front Desk.

3. Ronald Taylor, the new hire for CSB Receptionist/Administrative Asst., whom most of you have not met, will be leaving to accept a position in the Arts Dept. at Gunston. This will probably impact on the Unit given I have offered to detail a staff member to CSB (on an interim basis) until the position is filled. Details to follow. Anyone interested in a detail can speak with me.

4. Beth Hill will be reducing her hours to 20 effective 2/11/90. Beth will work Tuesday – 7 hours; Wednesday – 7 hours; and Friday – 6 hours.

5. Isabel Hardenbrook has permanently been assigned to the slot formerly held by Mary Marshall. Isabel will assist with our Word Processing Unit design and set-up; in addition, she will assist with voice mail distribution lists.

6. REMINDER: Meeting regarding the Draft Evaluation Guidelines for Administrative Assistants and Office Supervisor positions will be held January 19th at 2:00 p.m. in the Auditorium. Those of you who received personalized memos should make every effort to attend this meeting.

7. Leah Frasher has been hired as an Administrative Assistant and will begin work on February 5, 1990. Leah will work closely with Ana Casanova and Debra Bryson in the Intake Unit.

8. You are invited to participate in a Farewell for Lynn Robbins which will be held on 1/23/90 at approximately 11:45. Please make contributions to Marie Michaud or Barbara Walker.

9. Congratulations to Tho Khuc who appeared on Channel 9 News on Tuesday evening and whose picture appeared in today's Washington Post. As Tho prepares to celebrate Tet (Vietnamese New Year) we wish her peace and prosperity.

10. A mandatory training for all administrative staff is currently being planned. We will have a training representative, who will actually conduct the training, observing the Unit on Wednesday, January 24th. I would ask that you cooperate with her by answering her questions and inquiries regarding your job.

11. The BEC (Black Employees' Coalition) will host a Bake Sale/Luncheon on 1/19/90 at the George Mason Building.
STAFF NOTES

Now's the time most of us choose to make resolutions to better our physical, mental, and spiritual well-being for the coming year. This year signifies a new decade, and many of us are looking towards making this, our last decade in the twentieth century, a healthy, happy, and productive one. Here are some of the personal and professional resolutions of County administrators for 1990:

**Mark Jinks, Director, Management and Finance,** wants to keep on his low fat diet and knock more points off his cholesterol.

**Charles Brown, Director, Libraries,** has made three work resolutions:
- To monitor the progress on the central library project in order to proceed on time and under budget;
- To take greater advantage of off-the-job opportunities for rest & relaxation, and
- To do his very best to avoid listening to or using voice mail on weekends.

**Ron Carlee, Director, DHB,** does not make resolutions explicitly, but upon reflection of the year his primary goal is to keep in touch with things close to home and take advantage of this as a primary support system and way of dealing with stress. On the work front, he wants to be even more organized in the coming year on keeping his department focused on what their objectives are, and moving forward in the kinds of things they want to do in Human Services.

Finally, **Mary Haddock, Assistant to the Director for Public Works,** has retained some philosophies she read a number of years ago, and will try to implement them in her new year. Here are her goals:
- To maintain a reasonable sense of value;
- Take care of yourself, for good health is major source of wealth - without it, happiness is almost impossible;
- Resolve to be cheerful and helpful, and people will repay you in kind;
- Avoid angry, abrasive persons - they are

(Continued page 2, col 1, Staff Notes)
(Staff Notes, continued from page 1)

Finally, vengeful;
• Resolve to listen more and talk less - no one ever learns anything by talking;
• Be wary of giving advice - wise men don't need it, and fools won't heed it;
• Don't equate money with success, as many successful moneymakers are miserable failures as human beings - what counts most above success is how a person achieves it; and her personal favorite:
• Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and wrong - sometime in life you will have been all of these. Happy & Healthy New Year.

(Spend Now, Continued from page 1.)

though, others, i.e. your creditors, will have a say in how you use your money.

Do you wonder how you are doing financially? Here is a simple test to rate your financial health. Total your monthly spendable income (take home pay). Total your required monthly payments for shelter, utilities, food, clothing, and transportation. Now divide the total payments by the total income.

