

DEPARTMENT OF PROCUREMENT AND MATERIAL MANAGEMENT

12000 GOVERNMENT CENTER PARKWAY, SUITE 427 FAIRFAX, VIRGINIA 22035-0013

VIRGINIA

TELEPHONE: (703) 324-3201 FAX: (703) 324-3228 TTY: 1-800-828-1140

ISSUE DATE: September 23, 2016	REQUEST FOR PROPOSAL NUMBER: RFP2000002064	TITLE: Residential Treatment Services
DEPARTMENT: Fairfax-Falls Church Community Services Board	DUE DATE/TIME: November 22, 2016 @ 10:00 a.m.	CONTRACT SPECIALIST: Linda Williams, CPPB at 703-324-8427 or linda.williams@fairfaxcounty.gov

Proposals - In accordance with the following and in compliance with all terms and conditions, unless otherwise noted, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services for which prices are quoted, delivered or furnished to designated points within the time specified. It is understood and agreed that with respect to all terms and conditions accepted by Fairfax County the items or services offered and accompanying attachments shall constitute a contract.

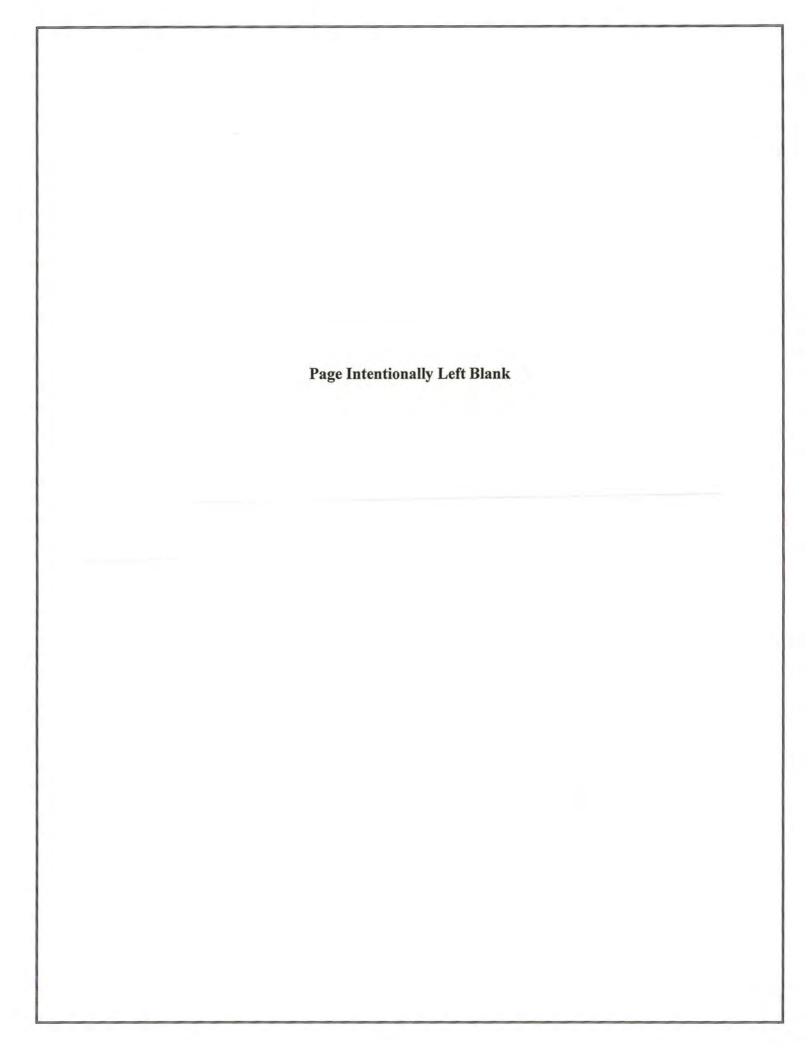
Note: Fairfax County does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment in the performance of its procurement activity.

NAME AND ADDRESS OF FIRM:	Telephone/Fax No.:	703-876-0390 / 703-876-039
Pathway Homes, Inc.	E-Mail Address:	lambwood@pathwayhomes.or
10201 Fairfax Blvd, Ste. 200	Federal Employer Identification No or	54-1041459
Fairfax, VA 22030-2209	Federal Social Security No.(Sole Proprietor)	
	Prompt Payment Discount:	% for payment withindays/net days
	State Corporation Commission (SCC) Identification No.	0172362-6
conditions set forth in the General Cond Certification Regarding Ethics in Public certifications set forth in Appendix B. BUSINESS CLASSIFICATION – Described in	Contracting set forth in Appendi	x B, and by any other relevant
☐ MINORITY-OWNED SMALL (X) ☐ MINOR	RITY OWNED LARGE (V) U WOMEN-	OWNED SMALL (C)
☐ WOMEN OWNED LARGE (A) ☐ NON F	ROFIT (9)	
CHECK ONE: INDIVIDUAL	PARTNERSHIP	
60	11/21/2016	
Vendor Legally Authorized Signature	Date	
Sylisa Lambert-Woodard, EdD, LCS\	N, LSATP, MAC CEO	
Print Name and Title		

Sealed proposals subject to terms and conditions of this Request for Proposal will be received by the Fairfax County Purchasing Agent at 12000 Government Center Parkway, Suite 427. Fairfax, Virginia 22035-0013 until the date/time specified above.

AN EQUAL OPPORTUNITY PURCHASING ORGANIZATION

(DPMM32)





County of Fairfax, Virginia

ADDENDUM

DATE: October 19, 2016

ADDENDUM NO. 1

TO: ALL PROSPECTIVE OFFERORS

REFERENCE: RFP2000002064

FOR: Residential Treatment Services

DUE DATE/TIME: November 22, 2016 @ 10:00 a.m.

The referenced Request for Proposal (RFP) is amended as follows:

1. The last day to submit questions is November 9, 2016 by 3:00 P.M.

2. Paragraph 1.4.b, SCOPE OF SERVICES, is changed to read as follows:

<u>Supervised Residential Services</u> – Defined in the Core Taxonomy as overnight care with supervision and services (e.g. supervised apartments, domiciliary care). Supervised Residential Services include housing combined with services. The minimum service capacity needed by both HPR II and the Fairfax-Falls Church CSB is service for 41 -50 adults.

Paragraph 1.8.b, SCOPE OF SERVICES, is changed to read as follows:

Housing for Supervised Residential – All of the forty-one to fifty (41-50) beds needed for this service beginning no later than July 1, 2017, shall be at sites secured by the offeror and located centrally within the boundaries of HPR II or within Fairfax County. Up to three beds with on-site overnight supervision may be located outside of Fairfax County but within the boundaries of HPR II.

4. Section 5, TASKS TO BE PERFORMED, Paragraph 5.1.f, Highly Intensive Residential Services, first sentence is changed to read as follows:

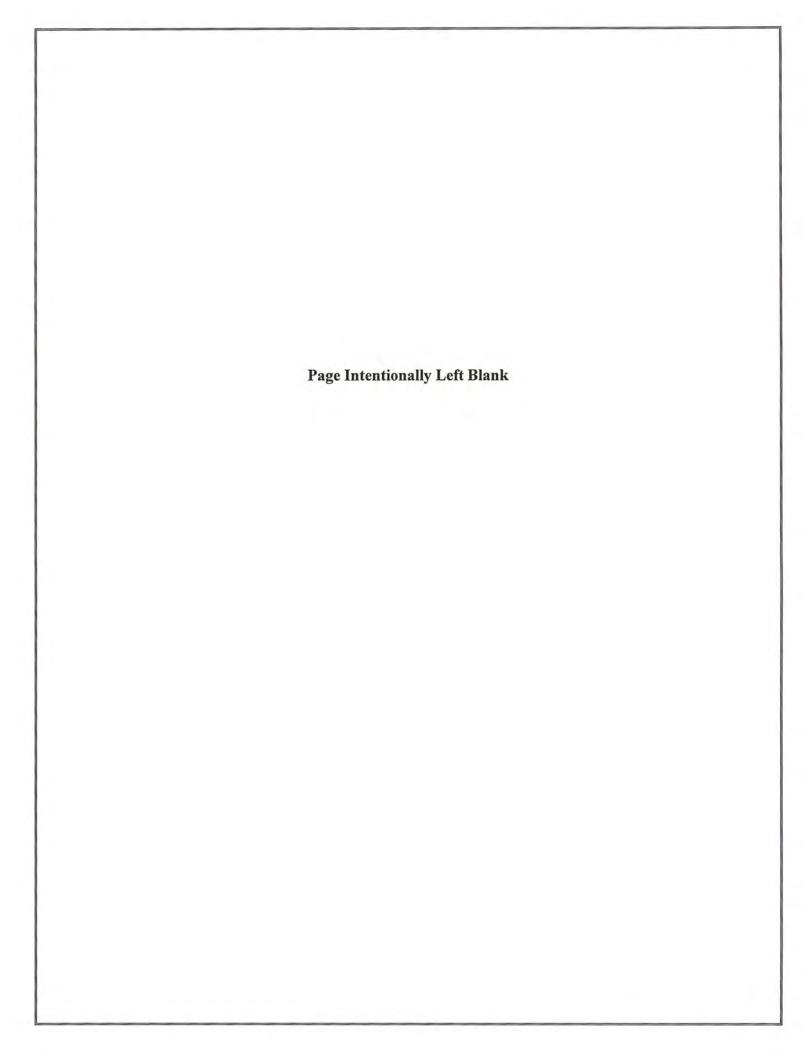
Provide case coordination with CSB Discharge Planner and NVRPO Clinical Supervisor as appropriate.

Department of Procurement & Material Management

12000 Government Center Parkway, Suite 427

Fairfax, VA 22035-0013

Website: www.fairfaxcounty.gov/dpmm Phone 703-324-3201, TTY: 711, Fax: 703-324-3228



RFP2000002064 Addendum No. 1 Page 2

> Section 5, TASKS TO BE PERFORMED, Paragraph 5.2.c, Supervised Residential Services, is changed to read as follows:

Provide staffing that supports overnight care, varying clinical acuity and milieu management. On-site overnight supervision is needed for a minimum of 19 individuals beginning July 1, 2017. Overnight supervision that is drop-in or on-call is needed for a minimum of 22 individuals beginning July 1, 2017. Adjust staff support, as required, to address the clinical acuity of individuals served.

Section 5, TASKS TO BE PERFORMED, Paragraph 5.2.f, Supervised Residential Services, is changed to read as follows:

Ensure nutritional meals and nutritional snacks are available daily and encourage client participation in the development of menus and meals.

7. Section 5, TASKS TO BE PERFORMED, Paragraph 5.2.g, Supervised Residential Services, is changed to read as follows:

Ensure the housing facilities are safe, clean, sanitary, well maintained and appropriate to the needs of the clients. Oversee cleanliness of the common areas, client bedrooms and bathrooms, and client clothing and bedding. Encourage the client's full participation in the care of the home, personal space and clothing.

 See Attachment 1 for the answers to some of the questions received at the pre-proposal conference held on October 4, 2016 and after the pre-proposal conference. We are currently working on Addendum No. 2 that will be issued shortly addressing the rest of the questions.

All other terms and conditions remain the same.

Linda Williams, CPPB

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Contract Specialist II

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Pathway Homes, Inc.

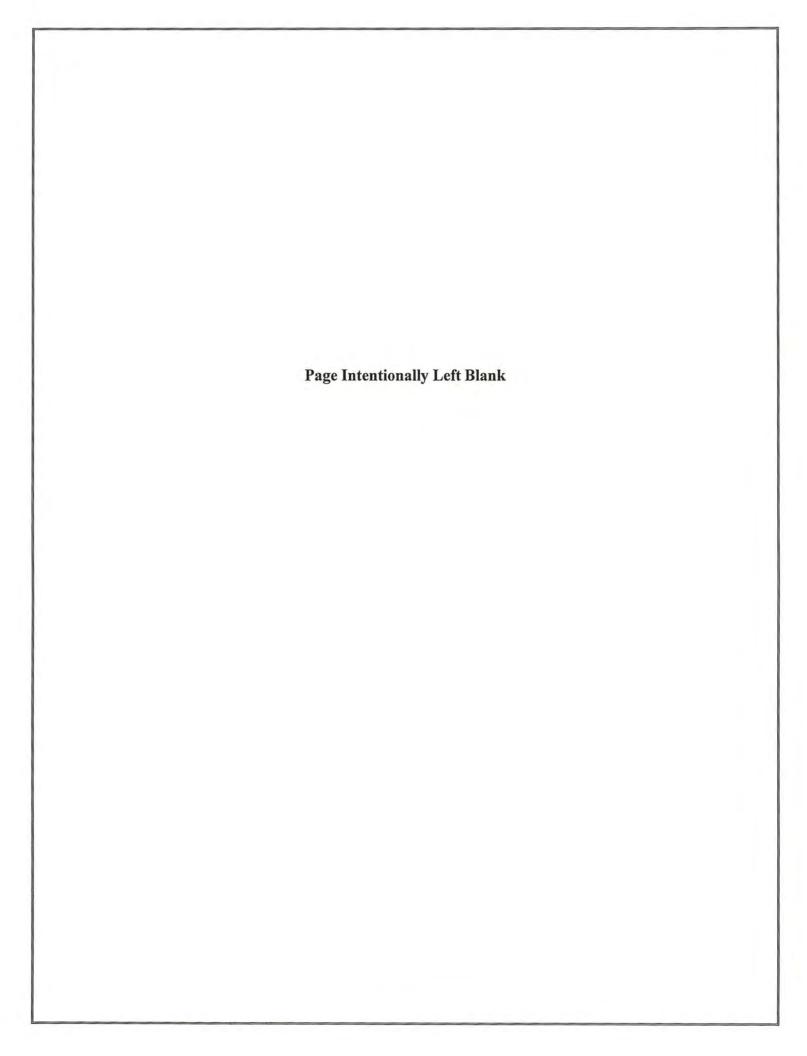
Name of Firm

11/21/2016

(Signature) (Date)

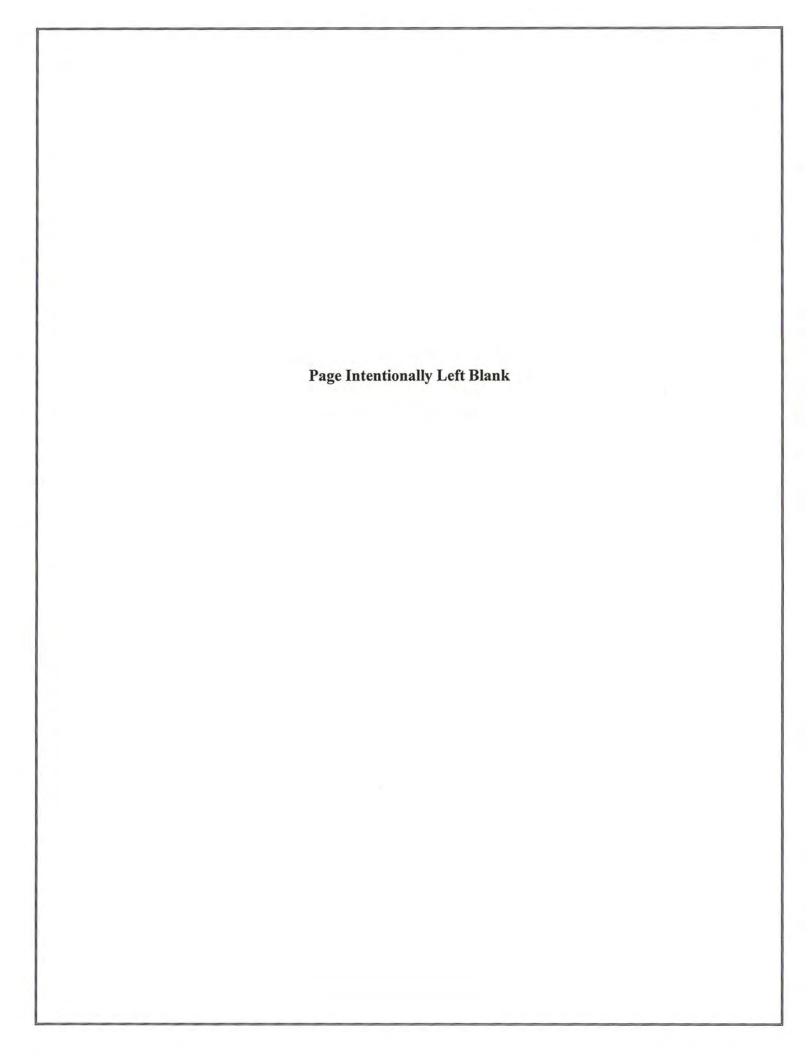
A SIGNED COPY OF THIS ADDENDUM MUST BE INCLUDED IN THE TECHNICAL PROPOSAL OR RETURNED PRIOR TO DUE DATE/TIME.

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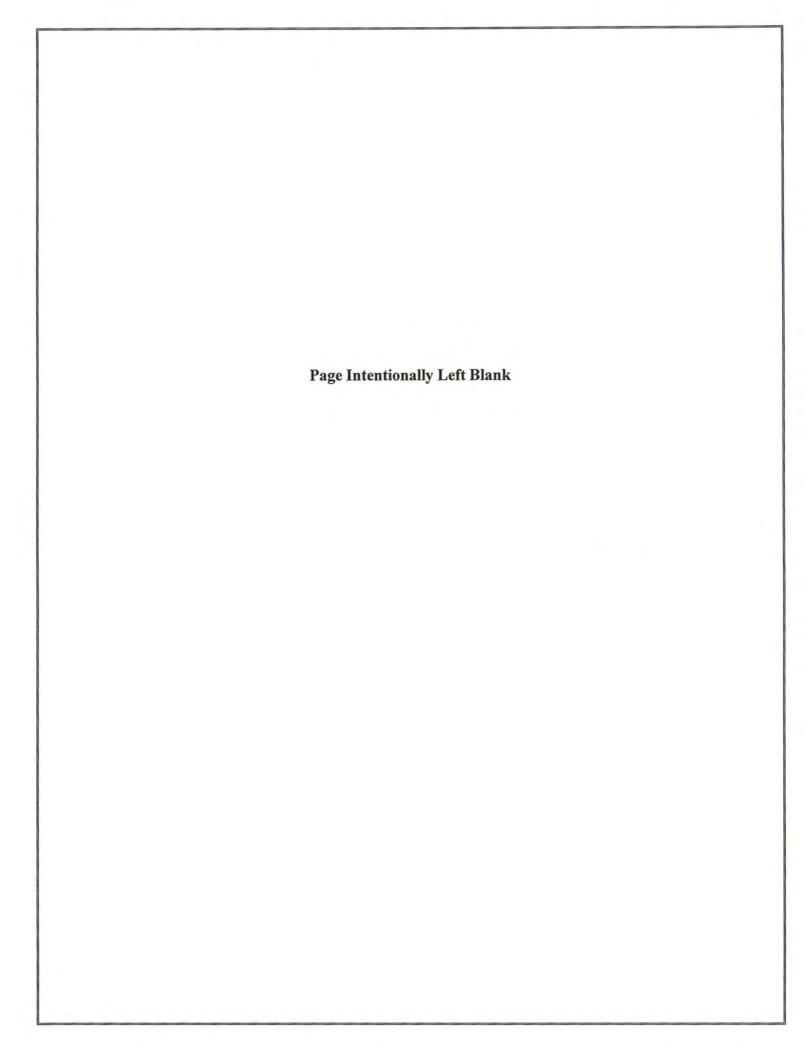


Attachment 1

- Q1. The RFP states a minimum of 10 adults for Supportive Residential Services; can you quantify the anticipated maximum need for Supportive Residential Services?
- A1. No. Service for 10 individuals is the minimum capacity needed for services beginning July 1, 2017. Additional capacity needs are anticipated during the term of the resulting contract(s). Please refer to Section 1, Scope of Services, Paragraphs 1.4.c and 1.5 in the RFP.
- Q2. Are Supportive Residential Services provided in client homes?
- A2. Yes. Supportive Residential Services are provided to individuals in independent living situations.
- Q3. Are Supportive Residential Services similar to Mental Health Skill Building services or a different service?
- A3. Supportive Residential Services are defined by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in the Core Taxonomy available at http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf. The specific services being sought to begin July 1, 2017 fall under the "Supported Living Arrangements" portion of the DBHDS definition for Supportive Residential Services. Services provided at the Supportive level may include services billable to Medicaid as Mental Health Skill Building.
- Q4. Would any of the clients accessing these services be funded by waiver?
- A4. The target population to receive the services in this RFP are adults with Serious Mental Illness and/or co-occuring behavioral health diagnoses. There may be a small percentage of co-occuring clients with developmental disability diagnoses that may qualify for waiver.
- Q5. Will advance funding be available for housing set-up?
- A5. Offerors should include all costs and budget information on the Supplemental Budget Forms. Please refer to Section 10, Cost Proposal Instructions, Paragraph 10.3.b., in the RFP.
- Q6. Are there ways to build in incremental increases in the 10-year contract?
- Refer to Section 11, Pricing in the RFP.
- Q7. If you're applying for Highly Intensive Residential Services (Annandale ICRT), should housing acquisition after July 2018 be clarified at the time of submission?
- A7. Yes. Please refer to Section 8, Technical Proposal Instructions, Paragraph 8.2.b.4 in the RFP and the Supplemental Budget Form Template for Highly Intensive Residential Services in Appendix B.
- Q8. Please describe the Extraordinary Barriers List. What are the barriers?
- A8. Individuals on the Extraordinary Barriers List are those who have been deemed clinically ready and referred for discharge from the state hospital, but who have not been discharged after 14 days of referral due to extraordinary barriers. Some of these barriers could include: challenging baseline behaviors, immigration status, lack of funding, not eligible for benefits, complicated health concerns, need for guardian, forensic status (i.e., Not Guilty for Reason of Insanity), no capacity in the identified level of care needed in the community.



- Q9. Are all the services at any one of the three levels expected to be offered to one vendor?
- A9. The County reserves the right to make multiple awards.
- Q10. Is expansion possible for the Highly Intensive Residential Services or any of the services described in the RFP?
- A10. Yes, bed capacity at the Highly Intensive level is an identified need in the community, and an expansion in the future would be possible as are expansions and additional capacity needs across the entire continuum (Please see paragraph 1.5 and 4.2 in the RFP). Additional capacity requests will be coordinated with successful offerors as needs arise.
- Q11. For Supportive Residential will existing services be affected?
- A11. HPRII has no existing services at the Supportive Residential level. The current need for Supportive Residential Services in HPRII is on an as-needed basis and HPRII anticipates this need over the term of the resulting contract(s). The Fairfax-Falls Church CSB currently contracts for Supportive Residential Services. The contract(s) resulting from this RFP will replace current CSB contracted services.
- Q12. Supportive Residential Services are provided on an hourly basis. How many hours of service are anticipated for the minimum 10 Fairfax consumers?
- A12. Hours of service will vary per client need. It is estimated that each client will require approximately 120 service hours per year. See RFP paragraph 5.3.
- Q13. Can one vendor apply for all areas of service in one narrative?
- A13. The County expects one proposal from each offeror. The technical portion of the proposal should contain a separate section for each service proposed. Each service shall contain a Statement of Qualifications and the Technical Approach for the service proposed. Please see Section 8 of the RFP for Technical Proposal Instructions. Cost Proposal contents shall also be separated by service proposed. Please see Section 10 of the RFP for Cost Proposal Instructions.
- Q14. Should all housing be available effective July 1, 2017?
- A14. Yes. Highly Intensive and Supervised services include a housing component. All services with housing for the minimum capacity noted are expected to be available effective July 1, 2017.
- Q15. What is the estimated time of award?
- A15. It is expected that the contract(s) will be awarded in April of 2017.
- Q16. Can two entities partner to provide the services in this RFP?
- A16. The County will contract with an individual vendor to provide the services. Non-profits may enter into sub-contracting relationships. See RFP Section 8.2.b.7 and Section 30.
- Q17. What are the current established rates for each one of the services?
- A17. Residential Services directly provided by the Fairfax-Falls Church CSB have the following charge: 30% of consumer income. Fairfax-Falls Church CSB fees are available at http://www.fairfaxcounty.gov/csb/about/fee-schedule.pdf



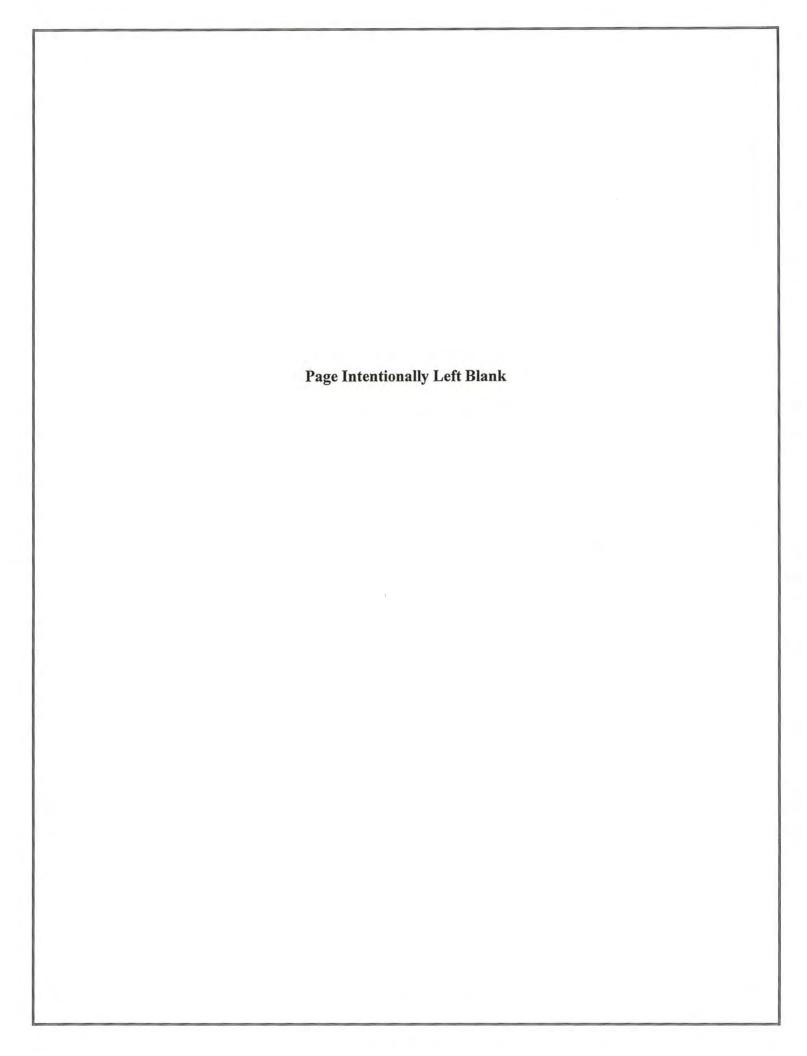
- Q18. Can you elaborate more on the expectation that providers will access "Auxiliary Grant" for services (paragraph 5.8)?
- A18. Auxiliary Grants are one example of a funding source vendors may be able to access based on their proposed service model. Auxiliary Grants are administered by the Virginia Department of Social Services. More information is available at http://www.dss.virginia.gov/family/as/auxgrant.cgi.
- Q19. Will there be an option to renew the lease on the Annandale, Virginia site?
- A19. The Annandale site is owned by a non-profit entity. The Fairfax-Falls Church CSB is the current lessee and does not anticipate renewing the lease when it expires in 2018. If an Offerors is interested in using the Annandale site beginning August 1, 2018 they will be responsible for negotiating a lease with the owner.
- Q20. Are there established room and board rates for individuals receiving existing services? If so, what are they?
- A20. There are no established or separate room and board rates.
- Q21. Can providers use Advanced Nurse Practitioners for prescribing medications?
- A21. All prescribing shall be done in accordance with licensing requirements. Advanced nurse practitioners with behavioral health expertise are acceptable for prescribing at the Highly Intensive level of services.
- Q22. Can providers propose to use tele-psychiatry?
- A22. At the Highly Intensive level, tele-psychiatry may be used to enhance services when necessary, but it shall not replace on-site psychiatry.
- Q23. Will providers receive any reimbursement for holding a bed for an individual during an approved hospitalization period?
- A23. Pricing terms (including possible reimbursement for held beds) for all levels of residential treatment services will be the subject of negotiations with successful offerors.
- Q24. Can you clarify the types of licensure required for the respective services identified in the RFP?
- A24. Actual license requirements will depend on the services proposed and are determined by DBHDS. For minimum license expectations, please see RFP, paragraph 6.1.
- Q25. Can you provide more specific client profiles for the Highly Intensive Residential Service?
- A25. Information regarding consumers receiving Highly Intensive Residential Services is in Appendix C (ICRT Program Client Profile, of the RFP).



- Q26. Regarding item 8.3:
 - What levels of staff does this apply to?
 - 2. Is this meant to be for the 10-year contract?

What other details/clarification can you offer on this item?

- A26. Paragraph 8.3 applies to direct supervisors and key personnel involved in the delivery of the proposed services and covers the 10-year contract term. It is expected that the direct supervisors and key personnel named in the proposal will be responsible for the delivery of the services proposed. If the contractor proposes replacements of direct supervisors and key personnel during the 10-year term of the resulting contract(s), final approval shall be granted by the County Purchasing Agent.
- Q27. Please clarify the information on the current provision of Highly Intensive Residential Services. It appears services are currently provided in two homes: one in Fairfax County (Annandale site) and one in Arlington County. Are both of these sites included in the RFP? Will the selected vendor be responsible for services at existing Arlington site?
- A27. This RFP is requesting the service capacity for a minimum of 16 individuals at the Highly Intensive level of service. Currently services for these 16 individuals are provided under two different contracts that are being consolidated in this RFP. One contract is a regional contract (issued on behalf of the region by Fairfax County) and serves 8 individuals at a site in Annandale, VA that will be available for the successful offeror to use until July 2018, at which time the successful offeror will be responsible for securing a lease on the Annandale site or securing an alternate site and transferring the services and the individuals to the alternate site. The other contract is administered by Arlington County and serves the other 8 individuals at sites in Arlington, VA. The contracted services for the 8 currently being served under the Arlington County contract and the 8 currently being served under the Regional contract in Annandale are being consolidated into this RFP.
- Q28. Can you help us understand the maximum allowable percentage for indirect administrative overhead?
- A28. There is not a maximum allowable percentage for indirect administrative overhead.
- Q29. Which of the following are to be included in the hourly rate of service (Supportive Residential Services)? Face to face direct service, travel time, clinical documentation time, supervision time, collaboration/coordination time?
- A29. Examples of service hour activities are available in the Core Taxonomy at http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf.
- Q30. For clients without benefits, does the County expect the provider to collaborate with the hospital to apply for benefits for the client?
- A30. The contractor is expected to work collaboratively with the state hospital and CSB discharge planning staff to help secure benefits on behalf of the individuals served. Benefit applications are typically made by the state hospital and/or CSB discharge planner prior to discharge from the state hospital, but discharge is not contingent upon application for and/or approval of benefits.
- Q31. Supervised Residential Services require overnight care. What type of overnight staff coverage is expected?
- A31. Refer to item 5 in this addendum.
- Q32. For Supervised Residential services, would the County be open to congregate living?
- A32. Yes.





County of Fairfax, Virginia

ADDENDUM

DATE: October 28, 2016

ADDENDUM NO. 2

TO: ALL PROSPECTIVE OFFERORS

REFERENCE: RFP2000002064

FOR: Residential Treatment Services

DUE DATE/TIME: November 22, 2016 @ 10:00 a.m.

The referenced Request for Proposal (RFP) is amended as follows:

 See Attachment 1 for the answers to questions received at the pre-proposal conference held on October 4, 2016 and after the pre-proposal conference.

All other terms and conditions remain the same.

Sinda Williams

Linda Williams, CPPB Contract Specialist II

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Pathway Homes, Inc.

Name of Firm

11/21/2016

(Signature)

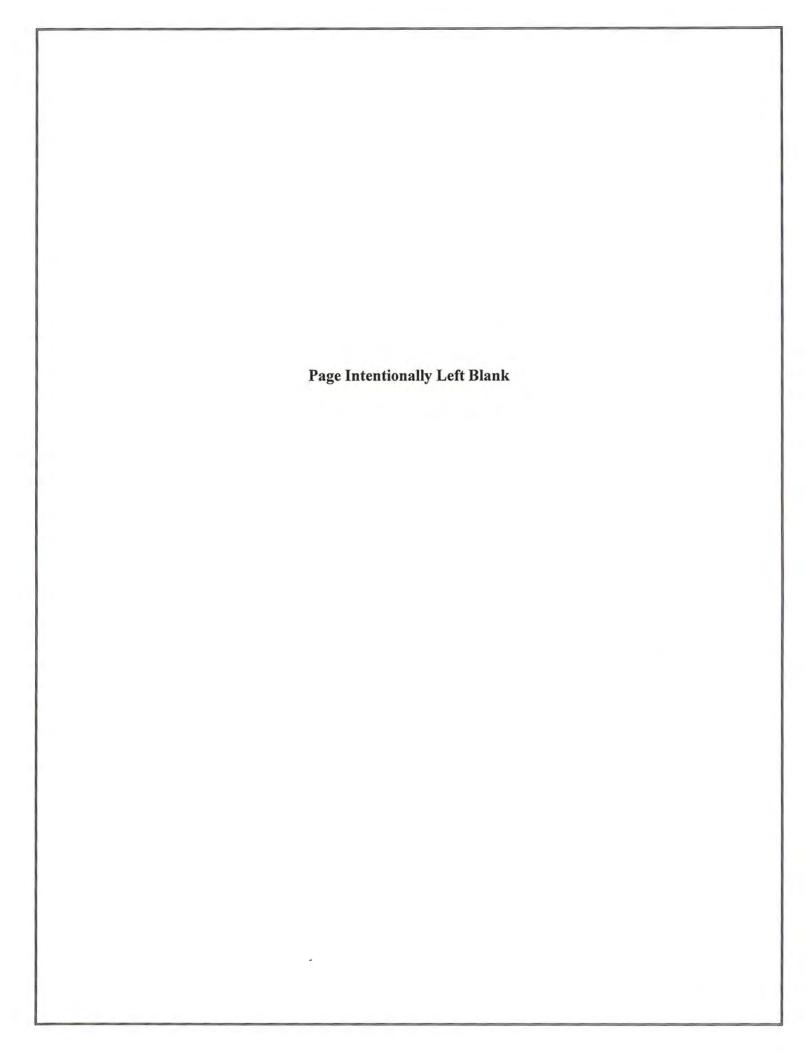
(Date)

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Department of Procurement & Material Management 12000 Government Center Parkway, Suite 427 Fairfax, VA 22035-0013

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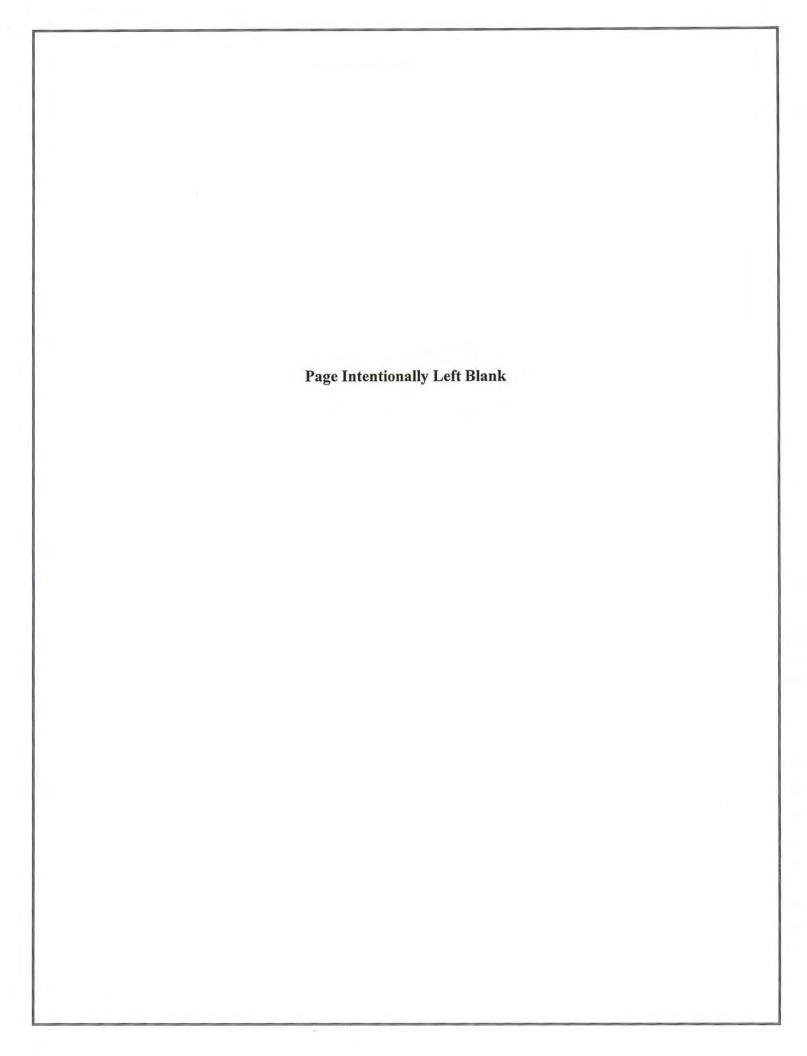


Attachment 1

- Q1. Are the Supportive Residential Services currently provided based on a team act model or any kind of fidelity model?
- A1. There is no current fidelity model established. Supportive Residential Services include Mental Health Skill-Building Services that are individualized training services that enable clients to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.
- Q2. Can the County provide an estimate of Medicaid vs non-Medicaid eligibility at the Supervised level?
- A2. The specific eligibility status of the clients to be served at the Supervised level beginning July 1, 2017 is not known at this time. Nearly 50 percent of all individuals served by the CSB report no health plan coverage.
- Q3. Paragraph 6.1 states that the offeror must show proof of licensure application at the time of proposal. Please clarify what type of documentation will be accepted as licensure application submission.
- A3. All offerors shall provide proof of licensure or proof of licensure application at the time the proposal is submitted. Proof of application for a license shall include: 1) a copy of the license application, and 2) written confirmation from the licensing authority that the application has been received and its review is pending.
- Q4. Are housing subsidies available for any of the targeted population?
- A4. No.
- Q5. Where can we inquire about the current contract for the I.C.R.T. (Highly Intensive Residential) program located in Arlington? (i.e., Which entity holds that contract and can provide information, or where is the information about that contract publicly posted?)
- A5. Highly Intensive Residential/ICRT services currently provided in Arlington County are administered by Arlington County. All questions regarding Arlington County contracts should be directed to the Arlington County Department of Management and Finance.
- Q6. Regarding the 10 identified individuals (Supportive Residential Services):
 - Are all 10 individuals currently Medicaid-billing eligible? If not, what healthcare benefits do they currently have?
 - How do you plan to ensure that these individuals retain the right to freedom of choice of providers?
- A6. All of the current 10 individuals have insurance, six of which are eligible for Medicaid. Other insurance resources for this group of individuals include Medicare, Magellan Healthcare and other private insurance providers. CSB Case Managers review resources for skill building services with clients and support client's choice for the service.
- Q7. Where are the funding dollars coming from for this regional project? State? Local? If both, can you outline the division for each funder?
- A7. The services in this RFP will be accessed by Health Planning Region II and the Fairfax-Falls Church CSB. The services will be funded from a variety of sources including state or local dollars. The division of funding is not available.



- Q8. What supplemental funding supports are currently being provided to individuals for rent payments in each of the settings ICRT (Highly Intensive Residential)? Supervised Residential?
- A8. Social Security Disability Income (SSDI) is the predominant source of supplemental funding for rent payments, currently.
- Q9. Has the current provider(s) been able to attract additional funding for supporting these programs? What types of funding?
- A9. The County does not have that information.
- Q10. While Auxiliary Grant funding is typically for ALFs or AFCs, have any of these programs been able to qualify for Aux. Grant funding?
- A10. The current providers for Highly Intensive Residential are not licensed as ALFs or AFCs. Offerors of Supervised Residential Services may propose a model similar to domiciliary care and, if licensed as an Assisted Living Facility, may qualify for Auxiliary Grants.
- Q11. Of the 16 ICRT (Highly Intensive Residential) 'beds' needed, will the current individuals being served in these existing locations now be assumed by the contract awardee(s)? If so, is it fair to assume a new property or properties will be needed to serve at least 8 of these individuals given there is only one lease noted that will continue for at least one year upon award?
- A11. Please refer to Section 1, Scope of Services, Paragraph 1.8.a. in the RFP.
- Q12. Given the needs of the individuals for the ICRT (Highly Intensive Residential) programs, will individual bedrooms be needed/required?
- A12. Flexibility in room arrangements is required. Currently, most individuals are in shared rooms. Individual rooms may be clinically indicated at times and the contractor will be responsible for ensuring individual rooms as needed.
- Q13. Regarding the 20-30 supervised residential individuals are these clients already served by an existing provider or only the CSBs? If currently supported by the CSBs, will those programs cease to support these individuals, or are these 20-30 'new' individuals to be supported under this RFP?
- A13. The need for Supervised Residential Services is estimated for between 41 and 50 individuals beginning July 1, 2017. (see Addendum 1, Item 2). The estimate is based on current numbers served on the continuum by both contractors and the CSB as well as anticipated need for new individuals to be served.
- Q14. Which current provider(s) are providing in-home Supervised Residential service?
- A14. Supervised Residential Services are provided by Pathway Homes and the Fairfax-Falls Church CSB.
- Q15. Geographically, where are the locations for the Supervised Residential programs or "clustered apartments"?
- A15. Supervised Residential sites are currently located throughout Fairfax County.
- Q16. Please provide a copy of the current contracts for ICRT (Highly Intensive Residential) and Supported Residential vendors.
- A16. The current contacts are available to the public on the Fairfax County website at: http://www.fairfaxcounty.gov/cregister/. The contract numbers are: 4400001775 and 4400001968.





County of Fairfax, Virginia

ADDENDUM

DATE: November 15, 2016

ADDENDUM NO. 3

TO: ALL PROSPECTIVE OFFERORS

REFERENCE: RFP2000002064

FOR: Residential Treatment Services

DUE DATE/TIME: November 22, 2016 @ 10:00 a.m.

The referenced Request for Proposal (RFP) is amended as follows:

1. See Attachment 1 for answers to questions recently submitted.

All other terms and conditions remain the same.

Sinda Williams

Linda Williams, CPPB Contract Specialist II

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

Pathway Homes, Inc.

Name of Firm

11/21/2016

(Signature)

(Date)

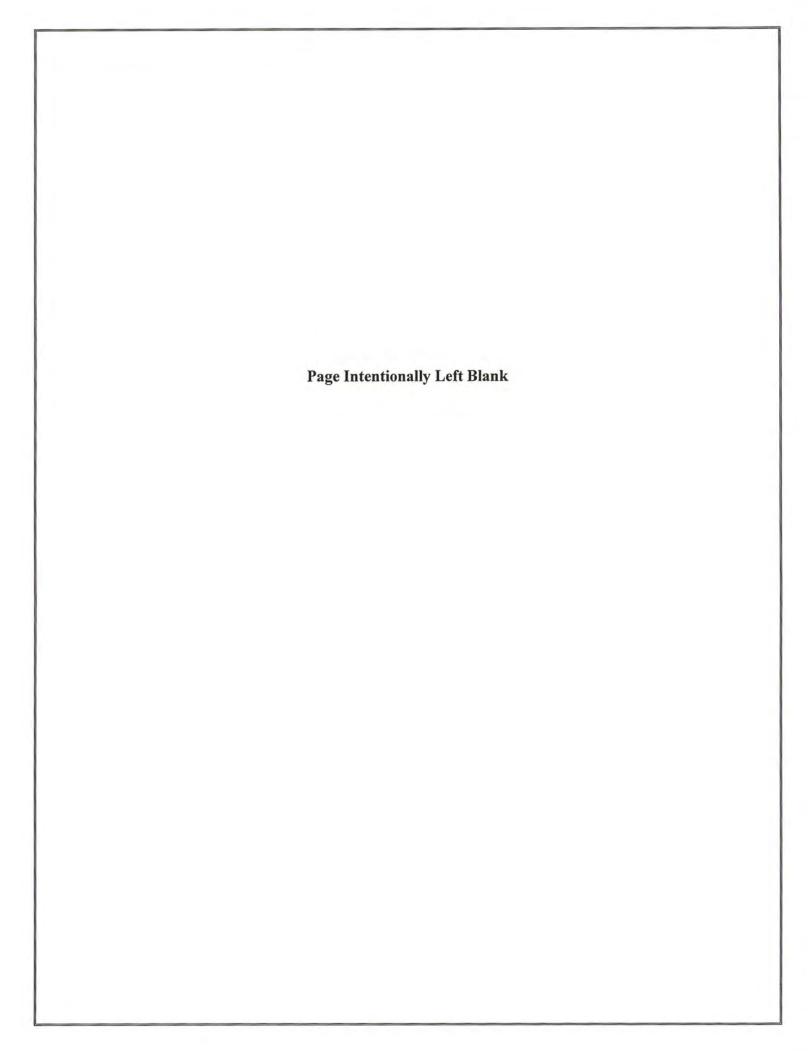
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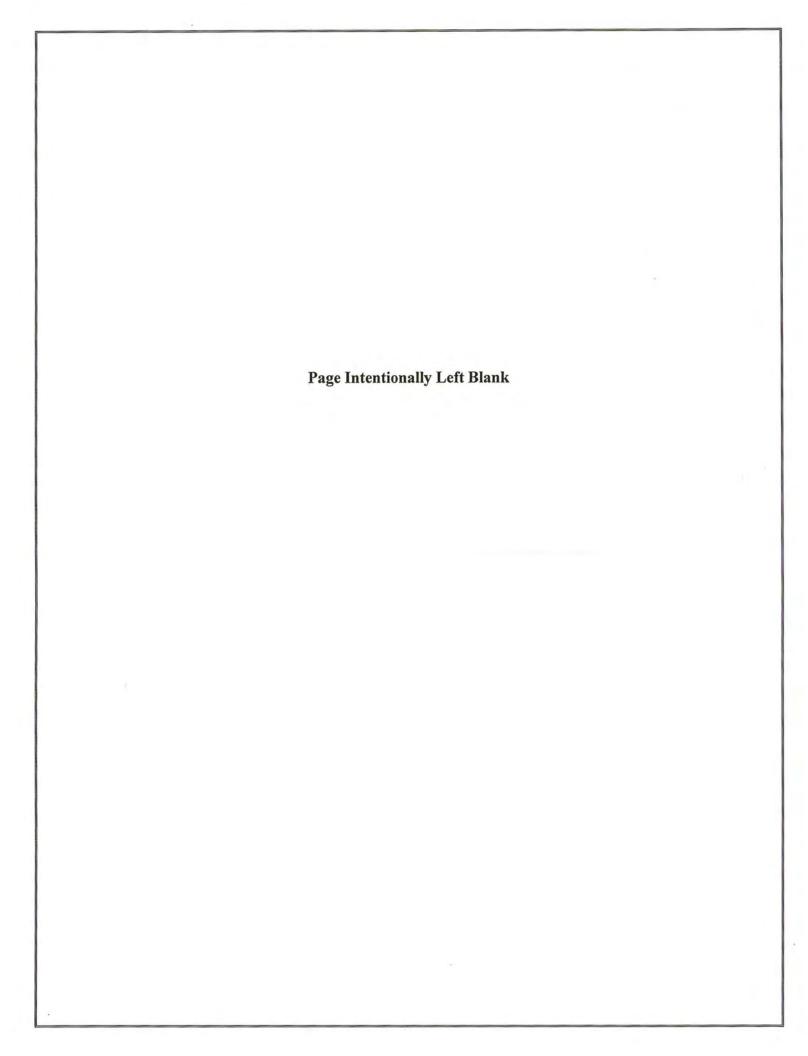
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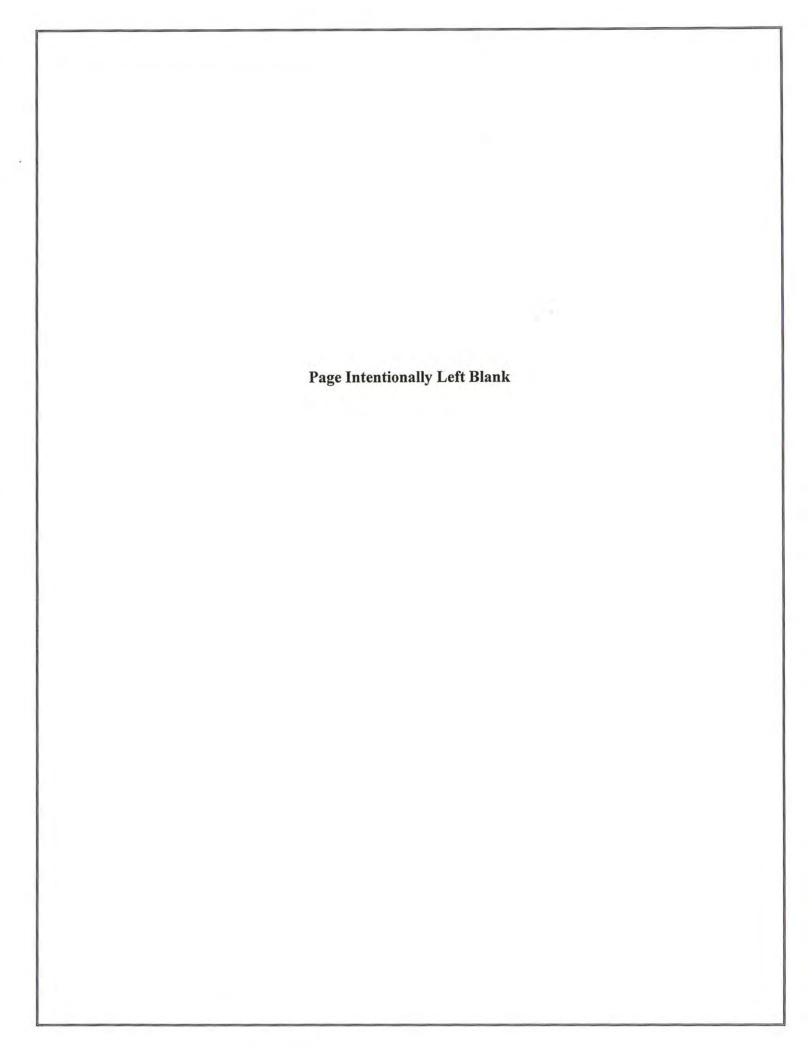
Attachment 1

- Q1. Pursuant to Section 6, 6.1.c, the required license listed to provide Supportive Residential Services is "Supportive In-Home." According to our Licensing Specialist at DBHDS, they only provide Supportive-In Home licenses for children and adolescents. The Mental Health Community Support Services license (which is for Mental Health Skills Building) for adults replaced Mental Health Supportive In-Home Services for adults a few years ago. As such, can you please confirm that the Mental Health Community Support Services license will meet the requirement of 6.1.c?
- A1. A Mental Health Community Support Services license will meet the minimum licensing requirements for Supportive Residential Services.
- Q2. As stated in Appendix E: "The Contractor's Manual must contain all of the policies and procedures required by DBHDS including the following... Admission, retention and discharge policies that comply with the policies of NVPRO and the Fairfax-Falls Church CSB." Does this apply to proposals for Supportive Residential services? If so, can the county please provide the admission, retention and discharge policies of NVPRO and the Fairfax-Falls Church CSB, so that we can be sure we are in compliance with them?
- A2. Yes, the requirement applies to Supportive Residential Services. Admission, retention and discharge policies for NVRPO and the Fairfax-Falls Church CSB are under development and will be coordinated with successful offerors.
- Q3. Highly Intensive Residential Services Does the current contractor have more than 1 full time nurse at the program home? Is that sufficient? Are the nursing hours considered as part of the staffing schedule (double coverage)?
- A3. Licensed registered nursing services are required as part of the Highly Intensive Residential service (Please refer to Section 5, Tasks To Be Performed, Paragraph 5.1.e). The county seeks proposals that provide a solution to this requirement. Contractor staff who fulfill the nursing services requirement may be included in meeting the requirement for two on-duty clinical staff 24 hours a day (Please refer to Section 5, Tasks To Be Performed, Paragraph 5.1.c.).
- Q4. Highly Intensive Residential Services Is there an anticipated increase in medical needs for current or future individuals coming out of the NVMHI?
- A4. Increases in the medical needs of current or future individuals receiving Highly Intensive Residential Services are not known at this time.
- Q5. In Supervised Residential Services Coverage is to be at least one staff per location 24/7 in at least some of the homes. Is the staff able to leave the premise to support individual for medical appointments, to go to the store, to pick-up medications or other like errands, if an on-call staff is available by phone?
- A5. Contractor staff leaving the premises is acceptable if the contractor is able to achieve milieu management and meet the clinical acuity needs of the individuals being served at the site. Staffing requirements for Supervised Residential Services were clarified in Addendum No. 1, Item 5.



RFP2000002064 Addendum No. 3 Page 3

- Q6. In Supervised Residential Services Now anticipated at 41-50 individuals, how many are currently being served, and what is the anticipated timing for scaling up of additional individuals?
- A6. Supervised Residential Services are required, beginning July 1, 2017, for 41 -50 individuals (Please refer to Addendum 1, Item 2). Capacity for no less than 41 individuals is required on July 1. Capacity for up to 50 individuals is anticipated to be needed no sooner than October 1, 2017, and will be coordinated with successful offerors. Additional capacity beyond 50 beds is expected during the contract term and will be coordinated with successful offerors. (Please refer to Section 1, Scope of Services, Paragraph 1.5 and Section 4, Background, Paragraph 4.2 in the RFP and Addendum No. 1, Answer #10).
- Q7. How many of the currently served individual's in the Supervised Residential Services programs will require relocation at the beginning of the new contract?
- A7. No less than 41 individuals are expected to be transitioned to successful offerors for services beginning July 1, 2017.
- Q8. What percentage of individuals do you anticipate being uninsured? For how long and in which service models?
- A8. Currently, nearly 50% of all CSB individuals served by the CSB report no health plan coverage. Typically, individuals in need of residential services are more likely to qualify for government entitlements.



Certification of Financial Solvency for Non-Profit Organizations

In compliance with Fairfax County contracting protocols, the following certification is required by all offerors submitting a proposal, and all individuals and organizations awarded a contract:

- 1. The Board Chair certifies, to the best of his/her knowledge and belief, that the applicant organization is financially solvent, and will remain so during the life of any contract awarded. The Board Chair will notify the county representative in writing of substantial solvency issues such as depletion of cash reserve accounts, use of cash reserves to meet payroll obligations, inability to meet obligations for accounts payable, evidence of deteriorating accounts receivable collection, evidence of delinquency in payment of IRS or payroll taxes, evidence of fraud or mismanagement, co-mingling of accounts, and/or use of grant funds for non-grant purposes.
- 2. The Executive Director certifies, to the best of his/her knowledge and belief, that the applicant organization is financially solvent, and will remain so during the life of any contract awarded. The Executive Director will notify the county representative in writing within 10 days of substantial solvency issues as outlined in #1 above.
- 3. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the offeror/contractor rendered an erroneous certification, or if at any time during the course of the contract there are indications that the financial solvency of the contractor affects its ability to complete the terms of the contract, in addition to other remedies available to Fairfax County, the county may terminate the contract for default.