Total monthly payments = % monthly income
Total monthly income "spoken for"

The result is the percent of spendable income you are obligated to pay out each month. The remaining income goes to pay for such things as car insurance, savings, entertainment (a movie/show, dinner out, the babysitter, etc.), special occasions such as birthday and Christmas gifts, newspaper subscription, and day-to-day pocket money. These items generally cost you 30%, or more, of your income.

Generally, if your results are:
* Under 60%, you probably have good control of your spending.
* Between 60-70%, you should do a complete budget review and improve your spending habits.
* Over 70%, you need to take a serious look at your spending habits and develop a budget.
* Over 80%, see the advice above. You don't have time to waste, you're probably borrowing against future earning right now. Stop by EAP for more information.

The Employee Assistance Program offers financial counseling. You can receive advice on money management and the information you need to make your budget decisions. You can still control your resources, even while getting out of debt, if you don't wait until your creditors step in. There is truth in the old adage, "An ounce of prevention is worth a pound of cure". It is easier and less costly to prevent indebtedness than to "cure" the stress and workplace problems caused by it. The Employee Assistance Program sponsors seminars on personal finance and has several pamphlets on money management and related subjects. They are all designed to let you analyze and plan your own budget. If you want assistance, call EAP at 358-3400 and arrange an interview. The money management seminars are scheduled for January, February and March. See your Training Representative or consult the County Training Manual.

(By David Hawkins, Financial Advisor, EAP)

WEIGHT LOSS CONTEST WINNERS

Congratulations to Joan Hunter (DHS) and Harriet Saft (OTIS), winners of the Lighten Up! contest. They each received a copy of Jane Brody's Good Food Book and AMC movie passes.

ARE YOU DRINKING ENOUGH WATER?

Next to air, water is the substance most necessary for our survival. Without it we can only survive a few days. Yet, many people do not drink enough water and live day-to-day in a dehydrated state.

Not drinking enough water can impair every aspect of your body's physiological function. People may encounter such problems as poor muscle tone and size, decreased digestive efficiency and organ function, increased toxicity in the body, and water retention. Water retention? If you do not drink enough water your body starts to retain water to compensate for this shortage. So, paradoxically, the way to eliminate fluid retention is to drink more water, not less.

You may be interested in knowing that
researchers have found that dieters who are well hydrated (i.e. drinking their 8 glasses of fluid daily), tend to lose fat tissue more readily than dieters who are not drinking enough. Dehydrated dieters lose weight by reducing fat and muscle tissue.

It is recommended that a person drink 8 to 10-8 ounce glasses of water each day. Caffeinated beverages and alcohol are diuretics -- they cause the body to lose extra fluid. If you drink these, increase your water intake. (References: Excerpts, Parade Magazine, 10/22/89. • Carlene Tylenda, M.D. Thanks to Carolyn Reisenman.)

Soothe those Sinuses

Take the Washington air (take it, please!) and our lack of adequate water intake and you have "sinus problems". Our sinuses are basically air pockets around and behind our eyes. They are normally full of air; they make our head light. Sinuses produce a watery mucous that soothes their lining or membranes. The pollution in the air is irritating to these membranes and our sinuses produce extra mucous to wash away the pollutants. This mucous drains and all is well. But when we do not drink enough fluid, this mucous becomes thick and sticky and it does not drain well. The mucous can even become trapped within the sinuses. If this happens, the sinuses fill up. Since they are surrounded by bone, there is not room for expansion and we experience pressure and pain.

Wellness Works spoke with Mark Emlet, PAC, Group Health Association. We asked him how to prevent some of the sinus problems we complain about. Here are his recommendations:

1. Fluids are important. Drink at least 8-8 oz. glasses each day. Increase this to 16 glasses if you have a cold or take antihistamines.

2. Moisturize the air around you. A vaporizer is a good idea.

3. Sleep. You know how much you need. When you feel tired, listen to your body.

4. Stop smoking and avoid smokey air, as well as dry air, dust and other pollutants.

5. Heat packs to the sinus area 20-minutes 4 times daily when your head aches.

6. See your doctor for a fever 100°.

(NOTE: You may not be doing yourself a favor by taking antihistamines. Running noses mean happy sinuses. The mucous needs to drain. Antihistamines can thicken the mucous and make drainage difficult.)

Getting Enough Fluids

Here are a few suggestions that may help you get the eight glasses of water you need.

CranRaspberry Fizz

Fill a glass 3/4 full with raspberry seltzer water. Fill the remaining way with cranraspberry juice.

Water With a Twist

Fill a glass with chilled water or plain seltzer. Squeeze a wedge of lemon or lime into it. (You can do this with plain hot water, too.)

Chicken Soup

Throw one chicken into a large pot of cold water with 4 carrots (cleaned, whole), 4 stalk of celery (with leaves), black pepper (to taste), parsley, and 2-3 onions, peeled and quartered. Bring to a boil; reduce heat and simmer 2 hours or until chicken falls from the bone. Discard vegetables. Strain broth, reserving chicken. Cool broth and chicken. Remove skin and bones from chicken, dice meat and return to broth. Refrigerate soup overnight. The chicken fat will float to the top and solidify. Remove this the next day.

At this point you can heat and serve the soup or freeze it. When ready to serve, you can cook your noodles, rice, or matzo balls right in the broth. Mmm, Mmm, good! (Ann Cohen's (DHS) secret recipe.)

Correction

We apologize, the Employee Assistance Program's name was reversed in the last issue.
JANUARY/FEBRUARY 1990 ACTIVITIES

LAUGH AWAY (THE WINTER BLUES) - 12-1:00 PM, Every Other Friday
January and February are such dreary months. This year we are determined to get through the winter with our sanity intact. Join us every other Friday as we watch humorous videos. Bring your lunch. Stay as long as you can. Location: CHP Room 404. Begins January 5, Show: Bill Cosby: 49. Movie Schedule: Check the CHP lunchrooms and the Government Services Library each week.

PARENT SUPPORT GROUP - 12-1:00 PM, CHP Room 404
Meet and talk with other parents. Topics for discussion will be determined at first meeting. Meets: Jan 11 & 25, Feb. 8 & 22.

WEIGHT LOSS SUPPORT GROUP - 12-1:00 PM, Fridays
Support through education and discussion. CHP Room 510. Contact: Joan Hunter, 358-4816.

BLOOD PRESSURE SCREENING AND COUNSELING - 1-3:00 PM, CHP 508
January 10 and February 14

CHOLESTEROL SCREENING
January 18, Water Pollution Control, 3401 S. Glebe Rd.
1-4:00 PM, Meeting room, second floor.
Appointments suggested. Call Phil Muncie (x6834) or a Division supervisor.
February 8, Central Library meeting room.
12-2:00 PM, no appointments required.
February 28, CHP 508.
1-2:00 PM: First come, first serve.
2-3:00 PM: Appointments available for first-time participants, call 358-4815.

STRESS MANAGEMENT SUPPORT GROUP - 12-1:00 PM (3rd Thursday)
January 18, and February 15, CHP room 404
Tired a lot? Blood pressure too high? Has your doctor told you to "take life a little easier"? Join us. We spend part of the hour talking about some of the current causes of our stress. Then we usually practice some meditation. Meditation can lower your blood pressure and pulse and breathing rates. You feel relaxed and energized at the same time. Some people describe the experience as being "centered." Some call it wonderful!

SMART MOVE - For smokers who would like to learn to quit on their own.
January 11, 2-3:00 PM, Solid Waste Division
January 12, 1:30-2:30 PM, CHP room 404.

AEROBICS EXERCISE CLASSES, Low Impact - 5-6:00 PM
CHP 5th floor lunch room, Mon.-Wed. or Tues.-Thurs.
Begins Jan 16. Send name, address/phone, and $50 check made payable to All the Right Moves to CHP 508 by Jan 8.
November 27, 1989

Ms. Minh Khuc
Administration
Department of Human Services
1725 North George Mason Drive
Arlington, Virginia 22205

Dear Ms. Khuc:

In honor of your ten years of service to Arlington County, I invite you to attend a ceremony recognizing this achievement. At this ceremony, we also will be recognizing other service award recipients and will present the employee excellence awards for 1989.

The ceremony will be held on Friday, December 8, 1989, from 9:00 a.m. to 11:00 a.m. in the John T. Hazel Auditorium of The Arlington Hospital. It will be my pleasure to present to you at that time a service pin from Arlington County. I hope you will be able to participate in the reception prior to the ceremony at 8:30 a.m. in the lobby of the John T. Hazel Center.