Printed Name of Board Chai	Daniel L. Gray	
Signature/Date: Nav	wild. /S	11/15/2016
Printed Name of Executive I		Voodard, EdD, LCSW, LSATP, MAC
Signature/Date:	360	/11/15/2016
Company Name: Pathw	ay Homes, Inc.	
Address: 10201 Fairfa	ax Boulevard, Suit	e 200
City/State/Zip: Fairfax	VA 22030-220	9
SSN or TIN: 54-1041	459	

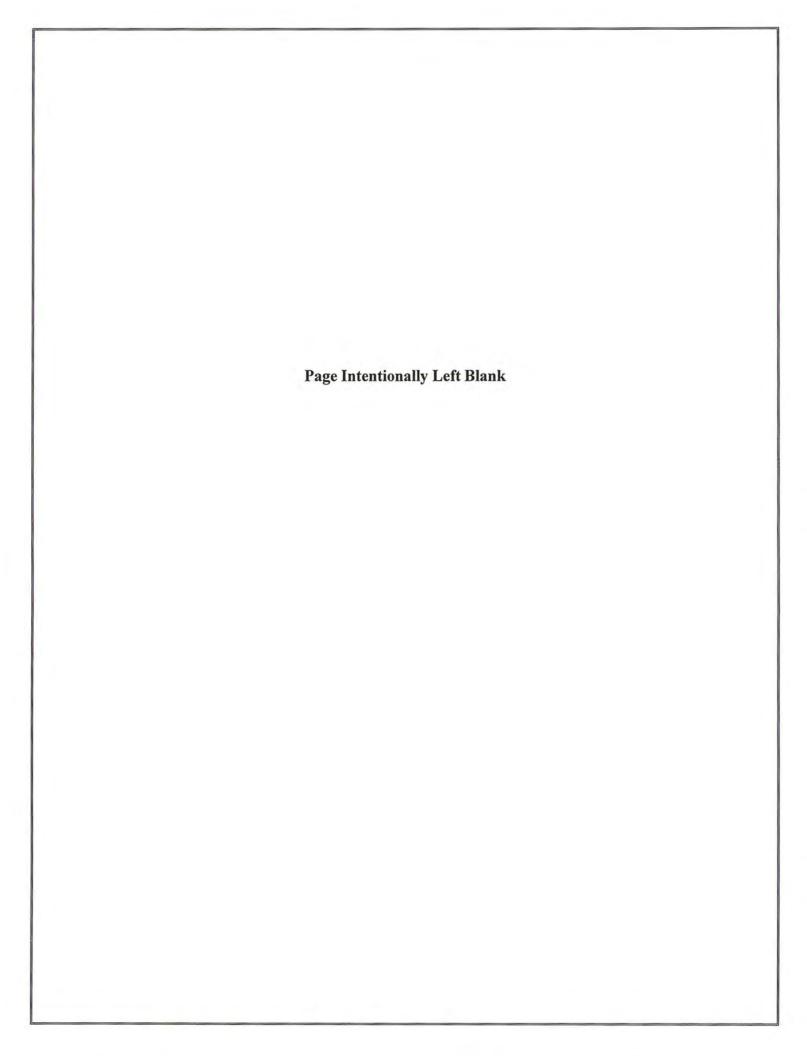
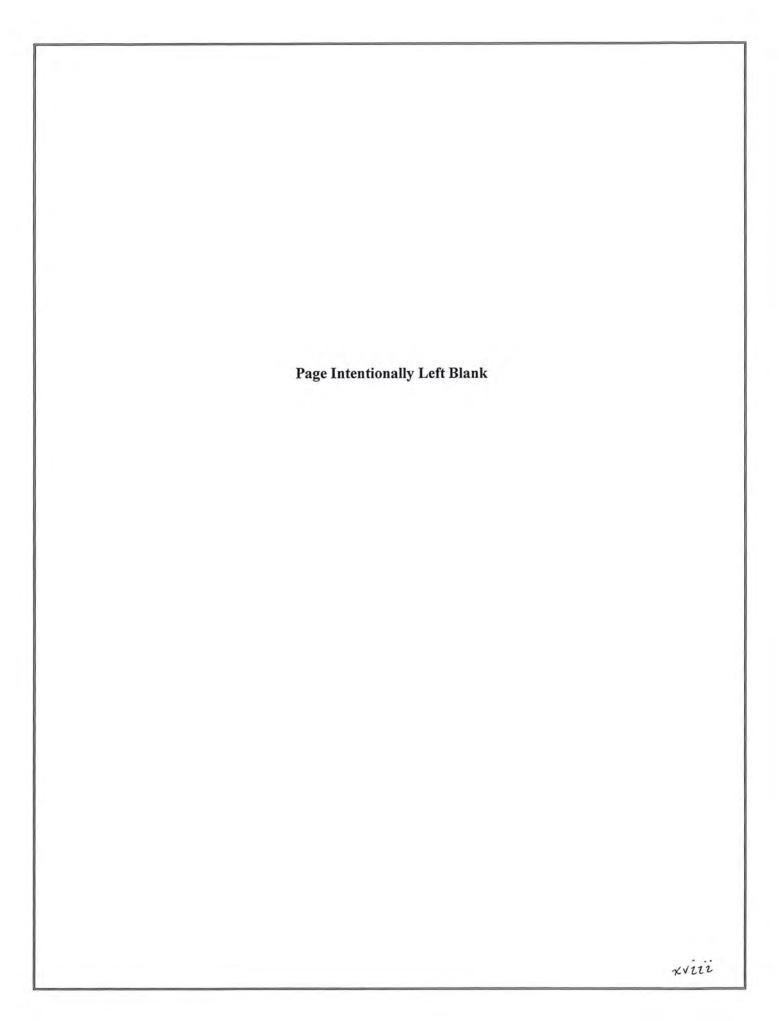


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Pathway Homes, Inc.

RFP2000002064: Residential Treatment Services Pathwa

Technical Proposal

8.1. Technical Proposal:

8.1.a. Name of Firm Submitting Proposal: Pathway Homes, Inc.

Main Office Address: 10201 Fairfax Boulevard, Suite 200

Fairfax, VA 22030-2209

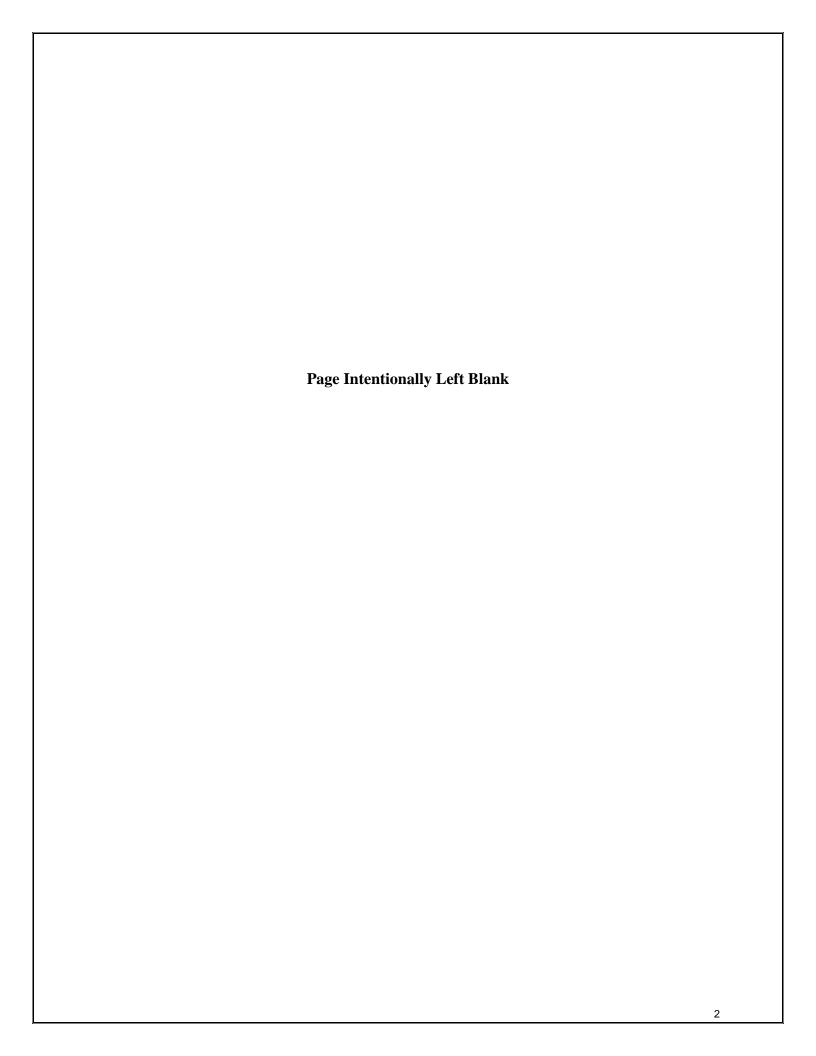
Incorporation: April 21, 1980 – Commonwealth of Virginia

Federal Tax ID: 54-1041459

State License(s): Mental Health Community Support Service 121-03-001,

ALF1056089-L153, and ALF1104460

Date of Last Independent Audit: June 30, 2016



8.2 Separate title page and section for each service proposed: Supervised Residential Services

Supervised Residential Services

8.2.a. Statement of Qualifications: The statement of qualifications shall include the following sections:

8.2.a.1. Organizational and Staff Experience: Offerors must describe their qualifications and experience to perform the level of services proposed. Include information relative to implementing recovery model practices in the SMI population and experience as a partner in a system of care. Include experience in crisis intervention services to reduce hospitalizations. Qualified offerors must demonstrate at least five (5) years of experience providing integrated care and implementing recovery model practices in the SMI population.

Pathway Homes, Inc. (also referred to as Pathways) has extensive experience at successfully operating and managing supportive housing grants and programs for homeless and other adults with serious mental illnesses (SMI), and co-occurring substance use disorders (SUD) as well as other disorders in a cost-effective manner. From its grass roots beginnings in 1980 and the opening of its first two substantially renovated single family homes, Pathways has grown to currently serving over 500 adults with serious mental illnesses, substance use disorders, and intellectual disabilities in a wide range of permanent supportive housing programs within the Fairfax, Arlington, Alexandria, and Prince William communities in Northern Virginia and in central Florida.

The agency owns 63 properties, including single family homes, townhouses and condominium and an eight bed Assisted Living Facility In Prince William County; leases or operates by partnership contract 15 other properties, including the thirty-seven bed Stevenson Place Assisted Living Facility; and leases 181 rental apartments which it sub-leases to chronically homeless and homeless individuals with severe mental illnesses and co-occurring substance use disorders. The agency has accomplished this through a wide range of diverse funding strategies involving federal, state and local government contract opportunities, private donations, public and private grant opportunities, and the creation of a variety of other innovative and flexible public and private partnerships, as described below. The agency currently employs 108 staff members and the Leadership Team has more than 130 years combined experience in managing supportive housing grants. Pathways was ranked on *The NonProfit Times*' "50 Best NonProfits to Work For" list in 2012, 2013 and 2014, 2015 and 2016 and has been CARF accredited since 2006. See Attachment A for Leadership Team Bios.

Pathway Homes has been providing supportive services to adults with serious mental illnesses for over 35 years, and the agency upholds a tradition of "going the extra mile" and working successfully with residents who have typically been unsuccessful in other residential and community settings due to behavioral challenges. During this time, Pathways has worked collaboratively with the Fairfax County and surrounding local CSBs to leverage services for residents in its programs and to ensure continuity of care.

The challenges facing the seriously mentally ill population and the highly compromised individuals targeted for services through this RFP are complex and include symptoms that place these individuals at high risk for victimization such a poor social skills, socially undesirable behaviors and a wide array of positive and negative psychiatric symptoms that affect their ability to function within a community setting. Symptoms of mental disorders may manifest in inappropriate behaviors that persist despite repeated interventions by the mental health, social services, or judicial systems, and in the cognitive inability to recognize significant inappropriate social behaviors or personal danger.

Pathways experience in working with the target population for this RFP is also evident in the successful management of our more intensive programs, such as the 37-bed Stevenson Place ALF, which Pathways has successfully operated since 1999, and more recently our 8-bed ALF in Prince William County. These programs serve individuals who are not only diagnosed with severe mental illnesses, and some with co-occurring substance use disorders, but many also struggle to manage acute and chronic medical conditions. These tri-morbid conditions require specialized case management, and intensive support services, which Pathways provides while catering to resident choice and individual preferences. To illustrate, in FY 2016, even though all residents in these two ALFs had a comorbid medical condition, only 36% of the individuals served were hospitalized for medical reasons. Two of these individuals were assessed as needing skilled nursing care and were appropriately discharged to a nursing facility. Two others were discharged to long-term medical facilities based on the recommendations of the clinical team. The remainder was able to return to the same level of care with Pathways modifying supports and staffing to continue to meet their needs in the programs.

Similarly, Pathways opened and successfully operated the ICRT program in Fairfax (formerly known as the Discharge Assistance and Diversion program), and included in this RFP, for 10 years. Pathways' demonstrated ability to successfully operate these programs and provide quality services as indicated by documented positive outcomes over the years, is especially notable given the level of community resistance and NIMBY ism that needed to be overcome to open these programs in the community. Also notable is that the individuals in these programs had experienced many years of state psychiatric hospitalizations and many were extremely symptomatic and considered unlikely to succeed in the community setting. Pathways' experience in working collaboratively with other community providers and in partnering with individuals in a recovery-oriented manner translated into overall successful outcomes for these individuals as well as successful integration into the same communities that sought to keep them out at the outset.

Pathways' recovery-based approach aligns with SAMHSA's Recovery Support Strategic Initiative (RSSI). The SAMHSA defines recovery from mental disorders and/or substance use disorders as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential". Our recovery-based approach creates a service environment designed to give the individual primary control over the decisions governing their care. The message of recovery is that hope and restoration of a meaningful life are possible, despite serious mental illnesses^{2,3}. Recovery asserts that "persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations"⁴.

1

¹ SAMHSA's Working Definition of Recovery. http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF (accessed October 2016).

² Deegan, P.E. (1988). Recovery: The lived experience of rehabilitation. Psychosocial Rehabilitation Journal, 9, 4, 11-19

³ Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. Psychosocial Rehabilitation Journal. 16(4). 11-23.

⁴ Mahler, Tavano, Gerard, Baber (2001). The recovery model: A conceptual framework and implementation plan, Contra Costa County Mental Health Recovery Task Force, October 2001, 1-8.

A complement of the recovery model, Pathways' Harm Reduction approach is founded on the awareness that people who engage in high risk behaviors, such as drug use, should be provided options that help to minimize risks from continuing drug use, as well as harm to self or others. It is therefore essential that harm reduction information, services and other interventions exist to help keep individuals in the project healthy and safe. Harm reduction strategies are used as appropriate to reduce negative consequences associated with high risk behaviors (i.e. drug use, unsafe behaviors, medical conditions) while respecting the rights of individual choice. Activities, interventions and policies will be designed and implemented to serve the unique needs of individuals with SMI/co-occurring SUDs as they integrate into these programs with a greater level of independence and choice.

All Pathways direct care staff receive comprehensive orientation and ongoing training in assisting residents to manage the symptoms of these mental illnesses and in behavior support management, including initial and annual refresher trainings in the techniques of Therapeutic Options of Virginia (TOVA). TOVA emphasizes the individual, the use of the therapeutic relationship as an integral tool in effecting change, verbal de-escalation techniques, and positive behavior support strategies. Behavior support management with residents begins at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program works collaboratively with the resident, previous providers and involved family members to proactively identify potential triggers in the programs or in the community. Staff members work with residents to develop Wellness Recovery Action Plans (WRAP) and/or safety contracts to help them manage safely both in the programs and in the community.

At the earliest indication that a resident is decompensating and needs more intensive behavior support management interventions, staff works closely with the CSB and other community case managers to arrange for family and/or treatment team meetings and to put greater supports in place. The goal of these supports is to assist the resident in maintaining safely in the program and to minimize the need for hospitalization. The programs conduct clinical meetings that include program staff, CSB case managers, psychiatrist, nursing staff, and any other significant person identified by the resident. In addition to utilizing these meetings to review goals and Individual Service Plans (ISP), the team works collaboratively to identify risks and to develop a safety plan tailored to the individual resident's needs. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors, and increased supervision of the resident in their daily routines to facilitate immediate staff intervention if needed. Pathways' tradition of effective behavior support management is grounded in an evidence-based philosophy and practice, and is person-centered as outlined in the following:

- Effective behavior support management involves ongoing Behavioral Assessment, Planning, Intervention, and Monitoring of outcomes.
- Individualized service plans and quarterly support service assessments are used to formulate and monitor effective behavior management strategies. Residents are encouraged and supported in taking the lead in the development of their individualized service plans.

- Pathway Homes ensures that services are effective, related to individual support needs, scientifically based, reflective of best practices, accessible, safe, efficient, provided by well-trained, qualified staff, and have measurable positive outcomes for each resident.
- Active participation in coordinated service planning is obtained through treatment team meetings with residents, involved family members, and relevant professionals involved in providing interventions and services required to decrease maladaptive and socially undesirable behaviors, and reinforce appropriate functional behaviors.
- Behavior support management interventions include one-on-one problem solving and
 counseling, behavioral contracting, re-direction, behavioral reminders, modeling,
 contingency management strategies involving the application of social and other positive
 reinforcements to desired behaviors, support to withdraw from exacerbating and stressful
 stimuli, frequent observational monitoring checks, de-escalation techniques, and
 medication re-assessment and monitoring including the use of prescribed PRN
 medications as appropriate for symptom reduction and stabilization.
- Behavior management interventions are tailored to each individual resident as well as being culturally and linguistically appropriate.
- Pathways' staff is consistently trained in the TOVA System for behavior support
 management with a focus on verbal intervention to avoid physical restraint. When
 residents have difficulty managing their own behavior, staff is trained in the use of
 gradual and graded alternatives for de-escalating and managing behavior in such
 situations, using a combination of interpersonal and communication skills and techniques
 designed to de-escalate all the participants in the interaction.
- The use of seclusion, restraint and time out is not consistent with the nature of our programs and services, therefore, Pathway Homes prohibits the use of these behavior management techniques.
- If a resident's condition results in continued inappropriate behavior that interferes with the rights or safety of others and the resident proves unresponsive to all behavior support management strategies and interventions developed and implemented by the interdisciplinary treatment team, high-risk staffing meetings are initiated as needed to explore all possible options and develop, as needed, an acceptable transition plan for the resident to more appropriate housing, or a temporary inpatient placement option in instances where the resident presents a serious and immediate risk to the health, safety and welfare of others.

At any time that the behavior support plan or safety plan is not effective in stabilizing or deescalating the resident to the degree that the resident presents a danger to self or the community, Pathways clinical staff will coordinate with the CSB Case Manager in communicating with Emergency Services. If safe to do so, staff will transport the resident to Emergency Services for assessment and securing of appropriate placement. If it is not safe to transport the resident to Emergency Services or the resident is unwilling to go, counselors utilize the CSB Mobile Crisis Unit.

Pathways' collaborative and facilitative approach to services is grounded in meeting the needs of individuals in a manner that prioritizes individual preferences, recognizes each individual's stage of change, and stresses dignity and compassion. At Pathways, we recognize the significance of any incremental positive change that individuals make in their lives as it is our experience that small gains for many individuals with SMI/co-occurring illnesses have more benefit for a

community than prescribed gains achieved for the few. Ultimately our goal is to ensure the human rights of everyone served while minimizing risk to self and others, and improving overall physical and mental health. We do this while recognizing the stigma and NIMBYism that exist towards the population we serve along with the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities that increase the vulnerability of these individuals.

See Attachment B for a list of agency awards and recognitions, and Attachment C for a list of Federal Grant experience.

8.2.a.2. Licensure and Certifications: Offerors must include verification of eligibility and/or application for appropriate licensure at time of proposal submission for the service level proposed (see Section 6.1) and all other applicable certifications or accreditation of the organization.

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide Mental Health Community Support Services for adults with serious mental illnesses. The agency has submitted an application to DBHDS to expand its license to include Supervised Living as a service option. These two licensing levels will support the service design Pathways is proposing in this response.

Pathway Homes operates all of its programs within all applicable standards of Federal, State and local regulations, including appropriate certifications, licensure and inspections, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. Pathway Homes has also consistently received the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2006. It is notable that the most recent CARF survey in 2015 resulted in an unprecedented finding of "No recommendations." A copy the Pathway Homes' DBHDS license and proof of application for service expansion is provided in Attachment D: DBHDS License and application. Verification of CARF accreditation is provided in Attachment E: Certificate of CARF Accreditation.

8.2.a.3. References: Offerors must provide at least three (3) references for similar or related programs and services performed and include organization name, description of the work performed, organization address, and names of contact persons with telephone numbers and email addresses at the organization Only one reference may be from Fairfax County.

Individuals who can be contacted as references for information regarding Pathways' programs and performance are listed below. Written letters of support from the references below are provided in Attachment F: Letters of Support.

1. Dean Klein

Director Fairfax County Office to Prevent and End Homelessness 12000 Government Center Parkway, Suite 333 Fairfax, VA 22035

Phone: 703-324-9492

2. Alan Wooten

Executive Director Prince William Community Services Board 8033 Ashton Avenue, Suite 103 Manassas, Virginia 20109

Phone: 703-792-7800

3. Kristin Yavorsky, MSW

Homeless Projects Coordinator Virginia Department of Behavioral Health and Developmental Services 1220 Bank St.

Richmond, VA 23219 Phone: 804-225-3788

8.2.a.4. Personnel: Offerors must identify all full-time and part-time staff, proposed consultants and subcontractors who may be assigned to the service level proposed. Information is required which will show the qualifications of the work group assigned to the service proposed and recent relevant experience. Special mention of the total time each will be available to the level of service proposed. The technical areas, character and extent of participation by any subcontractor or consultant activity must be indicated and the anticipated sources identified.

Pathway Homes proposes a continuum of housing and support within the Supervised Residential Program that will provide two service levels based on the assessed needs of the residents.

The more structured level proposed, and henceforth referred to as Supervised Residential Intensive (SRI) program, will include on-site services 7 days a week, to include awake overnight staff. This support level will serve 19 individuals in 3 homes. The homes will be in close proximity to each other so that staff time can be leveraged across sites and provision of services maximized within one clinical team. The SRI program will compose of three homes. The homes will be in close proximity to each other so that staff time can be leveraged across sites and provision of services maximized within one clinical team.

Additional staff coverage will be provided throughout most of the weekday hours by clinical supervisory staff and at least one Residential Counselor (Mental Health Counselor I) and/or one Peer Assistant Mental Health Counselor. Evening and weekend shifts will be staffed primarily with Residential staff (MHC I's) and overnight coverage will be provided by an Overnight Counselor. As previously mentioned, at least one overnight counselor will be available on-site seven days a week. In the absence of an on-site supervisory-level staff, all direct care staff will have access to an on-call Clinical Director. Notably, these programs will leverage additional clinical back-up coverage provided by the Senior Project Director and the Vice President for Clinical Services, both of whom are currently licensed (LCSW) in the Commonwealth of Virginia.

Additionally, Pathways has an established Relief Staff pool consisting of Bachelor and Master level clinical staff available to supplement full-time staff on a per diem basis. Many of these relief staff have been with Pathways for several years and have already developed relationships with the existing residents in the proposed SRI and SR programs. Pathways also provides clinical residencies for Bachelor and Master level interns from local universities throughout the

year and the SRI program will complement the proposed staffing pattern by leveraging these interns as they become available.

Staffing for the Supervised Residential Intensive (SRI) program (serving 19 individuals) will be comprised of the following team members:

1.0 FTE Project Director

1.0 FTE MHC III Case Manager/Counselor

1.0 FTE MHC II Case Manager/Counselor

7.0 FTE MHC I Residential Counselor (Life Skills)

3.0 FTE Overnight Counselor

1.0 FTE Peer Assistant MHC (Peer Support)

Total: 14 FTE

For job descriptions outlining the full scope of responsibilities, see Attachment G: Job Descriptions.

Job responsibilities for each position are summarized as follows:

- Project Director The Director is responsible for the overall operation of the SRI program and for the implementation of all services consistent with program philosophy and goals. The Director is also responsible for ensuring compliance with all DBHDS licensure standards. The Director possesses advanced clinical skills and experience as well as supervisory and program management expertise. This position meets the requirement for a Qualified Mental Health Professional (QMHP) and is supervised by Pathways' Senior Division Director.
- MHC III The MHC III assumes the responsibility for providing collateral case management for the residents, coordinating and advocating for all services that residents desire and need, crisis management, and for supervision of MHC I and Peer Assistant Mental Health Counselor staff. MHC III staff members within Pathways are typically Masters-level trained, are QMHPs, and also have experience with serious mental illness and co-occurring disorders.
- MHC II The MHC II assists with the provision of collateral case management, coordinating and advocating for services, counseling and ISP development. The MHC II is the designated shift lead in the absence of on-site supervisory staff. The MHC II at Pathway Homes is a QMHP and Masters preferred position.
- Residential Counselors MHC I staff are responsible for providing the direct care and supports for residents, the daily implementation of the Individual Service Plan (ISP), and for providing residents opportunities for strengthening and learning new life skills. These staff members are typically Bachelor's degree level individuals who assist and teach residents a wide range of life skills and activities of daily and independent living. These positions meet the criteria for QMHP-Adult.
- Peer Assistant Mental Health Counselors These team members are current mental health consumers who are responsible for assisting the Residential Case Managers and Counselors in the implementation of residents' ISP goals and objectives. As one of the first mental health providers in the Northern Virginia region to hire individuals with lived experience of mental

illness, Pathway Homes has found that the specialized perspective these peer counselors bring to their relationship with residents facilitates trust. It also enhances the ability of the service provider/resident team to work together in effective and positive ways, and serves as an invaluable motivator for the individuals served.

• Overnight Counselors – Awake overnight counselors are responsible for monitoring the environment to ensure safety, provide support to residents with morning IADLs, and to support the program with light housekeeping and basic administrative tasks.

Staffing for the Supervised Residential (SR) program, serving 24 individuals, is comprised of the following:

4.0 FTE MHC II Case Manager/Counselor

The more independent, Supervised Residential (SR) Program will have MHC II staff available mid-morning to early evening Monday – Friday. Staff hours will be strategically flexible outside these times contingent upon the needs of the residents. Residents will have 24/7 access to an on-call Clinical Director outside of those hours. Each three-person home included in this RFP that Pathways is currently operating, is currently assigned 0.5 FTE.

• MHC II – The MHC II is responsible for providing collateral case management and coordinating and advocating for all services that residents desire and need. The MHC II is responsible for ISP development and for providing support and Mental Health Skill Building services. The staff is also responsible for working with residents to ensure the property is maintained in a safe, clean and home-like manner. These positions are QMHP and supervised by Pathways' Division Director, who is has oversight of Pathways programs in the Southern area of the county, where the current homes are located.

As stated previously, residents in this program will also have access to Bachelor and Master-level interns and additional backup clinical on-call coverage provided by the Senior Project Director and Vice President of Clinical Services, both licensed clinicians. Pathways will also leverage other MHCII positions serving the geographic area to supplement the staffing needs of this program during staff absences and vacancies.

8.2.a.5. Resumes: Resumes of staff and proposed consultants are required indicating education, background, recent relevant experience for the service proposed. Current telephone numbers and email addresses must be included.

Please refer to Attachment H: Staff Resumes.

- 8.2.b. Technical Approach for the Service Level Proposed The technical approach shall include the following sections:
- 8.2.b.1. Scope of Work: The offeror must provide a detailed scope of work that includes a discussion of the tasks and requirements listed in Sections 5 (as appropriate) and Sections 6-7.

Individuals served in the proposed programs will be 18 years and older and have a severe mental illness or co-occurring disorder to include substance use disorders (SUD) and intellectual disability, which seriously impairs their functioning in areas related to primary aspects of daily living such as personal relations, living arrangements or employment. Fifty percent of

individuals with SMI have co-occurring SUDs so it is expected that at least that many of the individuals in this project will also have similar co-occurring diagnoses. In fact, many of the individuals currently served in these programs have diagnoses of schizophrenia, bipolar disorder, PTSD, and major depression, all of which will have an impact on their ability to perform major life activities. For example, during FY 2016, 19% of the individuals currently served in the SRI and SR programs required psychiatric hospitalization and 22% required medical hospitalization to address acute and chronic symptoms of their illnesses. Of those, 70% were able to successfully return to the same level of housing and supports. The remainder were assessed to need skilled nursing level or long term rehabilitative care and transitioned following a planned discharge.

As the preceding statistics indicate, these individuals often experience challenges integrating within the community; demonstrating increased severity of illness and medical complexity which are subsequently exacerbated by comorbid conditions and complications resulting from long-term use of alcohol, tobacco products, and other licit and illicit drugs. Pathways Homes has the demonstrated ability to meet these individuals where they are, partnering to effect positive behavior change and small gains towards improved illness management and incremental lifestyle changes. When clinically indicated, Pathways has also succeeded in assisting these individuals to transition to more appropriate levels of care thereby maintaining individual dignity, health and safety.

The proposed programs will integrate Pathways commitment to providing affordable, stable permanent housing with a comprehensive array of permanent stable housing, and evidenced-based long-term support services to individuals within a Housing First, Harm Reduction and recovery-based model. A full array of services will be provided with the duration of services determined by individual need. Resident participation in these services will be voluntary as no resident will be required to receive services as a condition of housing. However, all residents must comply with a standard lease or program agreement and will have available to them the services and supports that are necessary to help them do so successfully.

The individuals in these homes are also often challenged with comorbid chronic medical conditions that require monitoring and consistent follow up. Almost all the individuals Pathways is currently serving in these programs have a comorbid medical diagnosis. Staff in these programs have already connected current residents to all the benefits for which they are eligible and 100% have at least one medical insurance and are connected with primary care physicians and other specialized services as needed. Stall will provide medical and mental health collateral case management services to these and new residents by expansion, that will include medication management, symptom management, crisis intervention and prevention, and support in attending healthcare appointments and advocating around healthcare needs. Both programs will also provide for social/recreational activities and access to community resources.

Pathway Homes' proposal for the Supervised Residential Services RFP is to provide housing and a continuum of supportive services from the highly structured Supervised Residential Intensive (SRI) to the more independent Supervised Residential (SR) program. Services at the more structured end of the spectrum, the SRI program, will include overnight on-site staff coverage while the SR program will have overnight and/or on-call access to a Clinical Director as needed to address the needs of those served. The SRI level services are currently provided to 16 individuals residing in the Calamo Street and Terry Drive properties. These two homes are in

close proximity to one another which leverages staff within one clinical team to maximize staff hours in providing services to both homes. This team approach allows for greater flexibility with staff assignments to address clinical needs as they arise. When one home has individuals with greater clinical acuity, staffing can be increased or specifically directed to that site.

The Terry and Calamo homes included in this proposed design currently have staff on-site daily and a minimum of one overnight counselor on site 365 days a year. Pathway Homes proposes expanding this program by one physical site to increase the number of persons served to 19 individuals. The new site will be located in close proximity to the Calamo and Terry homes in order to maximize the benefits of using one clinical team to meet the needs of the individuals in this program as those needs change, without having to add new staff at increased cost. The homes at this service level will collect a monthly program fee calculated at 30% of adjusted gross income and a monthly food fee of \$150. The homes at this service level will be licensed by DBHDS for Supervised Living services.

Characteristically, the individuals receiving the level of services proposed for the Supervised Residential Services component of this RFP have demonstrated significant impairment in their ability to reside in the community independently and, frequently, in community programs with less support. Residents in these programs have a history of difficulties in managing the symptoms of their illness, attending to their complex medical and mental health needs, structuring their time, socializing and maintaining a healthy personal care regimen. The home environment is therefore designed to meet residents' physical, social and psychological needs. The proposed programs will promote individual health, security and happiness and provide the opportunity for residents to achieve the highest level of independence and autonomy possible. Residents will receive supportive services that protect privacy, promote dignity, and foster personal responsibility.

The SRI program, which is a design closer to congregate living, will ensure three nutritious meals are available daily, and that nutrition education and skill building in meal preparation is part of daily programming. In the less structured SR program, nutrition education and skills training will also be available and, since residents are purchasing their own food, counselors will offer skills training in the grocery store in areas such as reading nutrition labels, making healthy food choices, and comparing prices while remaining within an established budget.

The SRI-level homes are currently designed to provide each resident with either an individual or shared two-person bedroom. Bedrooms will be fully furnished by Pathways, if needed and desired, or by the individual if they have the resources and desire to do so. The homes will hold weekly house meetings to facilitate problem-solving and conflict resolution among residents, solicit input into the development of a household tasks schedule and menu planning, and to explore socialization and recreational opportunities available in the community.

Housekeeping will be a shared responsibility within the homes at both service levels to ensure that the highest standard of cleanliness is maintained. As part of the daily routine, residents will be encouraged to clean up after themselves and to complete assigned household tasks. Staff will be available to provide the prompting and modeling that facilitates skill building. Additionally, in the SRI program, professional housekeeping services will be utilized monthly to complement the program's goal of supporting residents in being as self-sufficient as possible. Staff will also

model cleaning standards for residents by maintaining the office space and doing light housekeeping as needed.

The less intensive SR program will utilize the current scattered site program design that has been effectively used throughout the many years Pathways has been entrusted with its operation. Each site will house three residents and will have 0.5 FTE hours of Mental Health Counselor II assigned to provide collateral case management and skill building services. The homes at this level of service will have access to an on-call clinical director at times when direct care staff are not on-site, including during overnight hours. Residents will sign a lease with Pathway Homes and rent will be calculated using the HUD formula which translates to no more than 30% of adjusted gross income. Pathway Homes proposes to initially serve 24 individuals under this design.

This proposed program design within a continuum of service levels reflects Pathways' ongoing commitment to supporting people with a diversity of strengths and needs to integrate into the community. The program will provide comprehensive and flexible services that promote the principles of individuality, personal dignity, and self-determination while meeting individuals where they are in the continuum. Pathway Homes has a successful track record of offering programs which are fully integrated into the clinical and community support network of the CSB and many other Fairfax County and Northern Virginia public and private agencies. Pathways' continuing goal is to operate these programs in a productive, close partnership with the CSB to successfully enhance the functioning and quality of life of all program residents.

5. Tasks to be Performed:

- 5.2. Supervised Residential Services, at a minimum, shall include the following components:
- 5.2.a. Provide overnight care with supervision and skill-building services. The model proposed shall be consistent with the Core Taxonomy description for Supervised Residential Services. 365 units of service per year for each client served are required. A unit of service shall equal one bed day as defined in the Core Taxonomy.

Pathway Homes proposes a continuum of support within the Supervised Residential Services program to include Supervised Residential Intensive (SRI) and Supervised Residential (SR). Both of these programs will provide access to overnight support consistent with the Core Taxonomy requirement for each level of service.

The SRI program will provide housing and services to 19 individuals. The housing for this program will consist of three properties in close proximity to one another thereby leveraging the staff hours within one clinical team to provide support services and milieu management. This program will have a minimum of one awake overnight counselor on shift and available to the program residents 365 nights of the year. The awake overnight counselor will be responsible for ensuring continuity of skill building activities as opportunities present themselves during the night and during medication time in the morning. Pathways also has a well-established relief staff pool to complement the full-time staff and ensure uninterrupted coverage and skills building services during staff absences or crisis situations. This level of care and supervision has proven to be successful during the many years Pathways has provided housing and services to the residents currently served in the existing program addressed in this RFP. As a result, despite the sometimes debilitating effects of acute and chronic psychiatric and medical symptoms only one (6%) of the 16 individuals served in this program during FY 2016 required psychiatric

hospitalization. Additionally, only three (19%) were hospitalized medical reasons during the year.

The SR program will provide housing and services to 24 individuals in scattered site, three bedroom houses or townhomes. The residents in these homes will have daytime clinical support and have access to an on-call clinical director during the overnight shift and anytime that a staff is not on-site.

Overnight skill building services will be provided as needed to promote health and safety and facilitate the development of adequate symptom management and coping skills. Crisis stabilization services are also available as needed. Due to the level of staff supervision and supports provided in the SR level program by Pathways, 71% of individuals Pathways currently serves in these homes successfully stayed out of psychiatric hospitals and 76% stayed out of medical hospitals during FY 2016. These positive outcomes for both programs result from the long-term investment of Pathways' staff in these residents' recovery as well as the flexibility of supports provided in a permanent stable environment.

- Providing housing/bed capacity for Supervised Residential services (e.g. supervised apartments that are licensed residential programs or sponsored placements that provide financial, programmatic, and service support (Refer to 1.8.)
- 1.8. Proposals for Highly Intensive Residential and Supervised Residential Services shall include housing as part of the service.
- Housing for Supervised Residential All of the forty-one to fifty (41-50) beds needed for this service beginning no later than July 1, 2017, shall be at sites secured by the offered and located centrally within the boundaries of HPR II or within Fairfax County. Up to three beds with on-site overnight supervision may be located outside of Fairfax County but within the boundaries of HPR II.

Pathway Homes has the advantage of a full housing inventory to address a large majority of the requirements of this contract. Notably, Pathway Homes is the contractor currently serving all active individuals in the proposed service design. At most, three additional 3-bedroom properties (1 for SRI & 2 for SR) may need to be secured as part of startup. Pathway Homes has demonstrated the capacity to lease, purchase or identify collaborative partnerships to respond to new housing needs no later than July 1, 2017. Two homes needed to serve the existing 16 individuals in the SRI program are already part of Pathways housing stock and are located and fully integrated into a Fairfax County community near easily accessible public facilities, community resources, and local businesses. The third location, intended to increase the number of individuals proposed to be served to 19, will be secured and located within close proximity to these existing homes.

Pathways is also currently providing services to individuals targeted for the SR program. Pathways will utilize its significant housing location and leasing resources to locate and secure the additional units needed to house the remaining individuals targeted for this service level.

See Attachment I: Pathways Relevant Housing Inventory.

5.2.c. Provide staffing that supports overnight care, varying clinical acuity and milieu management. On-site overnight supervision is needed for a minimum of 19 individuals beginning July 1, 2017. Overnight supervision that is drop-in or on-call is needed for a minimum of 22 individuals beginning July 1, 2017. Adjust staff support, as required, to address the clinical acuity of individuals served.

The proposed Supervised Residential Intensive (SRI) program will have 3 FTE overnight staff assigned to the program to ensure the minimum overnight staffing coverage. Currently Pathways operates the program at the proposed service level with Overnight Counselors providing a required staff to client ratio of 1:16. Upon contract award Pathways will expand the program by one physical site and will have adequate staffing to meet the required staff to resident ratio by July 1, 2017.

The staffing patterns for this program will be such that the staff coverage, including the overnight staffing pattern can easily be adjusted based on the clinical acuity of the individuals served at any given time. The program will also use crisis stabilization services and ensure that staff is appropriately based at the site(s) with the greatest need. Additionally, Pathways maintains a pool of residential counselor relief staff. These individuals are contracted to work in the program during staff leave, vacancies, or to support the program when emerging psychiatric or medical issues require a more intensive staffing pattern.

The proposed Supervised Residential (SR) program will provide services to 24 individuals and currently provides residents on-call access to a clinical director 24 hours a day. The on-call director is the main contact for overnight needs/emergencies and will coordinate crisis stabilization services as needed. This service access will continue to be available upon contract award. Additionally, Pathways will leverage a Senior Division Director and Vice President for Clinical services for 24-hour backup on-call coverage to both programs. Both these individuals are actively licensed (LCSW) in the Commonwealth of Virginia.

5.2.d. Provide mental health skill building services that include but are not limited to: development socialization, educational and vocational skills for job placement, and management of illness with continued medication education.

All Pathways' MHC I and MHC II staff are trained in providing skill building services and must meet the QMHP-A requirement at time of hire. Skill building activities are broad in scope and address any functional deficit or barrier to independent living and fully integrating into the local community. These services are highly individualized training services that enable individuals to achieve community stability, integration and independence. Services are driven by the individual's strengths, needs, abilities and preferences.

Training will be provided in health, nutrition, and effective management of medical conditions. Assistance and training will be offered in medication management to include psychoeducation, obtaining medication refills, securing or maintaining health benefits, attending medical appointments, following through on doctors' recommendations, and self-advocacy. Through Mental Health Skill Building, individuals will have access to training in many functional skills that support safety, utilizing available community resources, social networking, employment, education, advocacy, and citizenship. Skills building utilizing evidence-based strategies such as Motivational Interviewing have resulted in positive outcomes for the individuals Pathways currently serves in the programs proposed in this RFP. In addition to the outcomes relating to psychiatric and medical hospitalizations, 100% of residents in the SRI service level engaged in some form of productive daily activity during FY 2016. This included job readiness training, volunteering or involvement in a day program. In the more independent SR service level, 24% of the individuals Pathways currently serves were employed. This is significant considering that the industry average for employment in this population is typically 15-20%.

Pathways person-centered approach results in positive outcomes such as those referenced above because it recognizes that recovery is an individual journey rather than an event, and that each individual's journey will be unique and require focus on the development of different skills. As such, Pathway Homes' staff partner with residents to explore their personal goals and strategize around barriers that may hamper progress towards those broader aspirations within the parameters of recovery and their Individual Service Plan (ISP). For example, If needed, residents will receive budgeting and money management skills training from staff. Each resident will be assisted in anticipating expenses and developing a budget at the beginning of the month. When money management is assessed as an area of need, budgeting skills will be incorporated into the resident's ISP. The assigned staff will collaborate closely with the rest of the team to monitor resident's progress and challenges and will provide immediate feedback to residents regarding these successes or barriers in adhering to the established budget. For those residents who may not have all the benefits to which they are entitled or who may have experienced an interruption in benefits, staff will be directly responsible for working with assigned residents to maintain and renew benefits to include support in completing the paperwork and securing the documentation needed to obtain and/or maintain benefits. Currently, 100% of the individuals Pathways currently serves in these programs have at least one health insurance.

A comprehensive recovery plan incorporates both mental and physical wellness. As such, skill building activities will also prioritize illness and symptom management. The staff in the proposed programs has demonstrated outstanding and successful efforts on a daily basis to coordinate all aspects of resident healthcare resulting in less than 30% of individuals requiring hospitalization during the year. These efforts include administration and monitoring of medications, routine screenings, mental status and symptom management monitoring, and the provision of psychoeducation or linkages to appropriate community providers and resources to address these needs. Program staff will focus on preventative health care through the facilitation of health focused groups, individual education and training on managing health issues, tracking and organizing annual physicals, eye exams, regular inoculations, medication management, and dental services. Staff will utilize proven strategies to increase follow through with doctors' orders, prescription directions, and lifestyle changes to improve functioning and overall health and wellness.

In general, the programs will provide psychiatric and medical case management and mental health supportive services that include medication management, symptom management, counseling, skills development and crisis intervention. In addition to the specific examples provided above, each resident will be assisted in developing and implementing an ISP that emphasizes the enhancement of daily living skills such as personal hygiene, money management, transportation, socialization and interpersonal skills, self-advocacy, recreational activities, cooking and nutrition, and routine household tasks. Pathways demonstrated ability to link residents with resources and benefits is evident in 100% of the individuals currently served in these programs having one or more types of health insurance that make it possible for them to take advantage of integrated health care services to address acute and chronic trimorbid conditions.

Other gains experienced by the residents referenced in this proposal, and currently receiving services from Pathways, are reflected in increased participation in community events and an individualized pursuit of the good life. For example, residents in these programs have gone from

exhibiting isolating behaviors, amotivation, and other negative symptoms, to creating and exhibiting art, serving on the Pathways Consumer Advisory Council, and getting jobs. It is our belief that there is no greater proof of recovery in action than in the awakened consumer voice that self-identifies what recovery means and how our services can promote that for each individual.

5.2.e. Transport clients to appointments and activities, as needed.

All clinical staff are required to have a current Driver's License, complete an initial and annual online safe driving course, and be capable of transporting residents when needed, either in their personal vehicles or in an agency van. Individuals assessed as being medically or cognitively compromised will be transported by staff to medical and psychiatric appointments in order to assist them with attendance, communication of needs and symptoms, advocacy, and comprehension and implementation of any physician recommendations.

Program staff will assist all individuals in developing greater independence in transportation and accessing community resources. Each individual will be assessed for the knowledge and ability to utilize public transportation or transportation services. This assessment will include consideration of cognitive abilities, socially inappropriate behaviors, ability to communicate needs independently, and ability to adapt or react appropriately in the event of an emergency.

Individuals will initially be assisted with identifying and scheduling appropriate transportation services. Staff may accompany the individual on the initial rides with the transportation service to provide support and engage the resident in problem-solving. With staff monitoring, the goal will be for the individual to eventually become responsible for scheduling the transportation, securing and communicating the precise location, and responsibly canceling when needed. In addition, individuals will be routinely offered training in utilizing public transportation, learning bus routes, obtaining reduced rates access cards, and including transportation costs in their monthly/weekly budgeting plan. Included in this training will be basic conflict resolution and social skills training to proactively address the needs of those individuals with limited or compromised interpersonal skills.

5.2.f. Ensure nutritional meals and nutritional snacks are available daily and encourage client participation in the development of menus and meals.

The Supervised Residential Intensive (SRI) program will ensure food is available for three healthy, well-balanced meals per day. Residents will be encouraged to prepare breakfast and lunch from a wide array of options. A selection of fruits will be offered throughout the day and a variety of evening snacks provided at bedtime. Staff will be available during meal times to provide education and training on nutrition and meal preparation. Dinner will be planned as a group meal to allow for skills building and socialization. During weekly house meeting, residents will sign up to cook the evening meal on a rotating basis, and the menu will be developed with input from the group. At Pathways residential programs of this level of care, a great deal of thought and consideration goes into planning each menu, with nutritional value and resident choice being of the utmost importance. Menu accommodations will be made for residents based on health or religious preferences.

Meal planning and preparation offer an opportunity for staff to engage in skill building with residents. Nutritional education, safe food handling training and basic cooking skills are all

emphasized as part of the program. For residents who have demonstrated strong skill sets and are working towards transitioning to a lower level of care, the option to opt out of the group meal will be available. These residents will be supported with meal planning, grocery shopping and preparing individual meals with staff input and support adapted as needed.

In the Supervised Residential (SR) program, the focus will be on residents learning the skills to independently manage nutrition and meal preparation. Services will be designed to provide residents skill building in the areas of: budgeting to ensure adequate funds for food; nutrition education; safe food handling education and training in basic cooking methods. For residents with limited resources, staff will facilitate applying for entitlements such as food stamps or SNAPS and accessing available community food banks and other resources. These individuals will be supported to work on budgeting skills at the same time that is aimed at helping them stretch their fixed income budgets and limited financial options.

5.2.g. Ensure the housing facilities are safe, clean, sanitary, well maintained and appropriate to the needs of the clients. Oversee cleanliness of the common areas, client bedrooms and bathrooms, and client clothing and bedding. Encourage the clients' full participation in the care of the home, personal space and clothing.

Pathways' goal is to provide a non-institutional, warm and homelike environment that addresses the need of all residents to live in a stable, safe, and supportive place. As such, all Pathways' homes are designed to empower and encourage residents to realize their individual potential in the least restrictive environment in which they are capable of living. Pathways philosophy and experience is that the comfort and quality of an open and inviting, homelike residential atmosphere is a critical first step to normalizing the lives of residents in a manner which values their privacy, enhances their personal dignity, and gives root to the beginnings of their journey of recovery.

Pathways strives to provide living environments that are attractive, clean, safe, well maintained and attractively furnished. Pathways' properties are inspected each quarter by the agency's maintenance team to assess for needed repairs, preventative care, and potential safety issues. In addition, direct service staff performs a safety review of the physical site on at least a monthly basis. All residents are encouraged and supported in decorating bedrooms in a manner that is individualized and comfortable. Residents are engaged in the process of selecting replacement furnishings, rugs, cushions, and artwork when these items are due for replacement. This exercise not only ensures resident engagement and ownership in the upkeep of the home, but also provides additional opportunities for developing skills in problem-solving, conflict resolution, and compromise.

During 2011, Pathway Homes was the recipient of a Fairfax County CDBG-R grant to provide substantial renovations and improvements to many of the existing homes that will be provided in response to this RFP. Specifically; major kitchen renovations, windows and doors were replaced, flooring was replaced with either hardwoods or laminates, appliances were replaced with energy star high efficiency models in the kitchens, modifications were made to the exterior of two homes that added ramps and railings for greater accessibility for residents with mobility impairments, grab bars were added to the bathrooms in shower and tub areas, sidewalks and driveways were resurfaced and other electrical upgrades were completed to ensure that the homes meet current Fairfax County building code standards. These facelifts and renovations

were completed with high quality finishes and equipment that have improved the residents' quality of life in the houses that they call home.

All residents receive skills-building services in basic housekeeping tasks and are encouraged to participate in household tasks on a daily and weekly basis. In this program, staff provides direct supervision, modeling, and both one-on-one and group training in the skills needed to maintain a house in a healthy, safe, and sanitary manner. Residents' satisfaction in this area is reflected in 95% of Pathways residents reporting that they like their homes, in the 2016 Pathways Consumer Satisfaction Survey.

5.2.h. Ensure the security and safety of the clients and staff, to include physical safety and environmental safety.

All Pathways clinical staff also receives comprehensive orientation and ongoing training in emergency preparedness to include, infection control, fire safety, workplace safety, and natural and man-made disasters. All staff members are responsible for knowing how to implement the agency emergency response plan and how to access supervisory support and community resources for residents as appropriate.

All residents will receive comprehensive orientation which includes emergency preparedness. The program will offer monthly training and review of emergency preparedness topics such as fire and carbon monoxide drills; severe weather; medical emergencies; threats of violence; utility failure; community wide disaster; and bomb threats. As part of the monthly training, staff will provide training for residents in the use of smoke detectors, carbon monoxide detectors, fire extinguishers, flash lights, first aid kits and emergency supplies. Residents also receive safety training in areas such as pedestrian safety, fire prevention related to cigarette disposal and stove use, and basic home security. For any individuals demonstrating unsafe practices, in the home or in the community, safety training is more rigorously addressed through inclusion on the Individualized Service Plan.

Pathway Homes' maintenance staff will complement the safety measures outlined above by conducting thorough quarterly inspections of each property to assess for needed repairs and any health or safety risks. Any identified items will be addressed in a timely manner, with issues identified as health and safety threats resolved immediately. Maintenance issues which arise between inspections will be promptly reported to the maintenance team and Pathways maintains an after-hours on-call number for staff or residents to reach needed support whenever emergencies arise or a potential risk is identified.

5.4. Ensure transition activities are completed prior to the start of services. Transition activities shall include, but are not limited to, securing and furnishing housing sites as needed, inspections, hiring, background checks and staff training.

Pathway Homes currently owns many of the properties that will be used for this project. Three additional sites will be secured to expand the existing bed capacity for the initial start-up of both proposed programs. As owner or operator of over 250 properties, Pathways has a well-established housing location and leasing process in place and will have the sites identified and ready to lease by April, 2017. At the time of the contract award, Pathways will finalize securing the properties and will place orders for a pre-planned furniture package, including delivery, with an existing vendor. All properties will be furnished and fully operational by July 1, 2017.

Pathway Homes has applied to DBHDS to be licensed for Supervised Living Services, a new license type for Pathways that is required for the programs proposed in this RFP. All inspections related to this service level will be completed prior to July 1, 1017.

Pathway Homes has a majority of the staff identified for this program already in place as we are currently providing services to the majority of individuals in the existing programs. Once the contract award is announced, Pathway Homes will begin the interviewing and hiring process for any additional staff not already in place. All new staff will go through the background check process and orientation in order to ensure program operations begin by July 1, 2017. A notable advantage is that Pathways already owns and/or operates the existing housing stock required to serve the individuals proposed in this RFP. This means that there is no anticipated delay between contract award and property acquisition hence a seamless continuation of housing and services should Pathways receive the award.

5.5. Accept client referrals made by NVRPO and/or the Fairfax-Falls Church CSB for the continuum of residential services described herein. In the event the Contractor determines that they are unable to meet the needs of the client referred, the Contractor is required to submit a written summary to the referring agency within 48 hours of the referral being made that includes a clinical review and a discussion of the rationale used to make the determination.

Pathway Homes will accept referrals from the NVRPO and/or the Fairfax-Falls Church CSB according to the process agreed upon at the time of the contract awards. Pathways agrees that in the event a referral is declined, Pathways will provide a written summary to the referring agency within 48 hours of the referral being made that explains the clinical rationale for the decision.

5.6. Provide Individualized Service Plans, as required by DBHDS licensing requirements.

Pathway Homes' person-centered approach incorporates each individual's strengths, needs, abilities, and preferences. Services provided are inclusive of, and sensitive to culture, gender, race, age, sexual orientation and the communication needs of the individual served. Pathways utilizes a strengths-based approach and employs Motivational Interviewing techniques to assist residents in identifying and overcoming ambivalence that hinder movement towards personal long-term goals. Staff members will assist residents in developing a heightened awareness of personal strengths and talents, thereby strengthening the individual's self-confidence and self-image.

The person-centered approach requires staff to meet each resident where they are in the change process therefore all staff members are trained in implementing Stages of Change strategies based on each individual's readiness to accept the need for behavior change. As a result, interventions in the ISP will reflect each individual's stage of change, for example, an individual in Precontemplation stage will have interventions that focus on outreach and engagement, education, and risk management. Conversely, an individual in the Action stage of change will have interventions that focus on goal setting and identification of action steps towards those goals.

Through this collaborative process, the ISP will clearly identify person-centered goals, measurable objectives and realistic action steps that residents will take towards goal attainment. The ISP will also identify active interventions that staff will use to support goal progress and address barriers identified in the assessment process. Based on the resident's change readiness,

the initial ISP might only identify building trust as the individual might not be ready to work on anything else at that time and identifying other goals would be a set up for the resident to fail.

The ISP will be reviewed at least quarterly and modifications made in response to achievements, progress and barriers encountered. The emphasis of the service planning process will be on finding the balance for each resident between teaching the resident to be as self-sufficient as possible, and ensuring that all essential needs are met regardless of level of motivation or ability.

5.7. Provide crisis intervention and stabilization coordination with the CSB Emergency Services staff and regional crisis stabilization program to ensure all reasonable efforts are made to maximize the client's potential to remain in the community and prevent hospitalization.

Pathways has existing practices in place to provide crisis intervention and stabilization in coordination with CSB Emergency Services staff so no startup is required in this area.

A critical best practice for managing crises in clinical settings includes developing a crisis prevention plan. Crisis planning will begin at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program staff will work collaboratively with each resident, previous providers and family members to proactively identify potential triggers in the home or in the community and collect collateral information vital to a comprehensive risk assessment. Staff will work with residents to develop Wellness Recovery Action Plans and/or safety contracts to help them manage safely both in the home and in the community.

As mentioned previously, all Pathways clinical staff are trained in TOVA behavior support techniques. All staff are also required to be familiar with, and evaluated on their demonstrated knowledge and ability to implement and support all crisis plans, behavior support plans, and ISPs. At the same time, crisis intervention and management is a collaborative process, therefore, at the earliest indicators of a potential crisis, Pathways' staff will work closely with CSB case managers to arrange for family and/or treatment team meetings and to put greater supports in place as indicated. The goal of these supports will be to assist the resident in maintaining safely in the community and to minimize the need for hospitalization or other types of inpatient treatment. The Pathways and CSB clinical teams will work collaboratively to identify risks and to develop a safety plan tailored to the needs of the individual resident. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors, and increased supervision of the resident in their daily routines to facilitate immediate staff intervention.

In the event that the crisis prevention and intervention strategies are ineffective and the resident's behaviors present a risk to self or others, staff members are trained in accessing Emergency Services and the CSB Mobile Crisis Unit. The CSB Mobile Crisis Unit provides scheduled and unscheduled crisis intervention, assessment, referral, crisis prevention, and consultation services to individuals experiencing an emotional or psychiatric crisis. Services may be provided face-to face or by telephone, and are available 24-hours per day. They will also be utilized to secure transportation to Emergency Services as needed.

As evidenced by the significant decrease in residents' need for psychiatric hospitalization following admission to Pathways, the agency has a demonstrated history of managing crises

successfully in the home and community, thereby decreasing the negative personal and social consequences of incarceration and/or hospitalization, and saving taxpayer dollars. Specifically, 81% of the residents in these proposed programs were able to successfully manage psychiatric symptoms without requiring hospitalization during the past year and 78% successfully managed medical symptoms without the need for hospitalization.

In the event the program has to close, Pathways will work closely with the resident, CSB staff and any new vendor to ensure pertinent clinical information is shared that will promote continuity of care and minimize the occurrence of clinical crises as a result of the transition.

5.8. Access and maximize all funding sources available including all client funding sources, as appropriate (e.g., client feels, Auxiliary Grants [additional supplemental income to clients receiving Supplemental Security Income], and linkages to prescription Patient Assistance Programs for client medications that have out-of-pocket expenses).

Monthly fees for the Supervised Residential Intensive program are based on each resident's income and ability to pay and are calculated at no more than 30% of the individual's adjusted gross income. This fee is certified annually and anytime the resident requests an interim rent adjustment due to their income decreasing, or allowable expenses increasing. All residents will be provided a copy of the determination of the rent to be paid at the time their income is certified. A monthly food fee is also assessed for this program, currently set at \$150.

It is anticipated that most of the individuals who have Medicaid or similar health insurance coverage, will meet the criteria for Mental Health Skill Building Services. Pathway Homes will seek authorization to bill Medicaid for qualifying services for those who are have eligible coverage. Individuals who do not have health insurance upon entry to the programs will be assisted to apply for such benefits and supported in accessing healthcare services through the Fairfax County Health Network while they wait for their benefits to start.

It is Pathways' commitment always to ensure that the individuals served in these programs access all available local, state, and federal benefits for which they are eligible, including housing subsidies when they are able to move to other permanent housing with fewer supports. Pathways has an existing inventory of houses and project based vouchers that may assist in helping these individuals make the transition to greater independence when they are ready to do so.

5.9. Ensure all residential sites used for the provision of services meet state licensure requirements for the services provided, are central to the Northern Virginia region, accessible via public transportation and are non-institutional in appearance. All housing provided to meet the needs of the Fairfax-Falls Church CSB must be located within the boundaries of Fairfax County.

Pathway Homes operates all of its programs in accordance with all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. All housing, as part of this proposal is located in Fairfax County within easy walking distance to public transportation, grocery stores and other community amenities.

Pathways selects sites that are accessible to local community amenities with seven-day-a-week bus transportation nearby. Sites are selected to be within close proximity to a wide range of community and support services, including the Community Mental Health Centers, affordable health care clinics, social services provided by the County and by various non-profit agencies,

and alcohol and drug services and 12-step recovery groups. Pathways also selects locations that have access to shopping centers, restaurants, churches, movie theaters, a post office and recreation and employment opportunities, all of which offer residents normal community living. Pathways will work to ensure that locations comply with appropriate and applicable federal accessibility standards and laws, and accommodates ADA standards to the greatest extent possible. Additional accommodations for residents will be added to residences when possible to accommodate specific needs and disabilities.

Pathway Homes currently has a robust housing inventory, and anticipates the need to only purchase or lease three additional properties to be able to house 43 individuals in these two programs in sites across Fairfax County. Most of the individuals proposed in this proposal are already housed and receive support services in Pathways housing, all of which are located in safe neighborhoods within accessible communities surrounded by public amenities and transportation. We have adequately budgeted for the additional properties needed to expand after reviewing comparable properties in the general area. Refer to budget and list of existing inventory for details.

See attachment I: Pathways Relevant Housing Inventory.

5.10. Provide services that are culturally and linguistically competent and consistent with the National Standards on Culturally and Linguistically Appropriate Services (CLAS) as identified and defined at https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclassstandards.pdf to include certified interpretation and document translation services, as needed, to communicate with non-native English speaking clients.

Pathways prides itself on providing culturally competent and linguistically appropriate services and addresses this in the agency's Accessibility Plan and Cultural Competence and Diversity Plan. This translates into adding multilingual staff to address residents' needs as they arise, and investing in staff training around issues of diversity and culturally-based resident preferences. It also translates into matching resident needs with additional appropriate community resources to ensure that assessments and ISPs are written in a manner that is understandable to the resident and that translation services are provided, at no cost to the resident, when the resident is not a native English Language speaker, or prefers written communication in a language other than English.

Specifically, residents with limited English Language proficiency and/or other communication needs will be offered language assistance to ensure they can access and utilize services provided in a timely manner and at no cost to them. Pathways staff will also inform all residents, during orientation, and periodically afterwards, about how they can access language assistance services and will do so verbally and in writing, in their preferred language, where financially feasible. External translation services will be provided to residents, again at no cost to them, where needed. In choosing external translation services, Pathways will show due diligence in vetting the competence of interpreters to ensure that untrained individuals or minors are not used as interpreters. Pathways will also minimize the use of family members as interpreters as it has been shown that using family members in this role is not always in the best clinical interest of the client.