Congratulations on your years of service.

Sincerely,

Ron Carlee
Director
COUNTY OF ARLINGTON, VIRGINIA
JOB INFORMATION QUESTIONNAIRE

Name_ KHUC MINH THO_ Work Telephone Number_ 358-5154

Formal Job Title_ Records Assistant II

Name and Title of Person to Whom You Report_ Lessie Hicks, Office Supervisor

Your Functional Title (what your job is usually called)_ Records Assistant

Shift Work (normal working hours)_ 8:00 a.m. - 5:00 p.m.

Work Location_ 1725 North George Mason Drive, Arlington, Va. 22205 (Drewry Bldg.)

Agency_ DHS/MHMRAS/Admnistration_ Date Prepared_ 5/10/90

PURPOSE

The purpose of this questionnaire is to obtain a detailed description of your duties and responsibilities. This information will be used by the consultants as part of the job analysis program. A new description for your position will incorporate information from this questionnaire. Because the questionnaire can be used to obtain information about many different jobs, some specific questions may not apply to your job; only answer questions that directly apply to your job.

INSTRUCTIONS

1. Read through the entire questionnaire before answering any questions.

2. Write in "N/A" if a question does not apply to your position. Do not leave any questions blank, but remember that some questions may not apply to your job.

3. Write on the back of any page if you need more space, but be sure to note on the front if you do so.

4. Make your written answers short and clear using common words that can be understood by a person not familiar with the special terminology or abbreviations used on your job.

5. Please write or print legibly, or type if you prefer.

6. Please sign in the indicated space on the last page, indicating that you completed this questionnaire and believe it is an accurate description of your job. Then, ask your supervisor or manager to review the questionnaire and complete the last page. You are encouraged to discuss with your manager your answers and any additions or changes he/she may suggest.

Form 09-85-AC/ML
QUESTIONS

1. PURPOSE/OBJECTIVE OF JOB

A. Please give a brief overview of the function of your organizational unit and of how your job fits into that overall function.

To support the delivery of clinical services to the Division of Mental Health, Mental Retardation and Substance Abuse Services (MHMRASAS) by providing clerical support in the form of maintenance of central clinical records for the Division.

B. What is the general purpose of your job?

To maintain a system of approximately 12,000+ clinical records, assuring that records are complete and can be quickly retrieved to provide accurate information for staff and medical personnel needing access to them.

2. SPECIFIC JOB DUTIES

List the major duties of your position. Normally six to twelve major duties make up a job. These are the duties that you perform on a regular basis, beginning with the most important or most time consuming. On the left, indicate the usual amount of time you spend on each duty.

<table>
<thead>
<tr>
<th>Approx. No. of Hours Performed per Day</th>
<th>Daily Duties -- Work Performed Every or Almost Every Work Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. 2 Hrs.</td>
<td>File clinical charts and put client information in proper section of a 6-part file folder.</td>
</tr>
<tr>
<td>Approx. 2.5 Hrs.</td>
<td>Edit for errors and prepare for input via CRT all clinic transactions (all activities performed by the clinical staff).</td>
</tr>
<tr>
<td>Approx. 1.0 Hr.</td>
<td>Inquire and input on MHIS System.</td>
</tr>
<tr>
<td>Approx. 1.0 Hr.</td>
<td>Checking Files In and Out  - Approx. 200-250 per day</td>
</tr>
<tr>
<td>Approx. ½ Hr.</td>
<td>Medication Ordering and preparation for ordering meds.</td>
</tr>
<tr>
<td>Approx. ½ Hr.</td>
<td>Process requests for Information from other Mental Health Centers/Clinics, Hospitals, Physicians &amp; other practitioners</td>
</tr>
<tr>
<td>Approx. ½ Hr.</td>
<td>Supply ordering and preparation for supply ordering</td>
</tr>
</tbody>
</table>
Approx. No. of Hours Performed