6. Licensing and Other Requirements

- 6.1. Maintain the appropriate DBHDS license for the service(s) proposed and comply with all applicable rules and regulations as a licensed provider enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 105. Actual license requirements shall depend on the service levels proposed and will be determined by DBHDS. The offeror must show proof of licensure and show proof by the state of services. At a minimum, proof of the following licensure is required:
- 6.1.a. For Highly Intensive Residential Services, licensure for Group Home or Community Residential Service;

Not applicable.

6.1.b. For Supervised Residential Services, licensure for Supervised Living;

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide Mental Health Community Support Services for adults with serious mental illnesses. In preparation for responding to this RFP, the agency has submitted an application to DBHDS to expand its license to include Supervised Living as a service option. These two license types will support the service design Pathway Homes is proposing.

Pathway Homes operates all of its programs within all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. A copy of Pathway Homes' Mental Health Community Support Service DBHDS license and application for service expansion are available in Attachment D.

6.1.c. For Supportive Residential Services, licensure for Supportive In-Home.

Not applicable.

6.2. Comply with all federal health information privacy requirements.

Pathway Homes and its partners in the CSB and wider CoC service provider community, have established systems and protocols to manage personal health information in paper and electronic form within Federal guidelines pertaining to the Health Information Portability and Accountability Act (HIPAA). As such, demographic and clinical outcomes data will be securely created, stored, and transmitted and shared only with the necessary authorization and within the parameters of HIPAA. Additionally only aggregate data will be submitted to meet the reporting requirements of this contract and will not include information that will identify any one individual receiving services. Additional protective measures will be instituted with regard to individuals with co-occurring substance use disorders in accordance with 42CFR requirements. All contractors with access to electronic personal health information during the course of doing business with Pathways or its partners will be required to sign a Business Associate Agreement certifying that they will implement appropriate measures to ensure the protection of all e-phi relating to service recipients in this project.

Additionally, all Pathway Homes' staff and residents receive training during orientation and annually on Confidentiality and HIPAA. Ongoing education is also provided as needed and appropriate, to ensure compliance with all federal health information privacy requirements. Documentation of training is maintained for staff in the Relias on-line training system and in the

electronic medical record for residents. Documentation of training for residents is maintained in clinical records.

6.3. Adhere to the Centers for Medicare and Medicaid Services' Home and Community-Based Services Final Rule. Highlights of the rule include the following requirements:

6.3.a. Ensure individuals have been given choices regarding their setting options;

The objective and tradition of Pathway Homes for all 200+ residences it currently owns and/or operates within Fairfax County, has always been to provide living environments which are personal, attractive, clean, safe, well maintained, and attractively furnished. Agency standards require that housing be maintained in a manner where any staff, family, or Board member would be comfortable living.

Pathway Homes, as the primary and most experienced nonprofit provider of permanent, supportive mental health housing and services within the Fairfax community, has a detailed and comprehensive knowledge and understanding of many of the individuals currently receiving Supervised Residential services and has provided successful and high quality services for these individuals for many years. The level of service, transition to another setting is incorporated into recurrent assessments and reviews, with the resident encouraged to explore all potential housing options available to him or her. As a result, 85% of individuals Pathways served in 2016 stated that all available housing options were explored with them.

As part of this contract Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other areas of HPR II over the course of the contract. Pathways engages all prospective and current residents in a discussion about their choice of housing and service provider and will do so with the individuals in these programs. The initial screening to ensure individual choice will be conducted by the referring CSBs, which will provide information about different provider housing options and services. Upon referral, Pathway Homes will offer the individual an interview to explore all aspects of the program and a visit to meet housemates and tour the home. The individual will be given the option to accept or decline the housing without fear of such a response negatively impacting that person's ability to apply and be considered for future vacancies in these programs.

All residents will be actively encouraged to decorate/personalize their bedrooms and will have input into the décor of common areas. Resident input will also be sought with most aspects of programming i.e. meal planning, scheduling activities, creating and revising house rules, developing shared housekeeping responsibilities, ISP development, etc. In all Pathways' homes, the primary purpose is not simply to design a program, but to develop a caring and supportive community which promotes individual choice, health, security and happiness.

6.3.b. Guarantee individuals' rights of privacy, dignity, respect and freedom from coercion and restraint;

Pathway Homes is committed to protecting, supporting and empowering consumers to fully exercise all legal, civil, and human rights. Among these rights is the right to be treated with dignity and respect at all times; the right to privacy, the right to live free from abuse, neglect, coercion or exploitation and the right to be free from seclusion and restraint.

All staff members and residents receive Human Rights training as part of orientation and at least annually thereafter. Human Rights posters are posted conspicuously in the homes and prominently list the contact information of the county Human Rights Advocate. Pathway Homes is also affiliated with the Fairfax-Falls Church LHRC and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

In addition to Human Rights training, Pathways requires all staff to complete Relias Learning modules that integrate best practice education and research essential to creating a recovery environment. Staff members learn and describe recovery concepts that focus on developing a sense of hope, personal responsibility, building a strong support system, and self-advocacy, and are expected to create a recovery-based environment using recovery language when partnering with the individuals they serve. Training on the personal Bill of Rights for those with mental illnesses reinforces that the individuals we serve have the same rights as anyone else, and assists staff in empowering residents through education of these basic rights.

Pathway Homes is committed to ensuring privacy. In addition to confidentiality and HIPAA standards, Pathway Homes is also committed to providing personal privacy in the home. Bedrooms and bathrooms meet all DBHDS standards and allow for individual resident privacy. Privacy when using the telephone, having visitors and/or opening and reading mail are all protected rights within Pathways' programs.

Pathway Homes prohibits the use of seclusion and restraint. All staff members are trained in managing behavioral emergencies with an emphasis on relationship building and de-escalation. All staff are also trained in recognizing the signs of abuse neglect and exploitation and on the role of staff as a mandated reporter.

6.3.c. Optimize autonomy and independence in making life choices;

All new employees receive a comprehensive orientation that is supplemented with an Employee Orientation Handbook and online access to policies and procedures as well as related training materials. The orientation program is designed to instill in all employees the value of a recovery-based philosophy in the provision of services as essential to the agency's mission, vision and values. The orientation program is a structured, tailored curriculum that highlights agency philosophy and standards, critical policies and procedures, mandatory state/local/federal regulations, and specific skills training tailored to the job description. Another essential component of orientation is the new employee's ability to embrace the agency's concept of integrating the resident voice at all levels of agency operations. Helping staff to integrate into and celebrate Pathways culture of partnering with and empowering residents' autonomy is critical to our success.

This extensive staff training across all levels of the agency translates into assessments and ISPs that are person-centered and build on individual strengths and preferences. Residents are encouraged and taught to be self-advocates and active partners in identifying personal and life goals as well as the steps needed to reach those goals. In this regard, Pathways staff act as coaches, cheerleaders and passengers as the residents are empowered to take center stage and be in the driver's seat on their recovery journey. As such, the staff role is one of partnering with individuals with an emphasis on teaching problem-solving, evaluating possible courses of action, anticipating possible consequences of each course of action, and analyzing the pros and cons of

each choice. Individuals are supported in making informed choices and being accountable for the choices made.

Residents in the proposed programs will be fully supported in exercising autonomy in their life choices even when those choices are determined to not be the best option clinically. In those instances, staff will use Motivational Interviewing strategies to highlight the discrepancy between expressed goals and observed behavior and focus on outreach, education, and risk management.

6.3.d. Facilitate choice in services and those who provide it.

Pathway Homes is committed to creating a recovery environment in all of our programs. This culture reinforces that residents have the same rights as anyone else, including the right to direct treatment and to have a voice in decisions that impact them. Counselors are trained to facilitate the exploration of options with residents and to ensure they are fully aware of service and provider availability and educated on potential barriers such as insurance restrictions and other related limitations, such as provider waitlist, geographic location, etc.

If awarded this contract Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other parts of HPR II over the course of the contract. The initial screening to ensure individual choice will be conducted by the CSBs, at which time the individual will be provided information about the choice of provider options. Upon referral, Pathway Homes will offer the individual an interview to explore all aspects of the program and a visit to meet housemates and tour the home. The individual will be given the option to accept or decline the housing without fear of adverse impact on being considered for future vacancies. Residents will receive regular education on the service provider options available and on their right to receive services from those available providers of their choosing. Individuals will be routinely assisted with exploring providers available through their insurance plan and are provided assistance and support in making an educated and informed choice.

6.4. Comply with all applicable federal, state, and local laws including appropriate certifications, licensure, inspections and provisions of the Federal Fair Labor Standards Act, as amended;

Pathway Homes operates all its programs within all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended.

6.5. Comply with all applicable rules and regulations regarding the rights of individuals enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 115.

Pathway Homes will ensure that all residents' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. All of Pathway Homes' policies and practices relevant to the assurance of human rights are construed to ensure compliance with the requirements of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of DBHDS (12 VAC 35-115-10 et seq.) and in accordance with state and federal laws.

All staff members and residents receive Human Rights training as part of orientation and at least annual thereafter. Human Rights flyers are posted conspicuously in the homes and contain the contact information of the Human Rights Advocate. All residents and staff are also educated and

encouraged to report any waste, fraud and/or abuse and other wrongdoing without fear of reprisal. Additionally, Pathway Homes is affiliated with the Fairfax-Falls Church LHRC, attends meetings as convened, and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

Refer to Policies: Human Rights & Suspected Abuse Neglect and Exploitation in Attachment J: Policies and Procedures.

6.6. Comply with all applicable local and state codes for food preparation and service.

Not applicable. These programs are not subject to the state requirements and codes applied to food preparation and service in industrial kitchens.

6.7. Comply with all fire and building safety requirements and inspections in accordance with all applicable local and state codes.

Fire inspections are not required for homes with 8 or fewer individuals. Regardless, Pathway Homes does have fire extinguishers, smoke detector and carbon monoxide detectors (homes with gas) in all of the homes referenced in this proposal and will have the same equipment in expansion units within this contract. All fire extinguishers are inspected annually and smoke detectors and carbon monoxide detectors are tested monthly. The SRI homes will also have health inspections annually. All homes will be inspected quarterly by Pathways maintenance personnel to assess for and address any repairs needed to ensure safety of the property. As part of daily program operations, the onsite staff will conduct ongoing environmental assessments and have access to maintenance personnel 24 hours per day.

6.8. Comply with ICRT Program admission, retention and discharge policies as outlined in Appendix D for all Highly Intensive Residential Services provided for HPR II.

Not applicable. Pathways is not applying to provide this level of service.

6.9. Provide a Policy and Procedures Manual that includes all policies and procedures required by DBHDS licensure (See Appendix E).

See Attachment J for Policy and Procedures Manual table of contents.

6.10. Certify Tuberculosis (TB) Screening – Submit to NVRPO and/or Fairfax County as a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form for each employee within 30 days of employment or initial contact with individuals receiving services. The contractor will be responsible for TB screening of its employees. All contractor staff shall be certified as tuberculosis free on an annual basis by a qualified licensed practitioner. Any contractor staff who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease (including, but not limited to fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia) of three weeks duration shall be screened as determined appropriate for continued contact with individuals receiving services based on consultation with the local health department. Any contractor employee suspected of having active tuberculosis shall not be permitted to return to work or have contact with individuals receiving services until a physician has determined that the person is free of active tuberculosis.

Pathway Homes is committed to ensuring the health and safety of all employees, contractors, students, volunteers, and individuals receiving services, and to minimizing and/or eliminating the spread of tuberculosis disease (TB). All employees receive training as part of orientation and annually thereafter on infection control and prevention.

Each employee, contractor, student, or volunteer who will have regular contact with individuals being served is required to be screened for TB by a qualified licensed practitioner to ensure the absence of TB in any communicable form. This evaluation must be obtained within 30 days of employment and rescreening will be required annually for staff members working in the Supervised Residential programs.

Pathway Homes also requires that any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms of three weeks duration or longer is evaluated immediately to rule out the presence of infectious tuberculosis. Any individual suspected of having infectious tuberculosis will not be allowed to return to work or have any contact with residents or other personnel until tuberculosis is ruled out by a qualified health practitioner to be non-infectious. If a staff member develops an active case of tuberculosis Pathway Homes will immediately report this information to the health department.

6.11. Conduct Background Checks – In accordance with Code of Virginia section 19.2-392.02 the contractor will complete a criminal background check on all employees or volunteers who provide care, treatment, education, training, instruction, supervision, or recreation to children, the elderly, or disabled and place such documentation in the employees' personnel files. Proof of acceptable criminal background check will be provided to NVRPO and/or Fairfax County upon request. The contractor shall also ensure any subcontractors are in compliance with Code of Virginia section 19.2-392.02. Department of Behavioral Health and Developmental Services (DBHDS), Background Investigations Unit (BIU) will process requests for criminal background investigations only on DBHDS' licensed providers covered under Code of Virginia section 37.2-416. Providers that operate multiple programs cannot request the BIU to process requests on individuals who work for other programs not licensed by DBHDS. Procedures and associated fees for DBHDS to conduct necessary background checks for DBHDS-licensed providers are found at: http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/background-investigations-unit.

Pathway Homes requires that all employees, and interns and volunteers who will independently interact with residents, undergo a comprehensive criminal background check. All appointees are required to submit to fingerprinting and provide personal descriptive information obtained during employee orientation or on the first day of employment whichever is sooner. The information is used to obtain a national criminal history record and to conduct a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services and the national Sexual Offender Registry. Pathway Homes utilizes DBHDS Background Investigations Unit, DSS and the Virginia State Police to complete the investigation and determine an individual's eligibility. Under state law, an individual is not eligible for employment if there are significant or relevant findings. All background check information will be maintained in a separate personnel file for each appointee.

6.12. Provide proof of ethics, confidentiality, human rights, and professional boundaries training for all employed contractor staff and subcontractor staff annually.

All Pathway Homes staff receives initial and ongoing training, which include professional ethics, confidentiality & HIPAA, human rights and professional boundaries. Proof of training is maintained in electronic format as part of the Relias Learning Management System and will be made available as requested. Transcripts of each staff training record can be downloaded directly from the Relias system by staff and provided on demand.

6.13. Provide a formal performance accountability process that includes evaluation and quality control procedures to monitor clinical progress and effectiveness. The contractor shall provide measures that are taken

at routine intervals and are tied to timely, evidence-based decision making. At a minimum the contractor shall evaluate:

6.13.a. Services and the Quantity of Services Provided.

Pathway Homes has an established Results-Based Accountability (RBA) system that move us beyond simply counting how much we did to evaluating how our performance results are linked to the purpose and goals of the proposed programs, and how they are used to make decisions that improve the program performance in its entirety. In short, we focus on outcomes that monitor and evaluate the program's efficiency as well as its effectiveness. Our system of Results-Based Accountability evaluates performance by putting the customer first, hence is focused on customer-based outcomes and results that show positive impact as a result of the services provided. In short, our RBA outcomes generally ask the question, "How have the services made the consumer's life better?" This means that our RBA outcomes measure conditions of wellbeing that specifically provide answers to the following questions: "How much did we do?", "How well did we do our work?" and "Is anyone better off?"

In establishing our RBA framework for this program, we identified indicators of consumer well-being that relate to the programs' overall goals. These overall program goals address stability in permanent housing, connectedness to, and integration into the community, and positive living (consumer empowerment, choice, hope, support and a sense of self-determination). Within this framework, we will track the number of individuals served each year, and other demographics that provide insight into the unique needs of these individuals, the type and frequency of services provided, and the impact of varying levels of services on the lives of these individuals. This type of insight will help us to not only provide consistently high quality service, it will also ensure that we remain responsive to the changing needs of the individuals in this programs so that the services are flexible enough to meet those needs.

As a CARF-accredited agency, our outcomes measures are collected at routine intervals, specifically at the beginning of services (Welcome Survey, demographics), annually (Satisfaction Survey), at discharge (Discharge Survey), and three months after discharge (Post Discharge Survey). Additionally, service delivery and business functions outcomes measuring efficiency and effectiveness of services, and access to service will be collected bi-annually and trends summarized and utilized to track progress and improve quality of services.

6.13.b. Quality of Service Delivery and Client Responses to Services.

Following this basic RBA approach outlined above, we have established a quality improvement process to monitor and evaluate the quality of services we provide to individuals in these programs by tracking indicators, which measure how we performed in relation to established performance measures. As previously mentioned, we will focus on outcomes that monitor and evaluate the programs' effectiveness and efficiency, and we will also measure consumer satisfaction with the services and overall program operation. For example, in line with the Substance Abuse and Mental Health Service Administration (SAMHSA's) Permanent Supportive Housing (PSH) indicators and CSH's Dimensions of Quality, we will track and report on: stability in permanent housing (days housed in PSH over a period of time), integration into the community (days hospitalized), and positive living, (day activity, employment and income), access to services, and overall satisfaction with services.

At Pathways we also measure how well we did our work through the use of a variety of consumer and other stakeholder surveys mentioned above. We will solicit feedback from individuals in these programs through annual satisfaction surveys, which are well-established tools at Pathway Homes. The questions in these surveys are developed with input from the Pathways Consumer Advisory Council, and in the past years, the Recovery Committee. Two of the questions in the survey are specifically tied to performance indicators measuring access to service, and consumer satisfaction within our RBA system.

These annual surveys will go out in early to mid-Summer with a turn-around time of thirty days. During the past three consecutive years, 94% of individuals served by Pathways have reported overall satisfaction with the services we provide (Satisfaction Measure). Responses in other areas of our annual satisfaction survey showed real customer end results arising from the services we provided, for example, 96% of individuals served by Pathways stated that Pathways staff members treat them with dignity and respect and 90% reported that they like the amount of time they spend with their counselor (Access to Service Measure).

6.13.c. Changes in Client Circumstances after Receiving Services – Are clients better off and how?

In answering what might be the most important question in any quality RBA outcomes system, (i.e. is anyone better off?) we will track skills acquisition and changes in attitudes or behaviors that result from the services provided. Specific performance measures that evaluate our progress in this area will monitor changes in number of psychiatric and medical hospital days, engagement in structured daily activity (discussed above), and ability to remain in stable permanent housing each year. These measures are outlined in the Pathways RBA system as the following performance indicators:

- % of individuals who are involved in a productive daily activity during the year (Residential Services Intensive Program)
- % of individuals employed at least part-time during the year (Residential Services Program)
- % of individuals who do not experience hospitalization for psychiatric reasons during the year
- % of individuals who do not experience hospitalization for medical reasons during the year
- % of individuals who remain in stable permanent housing each year
- % of individuals who maintain or increase their cash income from all sources during the year

It is important to note that all but two of the above measures will apply to residents in both programs proposed in this response. This first two measures (productive daily activity and employment will be applied separately as identified above to account for the anticipated difference in the level of symptom acuity and independence between the two groups. Regardless of the symptomatology of the residents served, this RBA outcomes approach allows us to move beyond simply counting the numbers served (i.e. how much did we do?) to evaluating how lives change by also monitoring and measuring the positive impact of the services we provide to these individuals. In other words, how many individuals served increased their level of independence and how did this improve their lives? Hence, in the RSI program we will

measure the number of daily activities the individuals served engage in each year, while tracking the number of individuals who attain or keep some form of employment in the RS program. In both instances, this system of evaluation will help us identify ways to help residents develop or improve the social and interpersonal skills needed to connect with others within the program and in the wider community, or the job readiness skills needed for gainful employment. We will also track outcomes that measure how our services residents in both programs acquire new, or improve upon existing skills that foster independence, for example, vocational or job readiness training, and ability to maintain or increase all sources of cash income.

The data collected during the year from monitoring performance related to these indicators and trending of results from year to year will continue to help us evaluate our performance and identify and address issues that appear to impede progress in these areas. We have found that utilizing a person-centered approach is effective in helping the individuals served to achieve measurable goals and make positive gains in all areas of their lives. As a result, in FY 2016, 97% of individuals Pathways served remained in permanent supportive housing, 88% did not experience a psychiatric hospitalization, 85% did not experience a medical hospitalization, and 19% were employed. Additionally, 95% confirmed the positive impact we are having on their lives when they reported that they believe the services they get at Pathways help to improve their lives.

6.14. The contractor shall demonstrate how its performance measures support the results sought by the Fairfax County Human Services System (Connected Individuals, Economic Self-Sufficiency, Healthy People, Positive Living for Older Adults and Individuals with Disabilities, Successful Children and Youth, and Sustainable Housing). Further information regarding performance management in the Fairfax County Human Services System is available at http://www.fairfaxcounty.gov/ncs/csipm/rba/.

Fairfax County Human Services System (HSS) is based on guiding principles that empower county residents and includes efforts to maximize the alignment and use of resources, and a focus on prevention and advocacy on behalf of our most vulnerable citizens. To this end, the HSS is committed to the implementation of RBA as a performance evaluation tool. As outlined above, Pathways subscribes to RBA as a management tool to identify, implement, and evaluate performance and service delivery and operational outcomes. Through an established performance improvement process based on evidence-based measures of effectiveness, efficiency, access to service, and consumer satisfaction, the Pathways RBA system directly supports achievement of the results sought by the HSS. Specifically, the individuals in this program will be assisted to achieve positive outcomes in the following areas:

- a. maintain community integration,
- b. increase economic self-sufficiency (to the extent they are able),
- c. improved mental and physical health, and
- d. maintain stable and affordable permanent housing with the supports necessary to prevent a return to housing instability.

The performance indicators listed under 6.13.c. will be tracked to show progress over time and revised as needed to improve consumer outcomes in the areas of well-being outlined above.

7. State Performance Contract Requirements

7.1. The Contractor must be in compliance with all applicable sections of the Community Services
Performance Contract for the Purchase of Community Mental Health, Developmental, and Substance Abuse
Services, as promulgated by the Virginia DBHDS.

Pathway Homes has been a licensed provider of services to individuals with mental illnesses and co-occurring substance use disorders for over three decades. As a licensed and CARF-accredited agency, Pathways is subject to a myriad of internal and external audits to ensure compliance with licensure, accreditation, and other standards. If awarded this contract, Pathways will be in full compliance with all applicable sections of the Community Services Performance Contract governing the Purchase of Community Mental Health, Developmental, and Substance Abuse Services, as promulgated by the Virginia DBHDS.

7.2. The Contract shall also comply with ad hoc requests from NVRPO or the Fairfax-Falls Church Community Services Board for additional information as it relates to meeting the requirements of performance reporting to DBHDS.

Pathways has over 20 years' experience completing Annual Progress Reports for multiple projects funded through HUD, as well as a variety of monthly and quarterly reports for Fairfax CSB, Fairfax County Local Human Rights Committee, and DBHDS. Pathways will complete progress reports and submit to NVRPO and the CSB as required under the terms of the contract if awarded. Aggregated and de-identified data will be submitted electronically via email or other electronic transfer method, including direct entry into DBHDS web portal or database if available. Where possible, reports will also summarize quantitative and qualitative results on performance relating to agreed-upon outcomes and will include trending over periods of time as appropriate. In instances where protected health information is required in the reports, Pathways will utilize its existing HIPAA-compliant secure online communication portal to securely transmit such information.

7.3. The Contractor must also comply with the requirements of all applicable federal and state statutes, regulations, policies, and reporting requirements that affect or are applicable to the services included in the Community Services Performance Contract.

Pathways has extensive experience in meeting the requirements of all applicable federal and state statutes, regulations, and reporting requirements that are applicable to services across its numerous local, state, and federal contracts. As mentioned previously, Pathways also has over 20 years of complying with the reporting requirements of these entities. Pathways will similarly comply with the applicable laws, policies, and reporting requirements that are applicable to the services outlined in the Community Services Performance Contract.

7.4. Any contractor that is licensed by DBHDS and provides services to individuals must maintain compliance with the Human Rights Regulations adopted by the State Board. The Fairfax-Falls Church CSB shall, to the greatest extent practicable, require all other subcontractors that provide services and are not licensed by the Department to develop and implement policies and procedures that comply with the human rights policies and procedures or to allow the Fairfax-Falls Church CSB to handle allegations of human rights violations on behalf of individuals served.

Pathway Homes is affiliated with the Fairfax-Falls Church Local Human Rights Committee and has extensive experience in meeting the requirements of the Human Rights Regulations adopted by the State Board. This committee has reviewed and approved all Pathways' Human Rights

Policies and Procedures. Pathways will continue to comply with all regulatory and reporting requirements. Additionally, all informal and formal resident complaints and grievances will continue to be tracked within the agency's performance improvement system and trends utilized to take corrective action and modify policies where indicated.

7.5. Contractor must submit to the NVRPO and the Fairfax-Falls Church CSB all required data on individuals served and services delivered in the format to be provided by the County. The data is required by DBHDS for the Community Consumer Submission 3 (CCS3). Information on the CCS3 is available at http://www.dbhds.virginia.gov/professionals-and-service-providers/csb-community-contracting.

Pathways has extensive experience completing and submitting reports to HUD, DBHDS, CCFP, the CSB and Fairfax County in a format identified by each of these entities. Through execution of another contract, Pathways is familiar with the DBHDS CCS3 and has the IT and reporting structures in place to complete progress reports and submit to NVRPO and the CSB as required. Aggregated and de-identified data will be submitted electronically via email or other electronic transfer method, including direct entry into DBHDS web portal or database as required. Where possible, reports will also summarize quantitative and qualitative results on performance relating to agreed-upon outcomes and will include trending over periods of time as appropriate. Where data with protected health information is required to be submitted electronically, Pathways will utilize its secure electronic portal or online HIPAA-compliant platform to do so and will ensure that only the minimum necessary information is transmitted in those instances.

7.6. The Contractor must have its own quality improvement system in place or participate in the Fairfax-Falls Church CSB's quality improvement efforts.

Pathway Homes is committed to continuous quality improvement at all levels of operations and services. This commitment is reflected in the agency's robust internal performance evaluation system which was designed to review clinical and business practices and ensure ongoing revision and remediation where indicated. The agency is also subject to at least yearly evaluation from external regulatory and accreditation bodies, namely the Virginia Department of Behavioral Health and Developmental, Department of Medical Assistance, Department of Housing and Urban Development, and the Commission on Accreditation of Rehabilitation Facilities. The agency also undergoes a full financial audit annually in accordance with generally acceptable accounting practices.

Pathways obtains feedback directly from individuals served through its annual Individuals Served Satisfaction Survey. As mentioned in Section 6.13.b., this annual survey is a vital part of the agency's RBA outcomes system. Specific questions in the survey are included to address the unique needs of individuals in this program and our effectiveness in meeting their needs. Also, there are questions included in the survey that speak to how well we do our work and whether anyone is better off, two of the three key questions in a RBA performance system. For example, one question on the survey, "I like the amount of time my counselor spends with me", is intended to measure the level of access individuals served feel they have to Pathways staff (i.e. an efficiency measure - how much did we do?). Another question on the survey, I feel like my Pathways counselor helps me meet my recovery goals," is intended to measure whether individuals believe our services improve their lives (how much better off are they?) We continually circle back and explore related staffing or training issues when a downward trend is noticed in any area of the survey but pay particular attention to these questions as they directly relate to performance measures within our RBA outcomes system.

In addition to the Annual Individuals Served Satisfaction Survey, Pathways sends a Welcome Survey to all new consumers within 30 days of moving into Pathway Homes, and a Discharge Survey when they leave Pathway Homes. A Post-Discharge Survey is sent out to all former Pathway Homes consumers three months after they leave, if a forwarding address is available. A question on the Welcome survey, "My counselor provided me with useful information during orientation to the program" is another measure of satisfaction within our RBA system (i.e. how well did we do our work?) and reflects our level of investment in preparing new consumers as they are integrated into the program. As mentioned previously, results from these performance measures are tracked as part of the organization's overall RBA system and reported in the agency's Annual Management Report, which is shared with all stakeholders. The information is also used to make strategic decisions about resource allocation and service delivery design and implementation.

At Pathway Homes, we practice continuous quality improvement to ensure that we are the best that we can be. We measure our performance in a manner that emphasizes customer end results. Our customer is the consumer who we see as a specific person with specific needs, not a vague concept or a case. As a result, staff members throughout the agency are encouraged to remain committed to this vision by always asking not only "how much did we do?" but also "how well did we do our work?" "Is anyone better off?" and "how can we do this better?" This constant self-appraisal and openness to feedback enables us as an agency to identify and continue what works, and to determine and improve upon what does not work. The continuous quality improvement process, especially one that uses the RBA approach, allows the agency to continually engage in a cycle of data collection and assessment, planning, implementation, and evaluation. The reward is the opportunity to act on what is learned and to determine next steps to improve even further to the benefit of the individual served.

8.2.b.2. Preliminary Work Plan: The offeror must present a description of the phases or segments into which the proposed work can logically be divided and performed including start-up, operating and close-out phases for each service proposed. The narrative should address each applicable task required in Section 5 and the licensing and other requirements in Section 6. Discussion should be keyed to appropriate paragraph numbers in this RFP and should include detailed descriptions of activities that are to occur, significant milestones, and anticipated deliverables. In presenting the Work Plan the offeror must present a detailed description of the start-up and close-out activities including transition activities that will occur, anticipated deliverables and timelines. The offeror's transition plan for the start-up period from the date of award to June 30, 2017 shall include a description of securing and furnishing housing sites, inspections, hiring background checks and training, managing the transition of client data and establishing other infrastructure as necessary (i.e. information technology, subcontractors, etc.). The offeror shall also include discussion of proposed closeout activities for the end of the contract term.

- 5. Tasks to be Performed:
- 5.2. Supervised Residential Services, at a minimum, shall include the following components:
- 5.2.a. Provide overnight care with supervision and skill-building services. The model proposed shall be consistent with the Core Taxonomy description for Supervised Residential Services. 365 units of service per year for each client served are required. A unit of service shall equal one bed day as defined in the Core Taxonomy.

Start up

Pathway Homes is proposing a continuum of support within this Supervised Residential services RFP and is currently operating many of the homes proposed in this response. Therefore it is anticipated that start up activities for the programs proposed will be easier than if the program was not already in existence and can be executed smoothly, and with the least amount of disruption to the residents already being served in the existing program.

Pathways is proposing to serve 19 individuals in the more structured Supervised Residential Intensive (SRI) program with onsite services, including overnight care, seven days a week, 365 days a year. To support the proposed expansion of the existing program at this level of service, one overnight counselor will be hired. This position will be advertised upon contract award and will be hired, oriented and available to begin working at the program by July 1, 2017.

Pathways is also proposing to serve 24 individuals in the more independent level of the continuum of services, the Supervised Residential (SR) program. The overnight on-call Director available to this program is already on staff and will be available to any new residents starting July 1, 2017. In addition, Pathways Senior Division Director and Vice President for Clinical Services will provide backup 24-hour on-call coverage to both programs. Both individuals are currently licensed (LCSW) in the Commonwealth of Virginia.

Operating

Pathway Homes will ensure that overnight staff is available to the SRI programs 365 days a year and that skill building and crisis stabilization services are available as needed. In the event of a vacancy, Pathway Homes will use internal staff resources to ensure the program has uninterrupted overnight coverage until the new staff is hired and oriented.

The staffing patterns for this program will be such that the staff coverage, including the overnight staffing pattern can easily be adjusted based on the clinical acuity of the individuals served at any given time. The program will also use crisis stabilization services and ensure that staff is appropriately based at the site(s) with the greatest need. Additionally, Pathways maintains a pool of residential counselor relief staff. These individuals are contracted to work in the program during staff leave, vacancies, or to support the program when emerging psychiatric or medical issues require a more intensive staffing pattern.

The on-call Clinical Director position includes a rotating on-call responsibility among several different directors. This service will continue to be available 365 days a year and will be available to facilitate crisis prevention, intervention, and stabilization as needed. Pathways' Senior Project Director and Vice President of Clinical Services, both licensed in Virginia, will also be available as backup on-call as needed.

Close Out

In the event the contract is scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate to ensure seamless transition of services. Overnight counselors and on-call Directors will continue to be available throughout the duration of transition and for a period

of time afterwards. Pathways will also plan for the seamless and secure transition of administrative and service records where feasible. Full staffing supports will be made available to residents throughout the course of the contract and transition period, as well as during a mutually agreed-upon post transition period.

Additionally, Pathway Homes will collaborate with any new vendor and the CSB to transfer relevant clinical documentation to ensure a seamless transition. Pathways will directly and/or assist in notifying all relevant entities (I.e. DBHDS, Medicaid, other providers, etc.) about the transition as appropriate. Pathways has the infrastructure in place to transfer clinical and administrative files and data if identified as a preferred method for smooth transition of such information.

The transition plan will include the opportunity to debrief and evaluate the transition process during and post-transition.

5.2.b. Providing housing/bed capacity for Supervised Residential services (e.g. supervised apartments that are licensed residential programs or sponsored placements that provide financial, programmatic, and service support (Refer to 1.8.)

Start up

Pathway Homes has an impressive inventory of properties including many which are already being utilized by proposed residents of the programs proposed in this Supported Residential services response. In order to support the targeted 19 individuals, the SRI program will require one 3-bedroom property be acquired in the Springfield area in close proximity to the existing Calamo and Terry homes, which combined have a capacity of 16 beds.

In order to support the targeted 24 individuals, the SR program will require two new three bedroom homes to be acquired to complement the 18 beds currently served at this service level by Pathways. Pathways will leverage its established housing location and leasing services to identify potential sites by the time of the anticipated contracted award in April 2017. Once the contract is in place, Pathway Homes will secure the sites. All necessary inspections will be completed and furnishing purchased so that the homes are ready for operation by July 1, 2017.

Operating

Pathway Homes will maintain all properties in compliance with state and federal guidelines. Pathways will ensure homes are regularly inspected and meet high standards of cleanliness. Individuals will be encouraged to individualize their bedrooms and have input into the home décor. If expansion needs are identified, Pathway Homes will collaborate with the CSB around housing and service needs and secure additional sites and staffing as the budget allows.

Close Out

In the event the contract was scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate to ensure seamless transition of services. To the extent possible, Pathways will accommodate resident choice in the location of their housing site. If the transition date is mid-month, Pathways will prorate any rent or program fees. Pathways will also plan for

the seamless and secure transition of administrative and service electronic and paper records where feasible.

- 1.8. Proposals for Highly Intensive Residential and Supervised Residential Services shall include housing as part of the service.
- 1.8.b. Housing for Supervised Residential All of the forty-one to fifty (41-50) beds needed for this service beginning no later than July 1, 2017, shall be at sites secured by the offered and located centrally within the boundaries of HPR II or within Fairfax County. Up to three beds with on-site overnight supervision may be located outside of Fairfax County but within the boundaries of HPR II.

Start up

Pathway Homes has a large inventory of properties including many which are already being utilized by proposed residents of the Supported Residential programs. The SRI program will require a new three bedroom property be acquired in the Springfield area in close proximity to the Calamo and Terry homes. The SR program will require 2-three bedroom homes be obtained.

Pathway Homes will have potential sites identified at the time of the anticipated contracted award in April 2017. Once the contract is in place, Pathway Homes will secure the sites. All necessary inspections will be completed and furnishing purchased so that the homes are ready for operation by July 1, 2017. The advantage of Pathways existing housing stock is that all but three units are already in existence fully integrated into centrally located communities within Fairfax County. This means that there is no anticipated delay in locating, leasing, and furnishing units, which would be required if the program was starting up from scratch.

5.2.c. Provide staffing that supports overnight care, varying clinical acuity and milieu management. On-site overnight supervision is needed for a minimum of 19 individuals beginning July 1, 2017. Overnight supervision that is drop-in or on-call is needed for a minimum of 22 individuals beginning July 1, 2017. Adjust staff support, as required, to address the clinical acuity of individuals served.

Start Up

Pathway Homes is currently operating many of the homes associated with the services requested under this Supervised Residential services RFP. Therefore, startup activities are expected to be minimal given that most of the required housing stock and staff are already in place. Also, management of resident needs, changing clinical acuity and the milieu in general will pose significantly fewer challenges as Pathways staff has already built relationships with the residents in the existing programs and understand their varying and unique needs. Upon award of the contract, Pathway Homes will advertise vacancies for any additional staff needed. Pathways will ensure any new staff hired is oriented and trained to begin working at the program by July 1, 2017.

Operating

During the course of the contract, Pathway Homes will ensure adequate staffing at the programs to meet agreed upon contract terms and in accordance with programming outlined in the scope of work section of this RFP. The proposed staffing pattern will ensure on-site, overnight counselors available to the SRI homes and on-call Clinical Directors available to the SR homes during

overnight hours. As described in the scope of work section, all homes have the ability to adjust staffing to address clinical acuity and will have access to crisis stabilization services.

When vacancies arise, Pathway Homes will utilize internal staff resources to ensure the program has adequate coverage until the new staff is hired and oriented. Pathways will notify the county of any change in key personnel.

Close Out

In the event the contract is scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports will be available to residents throughout the course of the contract.

Pathway Homes will collaborate with any new vendor and the CSB to ensure relevant clinical documentation to ensure a seamless transition. Pathways staff will also be available to residents and the CSB throughout the transition and for an agreed-upon period of time afterwards.

5.2.d. Provide mental health skill building services that include but are not limited to: development socialization, educational and vocational skills for job placement, and management of illness with continued medication education.

Start up

Pathway Homes has extensive experience in providing and billing for mental health skill building services. This service is already fully implemented in existing programs and an integral part of new staff orientation. Therefore the only potential start up needed would be to become familiar with any new residents' functional needs and incorporate strengths, needs, abilities and preferences into an active service plan and interventions.

Operating

All Pathways' MHC I and MHC II staff are trained in providing skill building services and must meet the QMHP-A requirement at time of hire. Skill building activities are broad in scope and address any functional deficit or barrier to independent living and fully integrating into the local community. These services are highly individualized training services offered to individuals to enable them to achieve community stability, integration and independence. Services are driven by the individuals' preferences and unique, personal goals. Training will be provided in health, nutrition, and effective management of medical conditions. Assistance and training will be offered in medication management to include education, obtaining medication refills, securing or maintaining health benefits, attending medical appointments, and self-advocacy. Through Mental Health Skill Building, individuals will have access to training in many functional skills that support safety, utilizing available community resources, social networking, employment, education, advocacy, and citizenship.

A comprehensive recovery plan incorporates both mental and physical wellness. As such, skill building activities will also prioritize illness and symptom management as each individual is able to participate. The staff in the proposed programs have demonstrated outstanding and successful efforts on a daily basis to coordinate all aspects of resident healthcare. This includes

administration and monitoring of medications, routine screenings, mental status and symptom management monitoring, and the provision of psychoeducation or linkages to appropriate community providers and resources to address these needs. Program staff will focus on preventative health care through the facilitation of health focused groups, individual education and training on managing health issues, tracking and organizing annual physicals, eye exams, regular inoculations, medication management, and dental services. Staff will utilize proven strategies to increase follow through with doctors' orders, prescription directions, and lifestyle changes to improve functioning and overall health and wellness.

In general, the programs will provide collateral case management and mental health supportive services that include medication management, symptom management, counseling, skills development and crisis intervention. In addition to the specific examples provided above, each resident will be assisted in developing and implementing an ISP that emphasizes the enhancement of daily living skills such as personal hygiene, money management, transportation, socialization and interpersonal skills, self-advocacy, recreational activities, cooking and nutrition, and routine household chores.

Close Out

In the event the contract is scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports will be available to residents throughout the course of the contract.

Pathway Homes will collaborate with any new vendor and the CSB to ensure relevant clinical documentation to ensure a seamless transition. Pathways staff will also be available to residents and the CSB throughout the transition and for a period of time afterwards.

5.2.e. Transport clients to appointments and activities, as needed.

Pathways already has an established system to ensure that the transportation needs of residents are met so does not anticipate any startup associated with this activity.

All clinical staff members are required to have a current active Driver's License, complete an initial and annual online safe driving course, and be capable of transporting residents when needed, either in their personal vehicles or in an agency van. Individuals assessed as being medically or cognitively compromised will be transported by staff to medical and psychiatric appointments in order to assist them with attendance, communication of needs and symptoms, advocacy, and comprehension and implementation of any physician recommendations.

Program staff will assist all individuals in developing greater independence in transportation and accessing community resources. Each individual will be assessed for the knowledge and ability to utilize public transportation or transportation services. This assessment will include consideration of cognitive abilities, socially inappropriate behaviors, ability to communicate needs independently, and ability to adapt or react appropriately in the event of an emergency.

Individuals will initially be assisted with identifying and scheduling appropriate transportation services. Staff may accompany the individual on the initial rides with the transportation service

to provide support and engage the resident in problem-solving. With staff monitoring, the goal will be for the individual to eventually become responsible for scheduling the transportation, securing and communicating the precise location, and responsibly canceling when needed. In addition, individuals will be routinely offered training in utilizing public transportation, learning bus routes, obtaining reduced rates access cards, and including transportation costs in their monthly/weekly budgeting plan. Included in this training will be basic conflict resolution and social skills training to proactively address the needs of those individuals with limited or compromised interpersonal skills.

Should the program have to close, Pathways will work closely with the resident and provide relevant information regarding community resources, resident preferences and needs to the CSB and incoming provider if feasible. All pertinent information needed to ensure smooth transition of resident care will be shared with involved parties during the transition for an agreed-upon time afterwards.

5.2.f. Ensure nutritional meals and nutritional snacks are available daily and encourage client participation in the development of menus and meals.

Pathways already has an established system to ensure that the nutrition needs of residents are met so does not anticipate any startup associated with this activity.

The Supervised Residential Intensive program will ensure food is available for three healthy, well-balanced meals per day. Residents will be encouraged to prepare breakfast and lunch from a wide array of options. A selection of fruits will be offered throughout the day and a variety of evening snacks provided at bedtime. Staff will be available during these meal times to provide education and training on nutrition and meal preparation. Dinner will be planned as a group meal to allow for skills building and socialization. During weekly house meeting, residents will sign up to cook the evening meal on a rotating basis and the menu will be developed with input from the group. At Pathways residential programs of this level of care, a great deal of thought and consideration goes into planning each menu, with nutritional value and resident choice being of the utmost importance. Menu accommodations will be made for residents based on health or religious preferences.

Meal planning and preparation offer an opportunity for staff to engage in skill building with residents. Nutritional education, safe food handling training and basic cooking skills are all emphasized as part of the program. For residents who have demonstrated strong skill sets and are working towards transitioning to a lower level of care, the option to opt out of the group meal will be available. These residents will be supported with meal planning, grocery shopping and preparing individual meals with staff input and support adapted as needed.

In the Supervised Residential program, the focus will be on residents learning the skills to independently manage nutrition and meal preparation. Services will be designed to provide residents skill building in the areas of: budgeting to ensure adequate funds for food; nutrition education; safe food handling education and training in basic cooking methods. For residents with limited resources, staff will facilitate applying for entitlements such as food stamps or SNAPS and accessing available community food banks and other resources. These individuals will be supported to work on budgeting skills at the same time that is aimed at helping them stretch their fixed income budgets and limited financial options.

5.2.g. Ensure the housing facilities are safe, clean, sanitary, well maintained and appropriate to the needs of the clients. Oversee cleanliness of the common areas, client bedrooms and bathrooms, and client clothing and bedding. Encourage the clients' full participation in the care of the home, personal space and clothing.]

Pathways' goal is to provide a non-institutional, warm and homelike environment that addresses the need of all residents to live in a stable, safe, and supportive place. As such all Pathways' homes are designed to empower and encourage residents to realize their individual potential in the least restrictive environment in which they are capable of living. Pathways philosophy and experience is that the comfort and quality of an open and inviting, homelike residential atmosphere is a critical first step to normalizing the lives of residents in a manner which values their privacy, enhances their personal dignity, and gives root to the beginnings of their journey of recovery.

Pathways strives to provide living environments which are attractive, clean, safe, well maintained and attractively furnished. Pathways properties are inspected each quarter by the agency's maintenance team to assess for needed repairs, preventative care, and potential safety issues. In addition, direct service staff perform a safety review of the physical site on at least a monthly basis. All residents are encouraged and supported in decorating bedrooms in a manner that is individualized and comfortable. Residents are engaged in the process of selecting replacement furnishings, rugs, cushions, and artwork when these items are due for replacement. This exercise not only ensures resident engagement and ownership in the upkeep of the home, but also provides additional opportunities for developing skills in problem-solving, conflict resolution, and compromise.

All residents receive skills-building services in basic housekeeping tasks and are encouraged to participate in household tasks on a daily and weekly basis. In this program, staff provides direct supervision, modeling, and both one-on-one and group training in the skills needed to maintain a house in a healthy, safe, and sanitary manner. No closes out tasks are anticipated for this activity in the event the program closes.

5.2.h. Ensure the security and safety of the clients and staff, to include physical safety and environmental safety.

Pathways already has policies and processes in place to ensure the security and safety of clients and staff in the proposed levels of care so does not anticipate any start activities in this area. All Pathways clinical staff receives comprehensive orientation and ongoing training in assisting residents to manage the symptoms of mental illnesses. Staff also receives training in behavioral management, including initial and annual refresher trainings in the techniques of Therapeutic Options of Virginia (TOVA). TOVA emphasizes relationship building with the individual, the use of the therapeutic relationship as an integral tool in effecting change, verbal de-escalation techniques and positive behavioral supports. At Pathways behavioral management with residents begins at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and historically effective interventions. The program will work collaboratively with the resident, previous providers and family members to proactively identify potential triggers in the facility or in the community. Staff will work with residents to develop Wellness Recovery Action Plans (WRAP) and/or safety contracts to help them anticipate triggers and manage crisis situations safely both in the facility and in the community.

All Pathways clinical staff also receives comprehensive orientation and ongoing training in emergency preparedness to include, infection control, fire safety, workplace safety, and natural and man-made disasters. All staff are responsible for knowing how to implement the agency emergency response plan and how to access supervisory support and community resources for residents as appropriate.

All residents will receive comprehensive orientation which includes emergency preparedness. The program will offer monthly training and review of emergency preparedness topics such as fire and carbon monoxide drills; severe weather; medical emergencies; threats of violence; utility failure; community wide disaster; and bomb threats. As part of the monthly training, staff will also check smoke detectors, carbon monoxide detectors, fire extinguishers, flash lights, first aid kits and emergency supplies to ensure all are in working order and ready for use.

Pathway Homes maintenance staff will complement the safety measures outlined above by conducting thorough quarterly inspections of each property to assess for needed repairs and any health or safety risks. Any identified items will be addressed in a timely manner, with issues identified as health and safety threats resolved immediately. Maintenance issues which arise between inspections will be promptly reported to the maintenance team and Pathways maintains an after-hours on-call number for staff or residents to reach needed support whenever emergencies arise or a potential risk is identified.

5.4. Ensure transition activities are completed prior to the start of services. Transition activities shall include, but are not limited to, securing and furnishing housing sites as needed, inspections, hiring, background checks and staff training.

Pathway Homes has an impressive inventory of properties including many of which are already being utilized by proposed residents of the Supported Residential programs proposed in this response. The SRI program will require a three bedroom property to be acquired in the Springfield area in close proximity to the Calamo and Terry homes. The SR program will require 2-three bedroom homes be obtained. Pathway Homes will have potential sites identified at the time of the anticipated contract award in April 2017. Once the contract is in place, Pathway Homes will secure the sites. All necessary inspections will be completed and furnishing purchased so that the homes are ready for operations on July 1, 2017.

Pathway Homes is currently operating many of the homes referenced in this response. Therefore there is minimal startup activity anticipated as only a total of three units will need to be located, leased and furnished in time for the program to start. Upon award of the contract, Pathway Homes will advertise vacancies for any additional staff needed. Pathways will ensure any new staff hired is oriented and trained to begin operations on July 1, 2017.

Pathways will also work closely with the CSB to ensure that individuals for the program are identified and can begin the process of transitioning into the new program within the timelines agreed upon. Pathways will also work with new residents to ensure they update their support network and providers about the transition so that services are not interrupted or prematurely discontinued.

5.5. Accept client referrals made by NVRPO and/or the Fairfax-Falls Church CSB for the continuum of residential services described herein. In the event the Contractor determines that they are unable to meet the needs of the client referred, the Contractor is required to submit a written summary to the referring agency

within 48 hours of the referral being made that includes a clinical review and a discussion of the rationale used to make the determination.

Pathway Homes will accept referrals from the NVRPO and/or the Fairfax-Falls Church CSB according to the process agreed upon at the time of the contract awards. Pathways agrees that in the event a referral is declined, Pathways will provide a written summary to the referring agency within 48 hours of the referral being made that explains the clinical rationale for the decision.

5.6. Provide Individualized Service Plans, as required by DBHDS licensing requirements.

Start up

Pathway Homes is currently operating many of the homes associated with the Supervised Residential RFP and providing services to the individuals in those programs. As a result, the startup activities relating to ISPs will be minimal. Existing residents will have active ISPs in place. Pathways will partner with the CSB case manager to obtain assessment and ISP information on any new referrals. Consistent with the DBHDS regulations, all new residents will have a preliminary ISP developed with 24 hours and a comprehensive assessment resulting in an Individualized ISP with 30 days.

On-going

Pathway Homes embraces a recovery model that supports an individual's potential for recovery and attainment of personal and life goals. Pathways recovery approach is generally seen as an individual journey rather than an event. This journey involves traveling through pathways that develop hope, supportive relationships, and a strong sense of self, social inclusion, coping skills, empowerment and meaning. A guiding principle of recovery is that the voice of the consumer is essential and that people can and do recover. As such, Pathway Homes' staff will partner with residents to explore what their life goals are and to identify strategies to address barriers to making progress towards those goals.

Pathway Homes' person-centered approach incorporates each individual's strengths, needs, abilities, and preferences. Services provided are inclusive of, and sensitive to culture, gender, race, age, sexual orientation and the communication needs of the individual served. Pathways utilizes a strengths-based approach and employs Motivational Interviewing techniques to assist residents in identifying and overcoming ambivalences that hinder movement towards personal long-term goals. Staff members will assist residents in developing a heightened awareness of personal strengths and talents, thereby strengthening the individual's self-confidence and self-image.

Through this collaborative process, goals and measurable activities will be identified to create an ISP. The ISP will clearly identify person-centered goals, measurable objectives and realistic action steps that residents will take towards goal attainment. The ISP will also identify active interventions that staff will use to support goal progress and address barriers identified in the assessment process. The ISP will be reviewed at least quarterly to make modifications in response to achievements, progress made and barriers encountered. The emphasis of the service planning process will be on finding the balance for each resident between teaching the resident to be as self-sufficient as possible and ensuring that all essential needs are met regardless of level of motivation or ability.

Technical Proposal

Close Out

In the event the contract was scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate to minimize disruption to the resident during the transition of services. Transition planning will include a discussion of identified goals, challenges, and client strengths that can be leveraged to address those challenges. Full staffing supports will be available to residents throughout the course of the contract. Pathway Homes will collaborate with any new vendor and the CSB to ensure relevant clinical documentation to ensure a seamless transition.

5.7. Provide crisis intervention and stabilization coordination with the CSB Emergency Services staff and regional crisis stabilization program to ensure all reasonable efforts are made to maximize the client's potential to remain in the community and prevent hospitalization.

Pathways has existing practices in place to provide crisis intervention and stabilization in coordination with CSB Emergency Services staff so no startup is required in this area.

A critical best practice for managing crises in clinical settings includes developing a crisis prevention plan. Crisis planning will begin at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program staff will work collaboratively with each resident, previous providers and family members to proactively identify potential triggers in the home or in the community and collect collateral information vital to a comprehensive risk assessment. Staff will work with residents to develop WRAP plans and/or safety contracts to help them manage safely both in the home and in the community.

As mentioned previously, all Pathways clinical staff members are trained in TOVA behavior support techniques. All staff are also required to be familiar with, and evaluated on their demonstrated knowledge and ability to implement and support all crisis plans, behavioral plans, and ISPs. At the same time, crisis intervention and management is a collaborative process, therefore, at the earliest indicators of a potential crisis, Pathways' staff will work closely with CSB case managers to arrange for family and/or treatment team meetings and to put greater supports in place as indicated. The goal of these supports will be to assist the resident in maintaining safely in the community and to minimize the need for hospitalization or other types of inpatient treatment. The Pathways and CSB clinical teams will work collaboratively to identify risks and to develop a safety plan tailored to the needs of the individual resident. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors, and increased supervision of the resident in their daily routines to facilitate immediate staff intervention.

In the event that the crisis prevention and intervention strategies are ineffective and the resident's behaviors present a risk to self or others, staff members are trained in accessing Emergency Services and the CSB Mobile Crisis Unit. The CSB Mobile Crisis Unit provides scheduled and unscheduled crisis intervention, assessment, referral, crisis prevention, and consultation services to individuals experiencing an emotional or psychiatric crisis. Services may be provided face-to face or by telephone, and are available 24-hours per day. They will also be utilized to secure transportation to Emergency Services as needed.

As evidenced by the significant decrease in residents' need for psychiatric hospitalization following admission to Pathways, the agency has a demonstrated history of managing crises successfully in the home and community, thereby decreasing the negative personal and social consequences of incarceration and/or hospitalization, and saving taxpayer dollars. Specifically, 81% of the residents in these proposed programs were able to successfully manage psychiatric symptoms without requiring hospitalization during the past year and 78% successfully managed medical symptoms without the need for hospitalization.

5.8. Access and maximize all funding sources available including all client funding sources, as appropriate (e.g., client feels, Auxiliary Grants [additional supplemental income to clients receiving Supplemental Security Income], and linkages to prescription Patient Assistance Programs for client medications that have out-of-pocket expenses).

Start up

Pathway Homes will assist residents in applying for all benefits to which they are eligible within 30 days of admission. The agency has SOAR-trained staff members available to assist with this process. Residential staff members will also facilitate referral to community resources that may benefit each resident (i.e. patient assistance programs, low cost dental, subsidized public transportation, etc.). Other community sources will also be accessed to ensure that residents do not miss prescribed medications due to lack of health insurance or funds.

Ongoing

Monthly fees for the Supervised Residential Intensive program are based on each resident's income and ability to pay and is calculated at no more than 30% of the individual's adjusted gross income. This fee is certified annually and anytime the resident requests an interim rent adjustment due to their income decreasing, or allowable expenses increasing. All residents will be provided a copy of the determination of the rent to be paid. Payment will be expected to be made monthly in accord with the lease agreement. A monthly food fee, is also assessed for this program, currently set at \$150.

It is anticipated that most of the individuals in for residents who have Medicaid or similar health insurance coverage, and that they will meet the criteria for Mental Health Skill Building Services. Pathway Homes will seek authorization to bill Medicaid for qualifying services for those who are have eligible coverage. Individuals who do not have health insurance upon entry to the programs will be assisted to apply for such benefits and supported in accessing healthcare services through the Fairfax County Health Network while they wait for their benefits to start.

It is Pathways commitment always to ensure that the individuals served in these programs access all available local, state, and federal benefits for which they are eligible, including housing subsidies when they are able to move to other permanent housing with fewer supports. Pathways has an existing inventory of houses and current project based vouchers that may assist in helping these individuals make the transition to greater independence when they are ready to do so.

Close Out

In the event the contract was scheduled to end, Pathway Homes would work closely with residents, their involved family members, the new vendor and the CSB to plan for transition.

This would include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports would be available to residents throughout the course of the contract.

Pathway Homes will ensure that any information regarding pending applications for benefits be provided to the resident and their new provider to enable adequate follow up.

5.9. Ensure all residential sites used for the provision of services meet state licensure requirements for the services provided, are central to the Northern Virginia region, accessible via public transportation and are non-institutional in appearance. All housing provided to meet the needs of the Fairfax-Falls Church CSB must be located within the boundaries of Fairfax County.

Pathway Homes will continue to operate all of its programs in accordance with all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. All housing, as part of this proposal will be located in Fairfax County within easy walking distance to public transportation, grocery stores and other community amenities.

Pathways selects sites that are very accessible to local community amenities with seven day a week bus transportation nearby. Ideal sites will be one-bedroom apartments or condominiums for the Residential Service program which require little to no renovation and are situated in established neighborhoods. For the Residential Service Intensive program, a 3-bedroom unit would be optimal. Sites will be selected to be within close proximity to a wide range of community and support services, including the Community Mental Health Centers, affordable health care clinics, social services provided by the County and by various non-profit agencies, and alcohol and drug services and 12-step recovery groups. Crisis mental health support will be supplemented through crisis care units. Pathways also selects locations that have access to shopping centers, restaurants, churches, movie theaters, a post office and recreation and employment opportunities, all of which offer residents normal community living. Pathways will work to ensure that locations comply with appropriate and applicable federal accessibility standards and laws, and accommodates ADA standards to the greatest extent possible. Additional accommodations for residents will be added to residences when possible to accommodate specific needs and disabilities.

Pathway Homes currently has a robust housing inventory, and anticipates the need to only purchase or lease three additional properties to initially be able to house up to 43 individuals in these two programs in sites across Fairfax County. Most of the individuals proposed in this proposal are already housed and receive support services in Pathways housing, all of which are located in safe neighborhoods within accessible communities surrounded by public amenities and transportation. We have adequately budgeted for the additional properties needed to expand after reviewing comparable properties in the general area. Refer to budget and list of relevant existing inventory for details.

5.10. Provide services that are culturally and linguistically competent and consistent with the National Standards on Culturally and Linguistically Appropriate Services (CLAS) as identified and defined at https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclassstandards.pdf to include certified interpretation and document translation services, as needed, to communicate with non-native English speaking clients.

The U.S. Department of Health and Human Services defines Culturally and Linguistically Appropriate Services (CLAS) as a way to improve the quality of services provided to all individuals, as a means to ultimately reduce health disparities and achieve health equity. Hence CLAS is about respecting individual differences and being responsive to those needs in a manner that takes individual differences, strengths, and preferences into consideration.