B. Frequency of Work

<table>
<thead>
<tr>
<th>Approx. No. of Hours Performed</th>
<th>Frequency (Weekly, Monthly, etc.)</th>
<th>Periodic Duties -- Work Performed Regularly but Less Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2 Hrs. Weekly</td>
<td>Xeroxing</td>
<td></td>
</tr>
<tr>
<td>1 Hour Weekly</td>
<td>Typing Supply Requisitions and Medication Ordering Client Cards</td>
<td></td>
</tr>
<tr>
<td>As Needed</td>
<td>Archiving closed records for storage</td>
<td></td>
</tr>
</tbody>
</table>

Approx. No. of Hours Performed

C. Frequency of Work

<table>
<thead>
<tr>
<th>Approx. No. of Hours Performed</th>
<th>Frequency (Weekly, Monthly, etc.)</th>
<th>Occasional Duties -- Work Performed Only Occasionally or on an Irregular Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hour</td>
<td>As Needed</td>
<td>Inventory Forms Closet for print shop reordering</td>
</tr>
<tr>
<td>Varies</td>
<td>As Needed</td>
<td>Translation for Vietnamese clients</td>
</tr>
<tr>
<td>Varies</td>
<td>As Needed</td>
<td>Re-check clients' mailing addresses for medication received from the state pharmacy</td>
</tr>
</tbody>
</table>

3. What, in your opinion, is the most difficult part of your job?

Meeting deadlines for pulling records/client charts, which can be approximately 200-250 per day. Locating missing records. Inputting service transactions for entire clinical staff of the Division, on a daily basis (approximately 125-150 per day).
4. INFORMATION

A. Check (/) which of the following give you the information you need to do your work.

- [X] 1. Written materials
- [X] 2. Verbal instructions
- [X] 3. Mechanical objects: looking at/reading dials, gauges, meters, machines equipment
- [X] 4. Visual objects: reading graphs, charts, diagrams, pictures
- [X] 5. Observation of other workers or supervisors
- [X] 6. Other ways you get information to do your job (please give examples)

Supervision, Unit Meetings

B. How do you use the information in your job? (For example, coding, copying, organizing, analyzing, decision-making, etc.)

- Entering data into the computer terminal.
- Xeroucing client records or materials requested.
- Determine when and to whom overdue records notices should be sent out.
- Maintaining an accurate and orderly filing system for the Division

5. PLANNING AND DECISION-MAKING

A. For what planning or scheduling are you responsible for as part of your job? (For example, do you schedule your own work, plan the work of others, plan your unit's operations, contribute to long-range plans for the agency, etc.?)

Schedule my own time and establish own priorities in which to accomplish all tasks assigned.
B. What kinds of decisions do you make as part of your job? (For example, do you decide on storage or maintenance matters, how to set up specific equipment, what type of repairs to make, supervisory actions, budgets, policy decisions, etc.?)

- Decide how to set up work area in order to carefully monitor supplies.
- Make decision on which records need to be pulled first for medication clinics.
- Make decision regarding how best to meet the regulations and compliance of State Licensure requirements for filing information into charts. The State reviews these charts for compliance and accuracy in order that our Center can receive certification.

C. What problem-solving activities are a part of your work? (For example, do you figure out why a malfunction has occurred, come up with answers to technical or personnel-related problems, use scientific thinking to gather data and make conclusions, solve abstract problems?)

- When computer is down I check and reset the computer controls and by phone interface with OTIS (Office of Technology and Information Systems) located at the Courthouse.
- Solve issues of missing records by locating them first using my tickler system and visually scanning staff mailboxes and desks, as well as other work areas where files may have been inadvertently left.

D. Do you do any estimating as part of your job, such as the size of objects, quantity, value, speed, time needed to complete a job, etc.? Please describe.

Plan time in order to meet xerox deadline requests. I estimate the time needed to fulfill my duties and estimate quantities of work to be performed.

Important to meet deadlines for another agency (OTIS) to run reports for the Division of Mental Health, Mental Retardation & Substance Abuse Services. I provide OTIS with a schedule as to when to run the reports for our Division.

6. COMMUNICATIONS

A. What types of communications activities are a part of your job? (For example, do you provide or receive judgments, opinions, decisions, or information? Do you communicate in writing or orally? Do you provide advice, persuade, or negotiate?) Please given examples of your communications.

I communicate verbally and in writing with clinical staff about overdue/missing client records/charts and Day Sheets (Service Transactions). When errors occur on Day Sheets, I return them to clinical staff indicating what the errors are and request their corrections to be returned to me by an established deadline.