Pathways prides itself on providing culturally competent and linguistically appropriate services and addresses this in the agency's Accessibility Plan and Cultural Competence and Diversity Plan. This translates into adding multilingual staff to address residents' needs as they arise, and investing in staff training around issues of diversity and culturally-based resident preferences. It also translates into matching resident needs with additional appropriate community resources to ensure that assessments and ISPs are written in a manner that is understandable to the resident and that translation services are provided, at no cost to the resident, when the resident is not a native English Language speaker, or prefers written communication in a language other than English.

Specifically, residents with limited English Language proficiency and/or other communication needs will be offered language assistance to ensure they can access and utilize services provided in a timely manner and at no cost to them. Pathways staff will also inform all residents, during orientation, and periodically afterwards, about how they can access language assistance services and will do so verbally and in writing, in their preferred language, where financially feasible. External translation services will be provided to residents, again at no cost to them, where needed. In choosing external translation services, Pathways will show due diligence in vetting the competence of interpreters to ensure that untrained individuals or minors are not used as interpreters. Pathways will also minimize the use of family members as interpreters as it has been shown that using family members in this role is not always in the best clinical interest of the client.

Coordinate and provide end-of-contract transition activities including, but not limited to, managing 5.11. transition of client data and clients.

In the event the contract was scheduled to end, Pathway Homes would work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This would include processing any concerns, identifying and managing any potential risk, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports would be available to residents throughout the course of the contract.

Pathway Homes would collaborate with any new vendor and the CSB to transfer relevant clinical documentation to ensure a seamless transition. Pathways would assist in notifying all relevant entities (I.e. DBHDS, Medicaid, other providers, etc.)

6. **Licensing and Other Requirements**

Maintain the appropriate DBHDS license for the service(s) proposed and comply with all applicable 6.1. rules and regulations as a licensed provider enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 105. Actual license requirements shall depend on the service levels proposed and will be determined by DBHDS. The offeror must show proof of licensure and show proof by the state of services. At a minimum, proof of the following licensure is required:

6.1.a. For Highly Intensive Residential Services, licensure for Group Home or Community Residential Service;

6.1.b. For Supervised Residential Services, licensure for Supervised Living;

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide Mental Health Community Support Services for adults with serious mental illnesses. The agency has submitted an application to DBHDS to expand its license to include Supervised Living as a service type. These two license types will support the service design Pathways is proposing in this response.

Pathway Homes operates all of its programs within all applicable standards of Federal, State and local regulations, including appropriate certifications, licensure and inspections, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. Pathway Homes has also consistently received the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2006. It is notable that the most recent CARF survey in 2015 resulted in an unprecedented finding of "No recommendations." A copy the Pathway Homes' DBHDS license and proof of application for service expansion is provided in Attachment D: DBHDS License and application. Verification of CARF accreditation is provided in Attachment E: Certificate of CARF Accreditation.

Pathway Homes fully anticipates the Supervised Living license will be approved prior to July 1, 2017.

6.1.c. For Supportive Residential Services, licensure for Supportive In-Home.

6.2. Comply with all federal health information privacy requirements.

Pathway Homes and its partners in the CSB and wider CoC service provider community, have established systems and protocols to manage personal health information in paper and electronic form within Federal guidelines pertaining to the Health Information Portability and Accountability Act (HIPAA). As such, demographic and clinical outcomes data will be securely created, stored, and transmitted and shared only with the necessary authorization and within the parameters of HIPAA. Additionally only aggregate data will be submitted to meet the reporting requirements of this contract and will not include information that will identify any one individual receiving services. Additional protective measures will be instituted with regard to individuals with co-occurring substance use disorders in accordance with 42CFR requirements. All contractors with access to electronic personal health information during the course of doing business with Pathways or its partners will be required to sign a Business Associate Agreement certifying that they will implement appropriate measures to ensure the protection of all e-phi relating to service recipients in this project.

Additionally, all Pathway Homes staff and residents receive training during orientation and annually on Confidentiality and HIPAA. Ongoing education is also provided as needed and appropriate, to ensure compliance with all federal health information privacy requirements. Documentation of training is maintained for staff in the Relias on-line training system and in the electronic medical record for residents. Documentation of training for residents is maintained in clinical records.

6.3. Adhere to the Centers for Medicare and Medicaid Services' Home and Community-Based Services Final Rule. Highlights of the rule include the following requirements:

6.3.a. Ensure individuals have been given choices regarding their setting options;

Pathway Homes, as the primary and most experienced nonprofit provider of permanent, supportive mental health housing and services within the Fairfax community, has a detailed and comprehensive knowledge and understanding of Supportive Residential Living and has provided successful and high quality services for individuals receiving this type of service for many years. The level of service, possibility of transitioning to another setting is incorporated into recurrent assessments and reviews, with the resident encouraged to explore all potential housing options available to him or her. As a result, 85% of individuals Pathways served in 2016 stated that all available housing options were explored with them.

As part of this contract Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other areas of HPR II over the course of the contract. Pathways engages all prospective and current residents in a discussion about their choice of housing and service provider and will do so with the individuals in these programs. The initial screening to ensure individual choice will be conducted by the referring CSBs. Upon referral, Pathway Homes will offer the individual an interview to explore all aspects of the program and a visit to meet housemates and tour the home. The individual will be given the option to accept or decline the housing without fear of such a response negatively impacting that person's ability to apply and be considered for future vacancies in these programs.

All residents will be actively encouraged to decorate/personalize their bedrooms and will have input into the décor of common areas. Resident input will also be sought with most aspects of programming i.e. meal planning, scheduling activities, creating and revising house rules, developing shared housekeeping responsibilities, ISP development, etc. In all Pathways' homes, the primary purpose is not simply to design a program, but to develop a caring and supportive community which promotes individual choice, health, security and happiness.

6.3.b. Guarantee individuals' rights of privacy, dignity, respect and freedom from coercion and restraint;

Pathway Homes is committed to protecting, supporting and empowering consumers to fully exercise all legal, civil, and human rights. Among these rights is the right to be treated with dignity and respect at all times; the right to privacy, the right to live free from abuse, neglect, coercion or exploitation and the right to be free from seclusion and restraint.

All staff members and residents receive Human Rights training as part of orientation and at least annually thereafter. Human Rights posters are posted conspicuously in the homes and prominently list the contact information of the county Human Rights Advocate. Pathway Homes is also affiliated with the Fairfax-Falls Church LHRC and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

In addition to Human Rights training, Pathways requires all staff to complete Relias Learning modules that integrate best practice education and research essential to creating a recovery environment. Staff members learn and describe recovery concepts that focus on developing a sense of hope, personal responsibility, building a strong support system, and self-advocacy, and

are expected to create a recovery-based environment using recovery language when partnering with the individuals they serve. Training on the personal Bill of Rights for those with mental illnesses reinforces that the individuals we serve have the same rights as anyone else, and assists staff in empowering residents through education of these basic rights.

Pathway Homes is committed to ensuring privacy. In addition to confidentiality and HIPAA standards, Pathway Homes is also committed to providing personal privacy in the home. Bedrooms and bathrooms meet all DBHDS standards and allow for individual resident privacy. Privacy when using the telephone, having visitors and/or opening and reading mail are all protected rights within Pathways' programs.

Pathway Homes prohibits the use of seclusion and restraint. All staff members are trained in managing behavioral emergencies with an emphasis on relationship building and de-escalation. All staff are also trained in recognizing the signs of abuse neglect and exploitation and on the role of staff as a mandated reporter.

6.3.c. Optimize autonomy and independence in making life choices;

All new employees receive a comprehensive orientation that is supplemented with an Employee Orientation Handbook and online access to policies and procedures s well as related training materials. The orientation program is designed to instill in all employees the value of a recovery-based philosophy in the provision of services as essential to the agency's mission, vision and values. The orientation program is a structured, tailored curriculum that highlights agency philosophy and standards, critical policies and procedures, mandatory state/local/federal regulations, and specific skills training tailored to the job description. Another essential component of orientation is the new employee's ability to embrace the agency's concept of integrating the resident voice at all levels of agency operations. Helping staff to integrate into and celebrate Pathways culture of partnering with and empowering residents' autonomy is critical to our success.

This extensive staff training across all levels of the agency translates into assessments and ISPs that are person-centered and build on individual strengths and preferences. Residents are encouraged and taught to be self-advocates and active partners in identifying personal and life goals as well as the steps they will take to reach those goals. In this regard, Pathways staff act as coaches, cheerleaders and passengers as the residents are empowered to take center stage and be the driver on their recovery journey. As such, staff role moves away from being directive to partnering with an emphasis on helping the resident identify viable options and the outcome of whatever choice that resident decides to make as they work towards their goals. Residents in the proposed programs will be fully supported in exercising autonomy in their life choices even when those choices are determined to not be the best option clinically. In those instances, rather than engage in a power struggle with the resident, staff will use Motivational Interviewing strategies to highlight the discrepancy between expressed goals and observed behavior and focus on outreach, education, and risk management.

6.3.d. Facilitate choice in services and those who provide it.

Pathway Homes is committed to creating a recovery environment in all of our programs. This culture reinforces that residents have the same rights as anyone else, including the right to direct treatment and to have a voice in decisions that impact them. Counselors are trained to facilitate

the exploration of options with residents and to ensure they are fully aware of service and provider availability and educated on potential barriers such as insurance restrictions and other related limitations, such as provider waitlist, geographic location, etc.

If awarded this contract Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other parts of HPR II over the course of the contract. The initial screening to ensure individual choice will be conducted by the CSBs, at which time the individual will be provided information about the choice of provider options. Upon referral, Pathway Homes will offer the individual an interview to explore all aspects of the program and a visit to meet housemates and tour the home. The individual will be given the option to accept or decline the housing without fear of adverse impact on being considered for future vacancies. Residents will receive regular education on the service provider options available and on their right to receive services from those available providers of their choosing. Individuals will be routinely assisted with exploring providers available through their insurance plan and are provided assistance and support in making an educated and informed choice.

6.4. Comply with all applicable federal, state, and local laws including appropriate certifications, licensure, inspections and provisions of the Federal Fair Labor Standards Act, as amended;

Pathway Homes operates all its programs within all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended.

6.5. Comply with all applicable rules and regulations regarding the rights of individuals enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 115.

Pathway Homes will continue to ensure that all residents' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. All of Pathway Homes' policies and practices relevant to the assurance of human rights are construed to ensure compliance with the requirements of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of DBHDS* (12 VAC 35-115-10 et seq.) and in accordance with state and federal laws.

All staff members and residents receive Human Rights training as part of orientation and at least annual thereafter. Human Rights flyers are posted conspicuously in the homes and contain the contact information of the Human Rights Advocate. All residents and staff are also educated and encouraged to report any waste, fraud and/or abuse and other wrongdoing without fear of reprisal.

Pathway Homes is affiliated with the Fairfax-Falls Church LHRC, attends meetings as convened, and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

6.6. Comply with all applicable local and state codes for food preparation and service.

N/A These programs are not subject to the state requirements and codes applied to food preparation and service in industrial kitchens.

6.7. Comply with all fire and building safety requirements and inspections in accordance with all applicable local and state codes.

Fire inspections are not required for homes with 8 or fewer individuals. Regardless, Pathway Homes does have fire extinguishers, smoke detector and carbon monoxide detectors (homes with gas) in all homes. All fire extinguishers are inspected annually and smoke detectors and carbon monoxide detectors are tested monthly. The SRI homes will have health inspections annually. All homes will be inspected quarterly by Pathways maintenance personnel to assess for and address any repairs needed to ensure safety of the property. As part of daily program operations, the onsite staff will conduct ongoing environmental assessments and have access to maintenance personnel 24 hours per day.

These practices will be applied to any additional homes as they are added.

6.8. Comply with ICRT Program admission, retention and discharge policies as outlined in Appendix D for all Highly Intensive Residential Services provided for HPR II.

N/A

6.9. Provide a Policy and Procedures Manual that includes all policies and procedures required by DBHDS licensure (See Appendix E).

See Attachment J for Policy and Procedures Manual table of contents and select policies required by DBHDS licensure for these programs.

6.10. Certify Tuberculosis (TB) Screening – Submit to NVRPO and/or Fairfax County as a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form for each employee within 30 days of employment or initial contact with individuals receiving services. The contractor will be responsible for TB screening of its employees. All contractor staff shall be certified as tuberculosis free on an annual basis by a qualified licensed practitioner. Any contractor staff who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease (including, but not limited to fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia) of three weeks duration shall be screened as determined appropriate for continued contact with individuals receiving services based on consultation with the local health department. Any contractor employee suspected of having active tuberculosis shall not be permitted to return to work or have contact with individuals receiving services until a physician has determined that the person is free of active tuberculosis.

Pathway Homes is committed to ensuring the health and safety of all employees, contractors, students, volunteers, and individuals receiving services, and to minimizing and/or eliminating the spread of tuberculosis disease. All employees receive training as part of orientation and annually thereafter on infection control and prevention.

Each employee, contractor, student, or volunteer who will have regular contact with individuals being served is required to be screened for TB by a qualified licensed practitioner to ensure the absence of TB in any communicable form. This evaluation must be obtained within 30 days of employment and rescreening will be required annually for staff members working in the Supervised Residential programs.

Pathway Homes also requires that any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms of three weeks duration or longer is evaluated immediately to rule out the presence of infectious tuberculosis. Any individual suspected of having infectious tuberculosis will not be allowed to return to work or have any contact with residents or other personnel until tuberculosis is ruled out by a qualified health

practitioner to be non-infectious. If a staff member develops an active case of tuberculosis Pathway Homes will immediately report this information to the health department.

6.11. Conduct Background Checks – In accordance with Code of Virginia section 19.2-392.02 the contractor will complete a criminal background check on all employees or volunteers who provide care, treatment, education, training, instruction, supervision, or recreation to children, the elderly, or disabled and place such documentation in the employees' personnel files. Proof of acceptable criminal background check will be provided to NVRPO and/or Fairfax County upon request. The contractor shall also ensure any subcontractors are in compliance with Code of Virginia section 19.2-392.02. Department of Behavioral Health and Developmental Services (DBHDS), Background Investigations Unit (BIU) will process requests for criminal background investigations only on DBHDS' licensed providers covered under Code of Virginia section 37.2-416. Providers that operate multiple programs cannot request the BIU to process requests on individuals who work for other programs not licensed by DBHDS. Procedures and associated fees for DBHDS to conduct necessary background checks for DBHDS-licensed providers are found at: http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/background-investigations-unit.

Pathway Homes will continue to require that all employees, and interns and volunteers who will independently interact with residents, undergo a comprehensive criminal background check. All appointees are required to submit to fingerprinting and provide personal descriptive information, during employee orientation or on the first day of employment whichever is sooner, for the purpose of obtaining a national criminal history record and to obtain a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services and the national Sexual Offender Registry. Pathway Homes utilizes DBHDS Background Investigations Unit, DSS and the Virginia State Police to complete the investigation and determine an individual's eligibility. Under state law, an individual is not eligible for employment if there are significant or relevant findings. All background check information will be maintained in a separate personnel file for each appointee.

6.12. Provide proof of ethics, confidentiality, human rights, and professional boundaries training for all employed contractor staff and subcontractor staff annually.

All Pathway Homes staff receives initial and ongoing training, which include professional ethics, confidentiality & HIPAA, human rights and professional boundaries. Proof of training is maintained in electronic format as part of the Relias Learning Management System and will be made available as requested. Transcripts of each staff training record can be downloaded directly from the Relias system by staff and provided on demand.

6.13. Provide a formal performance accountability process that includes evaluation and quality control procedures to monitor clinical progress and effectiveness. The contractor shall provide measures that are taken at routine intervals and are tied to timely, evidence-based decision making. At a minimum the contractor shall evaluate:

6.13.a. Services and the Quantity of Services Provided.

Pathway Homes has an established Results-Based Accountability (RBA) system that move us beyond simply counting how much we did to evaluating how our performance results are linked to the purpose and goals of the proposed programs, and how they are used to make decisions that improve the program performance in its entirety. In short, we focus on outcomes that monitor and evaluate the program's efficiency as well as its effectiveness. Our system of Results-Based Accountability evaluates performance by putting the customer first, hence is focused on customer-based outcomes and results that show positive impact as a result of the services

provided. In short, our RBA outcomes generally ask the question, "How have the services made the consumer's life better?" This means that our RBA outcomes measure conditions of wellbeing that specifically provide answers to the following questions: "How much did we do?", "How well did we do our work?" and "Is anyone better off?"

In establishing our RBA framework for this program, we identified indicators of consumer well-being that relate to the programs' overall goals. These overall program goals address stability in permanent housing, connectedness to, and integration into the community, and positive living (consumer empowerment, choice, hope, support and a sense of self-determination). Within this framework, we will track the number of individuals served each year, and other demographics that provide insight into the unique needs of these individuals, the type and frequency of services provided, and the impact of varying levels of services on the lives of these individuals. This type of insight will help us to not only provide consistently high quality service, it will also ensure that we remain responsive to the changing needs of the individuals in this programs so that the services are flexible enough to meet those needs.

As a CARF-accredited agency, our outcomes measures are collected at routine intervals, specifically at the beginning of services (Welcome Survey, demographics), annually (Satisfaction Survey), at discharge (Discharge Survey), and three months after discharge (Post Discharge Survey). Additionally, service delivery and business functions outcomes measuring efficiency and effectiveness of services, and access to service will be collected bi-annually and trends summarized and utilized to track progress and improve quality of services.

6.13.b. Quality of Service Delivery and Client Responses to Services.

Following this basic RBA approach outlined above, we have established a quality improvement process to monitor and evaluate the quality of services we provide to individuals in these programs by tracking indicators, which measure how we performed in relation to established performance measures. As previously mentioned, we will focus on outcomes that monitor and evaluate the programs' effectiveness and efficiency, and we will also measure consumer satisfaction with the services and overall program operation. For example, in line with the Substance Abuse and Mental Health Service Administration (SAMHSA's) Permanent Supportive Housing (PSH) indicators and CSH's Dimensions of Quality, we will track and report on: stability in permanent housing (days housed in PSH over a period of time), integration into the community (days hospitalized), and positive living, (day activity, employment and income), access to services, and overall satisfaction with services.

At Pathways we also measure how well we did our work through the use of a variety of consumer and other stakeholder surveys mentioned above. We will solicit feedback from individuals in these programs through annual satisfaction surveys, which are well-established tools at Pathway Homes. The questions in these surveys are developed with input from the Pathways Consumer Advisory Council, and in the past years, the Recovery Committee. Two of the questions in the survey are specifically tied to performance indicators measuring access to service, and consumer satisfaction within our RBA system.

These annual surveys will go out in early to mid-Summer with a turn-around time of thirty days. During the past three consecutive years, 94% of individuals served by Pathways have reported overall satisfaction with the services we provide (Satisfaction Measure). Responses in other

areas of our annual satisfaction survey showed real customer end results arising from the services we provided, for example, 96% of individuals served by Pathways stated that Pathways staff members treat them with dignity and respect and 90% reported that they like the amount of time they spend with their counselor (Access to Service Measure).

6.13.c. Changes in Client Circumstances after Receiving Services - Are clients better off and how?

In answering what might be the most important question in any quality RBA outcomes system, (i.e. is anyone better off?) we will track skills acquisition and changes in attitudes or behaviors that result from the services provided. Specific performance measures that evaluate our progress in this area will monitor changes in number of psychiatric and medical hospital days, engagement in structured daily activity (discussed above), and ability to remain in stable permanent housing each year. These measures are outlined in the Pathways RBA system as the following performance indicators:

- % of individuals who are involved in a productive daily activity during the year (Residential Services Intensive Program)
- % of individuals employed at least part-time during the year (Residential Services Program)
- % of individuals who do not experience hospitalization for psychiatric reasons during the year
- % of individuals who do not experience hospitalization for medical reasons during the vear
- % of individuals who remain in stable permanent housing each year
- % of individuals who maintain or increase their cash income from all sources during the year

It is important to note that all but two of the above measures will apply to residents in both programs proposed in this response. This first two measures (productive daily activity and employment will be applied separately as identified above to account for the anticipated difference in the level of symptom acuity and independence between the two groups. Regardless of the symptomatology of the residents served, this RBA outcomes approach allows us to move beyond simply counting the numbers served (i.e. how much did we do?) to evaluating how lives change by also monitoring and measuring the positive impact of the services we provide to these individuals. In other words, how many individuals served increased their level of independence and how did this improve their lives? Hence, in the RSI program we will measure the number of daily activities the individuals served engage in each year, while tracking the number of individuals who attain or keep some form of employment in the RS program. In both instances, this system of evaluation will help us identify ways to help residents develop or improve the social and interpersonal skills needed to connect with others within the program and in the wider community, or the job readiness skills needed for gainful employment. We will also track outcomes that measure how our services residents in both programs acquire new, or improve upon existing skills that foster independence, for example, vocational or job readiness training, and ability to maintain or increase all sources of cash income.

The data collected during the year from monitoring performance related to these indicators and trending of results from year to year will continue to help us evaluate our performance and identify and address issues that appear to impede progress in these areas. We have found that utilizing a person-centered approach is effective in helping the individuals served to achieve measurable goals and make positive gains in all areas of their lives. As a result, in FY 2016,

97% of individuals Pathways served remained in permanent supportive housing, 88% did not experience a psychiatric hospitalization, 85% did not experience a medical hospitalization, and 19% were employed. Additionally, 95% confirmed the positive impact we are having on their lives when they reported that they believe the services they get at Pathways help to improve their lives.

8.2.b.3. Treatment of the Issues: In this section, the offeror may also comment if deemed appropriate, on any aspect of the Request for Proposal, including suggestions on possible alternative approaches to the scope, tasks and other requirements presented in Sections 1, 5, and 6 ("Scope of Services", "Tasks to be Performed" and "Licensing and Other Requirements") and may propose alternative approaches. In addition, the offeror may comment on the offeror's current capacity, anticipated future service capacity needs during the contract term and the offeror's requirements for adding capacity.

Pathway Homes is not proposing any alternative approaches.

Pathways' proposed structure for Supervised Residential Services can be scaled up to increase capacity. The cost efficiencies inherent in the SRI programs are maximized by having a clinical team serve multiple sites in close proximity to one another. Therefore expansion costs can be minimized by replicating the design of geographic clustering of homes and utilizing one combined clinical team. The clinical team deployment can be adjusted as needed to ensure safe milieu management and to allow for crisis stabilization in the home.

The SR program can be efficiently expanded through continuing to utilize congregate setting of 3 or 4 bedroom homes with 0.5 FTE staffing per home.

8.2.b.4. Residential Sites: If Highly Intensive or Supervised Services are proposed, include detailed descriptions of the residential sites proposed for each service including floor plans, maps and pictures, if available. (Detailed descriptions of the Annandale site will be provided by HPR II for Highly Intensive services until July 2018 are not required.) Sites do not need to be secured by the offeror at the time of proposal submission but shall be secured no later than July 1, 2017 for the start of services. Include discussion of tenancy agreements, as appropriate, to accommodate individuals who are living with serious and persistent mental illness. For Highly Intensive services specifically, the offeror shall include the use of the eight-bed site located in Annandale, VA under a current lease secured by Fairfax County until July 31, 2018 and propose additional housing site(s) to fulfill the total minimum capacity of sixteen requested. Offerors of Highly Intensive services shall also describe plans to secure the minimum housing capacity requested when the Annandale site lease expires in July 2017

Pathway Homes proposes that all of the properties in the Supervised Residential programs be congregate homes to minimize housing costs and maximize staffing availability. With the exception of three 3-bedroom homes and/or townhomes, all of the properties needed for this proposal are currently operational. See Attachment I for Pathways Housing Inventory Relevant to this RFP.

8.2.b.5. Outcomes: The offeror must include discussion of their performance accountability process and provide performance and accountability measures to be used for each of the services proposed (see Paragraph 6.13).

6.13.a. Services and the Quantity of Services Provided.

Pathway Homes has an established Results-Based Accountability (RBA) system that move us beyond simply counting how much we did to evaluating how our performance results are linked to the purpose and goals of the proposed programs, and how they are used to make decisions that improve the program performance in its entirety. In short, we focus on outcomes that monitor

and evaluate the program's efficiency as well as its effectiveness. Our system of Results-Based Accountability evaluates performance by putting the customer first, hence is focused on customer-based outcomes and results that show positive impact as a result of the services provided. In short, our RBA outcomes generally ask the question, "How have the services made the consumer's life better?" This means that our RBA outcomes measure conditions of wellbeing that specifically provide answers to the following questions: "How much did we do?", "How well did we do our work?" and "Is anyone better off?"

In establishing our RBA framework for this program, we identified indicators of consumer well-being that relate to the programs' overall goals. These overall program goals address stability in permanent housing, connectedness to, and integration into the community, and positive living (consumer empowerment, choice, hope, support and a sense of self-determination). Within this framework, we will track the number of individuals served each year, and other demographics that provide insight into the unique needs of these individuals, the type and frequency of services provided, and the impact of varying levels of services on the lives of these individuals. This type of insight will help us to not only provide consistently high quality service, it will also ensure that we remain responsive to the changing needs of the individuals in this programs so that the services are flexible enough to meet those needs.

As a CARF-accredited agency, our outcomes measures are collected at routine intervals, specifically at the beginning of services (Welcome Survey, demographics), annually (Satisfaction Survey), at discharge (Discharge Survey), and three months after discharge (Post Discharge Survey). Additionally, service delivery and business functions outcomes measuring efficiency and effectiveness of services, and access to service will be collected bi-annually and trends summarized and utilized to track progress and improve quality of services.

6.13.b. Quality of Service Delivery and Client Responses to Services.

Following this basic RBA approach outlined above, we have established a quality improvement process to monitor and evaluate the quality of services we provide to individuals in these programs by tracking indicators, which measure how we performed in relation to established performance measures. As previously mentioned, we will focus on outcomes that monitor and evaluate the programs' effectiveness and efficiency, and we will also measure consumer satisfaction with the services and overall program operation. For example, in line with the Substance Abuse and Mental Health Service Administration (SAMHSA's) Permanent Supportive Housing (PSH) indicators and CSH's Dimensions of Quality, we will track and report on: stability in permanent housing (days housed in PSH over a period of time), integration into the community (days hospitalized), and positive living, (day activity, employment and income), access to services, and overall satisfaction with services.

At Pathways we also measure how well we did our work through the use of a variety of consumer and other stakeholder surveys mentioned above. We will solicit feedback from individuals in these programs through annual satisfaction surveys, which are well-established tools at Pathway Homes. The questions in these surveys are developed with input from the Pathways Consumer Advisory Council, and in the past years, the Recovery Committee. Two of the questions in the survey are specifically tied to performance indicators measuring access to service, and consumer satisfaction within our RBA system.

These annual surveys will go out in early to mid-Summer with a turn-around time of thirty days. During the past three consecutive years, 94% of individuals served by Pathways have reported overall satisfaction with the services we provide (Satisfaction Measure). Responses in other areas of our annual satisfaction survey showed real customer end results arising from the services we provided, for example, 96% of individuals served by Pathways stated that Pathways staff members treat them with dignity and respect and 90% reported that they like the amount of time they spend with their counselor (Access to Service Measure).

6.13.c. Changes in Client Circumstances after Receiving Services – Are clients better off and how?

In answering what might be the most important question in any quality RBA outcomes system, (i.e. is anyone better off?) we will track skills acquisition and changes in attitudes or behaviors that result from the services provided. Specific performance measures that evaluate our progress in this area will monitor changes in number of psychiatric and medical hospital days, engagement in structured daily activity (discussed above), and ability to remain in stable permanent housing each year. These measures are outlined in the Pathways RBA system as the following performance indicators:

- % of individuals who are involved in a productive daily activity during the year (Residential Services Intensive Program)
- % of individuals employed at least part-time during the year (Residential Services Program)
- % of individuals who do not experience hospitalization for psychiatric reasons during the vear
- % of individuals who do not experience hospitalization for medical reasons during the year
- % of individuals who remain in stable permanent housing each year
- % of individuals who maintain or increase their cash income from all sources during the year

It is important to note that all but two of the above measures will apply to residents in both programs proposed in this response. This first two measures (productive daily activity and employment will be applied separately as identified above to account for the anticipated difference in the level of symptom acuity and independence between the two groups.

Regardless of the symptomatology of the residents served, this RBA outcomes approach allows us to move beyond simply counting the numbers served (i.e. how much did we do?) to evaluating how lives change by also monitoring and measuring the positive impact of the services we provide to these individuals. In other words, how many individuals served increased their level of independence and how did this improve their lives? Hence, in the RSI program we will measure the number of daily activities the individuals served engage in each year, while tracking the number of individuals who attain or keep some form of employment in the RS program. In both instances, this system of evaluation will help us identify ways to help residents develop or improve the social and interpersonal skills needed to connect with others within the program and in the wider community, or the job readiness skills needed for gainful employment. We will also track outcomes that measure how our services residents in both programs acquire new, or

improve upon existing skills that foster independence, for example, vocational or job readiness training, and ability to maintain or increase all sources of cash income.

The data collected during the year from monitoring performance related to these indicators and trending of results from year to year will continue to help us evaluate our performance and identify and address issues that appear to impede progress in these areas. We have found that utilizing a person-centered approach is effective in helping the individuals served to achieve measurable goals and make positive gains in all areas of their lives. As a result, in FY 2016, 97% of individuals Pathways served remained in permanent supportive housing, 88% did not experience a psychiatric hospitalization, 85% did not experience a medical hospitalization, and 19% were employed. Additionally, 95% confirmed the positive impact we are having on their lives when they reported that they believe the services they get at Pathways help to improve their lives.

8.2.b.6. Policies and Procedures: The offeror must include their policies and procedures for the specific service proposed. A Table of Contents from the Policy and Procedures Manual for the service is acceptable, at a minimum. See Paragraph 6.9 and Appendix E for a policy and procedures checklist.

See Attachment J for Policy and Procedures Manual table of contents.

8.2.b.7. Staffing Plan: A staffing plan is required which describes the Offeror's proposed staff distribution to accomplish the service proposed, including staff to client ratios described in detail for the service. The staffing plan should indicate a chart that partitions the time commitment of each professional staff member across the proposed services/sites and a timeline for each facility proposed for Highly Intensive and Supervised services. It is mandatory that this section identify the key personnel who are to work on each service level proposed and at each site, their relationship to the contracting organization, and amount of time to be devoted to the service/site. This includes Consultants and subcontractors as well as regular employees of the offeror, if relevant. In addition, the staffing plan should identify the minimum and preferred qualifications for all staff positions. The offeror shall identify any staffed positions and/or services that are proposed to be contracted out and identify the subcontractors. The county must approve all future subcontractors in writing prior to the provision of services.

The proposed staffing plan for the SRI programs is a clinical team of 14 FTE who will be assigned to work with 19 individuals at three sites in close proximity to each other. The staffing allows for staff on-site availability 365 days per year with awake overnight. Each shift the deployment of staff will be determined by the need for Mental Health Skill building, collateral case management, social engagement/activities, milieu management and crisis stabilization. A full time clinical program director is assigned to the program and the Senior Division Director and V.P. for Clinical Services are available on-call 24 hours per day. This staffing pattern may be supplemented by undergraduate and graduate level interns as available. The staffing pattern can also be supported by relief staff as needed to ensure adequate staffing to meet the clinical needs of the program. Please reference Attachment K: Staffing Plan.

The SR program will have MHC II staff available mid-morning to early evening Monday – Friday. Staff hours will be strategically flexible outside these times contingent upon the needs of the residents. Residents will have 24/7 access to an on-call Clinical Director outside of those hours. Each three-person home included in this RFP that Pathways is currently operating, is currently assigned 0.5 FTE. The counselors in this program are supervised by a Division Director.

Please reference Attachment K: Staffing Plan.

8.2.b.8. Contingency Planning: Offeror should demonstrate an awareness of difficulties in the provision of services proposed, and a plan for surmounting them.

Pathway Homes has provided housing and supportive services to adults with severe mental illnesses and co-occurring substance use disorders for over three decades in Fairfax and surrounding counties. Pathways demonstrated ability to provide this type of permanent supportive housing to this population efficiently and effectively resulted in solicitation from entities in Central Florida for Pathways to provide similar housing and services to the same population in Oceola County; a call that Pathways answered last year. Notwithstanding our extensive experience and success at providing the housing and services proposed in this response, we are also aware of the difficulties inherent in providing these services in the current economic and political climate. For example, we are confident that we can maintain our current housing stock, however, we cannot control the housing environment therefore if costs continue to rise, especially in Fairfax County, cost containment will become a challenge and will impact our ability to continue to house individuals targeted in this proposal. We plan to address this challenge by maximizing our ability to partner and creatively leverage multiple private and public funding sources to continue housing acquisition and expansion.

Another potential difficulty in the provision of the services proposed lies in the uncertainty around Medicaid reimbursement changes, which will impact our ability to supplement the cost of providing supportive services to the target population. This will become more evident as research has shown that people with SMI especially schizophrenia, bipolar disorder, schizoaffective disorder, and major depressive disorder, have a higher mortality rate than the general population. Specifically, these studies show that these individuals are dying 13-30 years earlier than individuals in the general population due to factors such as lifestyle choices, longterm impact of psychotropic medications, and the disparity in availability and affordability of health care for individuals with SMI compared with the general population. In short, the individuals targeted in this proposal are aging in place as more of them become housed and maintain housing stability and as they age, these medical conditions become more challenging to manage requiring more specialized services and increased supports. Without complementary funding from sources such as Medicaid, meeting such needs within the current program design would be challenging. We are already strategically addressing this potential challenge by diversifying our funding source and engaging in targeted fundraising to address the needs of a service population that is aging in place and becoming more medically compromised as they age.

8.3. The direct supervisors and key personnel named in the technical proposal will remain assigned to the project throughout the period of this contract. No diversion or replacement may be made without submission of a resume of the proposed replacement with final approval being granted by the County Purchasing Agent.

In the event a that personnel changes need to be made to direct supervisors or other key personnel, Pathway Homes will submit the resume of the proposed replacement to the County Purchasing Agent for approval.

8.4. Provide one separate section that contains the financial statements for the organization. The offeror shall provide their most recently filed and signed tax return and financial statements audited by an independent Certified Public Accountant (CPA). This includes the opinion letter, management letter comments, income statement, balance sheet, and notes to the financial statements from the most recent reporting period. In

addition, if applicable, the offeror should sign and include the "Certification of Financial Solvency for Nonprofits" (Appendix D) as part of their proposal submission. If multiple service levels are being proposed, include financial statements only once.

See Attachment L: Financial Statements.

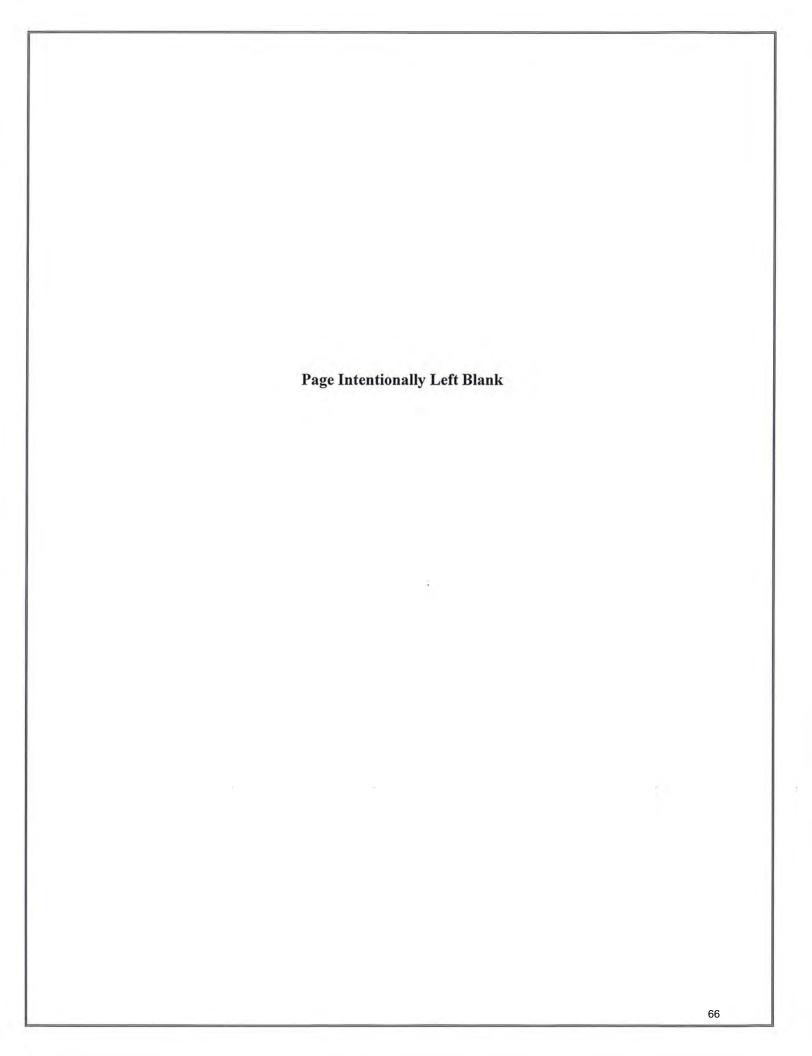
- 9. Consultation Services:
- 9.1. The contractor's staff must be available for consultation with County staff on an as-needed basis between 8:00 AM and 5:00 PM, Eastern Time, Monday through Friday.

Pathways' administrative offices are open from 8.30 am to 5 pm, however, senior clinical and administrative staff are available to County staff on an as-needed basis outside of those hours.



Attachment A: Leadership Team Bios

- o Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC
- o Brenda F. Brennan
- o Sherry L. Meyers, LCSW
- o V.P. for Clinical Services: Anita Robinson, LCSW
- o Chief Operations Officer: Eleanor Vincent, EdD, LPC, CSAC





Dr. Sylisa Lambert-Woodard

Sylisa Lambert-Woodard, EdD, FACASAC, LCSW, LSATP, CSAC
Board Certified Diplomate-Fellow
President and CEO, Pathway Homes, Inc., Fairfax, Virginia

Dr. Lambert-Woodard has over 28 years' experience, and was named President and Chief Executive Officer of Pathway Homes in 2011 having served as President and Chief Operating Officer for the preceding 14 years.

Since she has taken on the role of CEO, the agency has gone through a tremendous period of growth and innovation. Despite the national economic downturn over the past five years, she has grown the number of residents Pathways serves by 20 percent through the acquisition of nearly 30 properties, producing an additional 50 units of housing. She has been nationally recognized for her ability to seize the opportunity presented during the housing downturn and grow Pathways' portfolio to over 200 properties providing permanent supportive housing for 477 individuals with serious mental illness in Northern Virginia. She was able to manage this growth while evolving service quality through innovation and strong fiscal management.

Dr. Lambert-Woodard is an avid supporter and advocate of Fair Housing and is known for her continued commitment to combating NIMBYism and eradicating stigma. She currently serves as the 2014 Co-Chair for the Fairfax Fair Housing Committee, and in 2012, she was instrumental in changing local policy and practice by creating political and community support to foster a more inclusive community in Fairfax County. Dr. Lambert-Woodard serves as Vice-Chair of the VACBP, and is on the Advisory Board of the Advanced Credentialing Academy of Substance Abuse Counselors.

During her tenure, Pathway Homes has been nationally recognized by the *NonProfit Times* as a Best Nonprofit to Work in the nation jumping from the 47th position in 2012 to the 28th position in 2013. Also, Pathway Homes received national attention from the National Association for County Community and Economic Development for a 22-unit project developed in collaboration with Fairfax County's Department of Housing and Community Development. At the state level, Pathway Homes received the coveted *2013 Virginia Housing Award* at the Governor's Housing Conference for its innovative consumer-directed housing approach. Locally, Pathway Homes was recognized by the Fairfax County Chamber of Commerce as a finalist in their *Best Corporate Citizen Award* in the nonprofit category.

In 2014, Dr. Sylisa Lambert-Woodard was the recipient of the 10th Annual Gelman, Rosenberg and Freedman EXCEL Award. This competitive award recognizes and spotlights outstanding leadership among Washington-area nonprofit chief executives.

Prior to joining Pathway Homes, Dr. Lambert-Woodard served in several capacities. She is the Founder and current Operator of several highly regarded Private Practices serving children, adolescents, and adults in Northern and Central VA for over 20 years. She has worked extensively with Veterans specializing in trauma, directly worked in and managed federal, state and local programs and contracts with HUD, Department of Justice, and Department of Corrections, SAMSHA, and VAASAP within the metropolitan area. She has directly served and developed substance use and co-occurring services for habitual offender's inpatient and outpatient, as well as, directly provided forensic services within regional prisons. Dr. Lambert-Woodard has provided pastoral counseling and professional coaching. She has taught at local universities, and provided training, lecture, and keynote presentations for conferences, universities, and organizations throughout the country and internationally. In addition, she has supervised and served in various management capacities within the Fairfax County's Human Service division and Community Services Board.

Dr. Lambert-Woodard received her Bachelor of Science from George Mason University, Fairfax, VA, Master's degree in Social Work from Catholic University, Washington D.C., and Doctorate of Education in Counseling Psychology from Nova Southeastern University, Fort Lauderdale, FL. She is a Licensed Substance Abuse Treatment Professional (LSATP), Master Addictions Counselor (MAC), Certified Substance Abuse Counselor (CSAC), Licensed Clinical Social Worker (LCSW), and Board Diplomate- Fellow (FACASAC). In 2015 Dr. Lambert-Woodard successfully completed the Harvard University Business School Strategic Responsibilities in Non-Profit Management Executives training program.



Brenda F. Brennan

Brenda F. Brennan Chief Financial Officer, Pathway Homes, Inc., Fairfax, Virginia

Ms. Brennan provides direct oversight and supervision to administrative, property management, human resources,

payroll and accounting personnel ensuring regulatory compliance of financial, program, human resource management and personnel policies. She is a member of the Leadership Team and works directly with the CEO and Board of Directors in the strategic operations of the organization. She successfully coordinates and assures completion of the annual audit in accordance with Government Auditing Standards and OMB A-133 by an independent auditor. Due to Ms. Brennan's exemplary financial oversight she provides financial consultation to other not for profits and most recently has completed the requirements to be an Administrative Surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF).

Ms. Brennan expertly manages funding and expenditures for multiple restricted and unrestricted funding streams. With over 24 years in the financial nonprofit sector, her extensive knowledge and experience includes managing nonprofit accounting, Human Resources and Property Management for 50+ owned sites and 100+ leased sites. Her demonstrated proficiencies have instilled confidence in our government contracting and grantee relationships. Pathway Homes continues to be an attractive partner and a proven steward of public funds.

Hired as Pathway Homes Administrator in 1990, Ms. Brennan quickly moved up the ranks to Controller, Director of Finance and Vice President for Finance to her promotion to Chief Financial Officer in April 2014.

Ms. Brennan graduated from Radford University with a Bachelor of Science-Business Administration with a major in Accounting.

Sherry Meyers, LCSW, ALFA

Sherry L. Meyers, LCSW, Licensed Assisted Living Facility Administrator Senior Vice President, Pathway Homes, Inc., Fairfax, VA

Ms. Meyers provide oversight of the agency's clinical management team and of service delivery within assisted living, semi-independent and supported living programs. She has over 25 years of experience working in the mental health field and 18 years of supervisory and management experience in the nonprofit sector. Ms. Meyers began her career with Pathway Homes as a Mental Health Counselor II, served as a Division Director overseeing clinical services in the south county programs, and was the initial Director for the Stevenson Place Assisted Living Facility responsible for developing and opening the program.

Ms. Meyers is responsible for the development and delivery of a range of quality clinical, case management and residential services for individuals with severe and persistent mental illness including recruitment, hiring, training and supervision of clinical management staff and direct service staff. She manages the agency's wait list, coordinates screening and admissions, and works closely with DBHDS and DSS to ensure agency compliance with licensure regulations and standards. Her innovative work in the creation of our consumer-directed program has received national attention as an industry best practice.

Ms. Meyers holds a Masters in Social Work from Virginia Commonwealth University and received her Bachelors in Communications from Shippensburg University.



Anita Robinson, LCSW

Anita Robinson, LCSW Vice President for Clinical Services

Anita Robinson, LCSW serves as Vice President for Clinical Services. She provides leadership and clinical oversight of supported living and semi-independent living programs in both Fairfax and Arlington. Anita partners with clinical managers around services, program development and evaluation.

Anita has over 25 years' experience in Human Services. She was originally hired by Pathway Homes as a Mental Health Counselor I in 1988. She has steady been promoted through the agency ranks holding positions as an MHC II, Division Director, and Associate Vice President for Clinical Services prior to assuming her current role in 2011.

As a member of Pathways' Leadership and Clinical Management teams, Anita supports strategic planning, implemented the design of our 360 evaluation, facilitates collaborative relationships with community partners, provides oversight to our clinical internship program, and plays a major role in staff training and in the development of programs and policies. Anita is Pathway Homes' liaison to the Local Human Rights Committee. She provides clinical trainings at local universities and to other community organizations.

Anita has been a program surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2009. She is an approved Virginia Board of Professions Supervisor and is an Adjunct Professor with George Mason University.

Anita received her LCSW in Virginia in 2006. She has a Masters in Social Work from University of Maryland and received her Bachelor of Science in Psychology from Emory & Henry College.



Dr. Eleanor M. Vincent

Eleanor Vincent, EdD, LPC, CSAC Chief Operating Officer, Pathway Homes, Inc., Fairfax, Virginia

Eleanor Vincent, EdD, CSAC serves as Chief Operating Officer working closely with the President & CEO to manage the agency operations including agency outcomes and communication, strategic planning, quality assurance, community

partnerships, accreditation and training, technology, and organizational planning and implementation.

Dr. Vincent has worked in the mental health field since 1990. She has a background in Psychiatric Nursing, and worked in a variety of hospital and community settings within the National Health Service in England for several years. During that time, she worked in acute admission serving individuals with a variety of diagnoses including mothers with postpartum depression and their babies, as well as individuals admitted for inpatient detoxification from psychoactive substances. She also worked in psychosocial rehabilitation, community psychiatric nursing with the elderly, general medical, and a specialized eating disorders unit. She moved to the US in 1995 and worked as Program Director for a variety of residential and supported housing programs in Boston, Massachusetts and Fairfax, Virginia, providing services to adults with severe mental illness and co-occurring substance use disorders.

Dr. Vincent also spent two years managing the National Mental Health Information Center (NMHIC) of the Substance Abuse and Mental Health Services Administration providing mental health information and education to individuals and organizations across the US. During her time at NMHIC, Dr. Vincent and her staff were commended for providing "invaluable support and resources" to the President's New Freedom Commission on Mental Health.

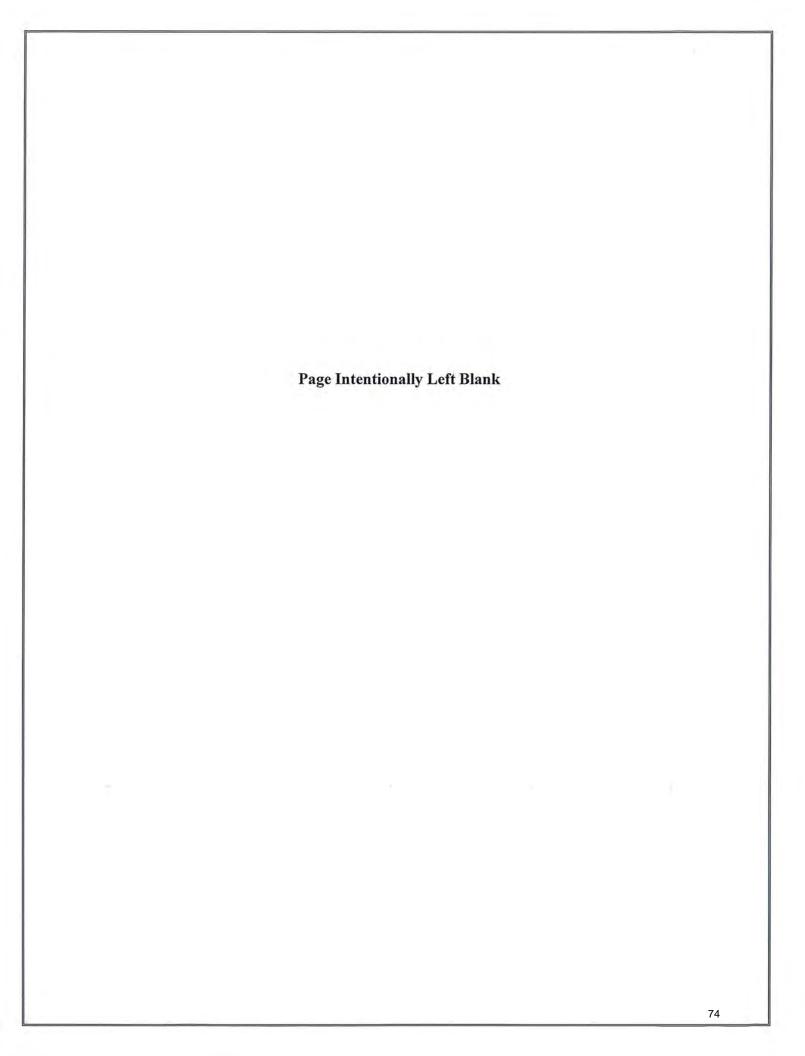
Since coming to work for Pathway Homes in 2003, she has served as Project Director at the regional Discharge and Diversion Program for adults with severe mental illness and other co-occurring disorders. She also served as Director of Quality Improvement, creating and implementing the agency's outcomes management system. She continues to provide oversight of the agency's continuous quality improvement activities in her current role.

Dr. Vincent is passionate about community outreach and advocacy and served as President of the Northern Virginia Mental Health Institute Advisory Council from 2004 to 2006. She also served as moderator for the regional Mental Illness Awareness Conference for several years and continues to support that process as a member of the Recovery and Wellness Committee. A surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF) from 2007 to 2013, she provided consultation and feedback to behavioral health organizations throughout the US on clinical and

administrative practices in inpatient, outpatient, and community treatment settings. She is a current member of the Fairfax County Long Term Care Coordinating Council.

An instructor since 1995, Dr. Vincent has developed curricula for clinical training modules and graduate level courses, and is currently adjunct professor in the Forensic Psychology Master's program at The Chicago School of Professional Psychology, Washington D.C. campus.

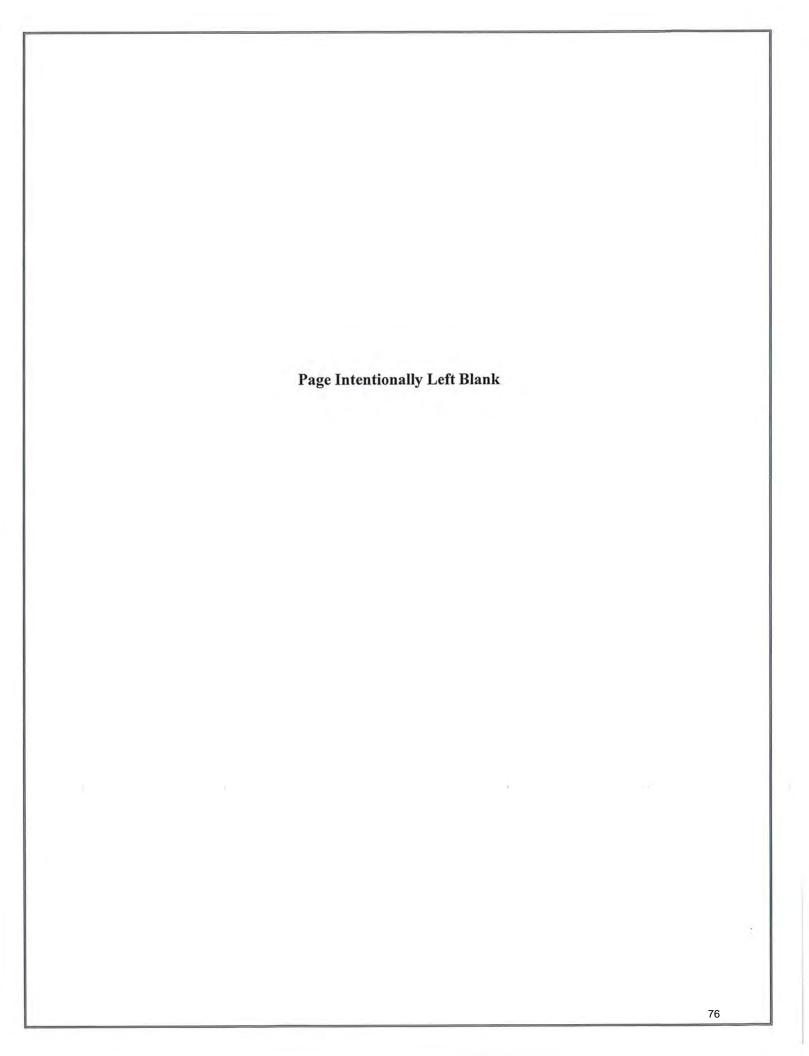
Dr. Vincent received her Diploma in Psychology from University of London, BA from UMASS Boston, MPA from Suffolk University and a Doctor of Education in Counseling Psychology from Argosy University. She is a Certified Substance Abuse Counselor in the State of Virginia, Board Diplomate - Fellow (AFACASAC), and is currently completing her clinical residency towards licensure.



Pathway Homes, In-	Supervised Residential
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Residential Treatment Services: RFP2000002064

Attachment B: Agency Awards and Recognition



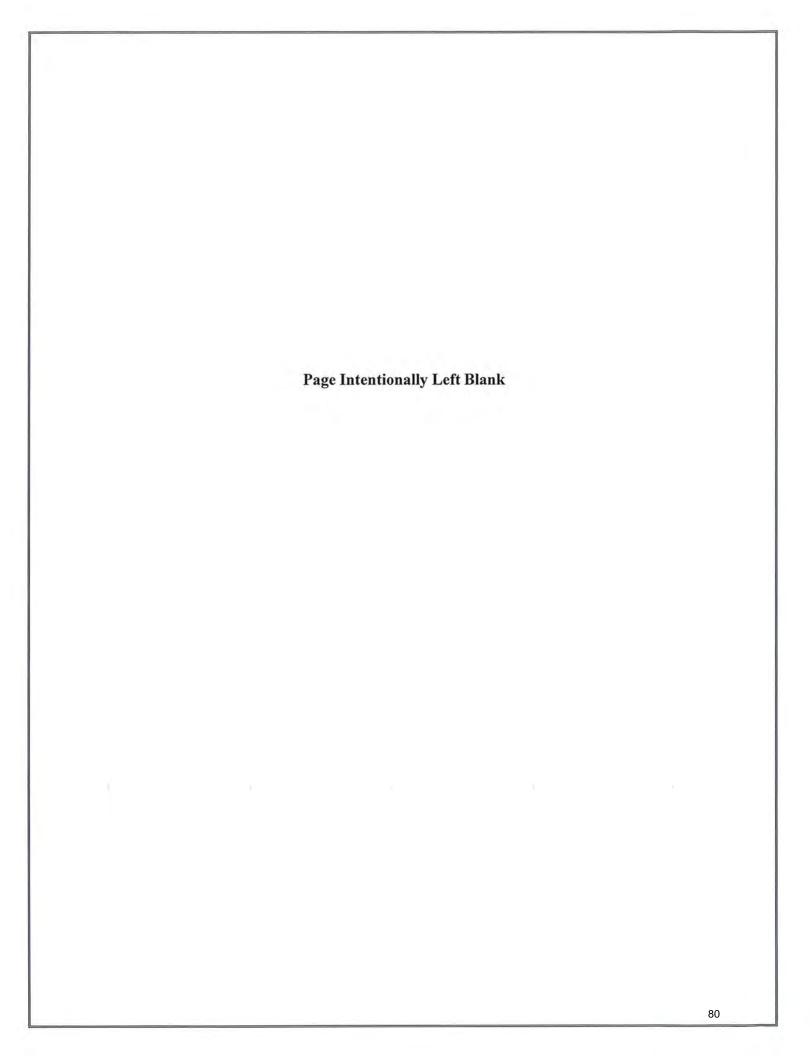
Organizational Recognitions

- > 2016 named "One of the 50 Best NonProfits to Work for in 2016" by The NonProfit Times.
- > 2015 named "One of the 50 Best NonProfits to Work for in 2015" by The NonProfit Times.
- > 2015 received 3-year re-accreditation with no recommendations from CARF in recognition of the organization and its programs for superior standards
- > 2014 named "One of the 50 Best NonProfits to Work for in 2014" by The NonProfit Times
- > 2014 Finalist, Fairfax County Chamber of Commerce Best NonProfit
- > 2014 Finalist, Helios Apollo Awards
- 2013 Virginia Governor's Housing Award for "Best Housing Program or Services" presented for Consumer-Directed housing program
- > 2013 Finalist, Fairfax County Chamber of Commerce Best Non-Profit
- > 2013 named "One of the 50 Best NonProfits to Work for in 2013" by The NonProfit Times.
- ➤ 2013 recognized by the Virginia Employer Support of the Guard and Reserve Joint Force Headquarters for its employment policies in support of employees (past, present and future) who also serve in the National Guard and Reserve Forces in Virginia.
- 2012 received 3-year re-accreditation from CARF in recognition of the organization and its programs for superior standards.
- 2012 mentioned in the 2012 National Association for County Community and Economic Development (NACCED) Award of Excellence in the Homeless category which was awarded to the Fairfax County Department of Housing and Community Development.
- ➤ 2012 named "One of the 50 Best NonProfits to Work for in 2012" by *The NonProfit Times*.
- > 2009 awarded Fairfax County Recycling Award in recognition of recycling excellence.
- > 2009 received 3-year accreditation from CARF in recognition of the organization and its programs for superior standards.
- 2007 Virginia Governor's Housing Award as "Best Housing Organization" presented by VA HUD
- ➤ 2006 Certification by the Commission on Accreditation of Rehabilitation Facilities (CARF) in recognition of the organization and its programs for superior standards.