Provide OTIS with information regarding running reports for the Division based on the Service Transactions submitted.
B. Whom do you talk to as part of your work?

- X Clerical employees
- X Crafts/trades people
- X Managers
- ______ Non-Arlington County employees
- X Other office workers (you may list names if you wish)
- ______ Outdoor workers
- X Professionals (engineers, doctors)
- ______ The public
- X Secretaries
- X Supervisors (this means your boss, too)
- X Technicians (drafters, computer people)
- ______ Other

7. TECHNICAL WORK ACTIVITIES

A. Does your job involve any technical work (such as using special equipment or instruments or applying complex procedures or processes)? If so, please describe them.

- Entering data via the CRT
- IBM Selectric Typewriter
- Xerox equipment

- Special procedures and processes must be adhered to when preparing for Virginia State Licensure. Strict protocol and regulations must be followed in order for our clinic to be in compliance and certified.
B. List the tools and equipment that you use or operate as part of your job (including office equipment, hand tools, power tools, machinery, vehicles, etc.) and estimate the percentage of your time spent with each. Also, specify if you serve any special function regarding the equipment, such as photocopier "key" operator or machine tool setup person.

<table>
<thead>
<tr>
<th>Equipment Operated</th>
<th>Percentage of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Terminal</td>
<td>75%</td>
</tr>
<tr>
<td>Xerox Machine</td>
<td>10%</td>
</tr>
<tr>
<td>Typewriter</td>
<td>5%</td>
</tr>
<tr>
<td>Telephone</td>
<td>10%</td>
</tr>
</tbody>
</table>

C. To what extent does your job involve manual activities (handling or moving materials with your arms, performing physical activities without the aid of machines/equipment)?

Extensive manual activities include unpacking and stocking supply area; reaching and lifting records and carrying them to designated area (staff mailboxes, forms room, etc.)

D. What is the heaviest weight you are required to lift? Approx. 25 pounds

E. What physical abilities (good eyesight, color vision, sense of balance, good physical condition, etc.) do you need in order to do your work?

Good physical condition
F. Work Area

What is your work area like?

____ Outdoors most of the time

____ Indoors most of the time

____ Hot (90°F+)

____ Cold (as in refrigerated rooms)

____ Dust, smoke, odors, poison gas

____ Poor lighting

____ Dirty, greasy, oil work area

____ Noisy

____ Uncomfortable

____ Other conditions

Small and cramped space, which is surrounded by client records and filing cabinets. Space is sometimes shared with another co-worker who has come to assist me with a special project.

8. SUPERVISION OR TRAINING OF OTHERS

A. What (if any) employees are you required to supervise, train, or provide work direction?

Job Titles Supervised

N/A

Job Titles Trained Administrative Assistants IIIIs who serve as back-up in my absence (sick leave, vacations, etc.)

B. NUMBERS SUPERVISED

Number of people you supervise directly (i.e., you are responsible for their performance evaluation). N/A

How many of them supervise others? N/A
C. Type of Supervision Given to Others

If you, as a supervisor, are totally responsible for any of the following duties, check the "Total" column. If you are partially responsible, check the "Partial" column. If you have no responsibility for a duty, check the N/A column.

<table>
<thead>
<tr>
<th>Duty</th>
<th>Total</th>
<th>Partial</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hire</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Train/instruct subordinates or others</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Plan and schedule work</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assign work</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Check work</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6. Develop work methods and procedures</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Handle complaints and work problems</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. Evaluate performance</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. Discipline</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10. Transfer</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11. Promote</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

D. Do you coordinate or organize the work of others (without having direct supervisory responsibility)? If yes, please explain.

N/A
8. **Type of Supervision Received**

Describe the type of supervision you receive (e.g., your tasks are assigned and closely monitored by your supervisor; your assignments are reviewed about three times per week).

Minimal instructions from my supervisor. Generally, I use my own judgement and establish my own priorities.

9. **JOB ENVIRONMENT**

A. Do things happen on your job that get in the way of doing your job? (For example, do you get complaints from the public, do you have to argue with people to do your job, do you need information or materials that are often late?) Please give examples.

- Missing client records that have not been properly checked out.
- Client records not returned in a timely manner.
- Emergency requests that interrupt the normal work schedule.