Organizational Recognitions - continued

- 2005 Mental Health Consumer Award for Service Provider Excellence from the Northern Virginia Mental Health Consumers Association and the Fairfax-Falls Church Mental Health Advocacy Community in recognition of the organization as "an innovator in valuing and collaborating with the consumer community, recognizing the unique role of consumers as providers, promoting consumers as tenants, encouraging animal companionship and persistently striving for funding to maximize housing options."
- ➤ 1999 Human Rights Award from Fairfax County Human Rights Commission "in appreciation of outstanding service in the field of human rights."
- > 1993 Employer of the Year Award from the Social Center for Psychiatric Rehabilitation "in recognition of Pathways' outstanding efforts in employing consumers as peer counselors."
- ➤ 1993 IMBY Award from the Fairfax-Falls Church United Way for the agency's "sustained efforts at successfully integrating adults with mental illness into the community."
- ➤ 1992 Certificate of Recognition from the Fairfax-Falls Church CSB "in recognition of diligent and outstanding efforts in developing new permanent supportive housing for mentally ill residents in the community."
- ➤ 1992 Fairfax County Organization of the Year Award from the Fairfax County Commission for Disabled Persons "in recognition of outstanding contributions to the community."
- > 1983 Community Services Award from the Mental Health Association of Northern Virginia for its successful "development of permanent housing programs for the mentally ill."

Attachment C: Federal Grant Experience



SCHEDULE OF PERMANENT GRANT NUMBERS

McKinney - PHI

(Acquisition Only)

Pathway Homes, Inc.:

 Jinetes Court
 VA39P91-1002
 1991

 Sonora Place
 VA39P91-1006
 1991

 Redondo Place
 VA39P91-1007
 1991

 Westover Court
 VA39P91-1012
 1991

HUD Section 223f: Effective July 25, 2014

Pathways Living, Inc.:

Pathway Homes Project:

2201 & 2203 Huntington VA39T79-2002 2014

2303 & 2305 Mary Baldwin 051-11298

6215 Pioneer Drive 5626 Sheldon Drive

HUD Section 202: Effective July 25, 2014-

The three separate projects were closed and refinanced under HUD Section 223f.

Pathways Living, Inc.:

2201 & 2203 Huntington Drive VA39T83-1006 1986-2014

Independent Living I 000-EH-121

2303 & 2305 Mary Baldwin

Drive VA39T83-1005 1985-2014

Independent Living II 000-EH-089

Pathway Homes, Inc.:

6215 Pioneer Drive &

5626 Sheldon Drive VA39T79-2002 1981-2014

000-EH-028

HUD Section 811:

Pathway Options, Inc.:

9625 Blake Lane VA39Q91-1001 1992

000-HD-003

Pathway Visions, Inc.: VA39Q94-1002 1995

214 Locust Street, #112 000-HD-025

10029 Mosby Woods, #327 9473 Arlington Boulevard, #202

2010 Colts Neck, #11B

			CDANE
DROJECT DATES		BEDS	GRANT
PROJECT DATES	DUE	BEDS	TOTAL
cade, Sweet Mint, Wainwright, (4	116 Mangalo	ore & 4357 Ame	ricana effective
01/01/16-12/31/16	3/31	16	\$163,571
01/01/17-12/31/17	3/31	18	\$171,513
	fective 06/20	014)	
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01/01/16-12/31/16	3/31	16	\$140,352
01/01/17-12/31/17	3/31	16	\$146,344
I-PHI / 2726 Sherwood Half Lane	& 8757 Villa	ge Green Court-	PRS
			, 115
:			\$224,311
07/01/16-06/30/17	9/30	12	\$234,041
7919 Mt Woodley Place 9, 2012	Vings Villago	Dood DDC	
2016년 1일 16일 시간 시간 내용 전문에 발생되었다. 그런 해양이 없었다. 그런 개설이 모르는 것이다.			\$301,247
			\$312,405
02/01/16-01/31/17	4/30	8	\$312,405
12/01/15-11/30/16	2/28	7	\$161,206
12/01/16-11/30/17	2/28	7	\$174,429
11/01/15-10/31/16	1/31	7	\$160,920
11/01/16-10/31/17	1/31	7	\$174,114
00/01/15 00/21/16	11/20	24	6220 501
			\$330,501
09/01/16-08/31/17	11/30	24	\$355,749
08/01/15-7/31/16	10/31	55	\$1,199,664
08/01/16-7/31/17	10/31	55	\$1,290,862
11/01/16-10/31/17	1/31	22	\$ 544,804
	01/01/16-12/31/16 01/01/17-12/31/17 459 Little River Turnpike, #201 eff 756 Village Green, #B effective 5,	01/01/16-12/31/16 3/31 01/01/17-12/31/17 3/31 4. 459 Little River Turnpike, #201 effective 06/20 756 Village Green, #B effective 5/2016) 01/01/16-12/31/16 3/31 01/01/17-12/31/17 3/31 4-PHI / 2726 Sherwood Hall Lane & 8757 Village 8 6133 Leesburg Pike, #608 effective 5/2016 07/01/15-06/30/16 9/30 07/01/16-06/30/17 9/30 7818 Mt. Woodley Place & 3013 Kings Village 02/01/15-01/31/16 4/30 02/01/16-01/31/17 4/30 12/01/15-11/30/16 2/28 12/01/16-11/30/17 2/28 11/01/15-10/31/16 1/31 11/01/16-10/31/17 1/31 09/01/15-08/31/16 11/30 09/01/15-08/31/16 11/30 09/01/15-7/31/16 10/31 08/01/16-7/31/17 10/31	PROJECT DATES DUE BEDS Cade, Sweet Mint, Wainwright, (4116 Mangalore & 4357 Ame 01/01/16-12/31/16 3/31 16 01/01/17-12/31/17 3/31 18 4. 4. 4. 4. 4. 4. 4. 4. 4. 4

SCHEDULE OF HUD GRANTS AND RENEWALS-CURRENT SHELTER PLUS CARE

	GRANT NUMBERS	PROJECT DATES	APR	PERSONS/UNITS	TOTAL
SPC (1C)					
	VA0101L3G011508	04/01/16-03/31/17	6/30	34 (5-2bdr/24-1bdr)	\$531,097
	Combined SPC (2), (4)	, (5)			
SPC (9C)	(6137 Leesburg Pike,	#402 effective 01/2014)			
	VA0100L3G011407	08/01/15-07/31/16	10/31	25 (3-2bdr/19-1bdr)	\$339,734
			10/31	25 (3-2bdr/19-1bdr)	
	VA0100L3G011508	08/01/16-07/31/17			\$382,826
	Combined SPC (8) & (9	9) effective 08/04/10			
SPC(10C)	(3704 N.Rosser Street	effective 04/2014 & 3065 Pat	rick Henry Driv	e, #201 effective 12/20	13)
	(2630 Wagon Drive, #	3B effective 12/2013) Combine	ed with SPC2C	effective 6/1/2016	
	VA0145L3G011406	06/01/15-05/31/16	08/31	18 (14-1bdr/1-2bdr)	\$239,328
	VA0145L3G011507	06/01/16-05/31/17	08/31	59 (41-1bdr/9-2bdr)	\$863,287
	Combined SPC (10) &	(11) effective 05/25/2011			34
		ctive 06/01/2016 (\$593,083 VA	A0102L3G0115	08)	

HISTORY OF GRANT NUMBERS and HUD FUNDING AMOUNTS:

MCKINNEY

1/1/92-12/31/96	1/1/97-12/31/97	1/1/98-12/31/00	1/1/01-12/31/03	1/1/04-12/31/06
VA39P91-1001	VA39P91-1001-01	VA39B97-0101	VA39B00-1002	VA39B20-1007
\$237,071	\$31,794	\$97,071	\$118,342	\$118,342
VA39P91-1003	VA39P91-1003-01	VA39B97-0102	VA39B00-1003	VA39B20-1002
\$234,705	\$31,794	\$97,071	\$118,342	\$118,342
VA39P91-1004	VA39P91-1004-01	VA39B97-0103	VA39B00-1004	VA39B20-1005
\$240,456	\$31,794	\$97,071	\$118,342	\$118,342
VA39P91-1005	VA39P91-1005-01	VA39B97-0103	VA39B00-1005	VA39B20-1010
\$240,924	\$31,794	\$97,071	\$118,342	\$118,342
	VA39P91-1001 \$237,071 VA39P91-1003 \$234,705 VA39P91-1004 \$240,456 VA39P91-1005	VA39P91-1001 VA39P91-1001-01 \$237,071 \$31,794 VA39P91-1003 VA39P91-1003-01 \$234,705 \$31,794 VA39P91-1004 VA39P91-1004-01 \$240,456 \$31,794 VA39P91-1005 VA39P91-1005-01	VA39P91-1001 VA39P91-1001-01 VA39B97-0101 \$237,071 \$31,794 \$97,071 VA39P91-1003 VA39P91-1003-01 VA39B97-0102 \$234,705 \$31,794 \$97,071 VA39P91-1004 VA39P91-1004-01 VA39B97-0103 \$240,456 \$31,794 \$97,071 VA39P91-1005 VA39P91-1005-01 VA39B97-0103	VA39P91-1001 VA39P91-1001-01 VA39B97-0101 VA39B00-1002 \$237,071 \$31,794 \$97,071 \$118,342 VA39P91-1003 VA39P91-1003-01 VA39B97-0102 VA39B00-1003 \$234,705 \$31,794 \$97,071 \$118,342 VA39P91-1004 VA39P91-1004-01 VA39B97-0103 VA39B00-1004 \$240,456 \$31,794 \$97,071 \$118,342 VA39P91-1005 VA39P91-1005-01 VA39B97-0103 VA39B00-1005

COMBINED: PHI91 - SCANDIA, DECADE, SWEETMINT, WAINWRIGHT

01/01/07-12/31/07	VA39B50-1003	\$157,788	1 year
01/01/08-12/31/08	VA39B60-1003	\$157,788	1 year
01/01/09-12/31/09	VA39B70-1002	\$157,788	1 year
01/01/10-12/31/10	VA0096B3G010801	\$157,788	1 year
01/01/11-12/31/11	VA0096B3G010802	\$157,788	1 year
01/01/12-12/31/12	VA0096B3G011003	\$157,788	1 year
01/01/13-12/31/13	VA0096B3G011104	\$157,788	1 year
01/01/14-12/31/14	VA0096L3G011205	\$160,794	1 year
01/01/15-12/31/15	VA0096L3G011306	\$163,571	1 year
01/01/16-12/31/16	VA0096L3G011407	\$163,571	1 year
01/01/17-12/31/17	VA0096L3G011508	\$171,513	1 year

	1/1/92-12/31/96	1/1/97-12/31/97	1/1/98-12/31/00	1/1/01-12/31/03	1/1/04-12/31/06
Newbridge	VA39P91-1008	VA39P91-1008-01	VA39B97-0105	VA39B00-1008	VA39B20-1008
	\$308,407	\$35,911	\$110,997	\$135,682	\$135,674
Elan	VA39P91-1009	VA39P91-1009-01	VA39B97-0106	VA39B00-1009	VA39B20-1003
	\$308,667	\$35,911	\$110,997	\$135,682	\$135,674
Midship	VA39P91-1016	VA39P91-1016-01	VA39B97-0107	VA39B00-1012	VA39B20-1004
	\$306,067	\$35,911	\$110,997	\$135,682	\$135,674

COMBINED: CRS91 - NEWBRIDGE, ELAN, MIDSHIP

01/01/07-12/31/07	VA39B50-1010	\$135,675	1 year
01/01/08-12/31/08	VA39B60-1004	\$135,675	1 year
01/01/09-12/31/09	VA39B70-1004	\$135,673	1 year
01/01/10-12/31/10	VA0095B3G010801	\$135,673	1 year
01/01/11-12/31/11	VA0095B3G010802	\$135,673	1 year
01/01/12-12/31/12	VA0095B3G011003	\$135,673	1 year
01/01/13-12/31/13	VA0095B3G011104	\$135,673	1 year
01/01/14-12/31/14	VA0095L3GO11205	\$138,257	1 year
01/01/15-12/31/15	VA0095L3G011306	\$140,352	1 year
01/01/16-12/31/16	VA0095L3G011407	\$140,352	1 year
01/01/17-12/31/17	VA0095L3G011508	\$146,344	1 year

CRS94 - Joust, Mockingbird- PHI & Sherwood Hall, Village Green-PRS:

7/1/95-6/30/98 VA39B94-0099 \$995,144	7/1/98-6/30/01 VA39B97-0108 \$619,479	7/1/01-6, VA39B00- \$650,341	1006	7/1/04-6/30/0 VA39B30-100 \$216,781	2 V	/1/05-6/30/06 A39B40-1003 216,781	7/1/06-6/30/07 VA39B50-1007 \$216,781	7/1/07-6/30/08 VA39860-1005 \$216,781
7/1/08-6/30/09	7/1/09-6/3	0/10	7/1/10-	-6/30/11	7/1/1	1-6/30/12	7/1/12-6/30/13	

VA39B70-1003 VA0097B3G010801 VA0097B3G010802 VA0097B3G011003 VA0097B3G011104 \$216,780 \$216,780 \$216,780 \$216,780 \$216,780

 7/1/13-06/30/14
 7/01/14-06/30/15
 07/01/15-06/30/16
 07/01/16-06/30/17

 VA0097L3G011205
 VA0097L3G011306
 VA0097L3G011407
 VA0097L3G011508

 \$220,909
 \$224,311
 \$224,311
 \$234,041

CRS95 - Cedar Cove, Links-PHI & Woodley, Kings Village-PRS:

2/1/96-1/31/99	2/1/99-1/31/02	2/1/02-1/31/05	2/1/05-1/31/06	2/01/06-1/31/07	2/01/07-1/31/08	2/01/08-01/31/09
VA39B95-0460	VA39B80-1001	VA39B10-1002	VA39B40-1004	VA39B50-1008	VA39B60-1006	VA39B70-1007
\$1,222,652	\$847,068	\$875,367	\$291,789	\$291,789	\$291,789	\$291,788

 2/01/09-01/31/10
 2/01/10-01/31/11
 2/01/11-01/31/12
 2/01/12-01/31/13
 2/01/13-01/31/14

 VA0098B3G010801
 VA0098B3G011003
 VA0098B3G011104
 VA0098B3G011104
 VA0098B3G011205

 \$291,788
 \$291,788
 \$291,788
 \$291,788
 \$297,346

 2/01/14-01/31/15
 02/01/15-01/31/16
 02/01/16-01/31/17

 VA0098L3G011306
 VA0098L3G011407
 VA0098L3G011508

 \$301,247
 \$301,247
 \$312,405

SHP2007:

 12/01/2008-11/30/2010
 12/01/2010-11/30/2011
 12/01/2011-11/30/2012
 12/01/2012-11/30/2013
 12/01/2013-11/30/2014

 VA39B70-1001
 VA0144B3G010901
 VA0144B3G011002
 VA0144B3G011103
 VA0144L3G011204

 \$307,314
 \$153,657
 \$153,657
 \$156,583

 12/01/2014-11/30/2015
 12/01/2015-11/30/2016
 12/01/2016-11/30/2017

 VA0144L3G011305
 VA0144L3G011406
 VA0144L3G011507

 \$161,206
 \$161,206
 \$174,429

SHP2009:

 11/01/2010-10/31/2012
 11/01/2012-10/31/2013
 11/01/2013-10/31/2014
 11/01/2014-10/31/2015
 11/01/2015-10/31/2016

 VA0156B3G010900
 VA0156B3G011101
 VA0156L3G011202
 VA0156L3G011303
 VA0156L3G011404

 \$306,772
 \$153,386
 \$156,307
 \$160,920
 \$160,920

11/01/2016-10/31/2017 VA0156L3G011505 \$174,114

SHP 2011:

 09/01/2012-08/31/2013
 09/01/2013-08/31/2014
 09/01/2014-08/31/2015
 09/01/2015-08/31/2016
 09/01/2016-08/31/2017

 VA0197B3G011100
 VA0197L3G011201
 VA0197L3G011302
 VA0197L3G011403
 VA0197L3G011504

 \$314,906
 \$320,904
 \$330,501
 \$330,501
 \$355,749

SHP2014:

 08/01/2015-07/31/2016
 08/01/2016-07/31/2017

 VA0257L3G011400
 VA0257L3G011501

 \$1,199,664
 \$1,290,862

SHP2015:

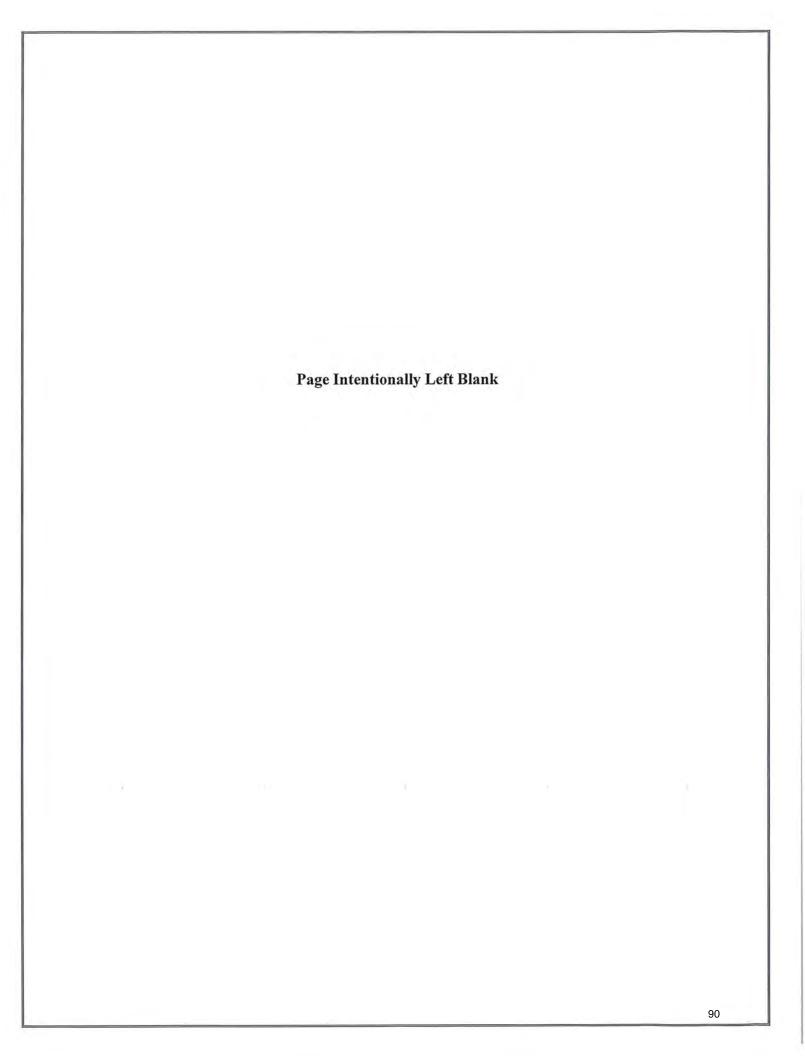
11/01/2016-10/31/2017 VA0288L3G011501 \$544,804

SHELTER PLUS CARE

STILLTEN LOS CAL					
SPC (1) - 1994	VA39C94-0120	5 years	04/01/95-03/31/00	10 beds	\$360,120
renewal	VA39C90-1003	5 years	06/16/00-06/15/05	10 beds	\$411,594
renewal	VA39C40-1019	1 year	06/16/05-06/15/06	10 beds	\$127,104
SPC (2) - 1995	VA39C95-0138	5 years	03/01/96-02/28/01	15 beds	\$442,560
renewal	VA39C00-1010	1 year	03/01/01-02/28/02	15 beds	\$117,600
renewal	VA39C10-1010	1 year	03/01/02-02/28/03	15 beds	\$128,760
renewal	VA39C20-1017	1 year	03/01/03-02/28/04	15 beds	\$157,584
renewal	VA39C30-1014	1 year	03/01/04-02/28/05	15 beds	\$166,380
renewal	VA39C40-1020	1 year	03/01/05-02/28/06	15 beds	\$168,132
SPC (3) - 1996	VA39C96-0201	5 years	07/01/97-06/30/02	10 beds	\$397,800
renewal	VA39C10-1011	1 year	07/01/02-06/30/03	10 beds	\$96,480
renewal	VA39C20-1018	1 year	07/01/03-06/30/04	10 beds	\$118,080
renewal	VA39C30-1015	1 year	07/01/04-06/30/05	10 beds	\$124,680
renewal	VA39C40-1021	1 year	07/01/05-06/30/06	10 beds	\$127,104
SPC (4) - 1999	VA39C90-1009	5 years	03/23/00-03/22/05	12 beds	\$444,480
renewal	VA39C40-1022	1 year	03/23/05-03/22/06	12 beds	\$128,808
SPC (5) - 1999	VA39C90-1001	5 years	03/23/00-03/22/05	6 beds	\$257,760
renewal	VA3040-1023	1 year	03/23/05-03/22/06	6 beds	\$75,240
SPC (6) - 2000	VA39C00-1001	5 years	08/21/01-08/20/06	6 beds	\$228,180
SPC (7) -2001	VA39C10-1001	5 years	08/06/02-08/05/07	12 beds	\$511,260
SPC (1C) - 2006 COMBIN	IED (SPC 2, 4, 5)				
	VA39C50-1028	1 year	03/01/06-03/31/07	34 beds	\$384,540
	VA39C60-1022	1 year	04/01/07-03/31/08	34 beds	\$403,752
	VA39C70-1021	1 year	04/01/08-03/31/09	34 beds	\$415,824
	VA0101C3G010801	1 year	04/01/09-03/31/10	34 beds	\$403,008
	VA0101C3G010802	1 year	04/01/10-03/31/11	34 beds	\$469,224
	VA0101C3G011003	1 year	04/01/11-03/31/12	34 beds	\$458,892
	VA0101C3G011104	1 year	04/01/12-03/31/13	34 beds	\$472,824
	VA0101L3G011205	1 year	04/01/13-03/31/14	34 beds	\$457,669
	VA0101L3G011306	1 year	04/01/14-03/31/15	34 beds	\$474,913
	VA0101L3G011407	1 year	04/01/15-03/31/16	34 beds	\$471,661
		(200 M) (200 M)	5 14 5 C = 5 3 5 C S C C C C	2000 NO 40 20 20	W. W. Charle

SPC (2C)- 2006 COM	IBINED (SPC 1, 3, 6)				
	VA39C50-1027	1 year	06/15/06-06/15/07	28 beds	\$306,780
SPC (2C)- 2007 COM	1BINED (SPC 1, 3, 6, 7)				
	VA39C60-1023	1 year	06/16/07-06/15/08	40 beds	\$428,724
	VA39C70-1022	1 year	06/16/08-06/15/09	40 beds	\$463,488
	VA0102C3G010801	1 year	06/16/09-06/15/10	40 beds	\$449,376
	VA0102C3G010802	1 year	06/16/10-06/15/11	40 beds	\$523,008
	VA0102C3G011003	1 year	06/05/11-06/04/12	40 beds	\$511,488
	VA0102C3G011104	1 year	06/05/12-06/04/13	40 beds	\$527,040
	VA0102L3G011205	1 year	06/05/13-06/04/14	40 beds	\$512,059
	VA0102L3G011306	1 year	06/05/14-06/04/15	40 beds	\$531,355
	VA0102L3G011407	1 year	06/01/15-05/31/16	40 beds	\$527,707
	VA0102L3G011508	1 year	06/01/16-05/31/17	40 beds	\$593,083
	Merged to SPC10C				
	effective 6/1/2016				
SPC (8) - 2002	VA39C20-1001	5 years	08/04/03-08/03/08	12 beds	\$610,800
	VA39C70-1023	1 year	08/04/08-08/03/09	12 beds	\$143,904
	VA0099C3G010801	1 year	08/04/09-08/03/10	12 beds	\$139,488
	Merged with SPC9 effec	tive 08/04/10			
SPC (9) -2003	VA39C30-1001	5 years	09/23/04-09/22/09	12 beds	\$748,080
	VA0100C3G010801	1 year	09/23/09-09/22/10	12 beds	\$151,176
	Merged with SPC8 effec	tive 08/04/10			
SPC (10)-2004	VA39C40-1001	5 years	07/11/05-07/10/10	12 beds	\$698,220
	VA0145C3G010901	1 year	07/11/10-05/24/11	12 beds	\$176,088
	VA0145C3G011002	1 year	07/10/11-07/10/12	12 beds	\$172,212
	Combined SPC10 and SP	C11 effective	05/25/201		
SPC (11)-2005	VA39C50-1001	5 years	09/01/06-05/24/11	4 beds	\$259,200
	Short project year due to	o merge with	SPC10 effective 5/25/20	11	
	VA0163C3G011001	1 year	09/0/11-08/31/12	4 beds	\$61,872
	Combined SPC10 and SP	C11 effective	05/25/2011		

SPC (9C) -2010	Merged SI	C8 and SPC9 effecti	ive 08/0	4/10			
	VA0100C3	G010802	1 year	08/0	1/10-07/31/11	24 beds	\$338,472
	SPC8	VA0099C3G01080	2 1	. year	08/04/10-08/03/11	12 b	eds \$162,384
	SPC9	VA0100C3G01080	2 1	year	09/23/10-09/22/11	12 b	eds \$176,088
	VA0100C3	G011003	1 year	08/0	1/11-07/31/12	24 beds	\$331,020
	VA0100C3	G011104	1 year	08/0	1/12-07/31/13	24 beds	\$341,064
	VA0100L3	G011205	1 year	08/0	1/13-07/31/14	24 beds	\$329,654
	VA0100L3	G011306	1 year	08/0	1/14-07/31/15	24 beds	\$342,074
	VA0100L3	G011407	1 year	08/0	1/15-07/31/16	24 beds	\$339,734
	VA0100L3	G011508	1 year	08/0	1/16-07/31/17	24 beds	\$382,826
SPC (10C) -201	1 Merged S VA0145C3 SPC10	SPC10 and SPC11 eff G011002 VA0145C3G01100	1 year		2011 25/11-05/24/12 07/10/11-07/10/12	16 beds 12 be	\$234,084.00 eds \$172,212
	SPC11	VA0163C3G01100	1 1	year	09/0/11-08/31/12	4 be	eds \$61,872
	VA0145C3	G011103	1 year	05/2	5/12-05/24/13	16 beds	\$241,176
	VA0145L3	G011204	1 year		25/13-05/24/14	16 beds	\$232,224
	VA0145L3	G011305	1 year	05/2	5/14-05/24/15	16 beds	\$240,972
	VA0145L3	G011406	1 year	06/0	1/15-05/31/16	16 beds	\$239,328
Merged with SPC2C effective							
6/1/2016	VA0145L3	G011507	1 year	06/0	01/16-05/31/17	59 beds	\$863,287



Attachment D: DBHDS License and Application

- o Mental Health Community Support Service License 121-03-001
- o Letter Verifying Submission of License Modification

Commonwealth of Virginia

Department of Behavioral Health and Developmental Services

Pursuant to the provisions of Title 37.2, Code of Virginia and The Rules and Regulations of the DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

A License is hereby granted to

PATHWAY HOMES, INC. 10201 FAIRFAX BLVD. SUITE 200 FAIRFAX, VA 22030

to maintain and operate

SEE ADDENDUM FOR LISTING OF LICENSED SERVICES

LICENSE AS: A PROVIDER OF MENTAL HEALTH SERVICES STIPULATIONS:

This TRIENNIAL license is for the period beginning SEPTEMBER 06, 2016 through SEPTEMBER 05, 2019 subject however to revocation for justifiable cause.

License Number: 121

JACK BARBER, M.D.
INTERIM COMMISSIONER

CLEOPATRA BOOKER, PSY.D. DIRECTOR, OFFICE OF LICENSING

PATHWAY HOMES, INC.

Licensed Services

 Licensed As: A mental health community support service for adults with serious mental illness Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
121-03-001	Triennial	09/06/2016	09/05/2019

Locations: 1 Pathway Homes (Admin. Office)

10201 Fairfax Blvd, Suite 200

Fairfax, VA 22030

Bed Capacity: 0 Child/Adol. Beds: 0





Selection Committee

RFP2000002064: Residential Treatment Services

November 21, 2016

To Whom It May Concern:

A Service Modification Provider Request (Code of Virginia 37.2-405) has been submitted to the Department of Behavioral Health and Developmental Services in order to modify our existing license. The type of license requested is: Mental Health Supervised Living Services.

Sincerely,

Anita Robinson, LCSW

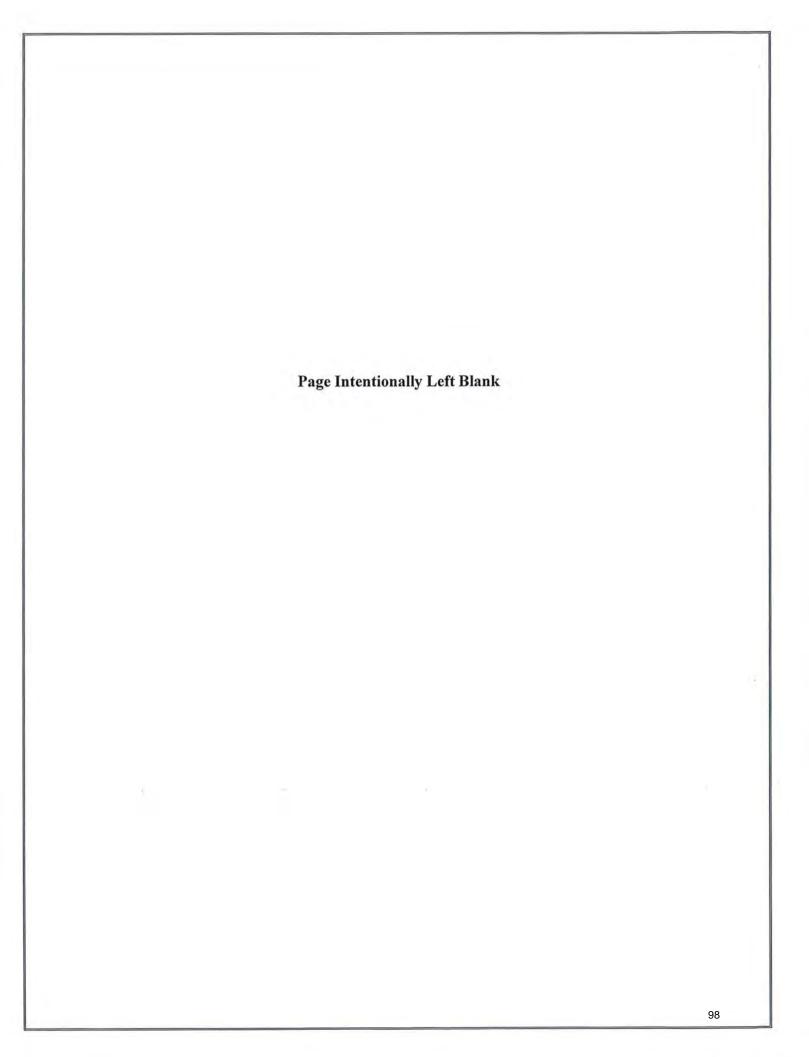
Vice President for Clinical Services

County/City of Fanfrx
Commonwealth/State of Vinginia
The foregoing instrument was acknowledged before me this 21st day of November 2016 by
Anita Robinson, ACSW
(name of person seeking acknowledgement)
Thurs O Kernthal

Notary Public
My Commission Expires: September 30, 20;



Attachment E: Certificate of CARF Accreditation





A Three-Year Accreditation is awarded to

Pathway Homes, Inc.

for the following program(s):

Community Housing: Mental Health (Adults) Supported Living: Mental Health (Adults)

This accreditation is valid through October 31, 2018

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.





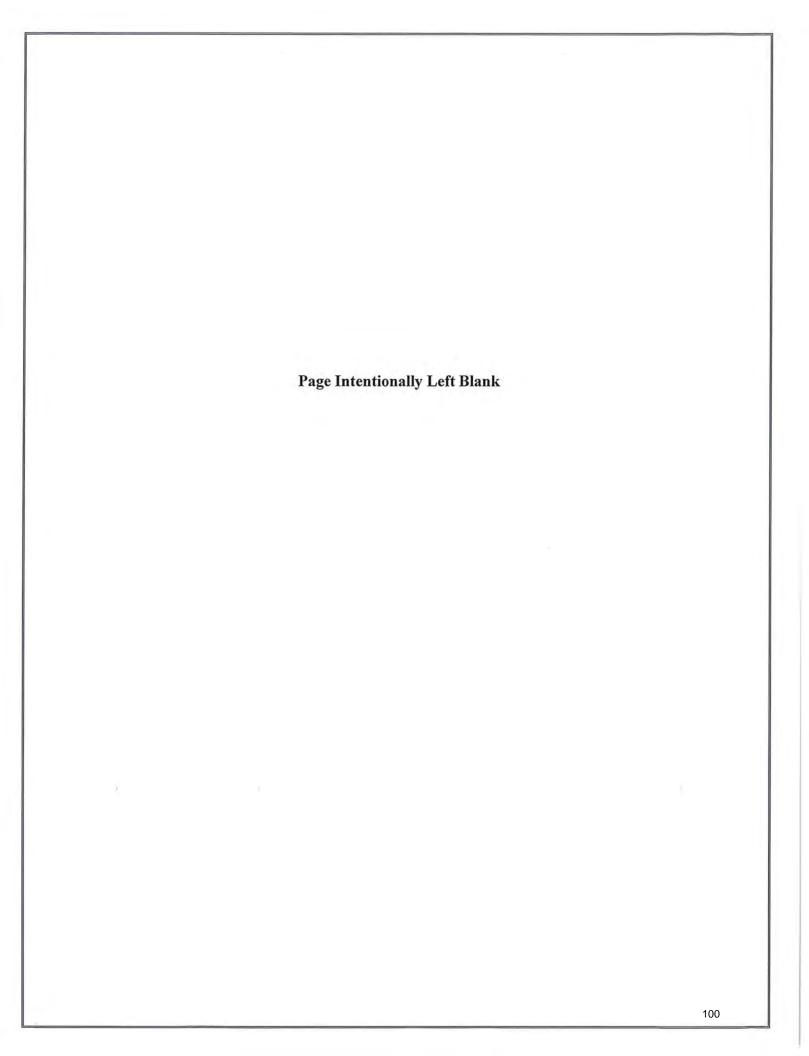


This accreditation certificate is granted by authority of:

Herb Zaretsky, Ph.D. Chair

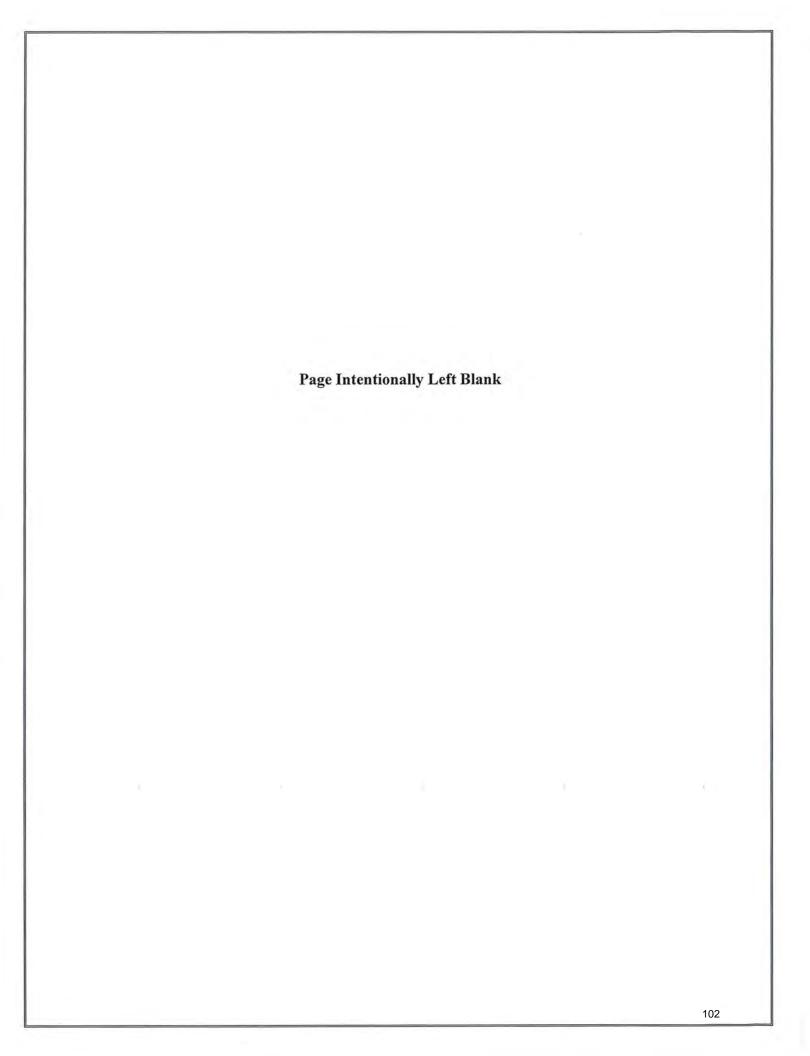
CARF International Board of Directors

Brian J. Boon, Ph.D. President/CEO CARF International



Attachment F: Letters of Support

- o Dean Klein, Director, Fairfax County OPEH
- o Alan Wooten, Executive Director, Prince William CSB
- o Kristin Yavorsky, MSW, Homeless Projects Coordinator, Virginia DBHDS





County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

November 15, 2016

Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC President and Chief Executive Officer Pathway Homes, Inc. 10201 Fairfax Boulevard, Suite 200 Fairfax, VA 22030

Re: Letter of Support for Pathway Homes' Proposal for Residential Treatment Services

Dear Dr. Lambert-Woodard:

The Office to Prevent and End Homelessness (OPEH) is pleased to provide Pathway Homes our strongest and sincerest support in your bid for selection as the provider in connection with the above referenced proposal. OPEH has firsthand working knowledge of the tireless dedication you, your staff, and the board of directors of Pathway Homes bring to the efforts to better the lives of so many persons suffering from disabling mental illnesses.

The persistent philosophy of Pathway Homes has always been to provide housing stability and community integration for Pathway Homes' residents. Pathway Homes cosponsors, with numerous providers in every corner of Fairfax County under six U.S. Department of Housing and Urban Development Supportive and Permanent Housing Grants (HUD).

The properties, which are homes to SMI, SUD chronically homeless individuals, have been a model of successfully integrating previously hospitalized and homeless consumers into the community. This success, evidenced by community acceptance and consumer productivity as members of their neighborhoods, is a tribute to the professionalism and providing the highest quality of supportive services to those you are chartered to serve.

Pathway Homes is the largest grant recipient of HUD grants in our Continuum of Care and consistently demonstrates the highest rankings as evidenced by our monitoring and audit standings. Pathways leads the cooperative spirit which has been a hallmark of Fairfax County's success in advancing the creation and sophistication of our delivery of services and housing for the homeless. Our HUD Continuum of Care is viewed by HUD as one of the handful of best in the country. Your leadership, expertise, and early recognition of the value of "collaboration" between county public and private agencies helped to create the foundation which is our community's success!

Pathway Homes has always endeavored to maximize services with limited resources while preserving the integrity of your organization.

Please call me if I can assist Pathway Homes in any way whatsoever.

Sincerely,

Dean Klein Director

Office to Prevent and End Homelessness

www.fairfaxcounty.gov/honseless



PRINCE WILLIAM COUNTY COMMUNITY SERVICES



Charles S. Rigby, III Chairman Alan D. Wooten Executive Director

Administrative Office Sudley North Govt Center 3033 Ashton Avenue Manassas, VA 20109 703-792-7800 Fax: 703-792-7704

Service Location 7969 Ashton Avenue Manassas, VA 20109 703-792-7800 Fax: 703-792-7817

A. J. Ferlazzo Building 15941 Donald Curtis Dr, Suite 200 Woodbridge, VA 22191 703-792-4900 Fax: 703-792-7057

Ridgewood Building +370 Ridgewood Center Dr. Woodbridge, VA 22192 703-792-4900 Fax: 703-792-5098

Phoenix Building 3500 Phoenix Drive Manassas, VA 20110 703-792-5480 Fax: 703-361-8840

Infant & Toddler Connection of VA 7987 Ashton Ave, Ste 231 Wanassas, VA 20109 703-792-7879 Fax: 703-792-4954 November 15, 2016

To Whom It May Concern:

Please accept this letter of reference in support of a proposal by Pathway Homes, Inc., to provide residential treatment services for persons with serious mental illness in Fairfax County and the northern Virginia region. Prince William County Community Services (CS), also known as the Prince William County Community Services Board (CSB), is the local public entity responsible for the provision of behavioral health and developmental services to residents of Prince William County, the City of Manassas and the City of Manassas Park.

CS and Pathway Homes have a collaborative and productive partnership in the provision of community residential services for persons with serious mental illness and other complex physical conditions, many of whom have successfully transitioned into the community from extended state psychiatric hospitalizations with the support of Pathway Homes. Pathway Homes has proven to be a reliable and valuable partner in providing services that promote individual choice and empowerment and that are consistent with the principles of recovery and national best practices in the field of community behavioral health. With the growing demand for increased community behavioral residential treatment service capacity across our region, I support Pathway Homes' desire and initiative in wanting to address this need.

It is without hesitation that I recommend Pathway Homes for your consideration of its response to Fairfax County's Residential Treatment Services Request for Proposals.

Sincerely,

Alan D. Wooten Executive Director

Alu de la look



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D. INTERIM COMMISSIONER DEPARTMENT OF

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797

Richmond, Virginia 23218-1797

Telephone (804) 786-3921 Fax (804) 371-6638 www.dbhds.virginia.gov

November 17, 2016

Fairfax – Falls Church CSB 12011 Government Center Pkwy, Suite 836 Fairfax, VA 22035-1105

To Whom It May Concern:

Please accept this letter as a reference for Pathway Homes' application for funds to provide Supervised and Supportive Residential Services in response to RFP # 2000002064. Pathway Homes has been a DBHDS contractor for Permanent Supportive Housing for adults with serious mental illness since March 2016. Under this \$708,423 annual contract, they provide housing-related supportive services to up to thirty-five individuals in the target population. The CSBs in Fairfax-Falls Church, Alexandria, and Prince William County work with Pathways to refer eligible clients and to deliver clinical and treatment services to supportive housing participants. I am the Contract Administrator for this initiative.

While under contract, Pathway Homes has met or exceeded all contract requirements including those for service delivery, client outcome reporting, and financial reporting. They have been able to efficiently and effectively stand up a new program with multiple partner agencies and a complex client population. I have been impressed with skill, dedication, and flexibility of their leadership as well as their collaborative approach to working with clients, partners, and DBHDS. Their experience in providing quality supportive housing is an asset to the Commonwealth.

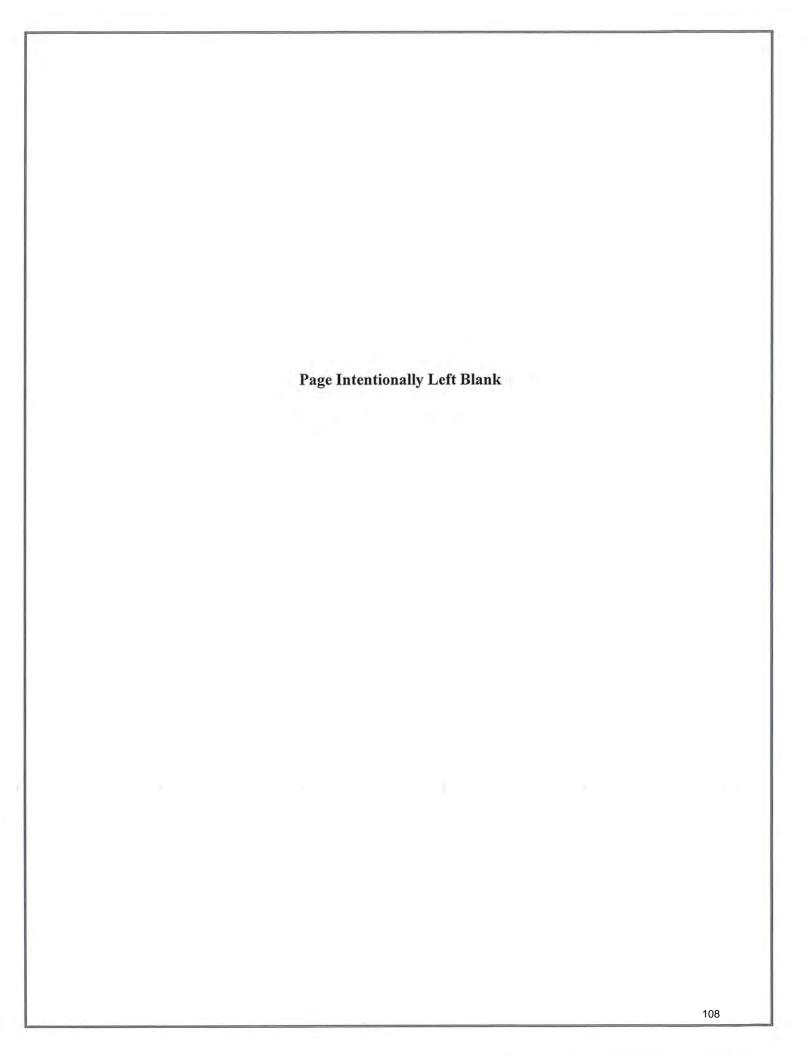
Please do not hesitate to contact me with any questions.

Sincerely,

Kristin Yavorsky, MSW Homeless Projects Coordinator

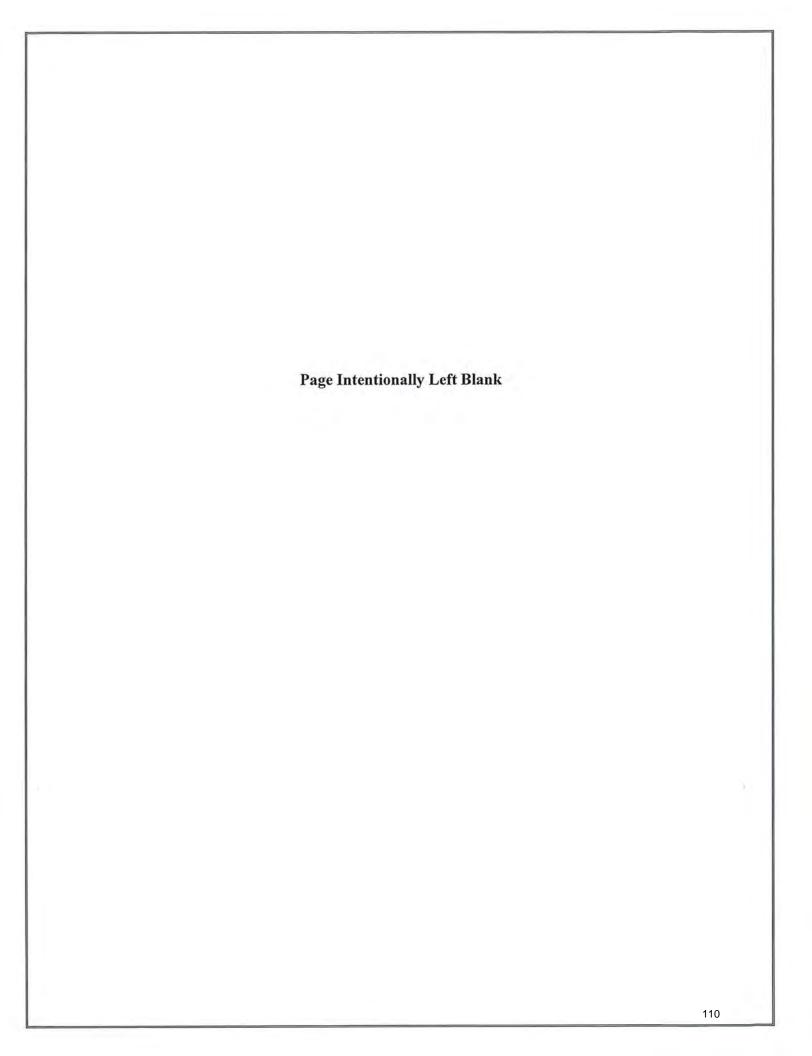
Attachment G: Job Descriptions

- Supported Residential Intensive Job Descriptions
- Supported Residential Job Descriptions



Supported Residential Intensive Job Descriptions

- o 1.0 FTE Project Director
- o 1.0 FTE MHC III Case Manager/Counselor
- o 1.0 FTE MHC II Case Manager/Counselor
- o 7.0 FTE MHC I Residential Counselor (Life Skills)
- o 3.0 FTE Overnight Counselor
- o 1.0 FTE Peer Assistant MHC (Peer Support)





PROJECT DIRECTOR

Position Description

General:

Under the general direction of the President/CEO and the direct supervision of the Vice President of Clinical Services, the Project Director is responsible for the development and delivery of a range of clinical and residential support services and overall oversight of the daily operations of assigned programs. This includes, but is not limited to, provision of supervision and support of direct care staff, staff orientation and training, ongoing monitoring of records, coordination of services with other mental health and community agencies. This is an on-call position responsible for crisis management as needed. This position is exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

Program Management

- Ensures overall program operations are in compliance with DBHDS regulations and agency and CARF standards at all times.
- Ensures that programming is delivered with full regard for individuals' rights and in accordance with the highest professional and ethical standards.
- Ensures the routine monitoring and reporting of all maintenance, health, fire and safety issues.
- Coordinates and monitors staff scheduling and daily program routine to ensure program operates without disruption.
- Responsible for ensuring the timely collection and submission of resident fees.
- Responsible for the oversight and routine audits of resident's personal accounts, food accounts, recreational fund and petty cash to ensure compliance with agency's policies and procedures.
- Ensures residents and staff maintain adequate housekeeping standards at all times.
- Responsible for continual improvement in the quality and efficiency of services through ongoing program review and evaluation.
- Responsible for attending agency, program and team meetings as scheduled.
- Any other duty as may be required to ensure the program operates without disruption and with the highest quality standard of care at all times.

Clinical Supervision

- Ensures the provision of direct residential and supportive services, including teaching independent living skills.
- Provides oversight of the development, implementation and monitoring of individualized service plans.
- Provides and oversees individual and group counseling and psychotherapy as appropriate, utilizing evidenced-based methods and techniques such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Motivational Interviewing, within a Person-Centered, Strengths-Based and Recovery-Oriented Model of counseling and service delivery.
- Responsible for crisis intervention and ensuring staff take appropriate actions to facilitate the safety/security of residents, staff and program.
- Provides oversight of the case management of all assigned residents.

Clinical Supervision, continued **Typical Duties and** Responsibilities, Responsible for organizing and conducting routine staff meetings for all program staff. continued: Responsible for the orientation, training and supervision of staff in the performance of job responsibilities. Responsible for the coordination of program vacancies and the selection of program residents. Personnel Management Ensures that all personnel practices are carried out in accordance with all applicable federal, state and local laws and regulations and with Pathway Homes policies and procedures. Responsible for the interviewing and selection of program staff, subject to the final approval of the President/CEO. Responsible for the timely completion of all performance evaluations of staff. Ensures the ongoing training and development of program staff through the ongoing assessment of staff needs and the coordination of appropriate in-service trainings. Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed. Community Relations Serves as a representative of Pathway Homes and promotes cooperative relationships with residents' families, other agencies and the community. Promotes positive relationships with neighbors and provides training and support to staff and consumers in maintaining these relationships. Responds to opportunities to educate the public regarding Pathway Homes, mental illness and consumers of mental health services. Ensures that constructive relationships are maintained with significant agencies, Community Services Board, Mental Health Centers, Northern Virginia Mental Health Institute, community hospitals and various other public and private mental health and social service agencies. Licensed in the Commonwealth of Virginia, or license-eligible, in social work, counseling or Required related field. Three years experience in direct work with individuals with severe and persistent **Qualifications:** mental illness. Minimum one year of case management and clinical supervisory experience Three years experience in overall program management in a residential or outpatient setting. Preferred Eligibility to provide licensure supervision. Demonstrated knowledge of DHBDS regulations Qualifications: and Medicaid billing Acknowledgment: Printed Name Signature Date



MENTAL HEALTH COUNSELOR III

Position Description

General:

Under the general direction of the Vice President of Clinical Services, and the direct supervision of the program directors or other designated supervisory staff, the Mental Health Counselor III is responsible for providing case management and support services for program consumers; crisis management; shift coordination and oversight; orientation, supervision and evaluations of direct care staff; and assistance with overall program management. The position may be full or part-time and shall include shift work. This position is exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

- Responsible for the oversight of direct care staff in the provision of residential and supportive services, including the teaching of independent living skills.
- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and adapts services and interventions accordingly.
- Partners effectively with consumers in the development of mutually agreed upon goals and in the evaluation and implementation and of individualized service plans.
- Responsible for crisis intervention; ensuring staff take appropriate actions to facilitate the safety/security of consumers, staff and program, and document the crisis immediately and in accordance with agency standards.
- Responsible for case management of consumers.
- Responsible for the orientation and direct supervision of staff in the performance of direct care responsibilities.
- Evaluates performance of staff assigned for direct supervision.
- Assists program director in ensuring overall program operations are in compliance with state licensing regulations, CARF, and agency standards and at all times.
- Assists the Director in providing oversight of the program's medication management to ensure compliance with agency/program's procedures and policies.
- Coordinates and monitors daily schedule/routine to ensure the program operates without disruption.
- Ensures at least 50 percent of time worked is engaged face-to-face with consumers.
- Responsible for documenting all clinical interactions, interventions, and significant events in the clinical record within 48 hours or less, or as mandated by the specific program.
- Ensures the monitoring and reporting of all maintenance, health, fire and safety issues.
- Ensures consumers and staff maintain adequate housekeeping standards.
- Promotes collaborative and cooperative relationships with consumers' families, external providers, agency staff, other agencies and the community at large.
- Participates with program director in evaluating program effectiveness and recommending/implementing needed modifications.
- Responsible for attending agency, program and team meetings as scheduled.
- Role models appropriate and acceptable behavior for consumers and direct care staff.

	 Responsible for monitoring and remaining current with required trainings and certifications.
	 Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed.
	 Other duties as may be assigned or required to support the consumers or the program.
Required Qualifications:	Master's degree in Psychology, Social Work, Social Services or related field. Qualified Mental Health Professional status. Two years experience in direct work with individuals with severe and persistent mental illness and one year experience in case management.

Preferred Qualifications:	Licensed or license-eligible in the Commonwealth of Virginia in Social Work, Counseling or related field. One year of supervisory experience in the Social Services field.
Check Appropriate Grade:	Acknowledgment:
Below	Printed Name
Preferred	Signature
	Date

Rev. 07/2013



MENTAL HEALTH COUNSELOR II

Position Description

General:

Under the general direction of the Vice President of Clinical Services, and the direct supervision of program directors or other designated supervisory staff, the Mental Health Counselor II is responsible for providing direct services such as assessment, case management, counseling and daily support services to assigned program consumers. The position may be full or part-time. This position is non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and adapts services and interventions accordingly.
- Partners effectively with consumers in the development of mutually agreed upon goals, and in the evaluation and implementation of individualized service plans.
- Provides individual and group counseling as appropriate, utilizing evidenced-based and agency-approved methods and techniques.
- Responsible for care coordination of assigned consumers.
- Provides direct residential and supportive services, including the teaching of independent living skills.
- Ensures at least 50 percent of time worked is engaged in face-to-face with consumers.
- Responsible for documenting all clinical interactions, interventions and significant events in the clinical record within 48 hours or less, or as mandated by specific program expectations.
- Assists consumers with self-administration of medication and adheres to all agency/facility practices and policies governing medication management.
- Adhere to billable targeted support service standards as established for each consumer and/or program.
- Responsible for assisting consumers in planning, accessing and participating in social, recreational and leisure activities.
- Ensures consumers maintain adequate housekeeping standards and units are maintained in compliance with fire, health and safety standards.
- Maintains consumers' clinical and administrative records in compliance with state licensing regulations.
- Responsible for establishing and maintaining cooperative and collaborative relationships with consumers' families, other providers, professional agencies and within the community.
- Responds to crises by taking appropriate action to ensure the safety of consumers, staff and program, and completes required documentation in accordance with agency standards.
- Responsible for monitoring and reporting maintenance, health, fire and safety issues throughout the program.
- Role models appropriate and acceptable behavior for consumers and other direct care staff.
- · Responsible for attending agency and team meetings as scheduled.
- Responsible for monitoring and remaining current with all required trainings and certifications.

Typical Duties and Responsibilities, continued:	 Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for consumers when needed. Other duties as may be assigned or required to support the consumers or the program. 	
Required Qualifications:	Bachelor's degree in Psychology, Social Work, Counseling or related field; one year experience in direct work with individuals with mental illness and/or substance use disorders; and Qualified Mental Health Professional eligibility.	
Preferred Qualifications:	Master's degree in Psychology, Social Work, Counseling, or related field; two years' experience working with individuals with severe and persistent mental illness in a residential setting; and one year of case management experience.	
Check Appropriate Grade:	Acknowledgment:	
Below	Printed Name	
Preferred	Signature	
	Date	
	Supervisor's Signature	
	Rev. 08/201	



MENTAL HEALTH COUNSELOR I

Position Description

General:

Under the general direction of the Vice President of Clinical Services and direct supervision of program directors or other designated supervisory staff, the Mental Health Counselor I provides direct supervision and assistance to residents in functions of daily living. Counselors may be required to attend conferences, staffings and/or meetings at times when they would not otherwise be on duty. This position may be full or part time and shall require shift work. Full time positions are non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

- Assist consumers in developing independent living skills including self-medication, money management, food purchasing and preparation, use of public transportation, personal hygiene, interpersonal and communication skills, vocational and leisure skills.
- * Assist in the development, review and revision of residents' individualized service plans.
- Ensure at least fifty percent of time worked is engaged face-to-face with consumers.
- Ensure all clinical interactions, interventions and significant events are documented in the clinical record within 48 hours or less, or as mandated by specific program expectations.
- Adhere to billable targeted support service standards as established for each consumer and/or program.
- Assists consumers with self-administration of medication and adheres to all agency/facility practices and policies governing medication management.
- Role model appropriate and acceptable behaviors for consumers.
- Respond to crises by taking appropriate action to ensure safety of consumers, staff and facility, and completes required documentation in accordance with agency standards.
- Assist in the monitoring and reporting of maintenance, health, fire and safety issues throughout the facility.
- Collaborate and communicate effectively with staff, treatment teams, and external providers both verbally and in writing.
- Maintain consumers' records in accordance with DBHDS, DSS, DMAS and CARF standards.
- Promote good relations within the community,
- Responsible for monitoring and remaining current with all required trainings and certifications.
- Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed.
- Other duties as may be assigned or required to support the consumers or program.

Required Qualifications:

Bachelor's degree in Psychology, Social Work or related field. Qualified Mental Health Professional status.

Check Appropriate Grade:	Acknowledgment:	
BelowRequired	Printed Name	
N/A Preferred	Signature	
	Date	
	Supervisor's Signature	

Rev. 10/2016



OVERNIGHT COUNSELOR

Position Description

Under the general direction and supervision of the Vice President of Clinical Services, and the direct supervision of program directors or other designated supervisory staff, the Overnight Counselor provides direct supervision and assistance to residents in functions of daily living, and ensures the safety and well-being of the residents and the program. Counselors may be required to attend conferences, staffings and/or meetings at times when they would not otherwise be on duty. Position may be full or part-time and may include shift work. The position is non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

- Role model appropriate and acceptable behaviors for consumers.
- Respond to crises by taking appropriate action to ensure the safety of consumers, staff and program, and completes required documentation in accordance with agency standards.
- Assist with the development, implementation and monitoring of consumers' individualized service plans.
- Monitor and report maintenance, health, fire and safety issues throughout the program.
- Assist in maintaining the overall cleanliness of the program.
- Perform basic administrative functions (scanning, filing, shredding) as assigned.
- Document consumers' behaviors, activities, incidents, interactions and goal areas in the clinical record in compliance with DBHDS, DSS and DMAS regulations.
- Adhere to targeted support service standards as established for each consumer/program.
- Collaborate and communicate effectively and professionally with staff, family members, external providers, and the community at large.
- Assist consumers with the self-administration of medications as needed, and adhere to all agency/program procedures and policies regarding medication management.
- Conduct routine bed/program/facility security checks as designated by the program, and document the outcome of monitoring.
- Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed.
- Responsible for monitoring and remaining current with all required trainings and certifications.
- Other duties as may be assigned or required to support the consumers or the program.

Required Qualifications:

Experience in the Human Services field and an ability to partner effectively with persons with severe and persistent mental illness.

Check Appropriate

Acknowledgment:

Grade:		
N/A Below	Printed Name	
Required	Signature	
N/A Preferred		
	Date	

Effective 12/1/2016



ASSISTANT MENTAL HEALTH COUNSELOR

Position Description

General:

Under the general direction and supervision of the Vice President of Clinical Services, and the direct supervision of program directors or other designated supervisory staff, the Assistant Mental Health Counselor provides direct supervision and assistance to residents in functions of daily living. Counselors may be required to attend conferences, staffings and/or meetings at times when they would not otherwise be on duty. Position may be full or part-time and may include shift work. Full time positions are non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

- Role model appropriate and acceptable behaviors for consumers.
- Respond to crises and take appropriate action to ensure safety/security of consumers, staff and program.
- Implement and monitor consumers' care plans and individualized service plans.
- Implement, and facilitate consumers' participation in, the activities offered by the program.
- Assist in the monitoring and reporting of maintenance, health, fire and safety issues throughout the program.
- Document consumers' behaviors, activities, incidents, interactions and goal areas in compliance with DBHDS, DSS and DMAS regulations.
- Ensure at least fifty percent of time worked is engaged face-to-face with consumers.
- Adhere to billable targeted support service standards as established for each consumer.
- Communicate effectively and appropriately, both verbally and in writing.
- Promote good relations within the community.
- Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed.
- Responsible for monitoring and remaining current with all required trainings and certifications.
- Other duties as may be assigned or required to support the consumers or the program.

Required Qualifications:

Bachelor's degree in Psychology, Counseling, Social Work or related field. Current or former life experiences with mental health or substance abuse services. Qualified Mental Health Professional eligibility.

	Professional engionity.
Check Appropriate Grade:	Acknowledgment:
Grade:	Printed Name
N/A Below	
Required	Signature
N/A Preferred	
	Date
	Supervisor's Signature

Rev. 10/25/2016

Supported Residential Job Descriptions

- o 0.7 Project Director (on-site and on-call)
- o 4.0 FTE MHC II Case Manager/Counselor



PROJECT DIRECTOR

Position Description

General:

Under the general direction of the President/CEO and the direct supervision of the Vice President of Clinical Services, the Project Director is responsible for the development and delivery of a range of clinical and residential support services and overall oversight of the daily operations of assigned programs. This includes, but is not limited to, provision of supervision and support of direct care staff, staff orientation and training, ongoing monitoring of records, coordination of services with other mental health and community agencies. This is an on-call position responsible for crisis management as needed. This position is exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

Program Management

- Ensures overall program operations are in compliance with DBHDS regulations and agency and CARF standards at all times.
- Ensures that programming is delivered with full regard for individuals' rights and in accordance with the highest professional and ethical standards.
- Ensures the routine monitoring and reporting of all maintenance, health, fire and safety issues.
- Coordinates and monitors staff scheduling and daily program routine to ensure program operates without disruption.
- Responsible for ensuring the timely collection and submission of resident fees.
- Responsible for the oversight and routine audits of resident's personal accounts, food accounts, recreational fund and petty cash to ensure compliance with agency's policies and procedures.
- Ensures residents and staff maintain adequate housekeeping standards at all times.
- Responsible for continual improvement in the quality and efficiency of services through ongoing program review and evaluation.
- Responsible for attending agency, program and team meetings as scheduled.
- Any other duty as may be required to ensure the program operates without disruption and with the highest quality standard of care at all times.

Clinical Supervision

- Ensures the provision of direct residential and supportive services, including teaching independent living skills.
- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and assists staff in adapting services and interventions accordingly.
- Provides oversight of the development, implementation and monitoring of individualized service plans.
- Provides and oversees individual and group counseling and psychotherapy as appropriate, utilizing evidenced-based methods and techniques such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Motivational Interviewing, within a Person-Centered, Strengths-Based and Recovery-Oriented Model of counseling and service delivery.
- Responsible for crisis intervention and ensuring staff take appropriate actions to facilitate the safety/security of residents, staff and program.
- Provides oversight of the case management of all assigned residents.

Clinical Supervision, continued **Typical Duties and** Responsibilities, Responsible for organizing and conducting routine staff meetings for all program staff. continued: Responsible for the orientation, training and supervision of staff in the performance of job responsibilities. Responsible for the coordination of program vacancies and the selection of program residents. Personnel Management Ensures that all personnel practices are carried out in accordance with all applicable federal, state and local laws and regulations and with Pathway Homes policies and procedures. Responsible for the interviewing and selection of program staff, subject to the final approval of the President/CEO. Responsible for the timely completion of all performance evaluations of staff. Ensures the ongoing training and development of program staff through the ongoing assessment of staff needs and the coordination of appropriate in-service trainings. Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed. Community Relations Serves as a representative of Pathway Homes and promotes cooperative relationships with residents' families, other agencies and the community. Promotes positive relationships with neighbors and provides training and support to staff and consumers in maintaining these relationships. Responds to opportunities to educate the public regarding Pathway Homes, mental illness and consumers of mental health services. Ensures that constructive relationships are maintained with significant agencies, Community Services Board, Mental Health Centers, Northern Virginia Mental Health Institute, community hospitals and various other public and private mental health and social service agencies. Licensed in the Commonwealth of Virginia, or license-eligible, in social work, counseling or Required related field. Three years experience in direct work with individuals with severe and persistent Qualifications: mental illness. Minimum one year of case management and clinical supervisory experience Three years experience in overall program management in a residential or outpatient setting. Preferred Eligibility to provide licensure supervision. Demonstrated knowledge of DHBDS regulations Qualifications: and Medicaid billing Acknowledgment: **Check Appropriate** Grade: Printed Name Below Required Signature Preferred Date



MENTAL HEALTH COUNSELOR II

Position Description

General:

Under the general direction of the Vice President of Clinical Services, and the direct supervision of program directors or other designated supervisory staff, the Mental Health Counselor II is responsible for providing direct services such as assessment, case management, counseling and daily support services to assigned program consumers. The position may be full or part-time. This position is non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

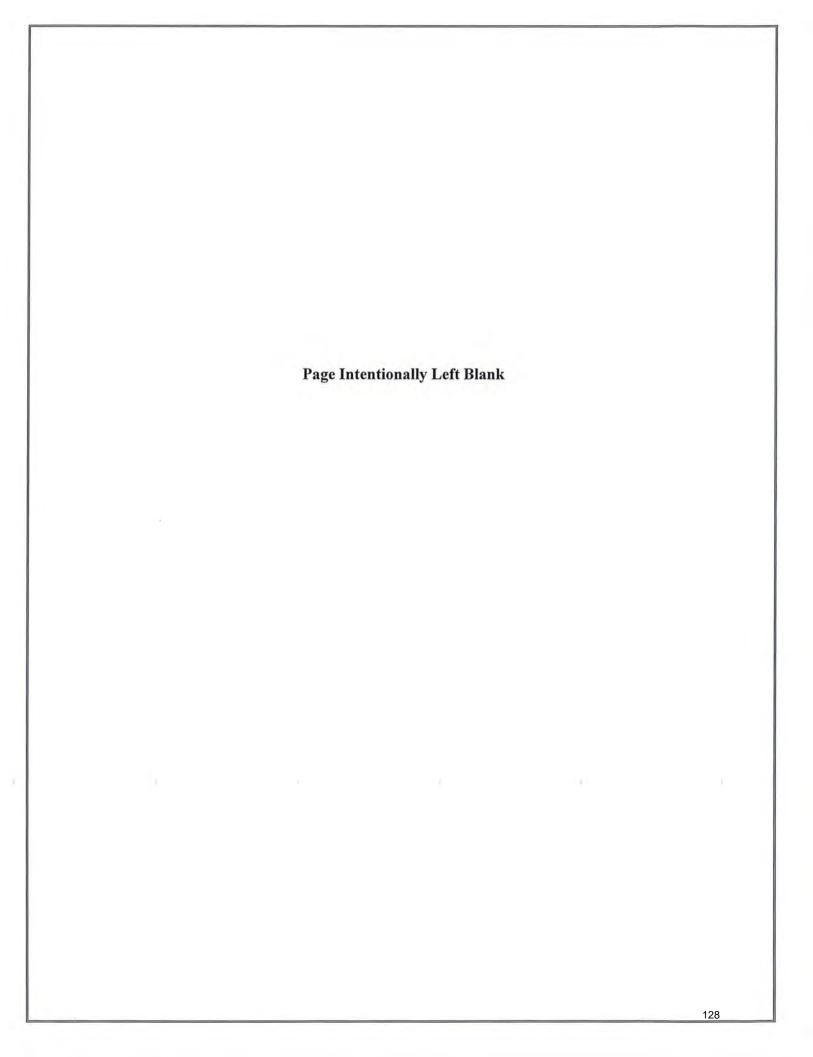
- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and adapts services and interventions accordingly.
- Partners effectively with consumers in the development of mutually agreed upon goals, and in the evaluation and implementation of individualized service plans.
- Provides individual and group counseling as appropriate, utilizing evidenced-based and agency-approved methods and techniques.
- Responsible for care coordination of assigned consumers.
- Provides direct residential and supportive services, including the teaching of independent living skills.
- Ensures at least 50 percent of time worked is engaged in face-to-face with consumers.
- Responsible for documenting all clinical interactions, interventions and significant events in the clinical record within 48 hours or less, or as mandated by specific program expectations.
- Assists consumers with self-administration of medication and adheres to all agency/facility practices and policies governing medication management.
- Adhere to billable targeted support service standards as established for each consumer and/or program.
- Responsible for assisting consumers in planning, accessing and participating in social, recreational and leisure activities.
- Ensures consumers maintain adequate housekeeping standards and units are maintained in compliance with fire, health and safety standards.
- Maintains consumers' clinical and administrative records in compliance with state licensing regulations.
- Responsible for establishing and maintaining cooperative and collaborative relationships with consumers' families, other providers, professional agencies and within the community.
- Responds to crises by taking appropriate action to ensure the safety of consumers, staff and program, and completes required documentation in accordance with agency standards.
- Responsible for monitoring and reporting maintenance, health, fire and safety issues throughout the program.
- Role models appropriate and acceptable behavior for consumers and other direct care staff.
- Responsible for attending agency and team meetings as scheduled.
- Responsible for monitoring and remaining current with all required trainings and certifications.

Typical Duties and Responsibilities, continued:	 Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for consumers when needed. Other duties as may be assigned or required to support the consumers or the program. 	
Required Qualifications:	Bachelor's degree in Psychology, Social Work, Counseling or related field; one year experience in direct work with individuals with mental illness and/or substance use disorders; and Qualified Mental Health Professional eligibility.	
Preferred Qualifications:	Master's degree in Psychology, Social Work, Counseling, or related field; two years' experience working with individuals with severe and persistent mental illness in a residential setting; and one year of case management experience.	
Check Appropriate Grade: Below Required	Acknowledgment: Printed Name	
Preferred	Signature	
	Date	
	Supervisor's Signature	

Rev. 08/2016

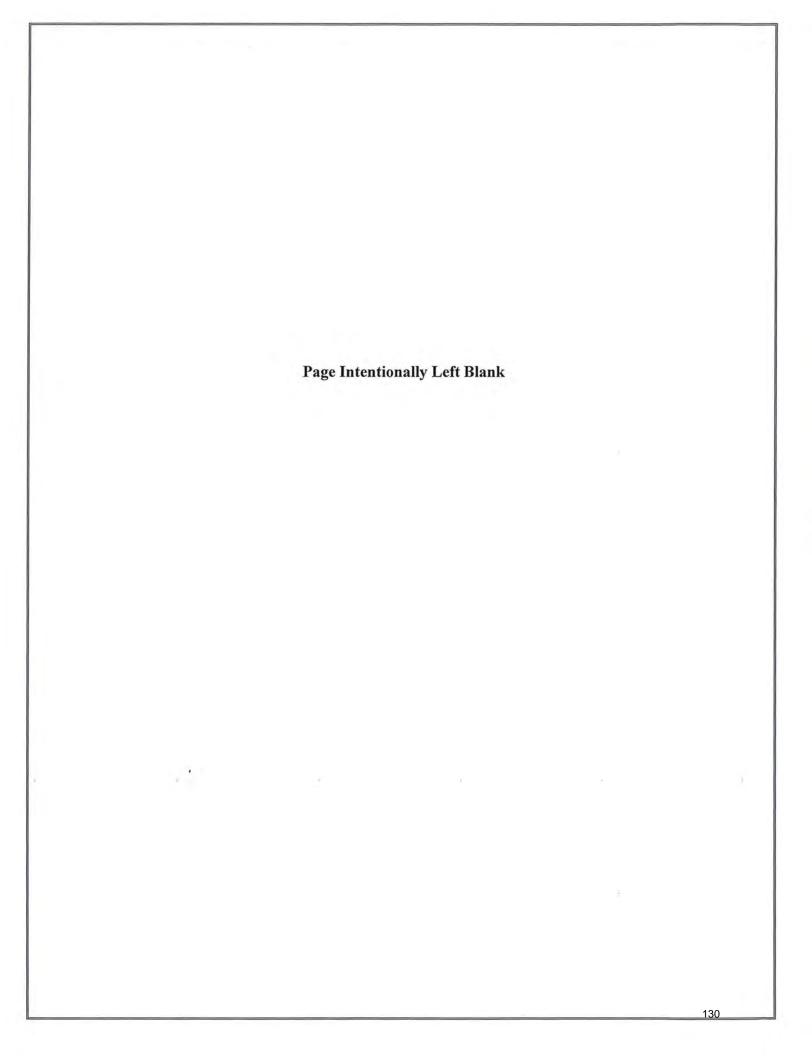
Attachment H: Staff Resumes

- o Leadership
- Supervised Residential Intensive (SRI) Program
- Supported Residential (SR) Program
- Administration



Leadership Resumes

- o Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC President and CEO
- o Brenda F. Brennan CFO
- o Sherry L. Meyers, LCSW Senior VP for Clinical Services
- o Anita Robinson, LCSW VP for Clinical Services
- o Eleanor M. Vincent, EdD, LPC, CSAC COO



Sylisa W. Lambert-Woodard, EdD, LCSW, LSATP, MAC

118 Kimberwick Ln. Stafford, VA 22556 lambwood@earthlink.net

EDUCATION

EdD, Nova Southeastern University, FT Lauderdale, FL 2002

LSATP, Licensed Substances Abuse Treatment Professional, 2003.

MAC, Master Addictions Counselor, 1998.

CSAC, Certified Substance Abuse Counselor. 1995.

LCSW, Licensed Clinical Social Worker, 1993.

MSW, Masters in Social Work, Catholic University, Washington, DC 1990.

BSW, Bachelors in Social Work, George Mason University, 1987.

PROFESSIONAL EXPERIENCE

PRESIDENT/CEO: Fairfax, VA, PATHWAY HOMES, INC.

Responsible for the administration of all agency programs and services and personnel in according w/all applicable federal, state and local laws and regulations. Current.

PRESIDENT/COO: Fairfax, VA, PATHWAY HOMES, INC.

Responsible for the administration of all agency programs and services and personnel in according w/all applicable federal, state arid local laws and regulations.

PRESIDENT/CEO: Stafford, VA. ALLIANCE THERAPY CENTER, LLC.

Founder and president of highly respected private practice specializing in the treatment of addictions and mental illness. Provide intensive psycho education, individual, and group therapies. Contract and direct provision of forensic assessment and counseling in VA and DC correctional facilities, probation and parole, and community reintegration facilities. Current.

SENIOR VICE -PRESIDENT: Fairfax, VA. PATHWAY HOMES, INC.

Responsible for all programs and operations of multifaceted private non-profit dually diagnosed residential agency providing services to over 250 seriously mentally ill and chemically dependent consumers.

PSYCHOTHERPIST: Aquia Counseling and Therapy, Stafford, VA.

Provide individual, group, and family therapy. Christian Based. Alcohol and other drug abuse, survivor and dual diagnosis specialties. 8/97 to Present

ASSISTANT DIRECTOR MENTAL HEALTH, ADULT RESIDENTIAL SERVICES.

Community Services Board. Alexandria, VA. 11/96 to 11/99.

Provide clinical supervision for several substance abusing and seriously mentally ill (dual diagnosed) programs serving over 300 clients. Develop and implement programming. Provide clinical supervision of senior mental health professionals.

- PSYCHOTHERAPIST: Psychiatric Associates. Fredericksburg, VA
 Providing child, individual, marital, and family counseling. Specializing in alcohol and other
 drug dependencies, dual diagnosed and culturally specific issues 1/94 -8-97.
- DUAL DIAGNOSIS THERAPIST III: Director of Franconia Road Treatment Center, Springfield, VA.

Responsible for clinical and administrative operations of a 14 bed residential facility for the dual diagnosed (mentally ill and chemically dependent). 11/94¬11/96.

- MENTAL HEALTH THERAPIST II: Mount Vernon Mental Health Center, Alexandrian, VA. Provide ongoing clinical services to children, adolescents and adults as an extern with the child and family team. Responsible for full case management duties, to include court appearances as required.
- SOCIAL WORKER III SUPERVISOR: Department of Human Development, Child Protective Services Crisis Team, Fairfax, VA.

Supervise and conduct investigations of child abuse and neglect. Provide case management and therapeutic and crisis intervention. Access court services and broker community resources to ensure for child's well-being and welfare of family. Educate family and community systems on the dynamics of abuse and neglect Provide multi-cultural sensitivity instruction. 5/90 -1/93.

- COUNSELING INTERN: DC Department of Corrections, Lorton, VA Prison.

 Assisted in the provision of alcohol and drug treatment and counseling to those remanded to maximum security prison. 8/90-12/90.
- PROGRAM COORDINATOR: Department of Human Development, Fairfax, VA.

 Develop and implement the "Reducing Dependency Through Training Program" for young mothers. Provide individual, group, and family counseling. Provide case management. Substance abuse counseling. Managed program budget, Represent Fairfax County at the state level in developing the existing JOBS welfare reform program. 4/89 -5/90.
- SOCIAL WORKER-INTERN: DHD Family Services Intake, Falls Church, VA.

 Provide direct services, and crisis intervention to children and families. Responsibilities include managing a 40 -60 client caseload of which dictation, individual and family counseling, acquisition of emergency housing health aids, and rental assistance was provided. 7/89 -5/90.
- MENTAL HEALTH THERAPIST I: Oakton Arbor Group Home, Annandale, VA.

 Functioned as a residential therapist in an eight bed residential program designed to provide therapeutic consultation to emotionally disturbed adolescent females. Provided direct services to include individual, group, family therapy, substance abuse counseling and monitoring the implementation of individualized service plans. Collaborating with other agencies and support services, teaching sex education, substance abuse education and serving as a community liaison. 1/88 -3/89.

- PROBATION OFFICER-INTERN: Juvenile and Domestic Relations Court, Fairfax, VA.
 Responsible for case management and ensuring probationer compliance of court orders and rules of probation. Experienced in 286 funding application and placement procedures. 8/87 1/88.
- MENTAL HEALTH COUNSELOR: George Mason University Counseling Center, Fairfax, VA. Assisted in the design and development of and experimental program with provided, consultation services to freshman students with personal and social problems. Specializes in conducting workshops on male/female relationships and cultural sensitivity. 7/87-8/88.
- RESEARCH ANALYST-INTERN: National Prison Project, ACLU, Washington, DC. Researched essential materials from case histories. Revamped Juvenile filing system. Familiarized with the operation of an adult penal system. Observed federal court cases pertaining to the literal interpretation of the eighth amendment. 8/86-6/87.

MENTAL HEALTH THERAPIST-INTERN: Arlington Community Residences Inc., Arlington, VA

Functioned as a residential therapist in an eight bed residential facility for the seriously mentally ill. Acceptance was limited to those transitioning from long term hospitalizations. Responsibilities included individual therapy, medication supervision, and social skill training. 12/85 -8/1/86.

CERTIFICATION /TRAINING

L.C.S.W., L.SAT.P., C.SAC., MAC., Chemical Dependency Training, CPR, First Aid, Medication Training, Multicultural Trainer, AIDS, Effective Supervision, Close Combat Defense, and Crisis Intervention Trainings. Moral Reconation Therapy. Prolonged Exposure Therapy. ImagoTrauma Training. Mindfulness.

PROFESSIONAL PUBLICATION/ORGANIZATIONS

Working with African Americans Clinical Practice, "Headlines." N.A.S.W., N.A.B.S.W., NAADAC.



Brenda Fisher Brennan

Bachelor of Science - Business Administration with major in Accounting

Radford University, May 1983

Pathway Homes, Inc.

10201 Fairfax Blvd., Ste. 200, Fairfax, Virginia

Chief Financial Officer Vice President Finance

(April 2014-Present)

(July 1993-March 2014)

For large non-profit with a client base of 300+ providing permanent housing and supportive services to adults with serious mental illness with an annual budget of \$6.9 million. Provide oversight and supervision to administrative and accounting personnel. Implement compliance with Financial Management, Program Management, Human Resources, and Personnel Management policies for a staff base of 100+. Assure compliance with provisions of laws, regulations, contracts and grants for financial reporting. Implement procedures for assuring internal control over financial reporting. Coordinate and assure completion of annual audit by independent auditor, including preparation of statements on the financial position. Assist in grant writing, by including various budget plans for single and multi-year grant and contract submissions. Assure funding and expenditures are matched for various restricted programs and are in compliance with various federal and state contracts and regulations. Responsible for assuring that all required insurances, including by not limited to; statutory Worker's Compensation, Employer Professional, General and Commercial Liability, Automobile Liability, Property, Fidelity Bonds, Director and Officer's Insurance are maintained to protect from and liability or damage loss.

Controller (May 1991-July 1993)

Primary areas of experience included accounting system integration, cash flow management, contract monitoring, implementing computerized accounting system, various annual and multi-year budget plans and compliance with the U.S. Department of Housing and Urban Developments Subsidized Multifamily Occupancy regulations. Responsible for all accounting phases including by not limited to, accounts payable, job cost/time billing, payroll, general ledger, fixed assets and appropriations, monthly project expenditure reports and adjusted financial statements. Additional areas include; Supervision of accounting and administrative personnel, completion of tenant interim and Annual Rent Recertifications, monthly tracking and invoicing of Section 8 HUD Housing Assistance Payments.

Administrator

(November 1990-May 1991)

Primary areas of experience included varied administrative support duties and implementation of in-house accounting, record keeping and payroll processing. Specific tasks included; accounts payable, general ledger and financial statement preparation.

Tipco Homes, Inc. Sunset Hills Road, Reston, Virginia

Assistant Controller

(June 1988-October 1990)

For major developer/builder, reconciled four (4) disbursing bank accounts for 32 residential and commercial projects. Reconciled general ledger, prepared monthly consolidated financial statements with supporting schedules. Prepared all annual audit work for both calendar and fiscal year projects for review by independent auditors. Assisted the controller with special projects, such as cash flow projections, profit projections, budget and cost evaluations. Prepared filings of annual reports, business licenses and personal property returns.

Vie de France Corporation Greensboro Drive, McLean, Virginia

Senior Corporate Accountant

(February 1984-June 1988)

For national wholesale and retail bakery and restaurant enterprise, supervised staff of six (6) accountants responsible for 26 bakeries. Duties included the training and development of staff through all aspects of a 28-day closing cycle. Ensured closing schedules and deadlines were met. Acted as a liaison between staff and upper management. Supervised staff in analytical review of P&L statements and balance sheet reconciliation. Maintained, updated and verified with wholesaler, raw materials and finished goods inventories. Responsible for coordination of schedules with independent auditors for annual audit. Worked with Vice President, Finance on special cost evaluations, budget analysis, and consolidation of subsidiaries.

Master Roofing and Siding Richmond Highway, Alexandria, Virginia

Accounting Clerk

(June 1983-February 1984)

For specialized contractor, correlated purchase orders, receiving tickets and supply invoices. Responsible for 50% of customer billings, averaging \$450,000 per month.

References available



SHERRY L. MEYERS

2108 Paul Edwin Terrace + Falls Church, VA 22043 + (703) 506-9249

EDUCATION

Virginia Commonwealth University Master of Social Work, 2001 Shippensburg University Bachelor in Communications, 1987

LICENSE

Licensed Clinical Social Worker Virginia – 2004

Licensed Assisted Living Facility Administrator Virginia – 2010

EMPLOYMENT HISTORY

Pathway Homes, Inc., Fairfax, VA

Senior Vice President for Clinical Services (April 2014-Present) Vice President for Clinical Services (October 2002- March 2014)

Responsible for the development and delivery of a range of clinical, case management and residential services for adults with severe and persistent mental illness: recruitment, hiring, training and supervision of clinical management staff, and direct service staff when needed; coordination of services with mental health and other community agencies; programmatic and clinical crisis management; compliance with DMHMRSAS licensing regulations and other regulatory agencies; oversight of three group homes, an Assisted Living Facility and a 17-home Semi-Independent program; facilitates agency's Clinical Management Team; oversight of agency's Admissions Review Committee and management of the wait list for services; coordinates agency's intern program.

Vice President for Stevenson Place (April 1999 - October 2002)

Responsible for the initial development and overall operation of a 36-bed Assisted Living Facility serving adults with severe and persistent mental illness: developed initial program structure and facility's policies and procedures; hiring, training and supervision of clinical and administrative staff; overall coordination of a multidisciplinary team, Dept. of Social Services, external vendors, referral agencies, contract agencies, DMAS an other regulatory oversight agencies; screening and admission of program residents; crisis management; provision of routine program audits to ensure compliance with DSS licensure and DMAS regulations; oversight of program's daily operations and clinical services; oversight of the agency's Admissions Review Committee and management of the wait list for services.

Division Director (October 1995 - April 1999)

Direct responsibility for the services and physical sites of the Semi-Independent Program: direct supervision, training, support and evaluation of 7 mental health counselors/case managers; coordination of the screening and selection of program residents; hiring and orientation of staff; crisis intervention services; review of all clinical and administrative client records; monitoring the delivery of services to residents; ensuring compliance with

DMHMRSAS licensure regulations; ensure physical maintenance of the ten properties; oversight of the Admissions Review Committee and management of the wait list for services.

Mental Health Counselor II (December 1991 – October 1995)

Responsible for the development and implementation of individual service plans; provision of counseling and skills training for program residents; selection and orientation of program residents; maintaining client records in accordance with DMHMRSAS licensure regulations.

Chambersburg United Housing, Inc., Chambersburg, PA

Program Coordinator (May 1990 – March 1991)

Responsible for the oversight of two residential programs and a psychosocial clubhouse serving adults with serious and persistent mental illness.

Program Supervisor (February 1988 – May 1990)

Responsible for the direct supervision of line staff in the provision of services to adults with serious and persistent mental illness in the two residential programs.

Residential Program Worker (May 1986 – February 1988)

Provision of routine direction and supervision for program residents in the areas of medication management, nutrition, money management, housekeeping and other daily living skills.

ADDITIONAL EXPERIENCE

Loudoun County Mental Health Center (September 2000 – May 2001)
Graduate Internship with the Substance Abuse Team: managed a case load of 15 probation-ordered clients; co-facilitated a women's substance abuse group in the local jail; co-facilitated a Choices and Consequences group at the probation office for individuals who were on a wait list for services with the mental health center.

Powhatan Nursing Home (September 1997 – May 1998)
Graduate Internship with the Social Services Department: completed psychosocial assessments for newly admitted residents; co-facilitated a family support group; developed and implemented a bereavement group.

Children's Aid Society of Franklin County (January 1989 – January 1990)
Part-time Youth Care Worker: supervised daily activities of the children court-ordered to the program; supervised the Independent Living Program for aging out youth.

CERTIFICATION

American Red Cross (February 1993 - Present)

CPR/First Aid/AED Instructor

References available upon request

Anita Robinson, LCSW

14709 Algretus Dr Centreville, VA 20120 703-266-9330

EDUCATION

MSW – University of Maryland 2003 Baltimore, Maryland BS – Emory & Henry College 1988

WORK EXPERIENCE

Pathway Homes, Inc.

Vice President for Clinical Services 2/2011 – Present Associate Vice President for Clinical Services 2003 – 1/2011

Population served – adults with severe and persistent mental illness. Responsibilities include providing direct clinical supervision and program oversight for semi-independent and supported living programs. As a member of the agency's Leadership and Clinical Management Teams, involved in strategic planning, program development, representing Pathway Homes to the larger community and staff training and development. As a program director, responsible for staff hiring and orientation, supervision of clinicians providing recovery-based case management and support services and ensuring quality of service delivery.

Division Director 1996 - 2003

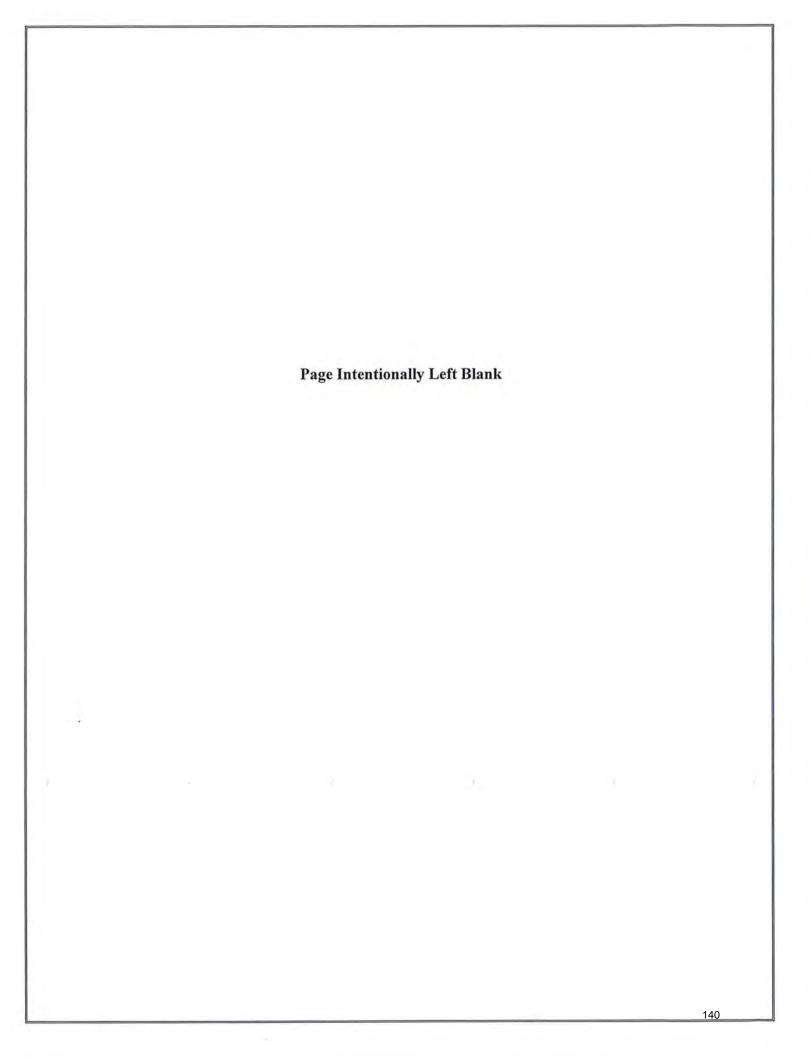
Population served – adults with severe and persistent mental illness. Provided program oversight to the semi-independent program. Responsibilities include hiring of staff, providing clinical supervision to staff providing case management and support services, ensuring quality of program services, ensuring properties are well-maintained, and providing organizational feedback to the agency's Management Team.

Mental Health Counselor II 1990 - 1996

Population served – adults with severe and persistent mental illness. Responsibilities included providing community based case management and support services, ensuring the homes were well-maintained, and developing proactive relationships with family members and other service providers. Served three years as the staff-elected representative to the Executive Director and Board of Directors.

Mental Health Counselor I 1988 - 1990

Population served – adults with severe and persistent mental illness. Responsibilities included assisting consumers in implementing their service plans within the structure of a 24-hour group home.



Eleanor M. Vincent, Ed.D., CSAC

20037 Mattingly Terrace, Gaithersburg MD 20879 Tel: (301) 977-5239 Email: elle131@gmail.com

Education

Ed.D., Counseling Psychology, Argosy University, Washington, District of Columbia, 2011

M.P.A., Public Administration, Sawyer School of Management, Suffolk University, Boston, Massachusetts, 2001 (concentration in health)

B.A., Human Services, College of Public and Community Services, UMASS Boston, Boston, Massachusetts, 1999

Diploma, Psychology, Birkbeck College, University of London, London, England, 1994

Registered Mental Nurse (RMN), Redwood College of Health Studies, SouthBank University, London, England, 1993

Certification

Certified Substance Abuse Counselor (CSAC), VA, Current

Chief Operations Officer (04/14-present) Pathway Homes, Inc. Fairfax, Virginia Vice President for Operations (02/11-03-14) Pathway Homes, Inc. Fairfax, Virginia

Responsible for implementing continuous quality improvement processes and methods that maximize the operations of the agency, builds the organization's public profile, and enhances implementation of its strategic goals. Responsible for expanding the agency's training activities and status as a continuing education provider. Participates in identifying and responding to funding requests, and in designing and evaluating the agency's programs.

Director of Quality Improvement (09/05-02/11) Pathway Homes, Inc. Fairfax, Virginia

Established, and maintained the agency's outcomes management system; tracked and prepared annual program reports to the Department of Housing and Urban Development, and Fairfax County Community Services Board; reviewed and updated the agency's policies as needed; provided ongoing agency training for treatment planning, recovery, and the management of behavioral emergencies, managed the agency's continuing education program; led the agency's ongoing quality improvement activities; presented periodic reports on the agency's continuous quality improvement activities to the agency's Board and stakeholders; Assisted in the agency's strategic planning and program development activities.

Project Director (09/03-08/05) Discharge Assistance & Diversion Program, Pathway Homes, Inc., Fairfax, Virginia

Provided administrative and clinical oversight of 24-hour staffed specialized residential program for adults with mental illnesses; supervised a team of mental health counselors, supervisors, and support staff that included a nurse, psychiatrist, and intensive skills trainer; liaised with Fairfax County Community Services Board staff and other stakeholders to provide a comprehensive continuum of care; provided agency-wide training to clinical and non-clinical staff, ensured the program met all State and agency regulatory requirements. Provided 24-hour on call administrative and clinical support to program staff.

Information Center Manager (09/01-09/03) National Mental Health Information Center, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Service (DHHS).

Managed the information center to provide mental health information and referrals to consumers, family members, legislators, professionals and the general public nation-wide; supervised a team of Information Specialists, monitored the quality of written and verbal communication with the public; maintained the mental health directory and website links databases; planned and conducted staff training on an ongoing basis; prepared and edited written material for publications, website and all other correspondence; provided technical support to the President's New Freedom Commission on Mental Health.

Program Director (01/00-06/01), Vinfen Corporation, Cambridge, Massachusetts.

Provided clinical, fiscal and administrative oversight of three programs providing supported housing services to adults with mental illness, dual diagnoses and a history of homelessness. Supervised a team of seven Case Workers and one Master's level Assistant Program Director. Implemented all regulatory requirements of State funding source. Provided 24-hour on-call administrative and clinical support to program staff.

Assistant Program Director (07/97-01/00), Vinfen Corporation, Cambridge, Massachusetts.

Assisted the Program Director in managing all administrative, clinical and fiscal areas of 5 residential programs for adults with mental illness and dual diagnoses. Provided direct supervision to three Program Managers and one Case Worker as well as indirect supervision to 22 direct care staff. Provided 24-hour on-call administrative and clinical support to program staff.

Case Worker (08/95-07/97), Vinfen Corporation, Cambridge, Massachusetts.

Provided individual and group training to clinical staff on treatment plan development and documentation. Ensured all clinical records met the Department of Mental Health standards. Provided quality assurance monitoring. Served as Human Rights Officer and member of Local Human Rights Committee.

Senior Staff Nurse (01/94-07/95), Croydon Health Authority, Surrey, England.

Managed an acute admission psychiatric ward and supervised junior nursing and auxiliary staff; mentored student nurses. Monitored detoxification programs for alcohol/drug dependent patients. Provided specialized care to mothers with post-natal depression and their babies.

Student Nurse (09/90-11/93), Waltham Forest Health Authority, Essex, England.

Interned in a variety of inpatient and community psychiatric settings that included acute admission, rehabilitation, elderly, general medical, and an eating disorders unit.

Selected Consultancies and Presentations

Vincent, E.; Mize, T. Sexuality and the Mental Health Consumer in a Residential Setting. Seminar presented at: New England AIDS Education and Training Center & Department of Mental Health Conference on Sexuality and Mental Health; 2000 December 1; Brookline, MA.

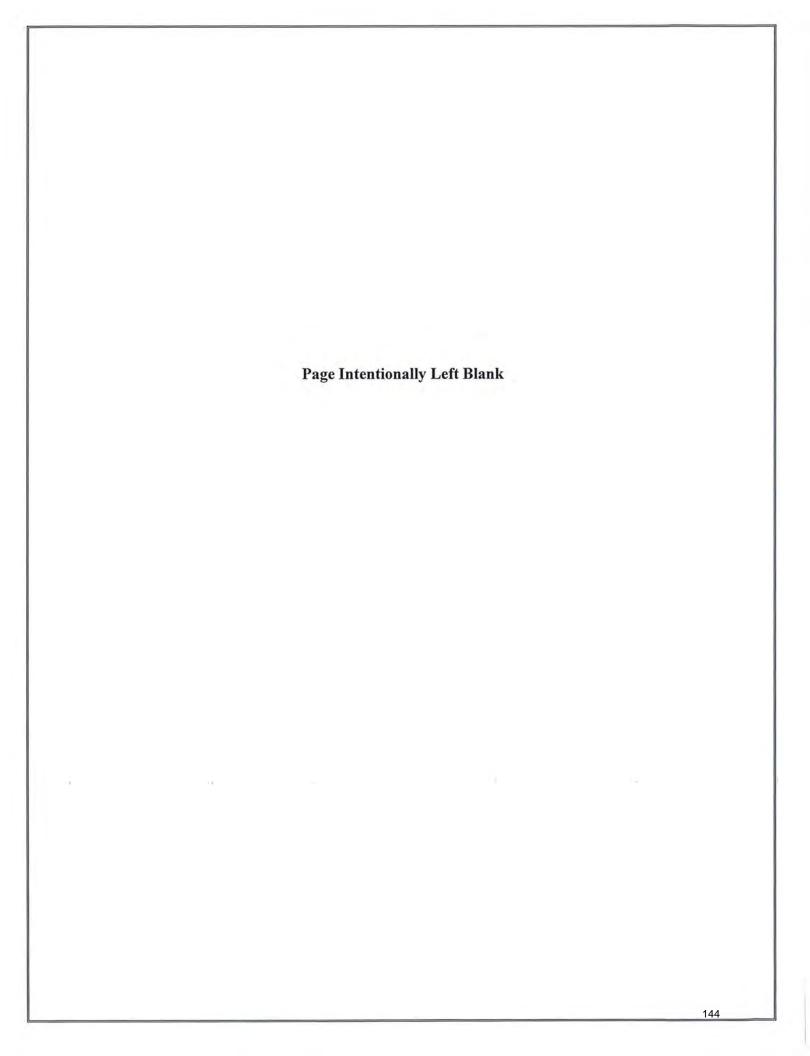
Vincent, E.; Dillon, P. Lecture Series on Mental Health. Presentation at: Winston Churchill High School, Advanced Psychology Class; 2002 May 10; Potomac, MD

Memberships and Appointments

- -Surveyor, Commission on Accreditation of Rehabilitation Facilities CARF (2007-present)
- -Member, American Counseling Association (2008-present)

Supervised Residential Intensive (SRI) Program Resumes

- o Randy Shusman, LCSW Senior Project Director
- o Denise B. Woods Project Director
- o Jennifer L. Simmons, MA Mental Health Counselor III
- o Catherine Miller Mental Health Counselor II
- o Jennifer D. Grant Mental Health Counselor I
- o Sonja Littlejohn, MS Mental Health Counselor I
- o Calvin Marks Mental Health Counselor I
- o Lacy Roling Mental Health Counselor I
- o Elizabeth Azah Overnight Counselor
- o Primrose Ncube Overnight Counselor



RANDY SHUSMAN, LCSW

rshusman@hotmail.com

12124 Garden Ridge Lane #201 Fairfax VA 22030 703.909.0820

EDUCATION

Virginia Commonwealth University, Alexandria, VA The Pennsylvania State University, University Park, PA Master of Social Work, 2005 Bachelor of Arts in Psychology, 1997

Professional Licensure: LCSW Virginia# 0904907117

NPI # 1811235047

PROFESSIONAL EXPERIENCE

Pathway Homes, Incorporated, Fairfax, VA Senior Division Director August 2006 - February 2016

- Provides management and oversight to 16-Bed Intensive In-Home Supports Program, the Supported Housing Options
 Program and the Deployed Staffing Contract with Fairfax County CSB,
- Ensures program compliance with DBHDS licensing standards
- · Participates in submission of RFP's for current and new programming
- Engages in on-going program evaluation and makes recommendations to improve quality and efficiency of services
- · Provides supervision, training, and support of clinical management and direct service staff
- · Provides oversight and all necessary support to ensure appropriate risk assessment and crisis intervention
- · Interviewing, hiring, and orientation of all program staff
- · Screening and selection of all referrals to the Intensive In-Home Supports and Supported Housing Options Programs
- Fosters collaborative, working relationships with a multitude of services providers, including: Fairfax/Falls-Church CSB, , homeless shelters, hospitals, and other social service agencies

Pathway Homes, Incorporated, Fairfax, VA Division Director

August 2006 - August 2016

As a member of the agency's management team, responsible for the development and delivery of a range of clinical and residential support services and oversight of the daily operations of assigned programs serving 75 individuals. Responsible for crisis intervention in an on-call capacity. Ensure the provision of orientation, clinical supervision, training and evaluation to a team of qualified mental health professionals. Engage in ongoing monitoring of all program-related documentation to ensure compliance with Medicaid, DBHDS and CARF standards. Provided oversight, staff training and direction throughout all stages of the implementation process for Credible, a web-based electronic medical record system. Conduct mental health support service assessments for determining Medicaid eligibility. Direct all aspects of the Medicaid billing process by performing licensure reviews of individualized service plans and clinical supervision of QMHPs in the provision of mental health support services. Actively led a task-force responsible for the design and implementation of the region's first two consumer-directed residential programs. Supervised the development of a HUD funded Supported Housing Program providing housing and services to 25 individuals with chronic homelessness, severe mental illness and other co-occurring disabilities.

Just Neighbors, Incorporated, Falls Church, VA Field Supervisor

August 2011- August 2013

Independently contracted with Just Neighbors, to provide clinical and administrative supervision to MSW interns, allowing for the organization to partner with local universities in developing counseling and social service programming for low-income immigrant populations in the Northern Virginia area. Provided guidance to Master's level students in the development of individualized learning contracts. Engaged in weekly clinical supervision and conducted performance evaluations to ensure learning objectives are met in relation to the MSW curriculum.

Virginia Commonwealth University, Alexandria, VA Field Liaison

August 2010- June 2011

Facilitated 100% success rate of assigned students in completing the essential field placement component of their graduate curriculum Provided ongoing consultation and assessment of student needs for 12 MSW students engaged in their field practicum. As an adjunct faculty member, responsible for meeting with students and their corresponding field instructors within a diverse array of treatment

settings; including schools, outpatient, inpatient, and private practice settings. Provided guidance and leadership in the development of solution focused strategies to support students and their respective field placement agencies to ensure learning objectives, and agency expectations are met in accordance with the university's guidelines.

Pathway Homes Incorporated, Fairfax, VA

Director and Assisted Living Facility Administrator, Stevenson Place

August 2004- August 2006

Managed the daily operations of a 36 bed assisted living facility serving adults with severe and persistent mental illness. Oversaw the interview, selection, and admission process of residents through collaboration with family members, care providers, and staff. Coordinated scheduling of 13 clinical and 5 nursing staff to ensure 24 hour, 7 day a week coverage that allows for optimal resident care. Provided oversight of the activity program to ensure it promotes mental stimulation, physical well-being, physical exercise, and entertainment to the residents. Managed all elements of medication protocol including ordering, receiving, and administrating. Ensured adequate, safe storage of medications and conducted regular reviews of medication documentation. Supervised all documentation of resident charts in compliance with state and agency licensing requirements. Coordinated the discharge process of residents to ensure a smooth and thoughtful transition, collaborating with family members and other providers when applicable. Provided tours as necessary to prospective residents and interested parties, and provided assessments for placement suitability. Served in a human resource capacity for assisted living employees, providing interviews, reference checks, hiring, orientation, and training.

Goodwin House CCRC, Falls Church, VA

Social Work Intern

May 2004- August 2004

May 2001- April 2004

As a field placement student, served as a member on a team of social workers providing individual and group counseling to an aging population, spanning the continuum of care from independent living to hospice. Responsible for the development and facilitation of reminiscence programming to individuals residing within the assisted living unit. Partnered with nursing staff in the development and implementation of a well ness group that incorporated physical movement and memory building activities to enhance mental status. Conducted assessments and mental status examinations to ascertain recall abilities, judgment, and cognition.

Pathway Homes, Incorporated, Fairfax, VA

Assistant Director, Stevenson Place Assisted Living Facility

Management position providing direct oversight of all program operations. Responsible for managing staffing of all clinical and nursing staff to ensure 24-hour coverage. Provided direct supervision to all shift supervisors and case managers. Ensured all program operations were within the scope of DSS standards and regulations. Provided 24-hour on-call support for crisis intervention and adverse incident directives. Responsible for interviewing, assessment, and selection of new employees. Participated in clinical management team responsible for the implementation of the agency's clinical operations. Assisted in the oversight of Medicaid billing for Mental Health Support Services. Responsible for the interview, assessment, and selection of program residents based on imminent level of need. Conducted weekly clinical meetings in which the multi-disciplinary treatment team reviewed resident issues and developed appropriate interventions. Trained staff in managing aggressive behaviors as a certified Mandt instructor. Ensured all clinical and administrative documentation was accurate, up-to-date, and in compliance with regulatory standards. Supervised employees' progress through an in-house medication training program. Responsible for training all facility staff in Standard Precautions as a certified instructor.

Loudoun County Mental Health, Leesburg VA

Social Work Intern

Co-developed and facilitated a court mandated support group for domestic violence offenders. Conducted intake assessments to determine eligibility and need for county-based services. Maintained a case load of four individuals as a serving member of Loudoun County's Assertive Community Treatment team, providing counseling, case management, and crisis intervention.

Pathway Homes, Incorporated, Fairfax, VA

Mental Health Counselor III

August 1999 - May 2001

September 2002- May 2003

Dual role of clinical supervisor and case manager of a 36-bed Assisted Living Facility. Provided case management and mental health support services, including the teaching of independent living skills. Responsible for the development and implementation of Individualized Service Plans for 12 assigned consumers. Supervised facility staff in the provision of daily programming and conducted performance evaluations for direct supervisees. Elected by peers to serve as the agency's Staff Representative, responsible for being a liaison between over 100 staff members and the agency's Executive Team and Board of Directors. Responded to crises to ensure the safety of residents, staff, and facility. Promoted cooperative relationships between consumers, families, and other providers within the community.

Huntingdon Base Service Unit, Huntingdon, PA Intensive Case Manager

January 1999- August 1999

Provided intensive, community-based case management for 18 adults with severe mental illness throughout Huntingdon County. Responsible for assessment of consumer needs and the mutual development of individualized treatment plans. Provided counseling, education and mental health support services to increase consumers' abilities in identifying, accessing, and learning to utilize community resources in order to meet daily living needs. Aided in the development of consumers' informal support networks. Provided crisis intervention as needed.

The Meadows Community Residential Rehabilitation, Boalsburg, PA Residential Counselor

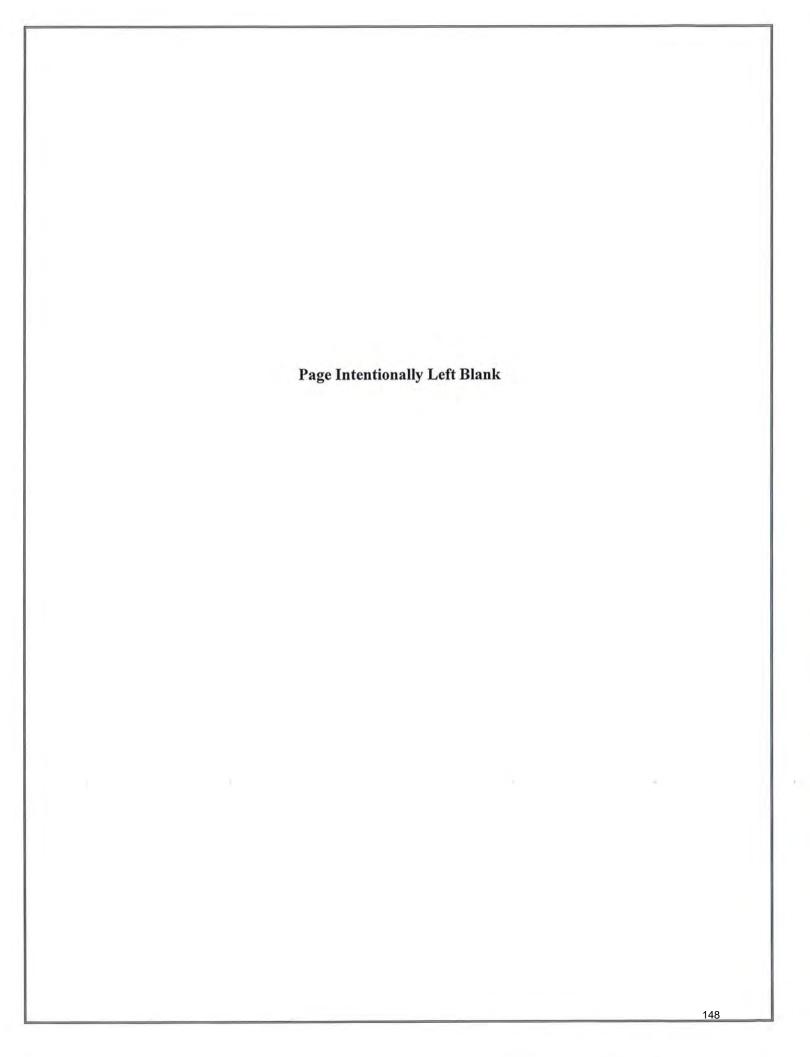
August 1997- January 1999

Senior staff member of a 24-hour supervised CRR program for adults diagnosed with serious mental illness. Managed staff schedule to ensure optimum program coverage. Participated in the development and implementation of program policies and procedures. Provided individual counseling and intensive case management services to three adult consumers reintegrating into the community following long-term hospitalization. Developed Individualized Service Plans and provided ongoing support and education for individuals' targeted goal areas.

The Meadows Psychiatric Center, Centre Hall, PA Mental Health Technician

May 1997 - August 1997

Responsible for the provision of individual counseling and psycho-educational programming to adults, adolescents and children in an inpatient mental health setting. Individualized services included assessment, treatment planning, skill development and crisis intervention.



7106 Whetstone Road, Alexandria, VA 22306

Home: 7036606159 - Cell: 5712123330 - denise@raywoods.com

Professional Summary

Dedicated and enthusiastic housing professional providing services to individuals in the encouragement of independent living.

Professional Skills

- Manage staff of five counselors and provide program supervision.
- Provide counseling services to individuals with mental illness, substance abuse, developmental diagnoses and co-occurring disorders.
- Maintain licensure requirements for federal, state and local requirements.
- Coordinate services, admissions and discharges.

- · Develop and maintain program budget.
- Operate transitional program under budget for 6+ years, allowing individuals to advance to more independent living.
- Provide psycho-educational training, skill building counseling, case management and supportive services.
- Complete assessments, authorizations, service plans, case reviews and quarterly reports.

Experience

Project Director Pathway Homes, Inc.

May, 2016 - Present

Ensures overall program operations are in compliance with DBHDS regulations and agency and CARF standards at all times.

- Ensures that programming is delivered with full regard for individuals' rights and in accordance with the highest professional and ethical standards.
- Ensures the routine monitoring and reporting of all maintenance, health, fire and safety issues.
- Coordinates and monitors staff scheduling and daily program routine to ensure program operates without disruption.
- · Responsible for ensuring the timely collection and submission of resident fees.
- Responsible for the oversight and routine audits of resident's personal accounts, food accounts, recreational fund and petty cash to ensure compliance with agency's policies and procedures.
- · Ensures residents and staff maintain adequate housekeeping standards at all times.
- Responsible for continual improvement in the quality and efficiency of services through ongoing program review and evaluation.
- · Responsible for attending agency, program and team meetings as scheduled.
- Any other duty as may be required to ensure the program operates without disruption and with the highest quality standard
 of care at all times.

Program Manager Community Residences, Inc. March, 2009 – May, 2016

Manage the operations of a transitional residential program by coordinating the provision of quality mental health services to individuals while streamlining the efforts of employees toward greater efficiency. Develop and implement program budget; provide supervision, train new hires, provide professional training to seasoned employees for greater productivity. Maintain compliance with regulatory agencies to include DMAS and DBHDS. Represent agency at county level committee participation regarding recovery and housing issues. Participate in agency quality improvement initiatives including committee membership, trainings and development of tools to improve efficiency. Maintain quality of the facility and program equipment. Coordinate admission, discharge and service plan, community integration and Medicaid billing activities for program individuals. Provide crisis counseling. Maintain compliance with regulatory agencies and implemented agency clinical policies and procedures. Provide clinical supervision to all staff and on-site supervision to graduate interns. Encourage community integration and use of community resources. Conduct client and employee program orientation, in-service planning and continuing education activities. Coordinate client service planning, admissions and discharges. Maintain program records, metrics and statistics. Assist the Community Living Program by taking over responsibility for a long-term client; providing counseling activities, community integration, reporting requirements and billing. Utilize crisis intervention skills. Contribute to the annual Horticultural Therapy project by leading individuals in gardening activities and in marketing produce to the community. Represent the agency on the Arlington County Recovery committee and the Arlington County Admissions committee. Assist in the revision of the agency Employee Handbook. Recipient of several accolades for Employee of the Month and Program of the Month acknowledgements.

Human Service Worker II Fairfax County Government

April, 2006 - March, 2009

Determined client eligibility for long-term care Medicaid. Provided information and referral services. Applied, explained and interpreted complex federal, state and local policies to clients, social workers, service providers, attorneys and the public. Determined and authorized eligibility for public assistance in accordance with federal, state, and local regulations and strict time frames. Compiled and maintained data and documents; prepared written narratives to support eligibility determinations.

Additional experience as a Financial Aid professional (1993 – 2006)

Education

Master of Arts in Counseling Psychology – Marymount University, Arlington, VA

2000

Bachelor of Science in Psychology – Auburn University, Montgomery, AL

1991

Affiliations and Certifications

Psi Chi National Honor Society for Psychology Chi Sigma Iota National Honor Society First Aid and CPR certified TOVA trained Board of Nursing Registered Medication Aide

Jennifer L. Simmons

Alexandria, VA

Phone: (703) 655 6464 email: jennif8smm@aol.com

CAREER OBJECTIVE

To obtain a position in the field of mental health where I can utilize my vast experience and pursue further growth.

SUMMARY OF WORK EXPERIENCE

- Experience in evaluating cases, developing service plans, coordinating and conducting psychosocial groups, work in collaboration with health professional to treat clients.
- Experience in community and residential settings. Understanding of ethics and various functions of social work.
- Strong administrative skills.
- Exceptional organizational and communication skills.