B. Describe any job-related demands present, such as the need to work under time pressure; to be especially accurate or thorough; to keep up on changing rules, procedures, or techniques; etc.

- Pull client records for medicine clinics, and upon request.
- Xerox request deadlines.
- Accurate filing is critical

C. Describe parts of your job which require physical activity such as walking, stooping, or standing or which require you to work in uncomfortable or tiring positions.

- Filing system involves standing and stooping and using a stepstool
- Xeroxing involves constant standing
- Delivering records and supplies to various areas as requested
- Working in uncomfortable positions because of cramped working area.
D. Safety Hazards

To what extent does your job involve potential causes of injury and what safeguarding or protective measures are taken to guard against them? How severe are the injuries likely to be? What is the history of accidents or injury on your job?

My work area is very narrow and cramped and the shelves are too high to reach without a stepstool; must bend to reach lower shelves. Poor lighting due to the surrounding client records casting a degree of dimness can cause undue accidents.

10. EDUCATION, EXPERIENCE, AND TRAINING

A. List the types of education needed to perform your job. (Check one or more as necessary.) Note that your response should indicate the education needed for the job, not the education that you personally bring to the job.

   _____ Less than high school
   _____ High school diploma or equivalent
   X    Technical school training (If you checked this item, also show specialty of the training.)

   Secretarial and Medical Records System

   College course(s)

   Course Title

   ____________________________  No. of Semester
   ____________________________  Hours
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

- 11 -
Two-year college or technical degree specializing in

Four-year college degree majoring in

Master's degree specializing in

Doctor's degree specializing in

Which, if any, of the education requirements above could be reduced or dropped by increasing work experience?

N/A

What kinds of mathematics, if any, do you have to use as part of your job?

Basic math in supply ordering and inputting service transactions from Day Sheets.

B. List any type of job experience that you believe would provide knowledge or skills that directly apply to your present job.

<table>
<thead>
<tr>
<th>Type of Work Experience</th>
<th>Length of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Secretarial (typing, filing, organizing)</td>
<td>2 Years</td>
</tr>
<tr>
<td>Data Entry</td>
<td>6 Months</td>
</tr>
<tr>
<td>Public Relations Skills</td>
<td>1 Year</td>
</tr>
</tbody>
</table>

Which, if any, of the work experience requirements could be reduced by increasing education?

N/A
C. List any special skills or knowledge which a new employee would need in order to perform your job.

- Secretarial experience (typing, filing and organizing), mental health knowledge of terminology, records system management, good communication skills.

List any professional licenses, special licenses, or certificates needed to perform your job. Indicate if required by federal or state law or by the County.

<table>
<thead>
<tr>
<th>Required by Federal or State Law</th>
<th>Required by County Ordinance</th>
<th>Required by County as an Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tr>
</tbody>
</table>

D. How long does it take to learn this job?

- 1-2 weeks
- 2 weeks up to 1 month
- 1-3 months
- X 3-6 months
- 6 months - 1 year
- 1-3 years
- More than 3 years
11. OTHER RESPONSIBILITIES

A. Does your position require working with confidential data?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Limited</th>
<th>Moderate</th>
<th>Considerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Wages, salaries</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2) Financial data</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3) Personnel records</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>4) Employer proprietary</td>
<td>X</td>
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<tr>
<td>5) Acquisition/merger</td>
<td>X</td>
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<td>6) Long-range planning</td>
<td>X</td>
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<tr>
<td>7) Legal records</td>
<td>X</td>
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<tr>
<td>8) Other (specify below)</td>
<td></td>
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<td>X</td>
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</table>

Other Client Records

B. List any material or dollar resources that you control or monitor. Indicate the approximate value, size, or quantity of each type of resource.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Value</th>
<th>Type of Control/ Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

C. List any contractual services that you monitor which are performed by other organizations.

<table>
<thead>
<tr>
<th>Contract Description</th>
<th>Value, Size, Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>

12. ADDITIONAL INFORMATION

List any other relevant information about your job not covered in previous answers, including a brief description of duties which you may perform on an irregular or occasional basis (please show how often these duties are performed and how much time each duty takes).

- Translate to Lao, Vietnamese and French languages in emergency situations (or upon request from staff) within DHS offices, by phone and/or in person.