EDUCATIONAL BACKGROUND

Liberty University, VA

Pursuing Master's of Arts in Special Education

State University of New York, NY

Bachelors of Arts in Sociology, 2000

PROFESSIONAL EXPERIENCE

Senior Mental Health Counselor 2006-present

Community Residences, Arlington, VA

Duties performed:

- Teaching life skills required for transition from residential to independent living.
- Community outreach; facilitating therapeutic groups.
- Menu preparation and daily monitoring of facility.
- Medication management.
- Management of program budget.
- Conduct weekly house meetings and monthly fire drills.
- Assist clients with acquiring financial benefits and with locating affordable housing.
- Complete daily, monthly, quarterly and annual reports.
- Participate in trainings, supervision and team meetings.
- Work on call as program manager as needed.

Part Time Residential Counselor, 2006 to present

New Hope Housing, Arlington, VA

Duties performed:

- Create and schedule social activities for clients.
- Facilitate nutrition workshops.
- Medication management.
- Encourage and teach life skills.
- Conduct facility inspections, including all bedrooms.
- Maintain trainings and certifications as required.
- Complete shift notes.

· Conducted presentations to outreach for the enrollment of potential clients.

Community Program Specialist, 2002 to 2006

ARC of Westchester, Yonkers, NY

Duties performed:

- Facilitated community based programs for consumers.
- Accompanied clients to medical appointments.
- · Promoted and taught self care.
- · Completed daily and monthly reports.
- Participate in team meetings and trainings.

Case Manager 1999 to 2002

Family Services Of Westchester, White Plains, NY

Duties performed:

- Community outreach and intake assessments.
- Conducted vocational workshops and information sessions.
- Planned social activities for clients.
- Worked as advocate for entitlements and court hearings.

CERTIFICATION/TRAININGS

CPR, First Aid, ALF, Virginia Medication Management, HIPAA, Human Rights, Ethics, Developmental Stages, TOVA.

Catherine R. Miller

Objective

To become part of an organization that will best utilize my professional and residential expertise while providing opportunities for career development and advancement.

Summary of Qualifications

Residential Counselor with supervisory experience. Excellent decision making and communication skills. Ability to run a household and maintain files/medication administration logs. Ability to work with and learn different databases.

Summary of Experience

07/11 – 05/13 Benedictine Open Community Program Ridgely, MD House Counselor

- · Complete/Maintain monthly reports
- · Financial planning/budget for residence and individuals
- Establish mutually respectful partnerships with individuals to enhance the quality of their lives and their communities

01/10-05/11 Caroline Co. Dept. of Social Services Denton, MD Family Investment Specialist I

- · Determine eligibility of applicants applying for public assistance programs
- · Review customer documentation for continued eligibility
- · Interview customers and explain public assistance programs
- · Maintain case records on database and hard copy

11/07- 01/2010 ARC of Anne Arundel County Annapolis, MD

- Residential Counselor
- · Complete/Maintain annual, quarterly and monthly reports
- · Supervise weekend staff as needed
- · Financial planning/budget for residence and individuals
- Establish mutually respectful partnerships with individuals to enhance the quality of their lives and their communities.

12/2006 – 11/2008 Frank Gumpert Printing Annapolis, MD Receptionist/Customer Service Rep

- Customer transactions, customer service and invoice processing including accounts payable and receivable.
- Contracted employee through Adecco Staffing Services 9/06 12/06
- · Daily operation of ten line telephone system
- Project management, typing 55+ wpm, data entry, and correspondence

02/2006 - 05/2008 Mid-Shore Council on Family Violence Denton, MD Residential Supervisor

- Answer 24-hour Hotline (provide appropriate response and or intervention)
- · Document hotline calls/in-person interactions with date and time
- · create files on new clients calling 24-hour hotline
- · complete documents/files for clients entering and exiting the shelter
- · respond to needs of the clients residing in the shelter

01/2000 – 08/2005 Society for HR Management Alexandria, VA Regional Coordinator

- Coordinator for 125 SHRM Chapters throughout Mid and Southeast regions of United States
- Maintained databases for SHRM state and regional councils, responded to telephone, email and written inquiries.
- Performed annual audits, maintained content and accuracy of state and regional conferences and chapter listings via SHRM website. Coordinator of annual SHRM Regional Scholarship Award process
- Assisted SHRM Regional HR Director with chapter relations, financial reporting, budgets and membership tracking

Staff Assistant

- Developed and maintain recertification applicant tracking database, compiled pass rate statistics for SHRM certification prep course
- Coordinated conference calls and travel arrangements for Executive Director and board members
- Liaison for COGNOS reports between HRCI and IT department

Customer Service Representative

- High volume customer service call center representative
- · Promoted from contract to full time employee within first 30 days
- · Produced new and renewal member invoices

Education

Christian World College of Theology

Associate Degree

Medication Tech Certificate - State of Maryland

Strayer University

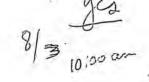
- 40 credits toward B.A., Business Management and Human Resources (expected graduation date of 6/2013).
- SHRM Fundamentals of Human Resource Management Training

References

References available upon request

JENNIFER DENISE GRANT

3105 Park Avenue Richmond, VA 23221 (804) 358-1405-



CAREER OBJECTIVE:

To be a Rehabilitation Counselor working with the special population.

WORK EXPERIENCE:

Personal Care Attendant, Mary Webster, Richmond, VA, May 1987 to present. Full-time responsibilities (38 hours per week) include helping Mary shower and dress each morning, helping with her bowel program, household grocery shopping, and preparing household meals.

Student Intern, Adult Development Center, Richmond, VA, August 1987 to December 1987. Full-time responsibilities (35 hours per week) Included being responsible for participating and supervising table games and daily programs at Center. With program staff, I helped develop new programs each month. I also did leisure activity inventory on new members. I played table games, fed, and toileted the members. I helped the director and program staff with care plans.

Inventory Clerk, VCU Property Management, Richmond, VA, August 1986 to August 1987. Responsible for locating and tagging equipment bought by VCU each month.

Camp Counselor, Camp Easter Seal, New Castle, VA, June 1986 to August 1986. Responsible for three to four campers ranging from ages six through fifty years-old each session. I took campers canoeing, horseback riding, and to other outdoor activities. I created activities for cabin night with our unit leader and other camp counselors.

Student Worker, Civitan Workshop, Richmond, VA, January 1986 to May 1986. Responsible for collecting finished goods from the members and maintaining their work records. I conducted job seeking and Interviewing workshops with the job placement specialist and her clients.

Substitute Teacher Aide, Savannah Board of Education, Savannah, GA, August 1984 to June 1985. Responsible for taking attendance, teaching classes, and making lesson plans. I worked with mentally and physically handicapped students by carrying out the instructions of their physical, occupational, and speech therapists.

EDUCATION:

M.S. Science Degree Candidate May 1988, Virginia Commonwealth University, Richmond, VA. Major: Rehabilitation Counseling.

B.S. Science, Savannah State College, June 1984. Major: Criminal Justice, Minor: Sociology.

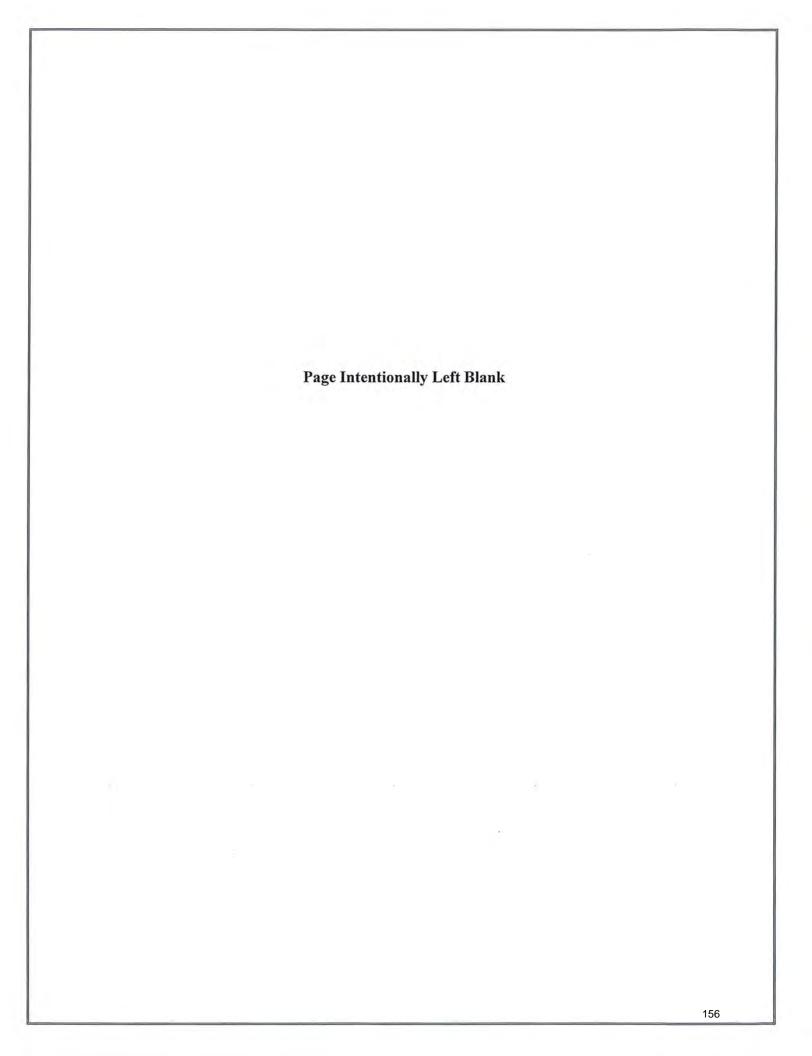
REFERENCES:

Available upon request.

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JUL 7 1988

PATHWAY HOMES, INC.



4002 E, St. Se Unit# 205 Washington, DC 20019 Phone (703) 855 - 1122 E-mail sonja_aka@yahoo.com

Sonja Littlejohn

Objective

Challenge rewarding position within a solid, progressive agency that lead utilizes my work experience and training with opportunity for advancement and professional development and growth

Education

2010 - 2012 Capella University Minneapolis, Minnesota

Master of Science Degree in Counseling

Currently pursing this degree

2006 - 2009 Calvary Bible Institute Washington DC

Biblical Studies Certification Christian Counseling Certification

1988 – 1992 Elizabeth City State University Elizabeth City, NC Sociology/Social Work

Work experience

1999 - present

Pathway Homes Inc

Fairfax, VA

Mental Health Counselor I

- Assist residents in developing independent living skills such as self-medication, money management, food purchasing and preparation.
- Train for the use of public transportation, learn housekeeping skills, and develop good personal hygiene habits.
- Promote good interpersonal and communication skills, as well as vocational and leisure skills.
- · Role model appropriate and acceptable behaviors for consumers

2006 - 2010

Mental Health Therapist

- Provided case management and support services to dual diagnosis residents in the Housing First Program
- Responsible for developing, implementing, and monitoring individual service plans.
- Assisted residents in planning, accessing, and participating in social recreational and leisure activities.

2001 - 2006

Mental Health Counselor II

- Established and maintained cooperative and collaborative relationships with other providers and professional agencies
- Developed relationships with families and within the community
- · Assisted residents with maintaining compliance with fire, safety and health standards

1999 - 2001

Mental Health Counselor I

Summary of Qualifications CPR and First Aid Certified

TOVA Certified

Medication Certified

Mandt Certified

Motivational Interviewing Trained by Dr. Kenneth Minkoff

RECEIVED

CALVIN T. MARKS 5500 HOLMES RUN PKWY #1019 ALEXANDRIA, VIRGINIA 22304 (703) 461-9633

PARTINAZ HOMES INS

EDUCATION

St. Augustine's College, (Raleigh, NC). Curriculum: Sociology with B.A. emphasis in Social Welfare. Received full Athletic Scholarship (baseball).

A.A. Kittrell College, (Kittrell, NC). Curriculum: Sociology. Graduated with honors (Dean's List).

EXPERIENCE

1987-(10 She Wolf 16) Special Education Teacher Associate. The Barry Robinson Center,

(Norfolk, VA).

Provide evaluative information concerning student behavior and academic performance; assist in the implementation of the service plan designed for each student; attend all designated meetings and inservice training. Assist students to develop the necessary social skills for healthy and positive interaction with peers, staff, and other adults. Assist classroom teachers in the implementation of daily lesson plans. Provide interpretations of lesson plans and implement effective instructional and behavior management strategies.

1986 -

Warehouseman. Thalia Carpet, (Norfolk, VA).

1987

Responsibilities were to cut and measure carpets, vinyls and verticals to specifications requested by the customer. Conducted daily pick-up and delivery to homes and businesses.

1984-

Youth Leader II. Hamilton County Department of Human Services,

1985 (Cincinnati, OH).

Responsibilities included residential management of household and homemaking functions for abused and neglected children's group home. Supervised in assigned tasks, purchase of clothing and groceries. Provided stable living environment conditions through daily scheduled interaction activities, consistent counseling, advise concerning personal problems such as peer pressure and family relations. Maintained budget ledgers, daily logs and behavior charts.

1983-

Child Care Worker. Juvenile Detention Center, Cincinnati, Ohio.

1984

Interacted with children through daily recreational activities, outtings and communication. Recorded specific behavioral patterns observed for each child. Maintained safety and security regulations for residents and facility.

Mental Health Technician III. Las Vegas Mental Health Center,

(Las Vegas, NV).

Processed initial clients for admissions and orientations. Interacted daily with clients with further communications through a bi-weekly group session. Monitored and charted daily client's rehabilitation and progress. Assisted nurses with activities, medication and meal distributions.

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EXPERIENCE

1980-Teacher's Aide. Rancho High School, (Las Vegas, NV).

1981 Assisted special education instructor with behavioral modification program. Monitored and evaluated the student's attitude, behavior, assignments and attendance. Worked with students to achieve a

positive behavioral change and re-admission to the regular classroom.

1979-Teacher's Aide. Madison Elementary School, (Las Vegas, NV).

1980 Assisted kindergarten instructor with student classroom assignments and field trips. Evaluated the students progress and prepared them for

2

admission to the first grade.

HONOR

Dean's List (Kittrell College); Athletic Scholarship (St. Augustine's College) and Lettered 3 years in baseball (St. Augustine's College).

ADDITIONAL INFORMATION AND REFERENCES AVAILABLE UPON REQUEST

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Lacy Roling 7105 Rock Ridge Lane Alexandria, VA 22315 Lacyann007@yahoo.com (703) 678-8399

Education:

Shippensburg University of Pennsylvania Bachelor of Arts, Psychology Department Minor in Disability Studies Graduation Date: May 10, 2014

Work Experience:

Part time Nanny for twins with Angelmans Syndrome

February 2016- Present

- · Physical care
- · Life skills training
- ADL assistance
- Assistance with therapy

Psychiatric Technician at Northern Virginia Mental Health Institute

July 2015-

Present

- · Basic life skills training
- Treatment plan implementation
- · Psycho-social development
- · Goal setting
- · ADL assistance
- · Psychological support
- · Transportation of individuals
- Planning and leading groups

Part time Nanny/Childcare

May 2014- July 2015

- · Evening care of two preschool age children
- · Meal prep
- · Transportation to activities
- · House keeping
- · Care for family pet
- · Occasional overnight care

Shippensburg University Sports Information Systems

September 2011- May 2014

- · Game statistics
- · Input information based on sports
- · Write summaries after games
- · Helped produce brochures for teams

· Nanny/Child Care

Summers 2008, 2009, 2011-2014

- · Daily care of children from ages 6 months- 11 years
- · Daily house keeping
- · Transportation and event planning for summer activities
- · Care for family pets

Plantation Flower Shoppe, Alexandria, VA

January 2010- January 2011

· Sales and Costumer Service

Volunteer

Occupational Therapy Observation
 Lost Dog and Cat Rescue
 Race for Respect 5K
 70 Hours Total
 4 Hours Total

ELIZABETH AZAH

1605 Scotch Pine Drive Mitchellville, MD 20721 (Hme) 301-925-1212 (Cell) 770-713-7371 (E-mail) adama1252002

OBJECTIVE:

Seeking a challenging career position in the health profession that is complimentary with my educational attainment and work experience.

EDUCATION:

1991 - 1993: Bachelor of Arts in Social Work. San Jose State University, San Jose, California.

1988 – 1991: Associate of Arts Degree in Social Science. DeAnza College, Cupertino California.

WORK HISTORY:

2003 - Present: Community Support Specialist.

Psychiatric Rehabilitation Services, PRS Inc. Falls Church, VA

- Provide individualized skills teaching, supportive counseling, crisis intervention and case management to individuals in permanent supported and independent housing.
- Develop and implement programming to facilitate residents! attainment of rehabilitation goals.
- Develop and implement residential service plan.
- Directly teaches community living skills.
- Monitor medication usage per residential service plan.
- Monitor residential behaviors and environmental conditions related to health and safety.
- Plans and conduct psycho-educational groups in community settings.
- Collaborate with other service providers and advocate for services to ensure residential stability.
- Assist with development of community supports necessary for residential stability.
- Assist with procurement of monetary and material resources necessary for residential stability.
- Provide transportation as necessary to facilitate attainment for rehabilitation goals.

1998 - 2003: Direct Care Provider.

The Devereux Treatment Network. Kennesaw, Georgia.

- Develop and implement groups to facilitate client's progress of rehabilitation goals as outlined in service plan.
- Assess clients and monitor progress towards rehabilitation goals.
- Research and conduct psycho-educational groups to provide creative learning opportunities.
- Provide direct skill teaching in a variety of settings.
- Provide support counseling and crisis intervention services.
- · Access appropriate community services.
- · Act as liaison with other care providers.
- Advocate for services to ensure residential stability.

1998 - 2003: Mental Health Technician.

Charter Behavioral Health System. Dunwoody, Georgia

- Work with treatment to develop and implement client service plan.
- Assessment of clients and document progress.
- Provide community living skills training both at individual levels and within group settings.
- Administer medication; provide transportation to appointments and recreational activities.
- Provide supportive counseling and crisis intervention services.
- · Assist with development of community support.
- Conduct psycho-educational groups.
- Coordinate and supervise admission procedures.

1993 - 1997: Social Worker.

Ministry of Social Affairs, Department of Mental Health, Cameroon, West Africa.

- Counseled and assisted clients to seek and obtain services from the Federal Government of Cameroon.
- Assisted with resolving housing needs, clothing, food, employment and financial needs.
- Referred and secured medical, psychiatric and other social assistance as needed.
- Assisted clients to modify behavior through therapy and psychoeducational groups.
- Developed treatment plans and maintained clients records.
- Assisted in the development of community resources.

1990 - 1990: Student Intern.

Mental Health Rehabilitation Center, San Jose, California.

 Under the supervision of an MSW, initiate the psychosocial assessment to determine client needs.

- Work with multi-disciplinary team to provide supportive counseling, crisis intervention, coordinate admissions and discharge planning.
- Help clients access needed resources.
- Work with treatment to develop a care plan.

1985 1993: Psychiatric Counselor.

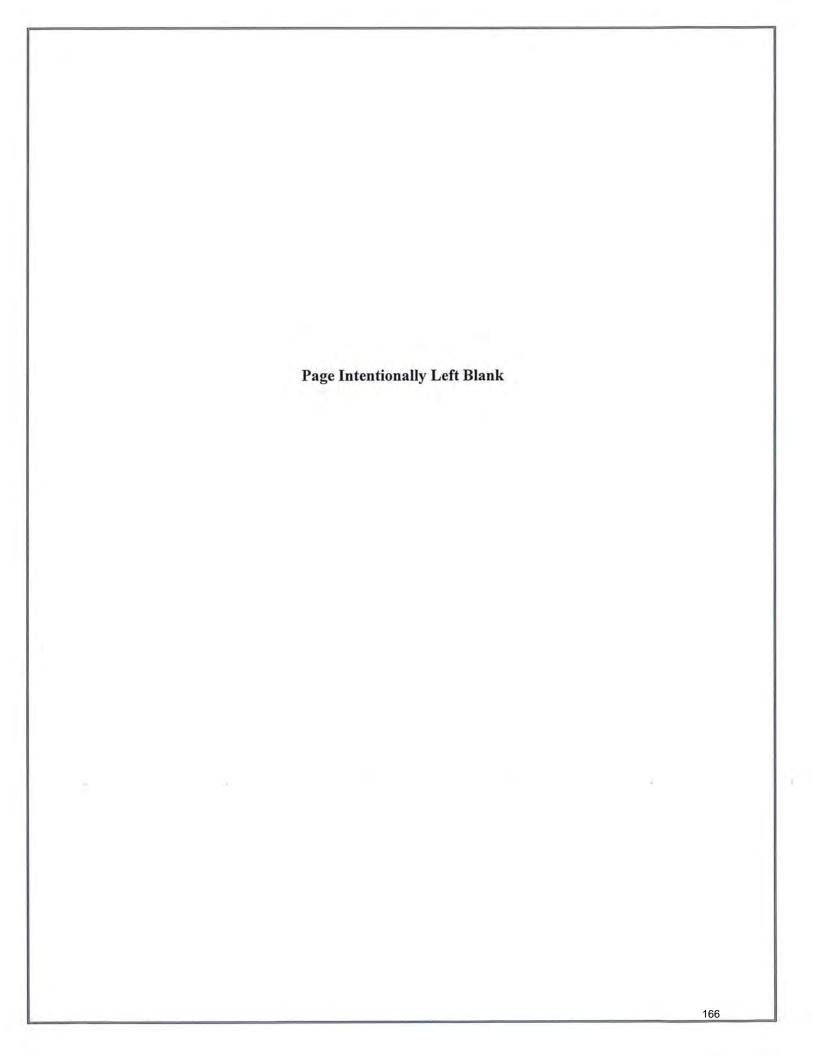
Crestwood Manor Psychiatric Hospital. San Jose, California.

- Assess and document client progress.
- Employ crisis intervention techniques as needed.
- Educate patients about available community resources.
- · Conduct psycho-educational groups.
- · Assist client with admission and discharge planning.
- Identify client psychosocial stressors.

SKILLS:

- Develop appropriate interventions to enable supportive counse ing.
- · Ability to effectively advocate for client.
- · Assessment of mentally ill clients.
- Knowledgeable of community resources
- Excellent organizational and communication skills both oral and written.
- Ability to work under stress.
- Ability to work flexible hours.
- · Work as a team member.

REFERENCE: Available upon request.



Primrose Ncube 5954 Manorview Way, Alexandria Tel: 646-701-1614

E-mail: primrosencube4@gmail.com

PROFESSIONAL PROFILE

b

An enthusiastic, hardworking and dedicated graduate with hands on experience in undertaking issues concerning reception, advocacy, administration work, enhanced cultural awareness and sensitivity to cultural difference, maintaining office inventory and stocks of office supplies, awareness of global economic, political issues and realities. Combines a professional and committed approach, highly motivated, flexible with the ability to work well both independently and as part of a team. Is keen to continue to learn and possesses excellent interpersonal skills, communicating effectively at all levels.

WORK EXPERIENCE

October 2015 - June 2016, Volunteer, Cornerstones, Seventh Day Adventist, Methodist Church, DMV

- Scheduling and coordinating meetings, appointments, and travel arrangements for supervisor and managers.
- · Developed new filing and organizational practices.
- · Supporting research processes carried out in relation to the project.
- · Writing and distributing monthly newsletters and programs.

June -August 2015 Counselor, Hidden Villa Farm and Wilderness Camp, San Francisco

- Problem Solving: including conflict resolution with campers or logistics of planning activities
- Organizational Skills: Caring for a group of campers, teaching activities, farm chores that help develop good time management, group management, logistical planning and interpersonal response.
- Collaborative Process: Learning to work collaboratively is more than teamwork; it is being an active
 part of a decision made for the betterment of the community. Learning to evaluate the whole
 group's needs and working together to achieve a selfless product.
- Curriculum Development: Teaching my own activities daily which helped to refine my planning and presentation skills.

February 2014 – June 2015 Office Assistant, The Healing Africa Foundation, Johannesburg

- Advocate for women's rights using human rights perspectives.
- Support the Management Committee in determining the strategic direction of the organisation and ensuring the development of key associated documents including, but not limited to: strategic plans, budget and fundraising strategies, annual reports and reviews
- · Liaise with relevant organizations or community structures

· Assist in community awareness campaigns relating to Gender Based Violence.

January -December 2013 Southern Africa Projects Graduate Trainee, International Crisis Group, South Africa

- Monitoring political developments in the region, particularly in the Southern Africa, via on-line sources.
- Maintaining filing and record system and assisting with data entry.
- Providing assistance editing reports and briefings on conflict issues and other documents produced by the Africa program staff.
- Preparing logistic and administrative arrangements for seminars, workshops, and briefings that may be required by the Office or Region.
- Assisting with carrying out daily press reviews and composing monthly situation reports.
- Administrative work, including arranging for meetings and database management

April- December 2012 Junior Trainer for Refugee Health and Rights Department, Sonke Gender Justice Network, South Africa

- Conducting community mapping of areas where refugee and migrants are working or staying.
- Preparing logistics for all training and providing administrative and financial services to projects ensuring high quality, accuracy and consistency of work in project implementation.
- · Facilitate workshops, sourcing quotations for events and invoicing.
- Challenging the gender inequalities that exacerbate the spread and impact of HIV/AIDS.
- Reducing the spread and impact of HIV/AIDS through educational workshops, distributing condoms, dissemination of HIV/AIDS and promoting male circumcision.
- Overseeing developmental and educational programmes.

EDUCATION

2007-2011 Solusi University

BA Degree in Peace and Conflict and Minor in Development Studies

FURTHER DETAILS

2015 -First Aid Certification

2014-2015- Member of the International Political Science Association

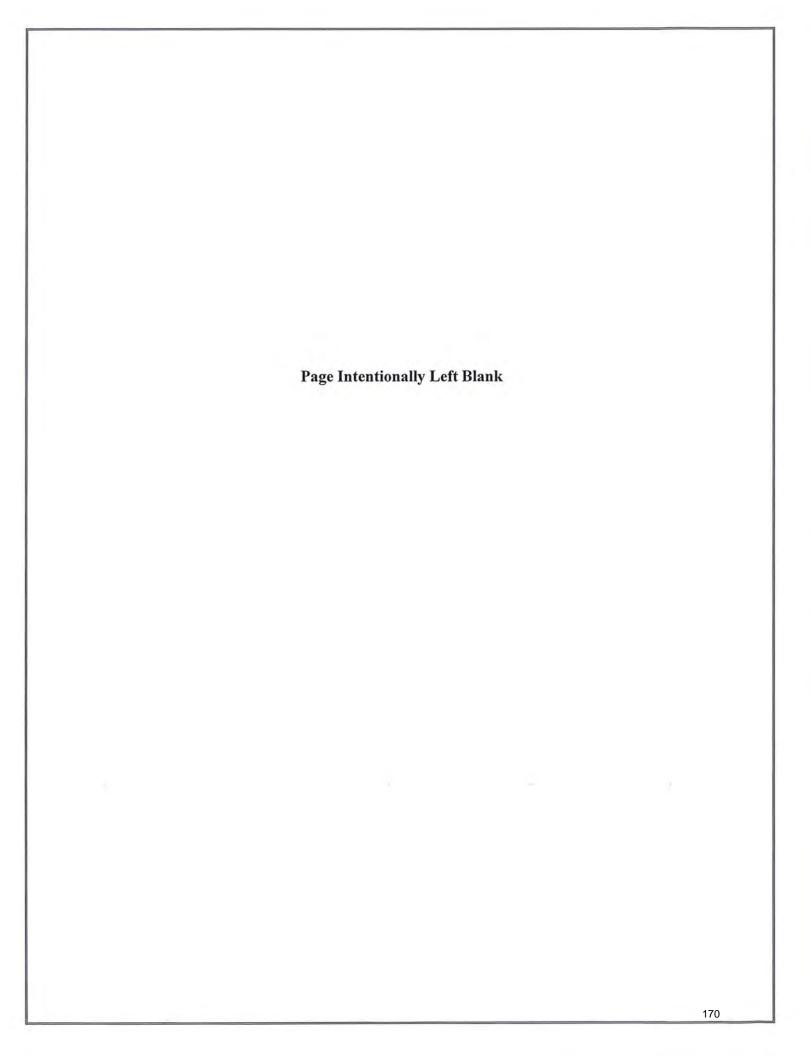
2014-Ambassador of Ralo Cosmetics

2012-Ambassador of Padandaro Magazine

2007-2011-Member, Toastmasters Society

Supported Residential (SR) Program Resumes

- o Jean L. Thompson, LCSW Division Director
- o Aynsley Downey Mental Health Counselor II
- o Christopher Fletcher, MA Mental Health Counselor II
- o Gregory Green Mental Health Counselor II
- o Ashlee Harris, MSW Mental Health Counselor II
- o Galnetta Lee Mental Health Counselor II
- o Nhi My Nguyen Mental Health Counselor II



Jean L. Thompson, LCSW

5126 Spring Branch Boulevard Dumfries, Virginia 22025 (571) 271-9360

Summary

I have experience in mental health, healthcare, adult and aging and investigative oversight. I work well with people and enjoy encouraging independence and creative problem solving with my clients. I use rapport building, community engagement, and knowledge of systems to work with providers to meet my client's needs. I have a strong capacity to believe in the strengths of my clients and am able to assist them in developing their own abilities to meet their needs. I have strong clinical documentation skills and utilize those skills to advocate for client needs.

Education

Masters of Social Work, May 2005
National Catholic School of Social Service, Washington, DC Bachelors of Science, Social Work/French, May 2001
Juniata College, Huntingdon, Pennsylvania
Study Abroad: Lille, France, August 1999-May 2000

Work Experience

<u>Division Director</u> February 2016-present Pathway Homes, Inc., Fairfax, Virginia

- Responsible for program management oversight, including program compliance with regulations and agency standards, staff scheduling, and resident safety and personal accounts.
- Provides clinical supervision of staff on a weekly basis to ensure that evidence based practices are used with residents experiencing mental health and/or substance use issues.
- Manages personnel practices and ensures that staff are following procedures in compliance with agency requirements and policies.
- Provides community relations and serves as a representative of the agency throughout the community to promote positive relationships and education of the public regarding issues facing those experiencing mental health, substance use disorders, and/or homelessness.

<u>Social Services Specialist III</u> February 2011-February 2016 Adult Protective Services

Fairfax County Government, Annandale, Virginia

 Investigate reports of abuse, neglect, and exploitation regarding older adults and adults with

- disabilities in the community and long term care facilities
- Reviews need for and arranges for needed resources/services such as Meals on Wheels or Home Based Care to alleviate risk and/or improve living situation of older adults and adults with disabilities
- Educate community and professionals at long term care facilities, hospice, and internal agency staff on role of Adult Protective Services in providing services and reviewing professional responsibility of mandated reporting laws and procedure
- Assess client need for ongoing services through the Virginia Uniform Assessment Instrument, including Adult Protective Services, client capacity and risk, and assess need for guardian or conservator
- Provide ongoing support, services, and advocacy to a caseload of 10-15 clients determined to be at risk for abuse, neglect, and exploitation through utilization of depression screening, capacity evaluations, and suicide risk assessments
- Supervise unit and other staff during supervisor absence and provide consultation and support to other county staff

Key Accomplishments:

Conducted 261 investigations

Obtained two guardians and one conservator for at risk clients Served on interview hiring panel

Clinical Field Instructor for George Mason University, September 2012-May 2013

Supervised unit during period of transition

Supervisor for Licensure, November 2013-present

Served as a panel member on Spring Supervisory Ethics Event 2014

Served on Social Work Internship Program and Education meeting panel, 2013-present

Social Worker III/Ombudsman March 2008-February 2011 Northern Virginia Long-Term Care Ombudsman Program Fairfax County Government, Fairfax, Virginia

- Educated residents, family members, and public on self-advocacy, facility selection, and the program mission
- Investigated allegations of resident's rights violations at nursing and assisted living facilities

- and provide recommendations to facilities to address complainant concerns
- Worked jointly with licensing, adult protective agencies, and other advocacy organizations as needed to promote quality care at nursing and assisted living facilities
- Provided healthcare oversight of nursing and assisted living facilities through annual visits, contact with administrators, and volunteer oversight
- Educated facility staff in Prince William and Fairfax Counties on resident care and rights issues through consultation and presentations on resident's rights

Key Accomplishments:

Completed requirements for Licensed Clinical Social Worker, 2009

Served as a liaison for Prince William County and Fairfax County nursing facilities

Served as a representative at the Northern Virginia Aging Network (NVAN) and assisted Director in monitoring and commenting on policy and legislation

Completed mediation training

Social Worker II June 2007-March 2008

Fairfax County Government, Fairfax, Virginia

- Provided intake assessments for elderly persons and adults with disabilities, including information and referral, initial screenings, and crisis intervention services
- Responded to Adult Protective Services hotline and screen reports to determine abuse, neglect, and exploitation
- Regularly reviewed concerns with walk in clients to address emergency and planning needs

Key Accomplishments:

Completed Licensed Clinical Social Worker hours

Mental Health Counselor II/Relief Counselor June 2007-September 2007

Pathway Homes, Inc., Fairfax, Virginia

- Supervised adult residents with mental health diagnoses and assisted residents in developing independent living skills
- Assisted in organizing and developing charting system to improve knowledge of client needs and strengths
- Assisted with ongoing shift coverage

Social Worker May 2006-May 2007

DaVita Dialysis, Arlington, Virginia

- Maintained caseload of clients with a diagnosis of End Stage Renal Disease
- Implemented initial and annual psychosocial updates
- Referred clients to community resources as needed and provided counseling and skills building

Key Accomplishments:

Developed system for patient travel plans
Completed Licensed Social Worker requirements

Mental Health Counselor II September 2002-May 2006
Pathway Homes, Inc., Fairfax, Virginia

- Managed caseload of residents with mental health diagnoses through assessment and coordination with community and county agencies
- Developed residents' service plans and quarterly goals to address mental health and life skills improvements
- Responsible for monitoring and improving health and safety of residents through skills training

Key Accomplishments:

Completed MSW while working full time
Interviewed and moved in two residents into home
Served as Staff Representative to advocate for and educate staff on addressing concerns with administration
Served on Admissions Committee to review new client applications, contact, and interview prospective clients for programs

Closely trained, educated, and supervised student intern with basic social work skills emphasizing on at risk populations

Other Experience And Activities

Social Work System of Support pilot group member, 2011 Literacy Volunteers of America--Prince William tutor, September 2009-present

Licensed Clinical Social Worker, Virginia Board of Social Work NASW member, May 2005-present

References

Available on Request

Aynsley Downey

(406) 491-2390 10131 Forney Loop, Fort Belvoir, VA 22060 adowney@pathwayhomes.org

Skills

- Crisis Intervention
- Treatment
 Assessment/Evaluation
- Treatment
 Analysis/planning
 Company Spailiteatment
- Group Facilitator/Leader
- Mood and Anxiety Disorders
- PTSD/Trauma/Abuse
- Records Management
- Individual/Group Counseling
- Family Education
- Registered Medication Aide

Core Competencies

- Trained in substance abuse, co-occurring disorders, and the effect of employment and housing on mental health
- Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.
- Excellent knowledge of principles, methods, and procedures for diagnosis, treatment, and rehabilitation of physical and mental dysfunctions, and for career counseling and guidance.
- Knowledge of group behavior and dynamics, societal trends and influences, human migrations, ethnicity, cultures and their history and origins
- Skilled at intake interviewing and Biopsychosocial assessments

Work History

Mental Health Counselor I • 04/4/2014-Present

Pathway Homes, Inc. - Stevenson Place 4113 Stevenson St., Fairfax, VA 22033

- Provide mental health support services for adults with serious and persistent mental illness and/or dual diagnosis
- Assists in the development, review, and revision of resident's individualized service plans
- Assists consumers in developing independent living skills
- Documents clinical interactions, interventions, and significant events

Internship Counselor • 04/2013 - 10/2013

Compass Professional Services, LLC • 2510 Continental Drive, Butte, Mt 59701

- Observed and monitored client behavior and responses to treatment
- Conducted therapeutic individual and family therapy sessions
- Developed and implemented treatment plans and modified
- Directed family-centered, strengths-based, culturally competent, and individualized intake assessments
- Connected clients with community services and resource agencies
- Guided clients in effective therapeutic exercises integrated from Cognitive Behavior Therapy theories

Internship Counselor continued...

Work History

- Aided parents and caregivers in arranging medication evaluations and psychological testing
- Presented case history material to review and discuss with other staff members
- Documented psychiatric services and responses to treatment in patient files
- Mediated conflicts within families to resolve underlying issues

Residential Aide • 08/2008 - 09/2009

United Cerebral Palsy of Northwest Florida • 2912 North E Street, Pensacola, FL 32501

- Implemented treatment plans for individual clients
- Assisted in normal day to day activities to become more independent

Direct Service Provider • 06/2007 - 07/2008

Family Outreach Inc. • 641 Sampson Dr., Butte, Mt 59701

 Provided Respite, habilitation, companionship, and transportation to adults and children with disabilities

Education

Liberty University

• M.A., Professional Counseling (August 2015)

University of Phoenix

B.S., Human Services Management (May 2011)

References

Betsy Dye, LPC

Assistant Director, Stevenson Place

(703) 460-6200

Mary Watson, LCPC, LMFT

(406) 782-4778

CHRISTOPHER FLETCHER

3032 RODMAN STREET, NW, APT. 02 WASHINGTON, DC 20008 PHONE: 703/895-3280 | EMAIL: CFLETCH006@GMAIL.COM

EDUCATION

2010-2014 M.A. IN CLINICAL PSYCHOLOGY

Towson University - Baltimore, Maryland

2006-2010 B.S. IN PSYCHOLOGY

Old Dominion University - Norfolk, VA

WORK EXPERIENCE

JAN. 2013-

LEAD MENTAL HEALTH WORKER - TRAUMA DISORDERS UNIT

PRESENT

CLINICAL TRAINER / VOLUNTEER COORDINATOR

Sheppard Pratt Health System - Towson, MD

- · Planning & evaluation of patient needs in accordance with the treatment plan
- Delivering therapies designed for patients suffering from severe trauma
- · Responding appropriately to crisis situations based on individual patient needs
- Creating and leading psycho-educational and therapeutic groups for patients
- · Conducting all training and evaluation for incoming staff
- · Coordinating hiring and evaluation process for volunteers
- · Served on major decision making teams for hospital wide initiatives

APRIL 2011- CLINICAL RESEARCH COORDINATOR

DEC. 2012

Pulmonary and Critical Care Associates of Baltimore (PCCAB) - Baltimore, MD

- · Assisted in conducting clinical research trials
- · Recruited and coordinated with individual patient volunteers from the community
- Maintained compliance with protocol & IRB requirements
- · Ensured safety of clinical research participants during trials
- Communicated with pharmaceutical company representatives, physicians, & patients

Aug. 2011- Clinical Psychotherapist - Intern

MAY 2012

Key Point Health Services - Baltimore, MD

- · Delivered psychotherapy with a variety of populations in a community mental health clinic
- Created and implemented individualized treatment plans
- Coordinated treatment and care with local outreach groups & government offices
- · Maintained upkeep of patient treatment folders and case notes

JAN 2009-

CLINICAL INTERN

MAY 2009

Center for Child and Family Services - Hampton, VA

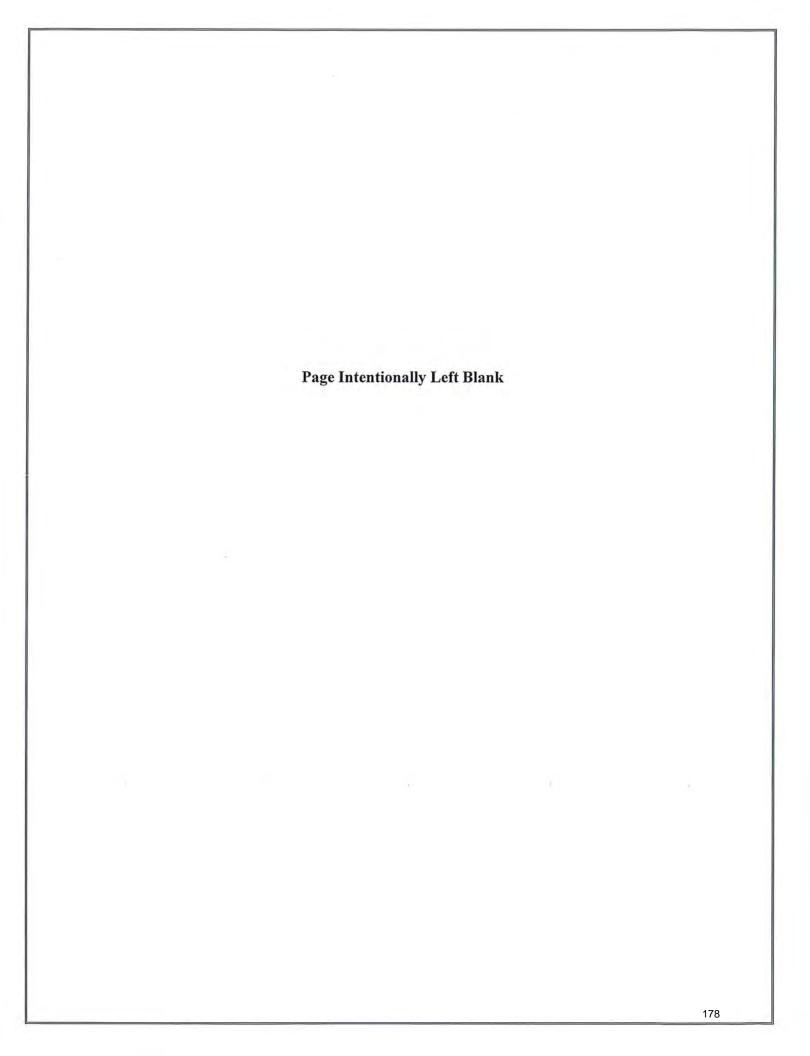
- Supervised observation of case management with a variety of client populations
- · Conducted extensive psychosocial interviews
- · Co-led psycho-educational and therapeutic groups
- Maintained upkeep of patient treatment folders and case notes

CERTIFICATIONS & TRAINING

NON-VIOLENT CRISIS INTERVENTION TRAINING INSTRUCTOR

Crisis Prevention Institute - CPI

- Certified in non-violent verbal techniques for deescalating aggressive patients in crisis
 ADDITIONAL
 - Certified CPR Instructor by the National Heart Association
 - · Proficiency in Microsoft Office and IBM Statistical Package for the Social Sciences (SPSS)



Gregory Green 6005 Forest Rd. Cheverly, Md. 20785 301-322-4995-Home 917-403-1905 -Cell grngrgry@aol.com

Objective

B.A. Liberal Arts. C
OBrooklyn, NY.
CASAC Eligible. Ot
Richmond Hill, NY. To apply my education and experience in the mental health and/or substance abuse fields.

B.A. Liberal Arts. College of New Rochelle

CASAC Eligible. Outreach Training Institute

Employment Experience

Hyattsville Speech & Language Center - Fom & Comed

August 2005 - Present

Office Manager Responsibilities are to oversee the acquisition and utilization of facilities, computer system, equipment and supplies and to ensure a professional, efficient, safe and pleasant work environment. Maintain the company's mailing list databases, including client list and referral agencies. Establish and maintain administrative and case filing system. Coordinating mass mailings, ordering office supplies, maintaining office equipment and service contracts. Receiving and distributing incoming mail, maintaining a master client calendar.

Answering the phone, responding to potential clients' inquiries, and setting client appointments.

Atlantic House Shelter For Men

May 2004-August 2005

Brooklyn, NY

Case Manager Responsibilities were to assist shelter residents with goals of achieving permanent housing. Gathering data on clients needs, reasons for past homelessness, mental health and drug history, use of public benefits, education, and employment history, ect, and prepare psychosocial evaluation of the client. Document client's strengths, access needs, and long and short term goals. Develop a treatment plan with the individual to identify the nature and level of services necessary to achieve housing placement. Meet with clients weekly for individual counseling and assessment of progress on goals established. Recertify clients eligibility monthly and update service plan. Leading psycho-educational groups that assist clients with learning about successfully coping with illness, treatment, and independent living. Initiate collateral contacts to ensure consistency and continuity of services. Provide crisis management and other duties as needed.

Good Shepherd Services

2002-2004

New York, NY.

Substance Abuse Specialist. Responsibilities included interviewing and assessing substance abuse severity and service needs to parents whose children are in foster care. Providing appropriate interventions and referrals to substance abuse treatment needs. Maintaining on-going communication with substance abuse treatment provider to monitor client participation, motivation, and progress. Participation in a variety of case specific meetings such as 72 hour and 30-day conferences, service plan reviews, quarterly conferences, trial and final discharge conferences. Facilitating support groups for substance involved clients, including outreach efforts to promote participation and motivation. Preparing written reports, correspondence and other documentation as required. Urinalysis interpretation and other duties as required.

Geel Community Services

2000-2002

Bronx, NY.

1111

Senior Counselor. Provided intensive case management services to residents with psychiatric disabilities. Services included symptom management, daily living skills, parental training, and substance abuse counseling. As senior counselor I had the responsibility of handling large purchases, writing psychosocial, conducting monthly chart audits and documenting services provided.

References available upon request.

Ashlee Harris, MSW

9208 E Parkhill Dr. Bethesda, MD 20814 Phone: 540.645.3987 Email: anrhar2@gmail.com

EDUCATION

George Mason University Masters of Social Work, Clinical Concentration, May 2016 Fairfax, VA

The College of William & Mary

Bachelor of Arts, Psychology, with a minor in Hispanic Studies, May 2010

Williamsburg, VA

Relevant Coursework:

Substance Abuse Interventions Direct Social Work Practice Human Behavior and Social Systems

Psychopathology Cognitive Psychology Forensic Social Work

Advanced Research Methods Cross Cultural Perspectives Social Work and the Law

RELEVANTEXPERIENCE

FACETS Alexandria, VA

Intern, Sep 2015-May 2016

Provided case management services to a population of homeless families within the Next Steps emergency shelter program

- Assisted families in securing safe, stable, and permanent housing by advocating with landlords, maintaining goal and action plans, utilizing community resources, and processing financial assistance through the Emergency Solutions Grant
- Helped participants to manage their finances by completing budgets and savings plans while monitoring expenses
- Completed thorough case management documentation through the online Homeless Management Information System
- Created and maintained a list of up-to-date and accessible resources, organizations, and programs to be used by shelter
- Conducted thorough intake assessments to determine appropriate and individualized treatment strategies
- Developed a knowledge of government benefits and their eligibility requirements

Child Assessment and Treatment Center for Health (CATCH)

Alexandria, VA

Intern, Sep 2014-May 2015

Assisted with assessing clients' strengths and limitations to ensure that clients had access to appropriate resources

- Conducted interviews during Diagnostic Family Assessments and wrote reports on its findings for use by caseworkers, the court, and other professionals
- Attended multiple local and state trainings including those pertaining to child welfare, domestic violence, sexual and physical abuse, and ethics
- Gathered psychosocial, developmental, and medical information for youth in Alexandria's foster care system through personal interviews, available records, and research
- Visited families with ongoing CPS cases to develop plans to meet clients' needs and help to resolve issues
- Participated in multidisciplinary team meetings for case reviews and intervention planning
- Reviewed CATCH records to ensure that foster care youth were up to date with medical appointments and immunizations
- Attended court hearings for client cases
- Responsible for submitting case contact information into OASIS immediately following client visitation
- Represented CATCH at community events by providing information about child welfare, independent living resources, and Child Protective Services

Childhelp Direct Care Supervisor, July 2012-July 2014 Lignum, VA

Utilized training in therapeutic behavioral management techniques with residents ranging from five to thirteen years old

- Promoted October 2013 from Direct Care Worker to Supervisor
- Supervised five direct care staff in their interactions with residents and completion of relevant documentation
- Completed progress notes and daily summaries to monitor client's success in meeting goals of their treatment plan
- Provided support to coworkers in crisis interventions to help de-escalate or co-regulate with residents
- Organized monthly supervisions to give feedback on staff performance as well as to resolve potential conflicts in the workplace
- Assisted with hygiene, food preparation, and other daily routine activities to foster a stable, therapeutic environment
- Acted as an instructional aide assisting teacher in facilitation of lesson plans while regulating classroom behavior
- Worked alongside therapists to identify areas for behavioral development; create and execute behavioral plans
- Communicated with social workers to match prospective adoptive/foster families with residents
- Coordinated and engaged residents in various recreational activities, including creating and teaching a Zumba fitness class

Ashlee Harris, MSW

9208 E Parkhill Dr. Bethesda, MD 20814 Phone: 540.645.3987 Email: anrhar2@gmail.com

Certifications and Skills

CPR/AED in accordance with AHA curriculum for Healthcare Providers; Licensed Medication Technician in MD IBM SPSS statistical analytics software

Online Automated Services Information System (OASIS); Homeless Management Information System (HMIS)

Microsoft Office Suite

Moderate Spanish speaking and writing skills

Activities, Recognition and Awards

Member of National Association of Social Workers (NASW), Member of Phi Alpha Honor Society in Social Work, MSW Student Advocacy Award, MSWSA Scholarship Honorable Mention Award, Exemplary Performance Award, Gateway Scholarship recipient

Additional Experience

Montgomery County Pre-Release and Reentry Services

Rockville, MD

Work Resource Center Volunteer, Aug 2015-Present

Assisted incarcerated individuals with their transitions from imprisonment to release in the community

· Acted as a classroom aide, and occasionally a teacher, for a computer skills class

 Met with adult men and women individually to help them meet program and personal goals such as completing resumes and cover letters and applying to jobs

Provided tutoring assistance to individuals enrolled in education classes through Montgomery College

George Mason University Department of Social Work

Fairfax, VA

Graduate Research Assistant, Oct 2015-Present

Assisted professors with implementing workshops and research with local caregivers of individuals with dementia

Conducted event planning and engaged members of a community partnership including professionals from AARP Virginia,
 Virginia Center on Aging, Insight Memory Care Center, and Fairfax County Area Agency on Aging

 Prepared materials and content for workshops catered to providing support to family caregivers of loved ones with Alzheimer's disease and related dementias

Assisted professors with developing a proposal for a music and memory study project

 Participated in the Social Work Integrative Research Lab (SWIRL) and provided mentoring to an Undergraduate Research Assistant

The Arc Montgomery County

Rockville, MD

Resident Support Specialist, July 2015-October 2015

Assisted individuals with intellectual and developmental disabilities with personal hygiene, meal preparation, home management, and community engagement

CPALS-College Partnership for Adult Learners at The College of William and Mary

Williamsburg, VA

English Tutor, Spring 2009-Spring 2010

Taught native adult speakers of the Spanish language to become more proficient at speaking, writing, and reading the English language through one-on-one personal tutoring

Gainetta Lee 715 16th Street N.E. Washington, D.C. 20002 (202) 397-8576 (H)

OBJECTIVE:

My goal is to procure a position where I can utilize the skills that I have gained through my education and work experience. I would like to work in an environment where I can gain additional knowledge and experience in the field of medicine.

EDUCATION:

May 1997

Howard University

B.S. In Nursing

EXPERIENCE:

July 2002-February 2003 Vesta Foundation

Clinic Coordinator/Nurse

 Track errors and medications to ensure clients do not run out

Assess vital signs

 Order medications and transcribe medications to records

Schedule appointments
 Facilitate staff trainings

Representative on three JCAHO

Committees

May 2000-July 2002 Volunteers of America Chesapeake

Rehabilitation Supervisor

Supervise all staff of the Rehabilitation

Department
 Develop Individual Treatment Plans

Maintain contact with other agencies
 Facilitate meetings between agencies on

client's behalf

Manage a case load of 8 clients

· Intervene during client crises

 Track medications to ensure clients do not run out

January 2000-May 2000 Volunteers of America Chesapeake

Rehabilitation Coordinator I

Manage a case load of 15 clients

 Maintain contact with other agencies on client's behalf

Develop Individual Treatment Plans

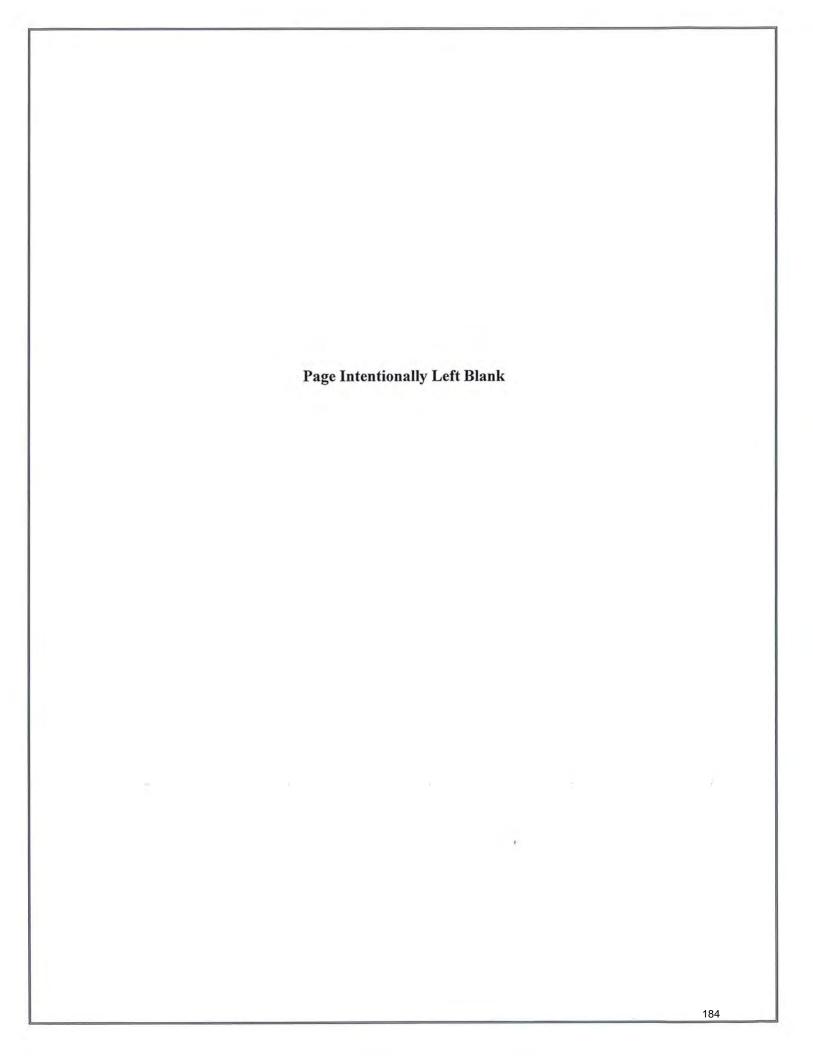
 Track medications to ensure clients do not run out Lanham, MD

Washington, D.C.

Oxon Hill, MD

Lanham, MD

References available upon request



Nhi My Nguyen

308 Belton Rd

Silver Spring, MD 20901

240-423-1503

nhimynguyen16@gmail.com

EXPERIENCE

Rehabilitation Coordinator, Cornerstone Montgomery Inc., 40 hours/week

09/11-Present

- Monitored medication according to protocol
- Actively engage individuals in one on one counseling sessions Implementation of skills training to manage illness symptoms
- Scheduled and attended appointments with clients
- ♦ Worked to keep clients and their homes hygienic
- Development of rehabilitation plans and monthly notes
- Completed electronic billings in a timely manner
- ♦ Worked within a team to effectively communicate and coordinate care for clients

Assistant Manager, Eggspectation, 40 hours/week from 08/08-09/11, 20 hours/week from 09/11-08/13

- ♦ Manage front house/back house restaurant operations for this high volume restaurant
- ◆ Effectively lead and motivate employees through implementation of in-house training, resulting in increased productivity
- Ensure the integrity of restaurant operations through excellence in customer relations
- ♦ Recruited, trained and scheduled a full working staff of up to 60 crew members
- ♦ Maintain monthly audits for Montgomery county Liquor board
- Consult and review weekly P&L's with the management team

Receptionist, Elegant Touch Salon, 20 hours/week from 05/05-07/08

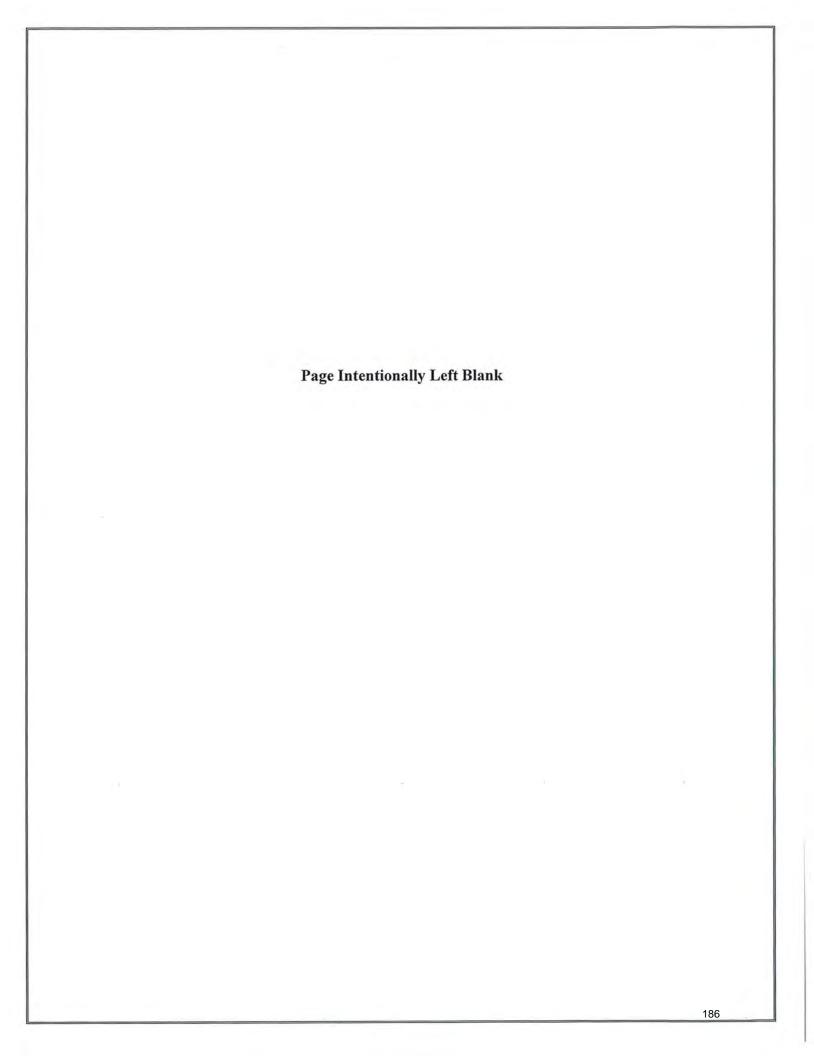
- ♦ Attended phone calls, concluded the nature of calls and assisted callers
- Successfully organized appointments between employees and clients
- Responsible for typing reports, memos and other correspondence
- Superb multitasking ability in stressed environment
- Perform responsibilities of handling and maintaining cash transactions

Education

University Of Maryland of Baltimore County Bachelor of Arts, Psychology, December 2010

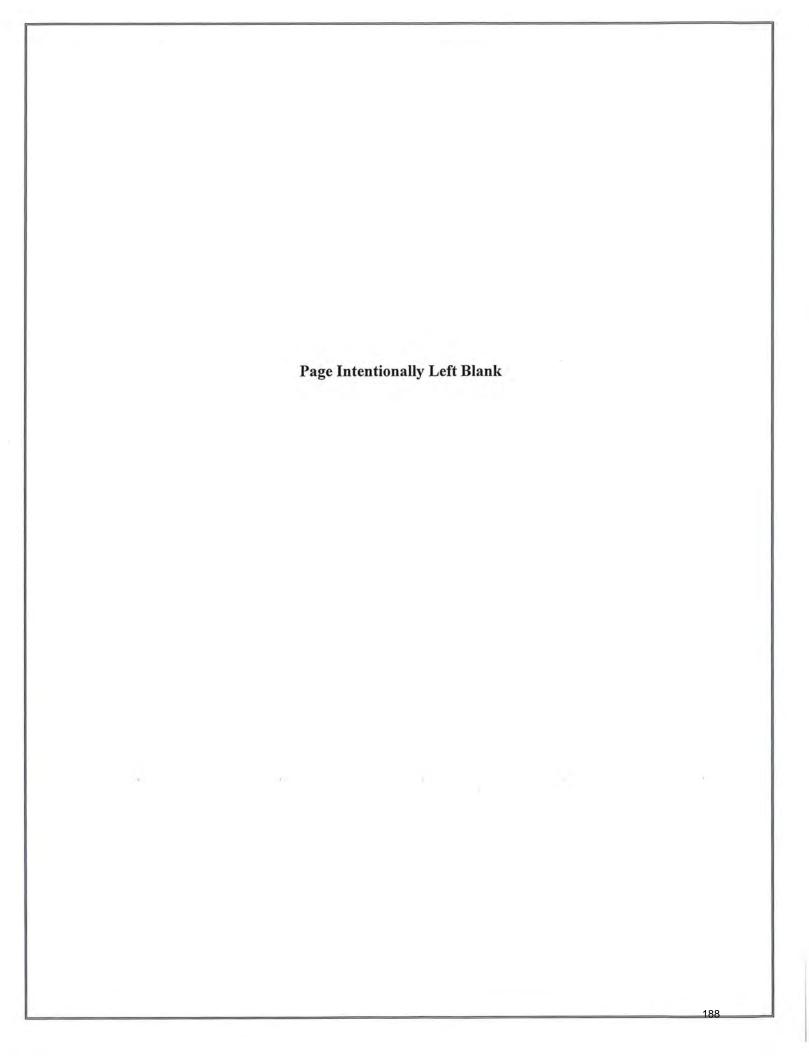
Skills

- Excellent communication and writing skills
- ◆ Proficient with computer literate such as Microsoft Word, Microsoft Excel, Power point and Internet
- Trained and proficient with Anasazi program
- Excellent ability to communicate effectively with families, residents, vendors, staff and general public
- Exceptional attention to detail
- ♦ Great organizational skills
- Ability to handle a crisis situation



Administration Resumes

- o Kristina McCullough Controller
- o Lauren Leventhal Technology and Quality Assurance Manager
- o Brittany L. Darner-Cruise Housing Resource Manager
- o Arturo Orellana Property Maintenance Coordinator
- o Nigisti Desta Senior Project Accountant
- o Chynna M. Swann Tenant Certification Clerk
- o Estanislau Diaz Maintenance Technician
- o Mauricio Rovira Maintenance Technician



KRISTINA McCullough

Fairfax, VA 22030 • kristinam74@gmail.com • (571) 291-1679

PROFILE

Accomplished and principled senior professional with strong background in formulating and executing financial and operational strategies to lead business growth. Problem-solver of complex issues across various functional lines. Excel at managing projects, establishing and implementing policy, and improving processes. Highly adaptable and resourceful with outstanding interpersonal and organizational skills.

KEY AREAS OF EXPERTISE

· Financial Operations & Reporting

· Non-Profit Management

Cash & Asset Management

· Budgeting & Cost Management

Strategic & Organizational Planning

· Human Resources Management

PROFESSIONAL EXPERIENCE

Controller, Pathway Homes - Fairfax, VA

2016 - present

Manage financial and administrative activities for local non-profit that provides housing and supportive services to individuals with serious mental illness. Directly supervise and support Senior Project Accountant, Project Accountants, and Accounts Payable Clerk.

- Prepare, maintain, and monitor financial statements, budgets, and audit support work for several entities.
- Ensure compliance with financial management policies, general accepted accounting practices for non-profit agencies, and applicable federal, state, and local requirements.
- Review and verify accuracy of monthly Housing Assistance Payment (HAP) and Project Rental Assistance (PRAC) requests and receipts.
 Implement required changes in HUD Tracks system to ensure that HAP and PRAC requests are accurate.
- Remain knowledgeable of HUD Occupancy Requirements for Multifamily Subsidized Housing.
- Maintain eligibility and ensure compliance with HUD EIV system. Obtain funds from Reserve for Replacement for major repairs, Residual Receipts for extraordinary operating expenses, and negotiate with HUD.
- Assure, cooperate, and coordinate the annual audit by an independent auditor, including preparation of schedules, analysis, etc. Assure all
 corrective actions are implemented as a result of annual audit.
- Prepare submission of CSB required data on residents and programs.
- Maintain Abila system and ensure program is current and with required updates and programming/design needs.
- · Oversee cash flows for all projects and ensure all expenditures are in compliance with agency policies.

Accounting & Human Resources Manager, Beta Systems Software - McLean, VA

2005 - 2016

Directed finance, accounting, human resources, and facilities management for North American operation, including tax, treasury, payroll, accounts payable, accounts receivable, and billing.

- · Prepared financial reports, projections, headcount, and annual budget and determined areas for cost improvement.
- Filed all required tax returns and annual reports to ensure compliance with federal, state, and local government regulations.
- Liaised with external accountants and auditors and prepared audits, schedules, nexus review, and PBC responses to facilitate tax return
 preparation.
- Led strategic personnel planning by assessing responsibilities and identifying organizational opportunities to plan future recruitment, including the development of compensation packages and benefit plans.
- Established and implemented company policies and procedures and ensured all human resources initiatives complied with appropriate laws and regulations.
- Reduced operating expenses by 20% after business divestiture by restructuring organization, implementing new benefit and compensation plans, identifying and eliminating redundant expenses, and renegotiating contracts.
- Recognized by the Supervisory Board after conducting an internal audit of company's operations and saving over \$400K annually by identifying wasteful spending and fraudulent practices.
- Awarded performance bonuses for integrating company operations and managing a series of office relocations in accordance with changing executive initiatives.
- Developed and implemented new-hire programs, including a streamlined onboarding process and functional training.
- Executed technology enhancements to improve efficiency and uniformity by systemizing tax records, upgrading payroll software to a
 web-based platform, and standardizing expense report process.

PRIOR EXPERIENCE

Accounts Payable, Booz Allen Hamilton – Herndon, VA Financial Statement Administrator, GE Capital – Scottsdale, AZ

2004

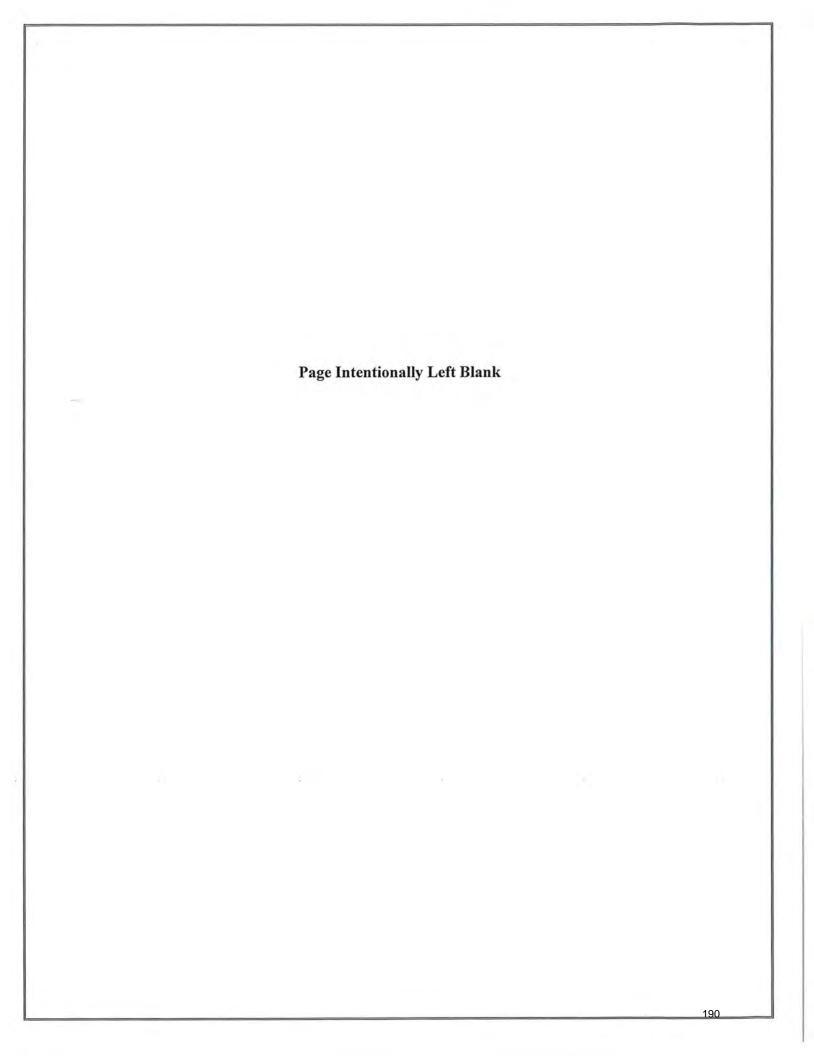
2001 - 2003

EDUCATION

Bachelor of Science, Global Business, Arizona State University

2003

COMPUTER SKILLS



LAUREN P. LEVENTHAL

11866 Benton Lake Road, Bristow, VA 20136 cell 540.220.0563 • lauren.leventhal@gmail.com

OVERVIEW

A self-starter and quick learner. Versatile skill set with experience in technology management, web design, written and oral communication, and customer service. Recognized skills in desktop publishing, website and database management, and creative problem-solving.

EDUCATION

Bachelor of Science, Biology, University of Virginia, Charlottesville, VA Dual major: Bachelor of Arts, Classics with a concentration in Latin

May 2004

RELEVANT SKILLS & CERTIFICATIONS

- Notary Public Virginia Commission No. 7246336
- Microsoft Office 2003-2010
- Adobe Photoshop Elements
- Adobe Acrobat Professional
- Wordpress

- Homeless Management Information System (HMIS)
- Credible electronic medical health record software
- Social Media
- · Wired networking

- Computer Management
- Symantec Cloud
- Google Analytics
- LiveCycle Designer ES2
- Some experience with Adobe Photoshop CCS

PROFESSIONAL EXPERIENCE

Pathway Homes, Inc., Fairfax, VA

November 2006 - Present

Technology and Quality Assurance Manager

Promoted February 2011

Notable achievements: Bill and reconcile more than \$500,000 in Medicaid reimbursement claims annually, coordinated proposal organization submission workflow for more than \$10M in FY16, led 8-person implementation team for Credible medical record system in 2011, bringing the full database online and 'live' for more than 350 clients and 40 staff in less than 4 months; co-chaired the CoC Coordinated Referral Pilot Project Workgroup to produce document outlining deficiencies within the system. Employee of the Quarter, Summer 2014; Annual Visionary Service Award 2007.

- Administrator for Credible HER for agency serving more than 550 individuals annually, and approximately
 65 daily users.
- Perform network administration and security duties for more than 75 desktop and mobile systems, and manage website, phone and email systems for a staff of more than 100.
- Provide training and technical support to more than 100 staff in the use of web-based systems and all electronic equipment.
- Administer HMIS for the agency, ensuring data quality and accurate, timely submission of all HUD Annual Progress Reports for more than 10 projects serving more than 200 individuals.
- Assist in the collection, management, and dissemination of data supporting the quality improvement program, including annual and other reports and satisfaction surveys.
- Participate in the development of systems to collect data for HUD and other stakeholder reporting requirements.
- Provide technical and executive-level support for the writing and submission of grant proposals.
- Provide expertise in ongoing review and modification of the IT plan and related policies.
- Administer agency databases and liaise with outside representatives to ensure optimization.
- Supervise three staff: IT Support Specialist, Administrative Assistant and Admin. Volunteer.
- Provide executive-level support to leadership team

Office Manager Promoted November 2007

Notable achievements: Received the 2007 Annual Employee Achievement Award for Visionary Service for creative use of existing technology to create fillable electronic forms hosted on the agency website; Oversaw the office move for more than 30 staff.

- Provide executive-level support for day-to-day activities and grant preparation/submission.
- Ensure proper supplies are on-hand for 30 individuals on-site and more than 50 off-site.
- Answer and route all phone calls and administer phone and mailing systems.
- Process mail and other written communication and provide desktop publications as required.
- Liaise with property management to ensure prompt maintenance of facilities.

Administrative Assistant

Hired November 2006

Notable achievements: Hired within 2 months of starting as a temporary position due to outstanding performance.

Temporary Administrative Assistant Position

September 2006 - November 2006

Temporaries Now, Inc., Annandale, VA

Department Supervisor

November 2004 - September 2006

Kohl's Department Store, Fredericksburg, VA

Customer Service Representative

August 1999 – August 2000; Summers and Breaks 2000-2003

Einstein Bros. Bagels, Fredericksburg, VA

Brittany L. Darner-Cruise

bdarner-cruise@pathwayhomes.org Fairfax Station, VA 22039 (703) 876-0390 x 515

Education

George Mason University

Fairfax, Virginia

Spring 2008 - May 2010

BA - Sociology

Emphasis on Women & Gender Studies

Universidad de Deusto Language and Cultural Study Abroad Program

Bilbao, Spain

July 2007 - August 2007

Northern Virginia

Community College
AA – Liberal Arts

Annandale, Virginia

Associates Degree 2007

Experience

Pathway Homes, Inc. Housing Resource Manager Fairfax, Virginia

October 2013 - Present

Promoted April 2016

Under direct supervision of the COO, performs core administrative duties related to Housing, Leasing, and Tenant Certification. Direct Supervision and Training of Tenant Certification Clerk and Housing Locator in conjunction with providing backup support for duties and responsibilities as outlined for Senior Tenant Certification Clerk and Tenant Certification Clerk

Senior Tenant Certification Clerk

Promoted March 2016

Direct Supervision and Training of Tenant Certification Clerk

In conjunction with duties and responsibilities as outlined for Tenant Certification Clerk

Tenant Certification Clerk

HUD Subsidized Multi-Family Housing Certified, HUD Compliance, EIV Electronic Income Verification, iMax/TRACS Messages and Broadcasts, Third Party Verification, Fair Housing Certified, Coordinate Tenant Lease Preparation and Signing, Process and Report Tenant Certifications and Lease Renewals, Reminder Notices, Monitor and Report Accounts Receivable, Perform Adjustments, Maintain and Report Rent Ledgers, Record and Report HAP Payments, Coordinate Assistance Payments, Consumer/Payee Correspondence, Collaborate with Support Staff, Maintain Administrative Files, HIPAA Compliance, Track Unit Vacancies and Movement

Sequoia Management Co., Inc.

Chantilly, Virginia

January 2011 - October 2013

Onsite Community Manager, Resale Coordinator, Administrative Assistant

Management Operations, CMCA®, M100®, Fair Housing Certified, Board and Resident Communications, Board Meetings, Minutes, Customer Service, Multi-line Phones, Scheduling, Newsletters, Mass Mailing, Filing, Data Entry, Resale Coordination, Rentals, Direct Contractors, Work Orders, Order Supplies, Reports, On-Call

Burke Veterinary Clinic

Burke, Virginia

April 2009 – January 2011 July 2001 – February 2002

Customer Service, Billing, Scheduling, Filing, Data Entry, Shift Leading

Bassette Real Estate Group

Manassas, Virginia

March 2002 - March 2007

Office Manager, Transaction Coordinator

Veterinary Assistant and Receptionist

Management Operations, Real Estate License, Customer Service, Client Care, Filing, Data Entry, Contracts, Scheduling, Mass Mailing, Advertising, Newsletters, Buyers, Sellers, Rentals

Accreditations

COS Certified Occupancy Specialist Training October 3, 2016 and August 14, 2014
Fair Housing Training Certificate of Completion September 2, 2015
Member of the Tau Chapter of Alpha Kappa Delta, International Sociology Honor Society

Computer Skills

Microsoft Office - Outlook, Word, Excel, Power Point * Credible, Cornerstone IPM Software, Approach, Word Perfect *
CINC Property Management Software * TOPS Real Estate Software, MLS, Realtor.com * Data Analysis and Statistical Software STATA and SPSS * Macintosh/PC * Basic HTML formatting * Social Media, Forums



Arturo W. Orellana

12532 Timber Hollow Place Germantown, MD 20874 (c: 240-350-1936) nicart00@hotmail.com

Objective:

To reinstate in the Real Estate Management Field as an APM or PM position at any Asset property. To offered years of experience with strong administrative support who approaches the job with tenacity, enthusiasm and professionalism. Qualified professional with strong real estate management, decision making, follow through supervision and leadership skills. Full range of hands on experience with consistent financial records such as daily, weekly and monthly reports. Target all surround competitors with weekly market survey to keep up with market promotions and adjust any property promotions if need it, keeping walk-in traffic at flow, to meet budget forecast.

Core Qualifications:

- Knowledge in Real Estate software (Yardi, MRI, Boston Post)
- Resident Relations
- Application Approval
- Resident Retention
 2 yrs. LIHTC

Professional Experience:

Property Maintenance Coordinator / Pathway Homes Inc 400+ Units

From: April 2016 to: Present

- Plan and coordinate daily maintenance technician schedules
- Maintain updated annual preventive maintenance schedules
- Assist with coordination of volunteers to provide maintenance or special project service
- Coordinate the purchase of winter weatherization supplies, furnace filters
- Responsible for rotating 24 hour Maintenance Emergency on-call answer and response
- Schedule and coordinate ongoing maintenance services; pest extermination, gutter cleaning, fire extinguisher renewal, carpet and duct cleaning, etc.

Leasing Manager / Arbor Vista 675 units

From: April 2014 to: April 2016

- Support Leasing and marketing efforts
- Respond quickly and courteously to residents and clients/owner concerns
- Collects and secure rental payments
- Assist leasing professionals in scheduling and conduct lease signing
- Produce reports in a timely, accurate and complete manner, including the monthly survey, locator log and commission sheets
- Adheres to company key policy

Assistant Property Management / Palette at Arts District Bozzuto Management From:

April 2013 to: March 2014

- Generate and Manage leads (lead2lease)
- Conduct move-ins (long term or short term lease using on-site or bluemoon software)
- Conduct move-out reports with prove of damage with final move out statement
- Increase accompany, retention and reduce exposure
- Reduce rent delinquency and very aggressive collecting rent
- Manage vendors and monthly budget

Property Manager (The Fields of Silver Spring Kettler Management)

From: June 2011 to: March 2013

- Managing administration of property operations and leasing office Achieving annually budget
- Ensuring that rent is collected in a timely manner and follow appropriate procedures Provide quality living environment for residents and positive work environment - Hiring and supervising all onsite staff, including vendors.
- Maintain apartments and property grounds with company standards.

Property Manager (Coronado Apt Blue Ocean Realty)

From May 2010 to: May 2012

- Great customer service.
- Maintain high level of occupancy.
- Collect rent and reduce rent delinquency
- Keep control on maintenance and office supplies per monthly bud Staffing Agent (CSI Staffing P/T)

From January 2008 to present

- Provide office support
- Step in any role as need it such as leasing consultant or Assistant Manager
- Provide great customer service
- Great team player Concierge service

Education:

Montgomery College: 2012 – present

Studying Bachelor of Business Administration

Major: Management
- Frederick Loans: 2010

Loan Office certified until May 1015

Wheaton High School: 1999

High School Diploma

GPA: 3.0

Nigisti Desta 14059 Keepers Park Centreville, VA 20121

Cell 240-423-6019 E-Mail Nigisti_Desta@yahoo.com

Objective: To provide accounting services in an efficient and effective manner

Experience:

2014 - Present

Pathway Homes, Inc.

10201 Fairfax Blvd., Suite200, Fairfax, VA 22030

Senior Project Accountant. Responsible for accounting functions of the main operating account and supervise Accounts Payable Clerk. Responsibilities include review and post cash disbursements, prepare and provide monthly billing for funding agencies and for various inter-company projects, verify direct ACH deposits and post to the appropriate general ledger accounts, prepare monthly bank reconciliations, extensive monthly reconciliations of several accounts, prepare adjusting journal entries including accruals and deferrals, maintain fixed assets ledger, record new acquisitions and disposition of assets, calculate monthly depreciations, prepare and review monthly financial statements, prepare year-end audit support schedules, work directly with the auditors to resolve any questions, review auditors financial statements and provide ongoing supervision, training and complete annual performance evaluation of Accounts Payable Clerk.

2006-2014

Pathway Homes, Inc.

10201 Fairfax Blvd., Ste. 200, Fairfax, VA

Project Accountant. Responsible for all primary accounting functions for the parent company and coordinate and review of accounting transactions for subsidiary companies.

2003-2006

7-Eleven Franchise Store

8900 Edmonston Road, College Park, MD

Store Manager

Prepared daily cash report, bank deposits, reviewed inventory on hand and prepared orders, verified sales associates' job assignments, and prepared employees' schedule weekly.

1994-2001

Office of the Auditor General of the State of Eritrea

Asmara, Eritrea

Auditor

Performed financial audits such as internal control systems, verified all financial transactions and financial systems are working correctly, summarized audit findings and prepared reports.

1985-1994

Office of the Auditor General of the Democratic Republic of Ethiopia

Addis, Ababa

Accountant

Responsible for all accounting functions including payroll, journalizing transactions, general ledger posting, maintaining accounts receivables and payables. Audited invoices and requests for payments, processed travel reimbursements and prepared financial statements.

Part-time Services

1996-1998

Zaid Accounting Corporation

Asmara, Eritrea

Accountant

Performed journal entries, posted general ledger transactions and prepared financial statements

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Education: Addis Ababa University, BA Degree in Accounting, 1993

Addis Ababa Junior College of Commerce, Diploma in Accounting, 1985 7-Eleven Franchise Operations training Program, Certificate of Achievement

Computer Skills: Microsoft Office, Excel, Word, Quick Book and Abila.

Personal: Ability to work independently, willingness to work hard and make positive contributions,

well-organized, detail-oriented, and flexible.

References: Available upon request

CHYNNA M. SWANN

OBJECTIVE

Multifaceted, highly motivated and driven individual seeks position with an organization that can benefit from excellent work ethics, verbal communication skills, and computer aptitude; a team player; and the ability to learn quickly.

EXPERIENCE

Laser Elite Centre Inc.

June 2015 - Present

1483 Chain Bridge Road, McLean, VA 22101

Front Desk Receptionist

- **♦**Book and confirm clients appointments
- +Greet clients; answer phones; and take messages
- ♦ Check clients in/out
- *Achieve daily sales goals and ensure overall spa coordination
- ♦Keep track of client owed balance
- *Take payments over phone, or in person
- ♦ Start up laser machine in the morning to heat up cryogen
- *Open office before first appointment to warm up laser equipment
- *Create filing system; and create and organize new patient and old patient files
- *Print next day appointment schedule and prepare files for following work day
- ♦Handle multi-line phone system
- ♦ Clean lightly; keep office neat in appearance
- ♦Keep supply room stocked
- *Keep laser technicians informed on schedule change and when to expect clients
- ♦Provide excellent customer service

PNC Bank

April 2015 - August 2015

3558 S Jefferson Street, Falls Church, VA 22041

Bank Teller (Part-time)

- *Provided account services to customers: received deposits and loan payments; cashed checks; issued savings withdrawals; recorded night and mail deposits; sold cashier's checks and traveler's checks; answered questions in person or on telephone; referred to other bank services
- *Recorded transactions: logged cashier's checks, traveler's checks, and other special services; prepared currency transaction reports
- *Cross-sold bank products: answered inquiries; informed customers of new services and product promotions; ascertained customers' needs; directed customers to a branch representative
- ♦ Completed special requests: closed accounts; ordered checks; opened and closed Christmas and vacation clubs; exchanged foreign currencies; provided special statements, copies, and referrals; completed safedeposit box procedures
- *Reconciled cash drawer: proved cash transactions; counted and packaged currency and coins; reconciled loan coupons and other transactions; turned in excess cash and mutilated currency to head teller; maintained supply of cash and currency
- *Complied with bank operations and security procedures: participated in all dual-control functions; maintained customer traffic surveys; audited other tellers' currency; assisted in certification of proof
- *Maintained customer confidence and protects bank operations: kept information confidential
- ♦ Contributed to team effort by working extra shifts when necessary

7050 Allentown Road, Camp Springs, MD 20748

Pharmacy Technician

*Entered medical data from patients' prescriptions into the Rx System; calculated insurance and co-pay correctly; provided accurate wait time; printed prescription label from production queue; located drug bottle; matched the 11-digit drug NDC to the NDC number on prescription label; did an accuracy scan to avoid dispensing the incorrect drug strength/dosage which could potentially be harmful; counted/measured drug; packaged drug accordingly; correlated finished prescriptions; once completed, filed prescriptions in an alphabetically order in large bins which provided easy pickup; when customer arrived asked for name, date of birth, and address; searched for prescription and rung it through the Rx System on the register; processed refills; called/faxed doctors for refill renewal authorizations; called insurance companies for any issues a customer has with a sudden cost increase; answered phone calls from customers pertaining to any questions or concerns they may have; made calls out to customer who needed to refill prescription to continue to keep them on the right path in their treatment.

*Maintained pharmacy inventory: checked pharmaceutical stock to determine inventory level; anticipated needed medications and supplies; placed and expedited orders; verified receipts; and removed outdated

drugs

*Organized medications for pharmacist to dispense: read medication orders and prescriptions; prepared labels; calculated quantities; assembled intravenous solutions and other pharmaceutical therapies

*Maintained records: recorded and filed physicians' orders and prescriptions

*Ensured medication availability: delivered accurately dispensed medications to patients

- *Generated revenues: calculated, recorded, and issued charges by billing patients insurance and provided patients with amount of accurate copays
- *Maintained a safe and clean pharmacy: complied with procedures, rules, and regulations
- *Protected patients and employees: adhered to infection-control policies and protocols

Called and/or faxed doctor offices for renewal authorizations

+Called insurance companies to best assist patient specific needs

♦ Prepared reports: collected and summarized information

*Helped health care providers and patients: assisted and greeted clients in person and by phone

*Answered questions and requests and referred inquiries to the pharmacists

HOME DEPOT

Mar 2012 - September 2012

7710 Richmond Highway, Alexandria, VA 22306

Cashier

♦Itemized and totaled purchases: recorded prices, departments, taxable and nontaxable items

♦ Operated cash register

*Entered price changes by referring to price sheets and special sale bulletins

♦Discounted purchases by redeeming coupons

- *Collected payments: accepted cash, check, or charge payments from customers; made change for cash customers
- *Verified credit acceptance: reviewed and recorded driver's license number; operated credit card authorization system

♦Balanced cash drawer: counted cash at beginning and end of work shift

*Provided pricing information by answering questions; assisted customers in locating specific items

*Maintained checkout operations: followed policies and procedures; reported needed changes

*Maintained safe and clean working environment; complied with procedures, rules, and regulations

PRINCE GEORGE'S COMMUNITY COLLEGE

November 2011 - March 2012

301 Largo Road, Largo, MD 20774

Bookstore Cashier

- *Completed students' purchases through their financial aid (FAFSA); and helped solved any issues pertaining to financial aid accounts
- *Performed cashier duties: operated cash register; entered purchases into cash register to calculate total purchase price; accepted cash, checks and/or bank card for payment; completed check and bank card

transactions according to established procedure; counted money, gave change and issued receipt for items received; calculated discounts; maintained sufficient amounts of change in cash drawer; balanced cash drawer and receipts; documented discrepancies

*Received, priced, stocked, and shelved general merchandise

*Processed incoming and outgoing UPS orders

- *Assisted in supervision of student assistants, included training, assigning and checking work product
- Processed textbook ordering and pricing
- ♦ Created and setup merchandise displays
- ♦ Performed various bookkeeping tasks, such as: processed departmental requisitions; processed paid invoices into purchase journals
- ♦Managed return desk
- *Processed textbook and merchandise returns and resolved customers' issues with return policy
- *Handled semi-annual inventory, commencement activities, and other special bookstore functions as needed
- *Answered phones and provided outstanding customer service

OFFICE OF THE COMPTROLLER OF THE CURRENCY

June 2009 - December 2009

250 E Street, SW; Washington, DC 20219 (former location)

Data Entry Intern/Clerical/Word Processing Assistant

- *Responsible for scanning and uploading consumer complaint letters into a document management system known as the Complaint Referral Express Database for the Ombudsman's Office
- *Assigned and retrieved case numbers from document management system and affixed number onto complaint letters for cross-reference and retrieval by Ombudsman staff
- *Prepared, signed and mailed receipt confirmation form letters to consumers
- *Also assisted with scanning and uploading congressional consumer complaint referrals into document management system for the Congressional Affairs Division
- ♦Processed approximately 85-90 cases per day
- ♦ Utilized data entry moving at a fast, yet accurate pace

EDUCATION

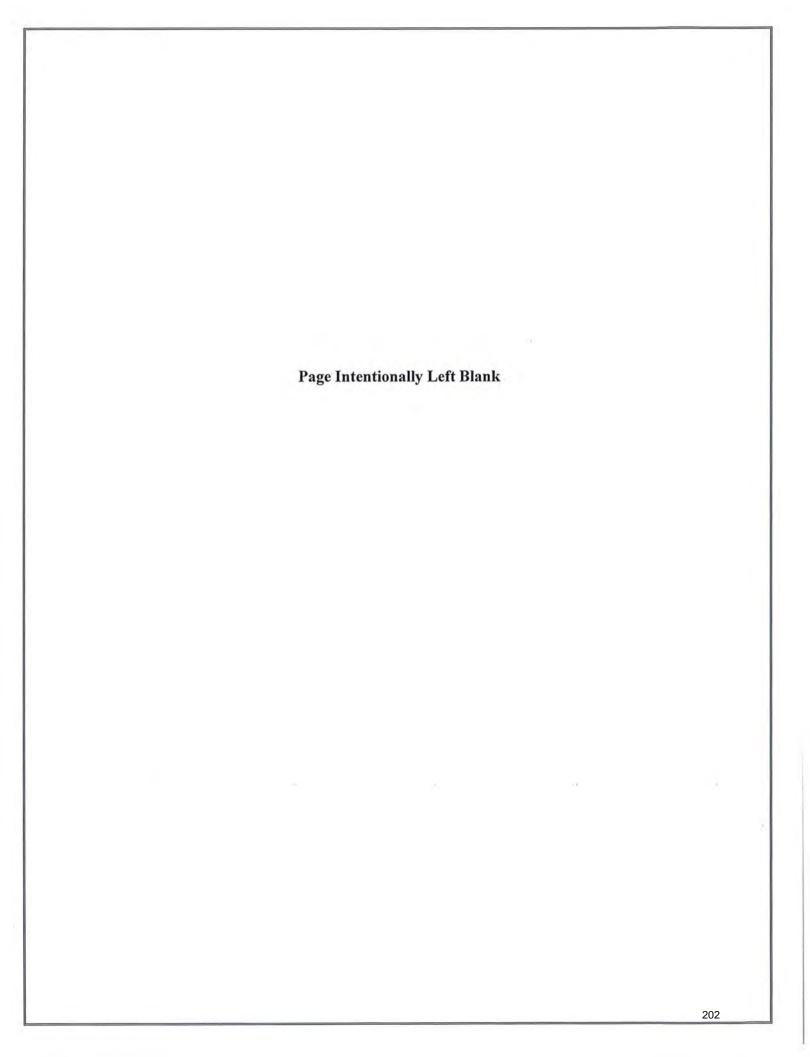
- + Graduated Honors Program Science & Technology, Oxon Hill High School, Oxon Hill, MD
- ♦ Currently enrolled Prince George's Community College, 301 Largo Road, Largo, MD

SKILLS

- *Microsoft Office (Word, Excel, PowerPoint, Outlook, SharePoint), Adobe Acrobat; MS Word Office 12; Microsoft Office 2003
- ♦ Salon Iris
- ♦ Complaint Referral Express Database
- ♦Word processing experience
- ♦Excellent written and oral communication
- ♦Typing over 80 wpm, at 90 wpm
- *Producing high quality work under extreme pressure
- *Answer, screen, and route incoming phone calls
- ♦ Maintain appropriate records and prepare required reports

LICENSES

Certified by the Maryland State Board of Pharmacy as a registered, active Pharmacy Technician



Estanislau Diaz 9500 Rosevale Street Fort Washington, Md 20744 (703)549-4278

2005-Present

Maintenance Technician, Pathway Homes, Inc.

2005-2005

Building Maintenance Manager, KSA Management Corp.

My duties as the maintenance manager were to maintain vacant and occupied units and keep them up to standards. I can install new kitchen faucets when they are needed as well as installing new bathroom sinks, brand new toilets, kitchen cabinets, lock on entry doors and I also know how to use a snake k-50, k-500. In general, I make sure that the building runs smoothly and when emergencies present themselves I am always there.

2003-2004

Building maintenance manager, SFRE Management, Inc.

As the building manager, my duties included making sure that the whole building looked well-maintained and clean. I was in charge of installing kitchen cabinets, vanities in the bathrooms, installing garbage disposals, replacing damaged kitchen floors, replacing closet doors and painting any units that became vacant.

2002-2004

Carpenter, Facchina Construction Company, Inc.

As carpenter, my duties included making concrete walls and columns as well as constructing decks. I was also in charge of being a monitor to insure that the traffic ran smoothly. I also was appointed to be a safety manager through the building and make sure that everything was in order and that it was running smoothly.

2002-2002

Construction Carpenter, Ulliman Schulte Const., Inc.

As a carpenter I helped to build water tanks and made sure that drains were built propertly so that the water ran through smoothly.

Mauricio Rovira 5100 8Th Road, #510 Arlington, VA 22204

Employment:

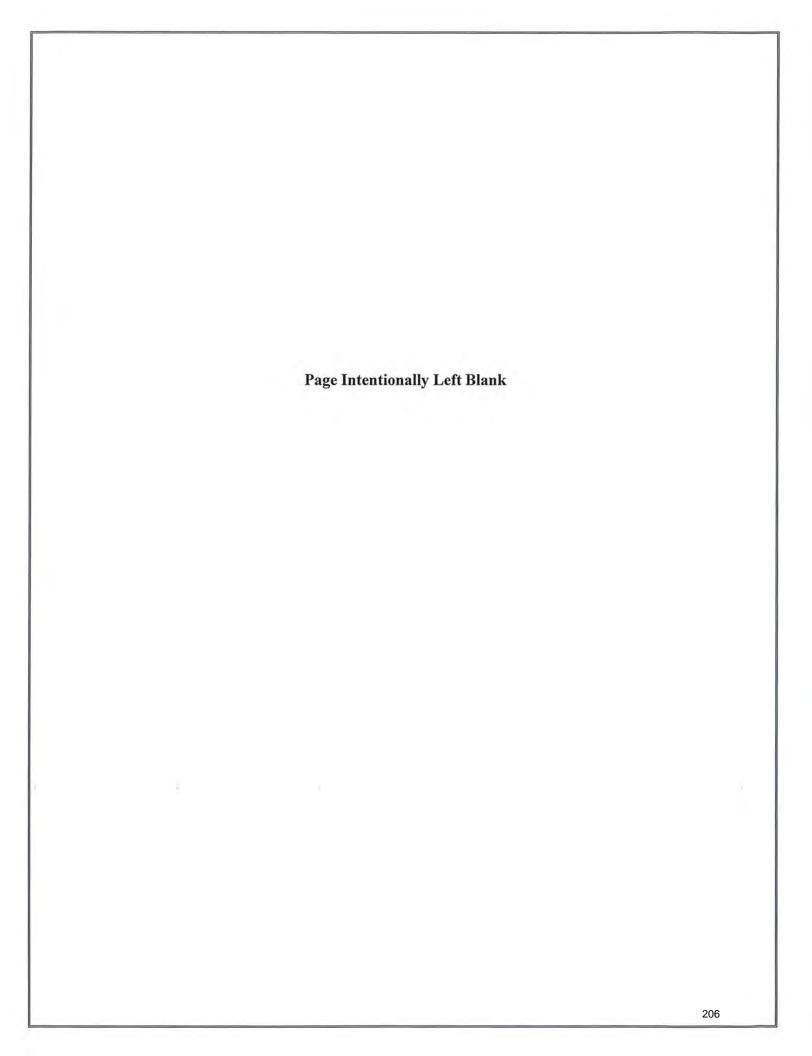
2006-Present Maintenance Technician, Pathway Homes, Inc.

Maintain more than 40 homes throughout Fairfax County, Virginia. Installation, repair, and replacement. Skills include carpentry, basic plumbing, car repair, handyman skills, and painting.

2002-2005	Maintenance Technician, MPM
	Maintenance Technician, Building Maintenance, Inc.
1994-2000	Maintenance Technician, Channel Square

Attachment I: Relevant Housing Inventory

- o Overview Map of Housing Inventory
- o Photographs, Map, Floor Plans and Fairfax County Property Summaries
 - o Supervised Residential Intensive (SRI) Program
 - 7031 Calamo Street, Springfield, VA 22150
 - 6515 Terry Drive, Springfield, VA 22150



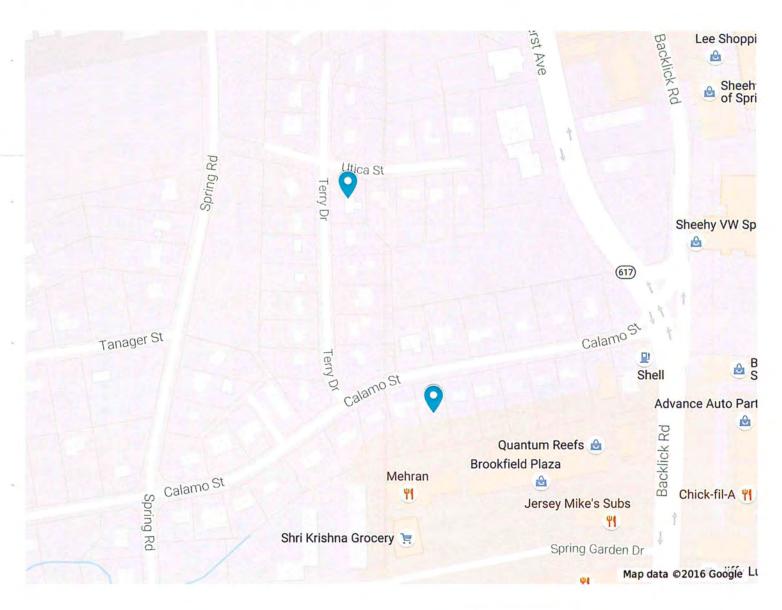
Residential Treatment RFP2000002064 - Supported Residential

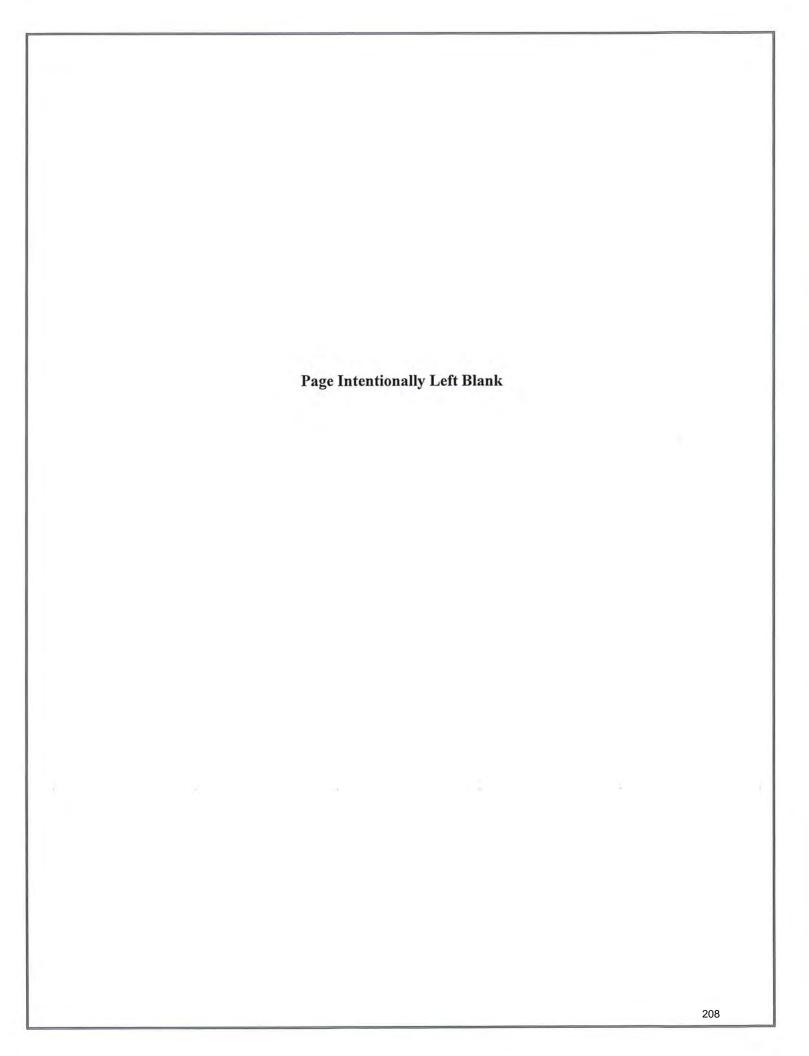
Residential Treatment RFP2000002064 - Supported Residential

9 6515 Terry Dr

7031 Calamo St

Pathway Homes Housing Inventory - Supported Residential





7031 Calamo Street, Springfield, VA 22150

5-bedroom single-family home



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAY HOMES INC

7031 CALAMO ST

Owner

Name PATHWAY HOMES INC,

Mailing Address 10201 FAIRFAX BLVD UNIT 200 FAIRFAX VA 22030

Book 11136 Page 1070

Parcel

Property Location 7031 CALAMO ST Map # 0902 02 0224

Tax District 40000
District Name LEE

Land Use Code Single-family, Detached

Land Area (acreage)

Land Area (SQFT) 18,890

Zoning Description R-2(Residential 2 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED
GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description SPRINGVALE

LT 224 SEC 4

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

Need Help?

For questions and requests for information about the Real Estate site, call 703-222-8234 or CLICK HERE

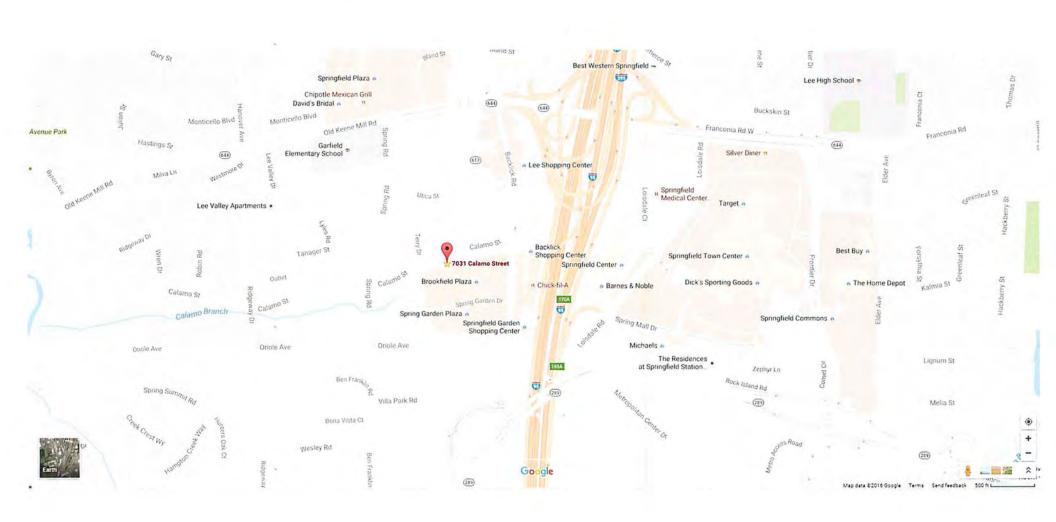
Disclaimer/Privacy Policy

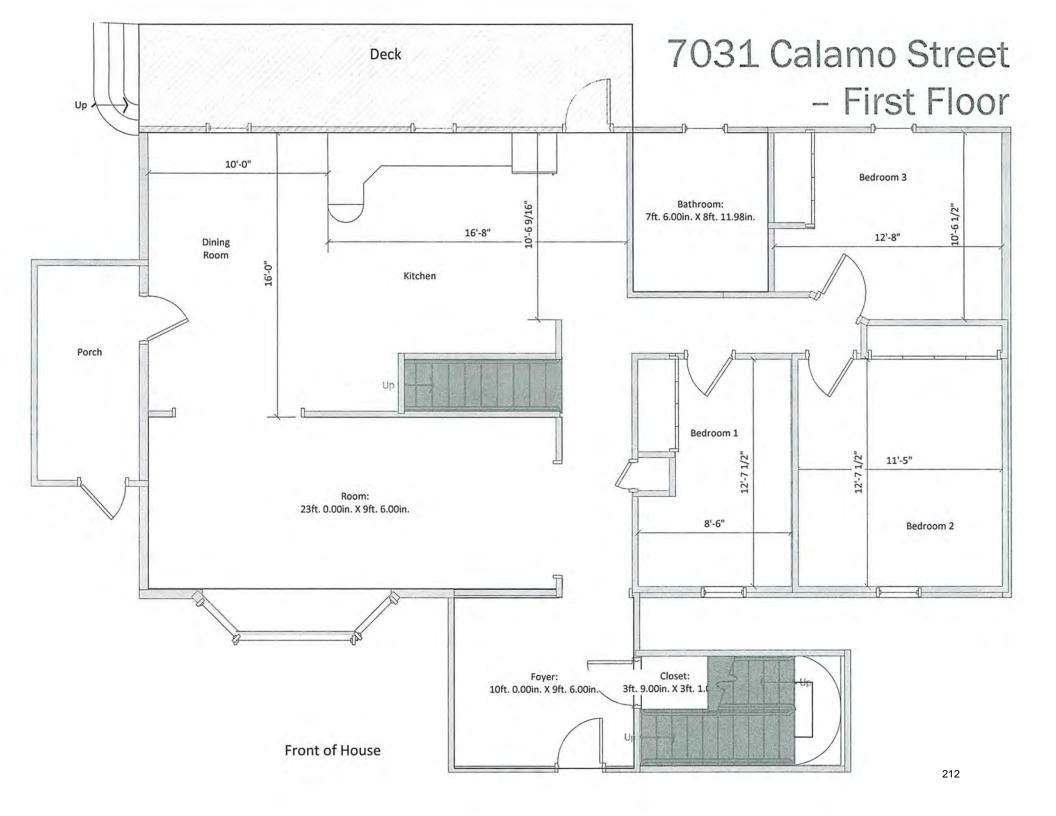
Under Virginia State law these records are public information. Display of this information on the Internet is specifically authorized by Va. Code 58.1-3122.2 (1998). See the Virginia State Code to read the pertinent enabling statute.

If you believe any data provided is inaccurate or if you have any comments about this site, we would like to hear from you. Owner names will be withheld from the Internet record upon request. Comments or requests may be made via e-mail to the Real Estate Division at Real Estate Division or by phone at (703) 222-8234.

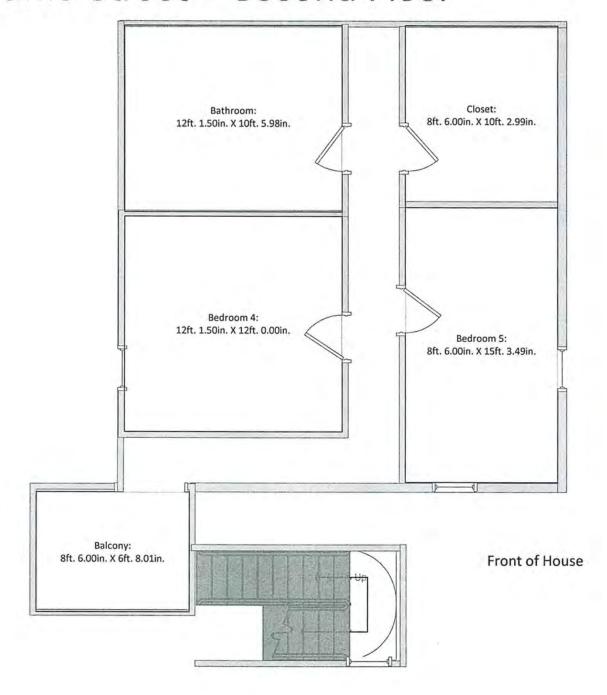
While Fairfax County has attempted to ensure that the data contained in this file is accurate and reflects the property's characteristics, Fairfax County makes no warranties, expressed or implied, concerning the accuracy, completeness, reliability, or suitability of this data. Fairfax County does not assume any liability associated with the use or misuse of this data.

7031 Calamo Street, Springfield, VA 22150

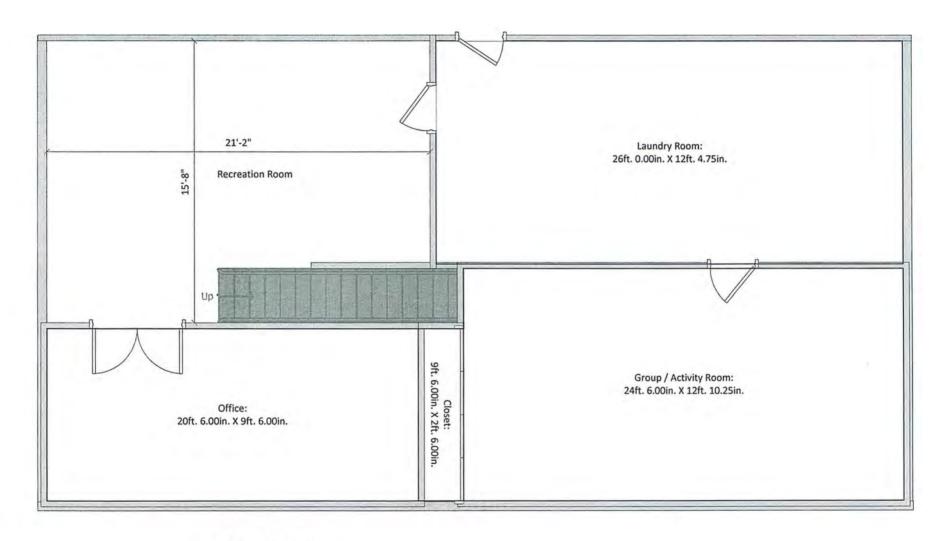




7031 Calamo Street - Second Floor



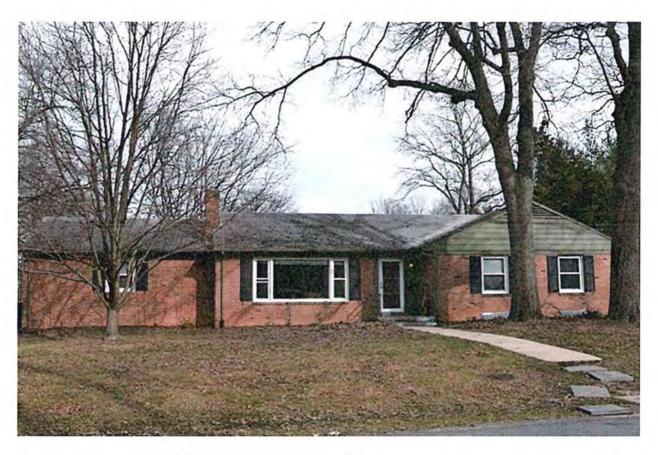
7031 Calamo Street - Basement



Front of House

6515 Terry Drive, Springfield, VA 22150

6-bedroom single-family home



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAY HOMES INC 6515 TERRY DR

Owner

Name PATHWAY HOMES INC.

Mailing Address 10201 FAIRFAX BLVD SUITE 200 FAIRFAX VA 22030

Book 20141 Page 0195

Parcel

 Property Location
 6515 TERRY DR

 Map #
 0901 02 0238

 Tax District
 40000

District Name LEE

Land Use Code Single-family, Detached

Land Area (acreage)

Land Area (SQFT) 17,066

Zoning Description R-2(Residential 2 DU/AC)
Utilities WATER AVAILABLE
SEWER CONNECTED

GAS NOT AVAILABLE

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description SPRINGVALE

LT 238 SEC 4

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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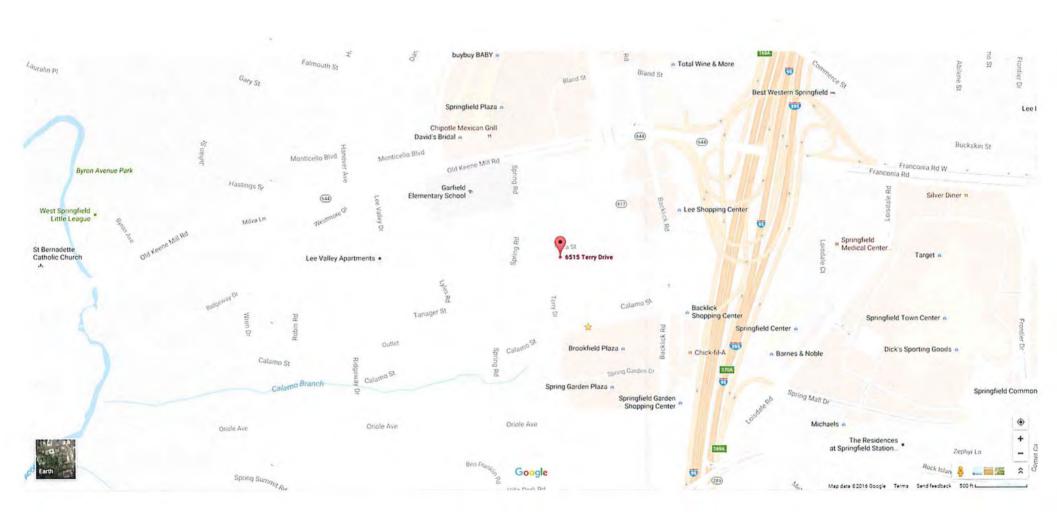
Disclaimer/Privacy Policy

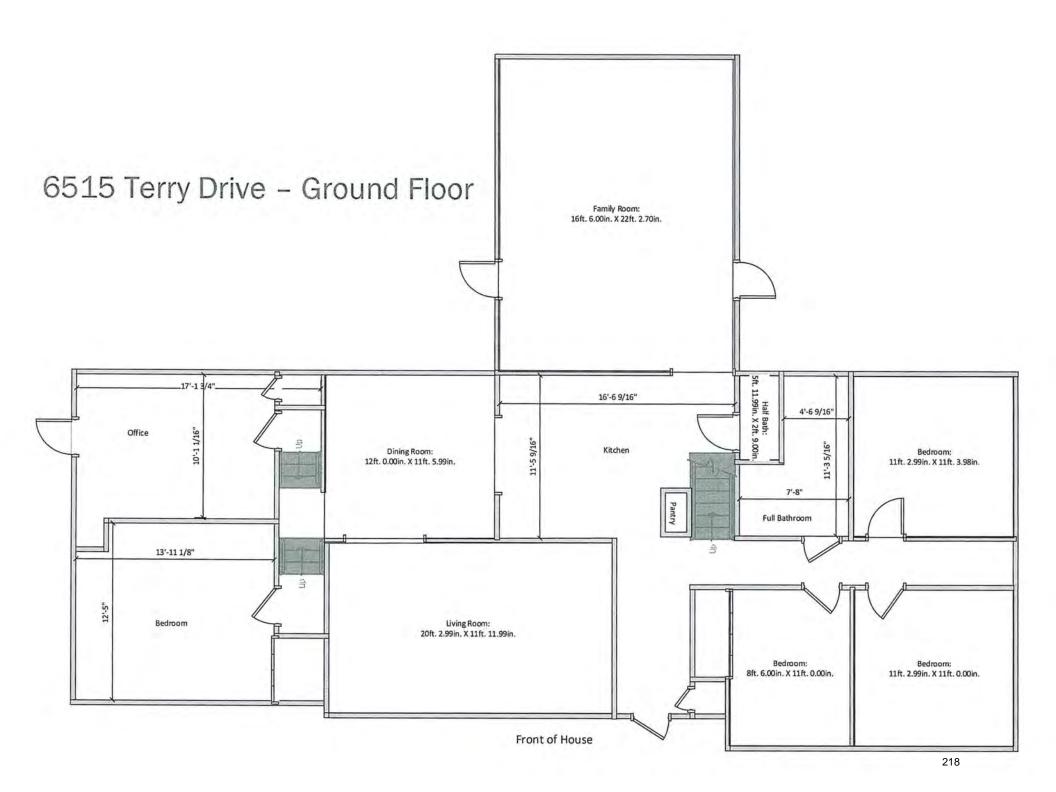
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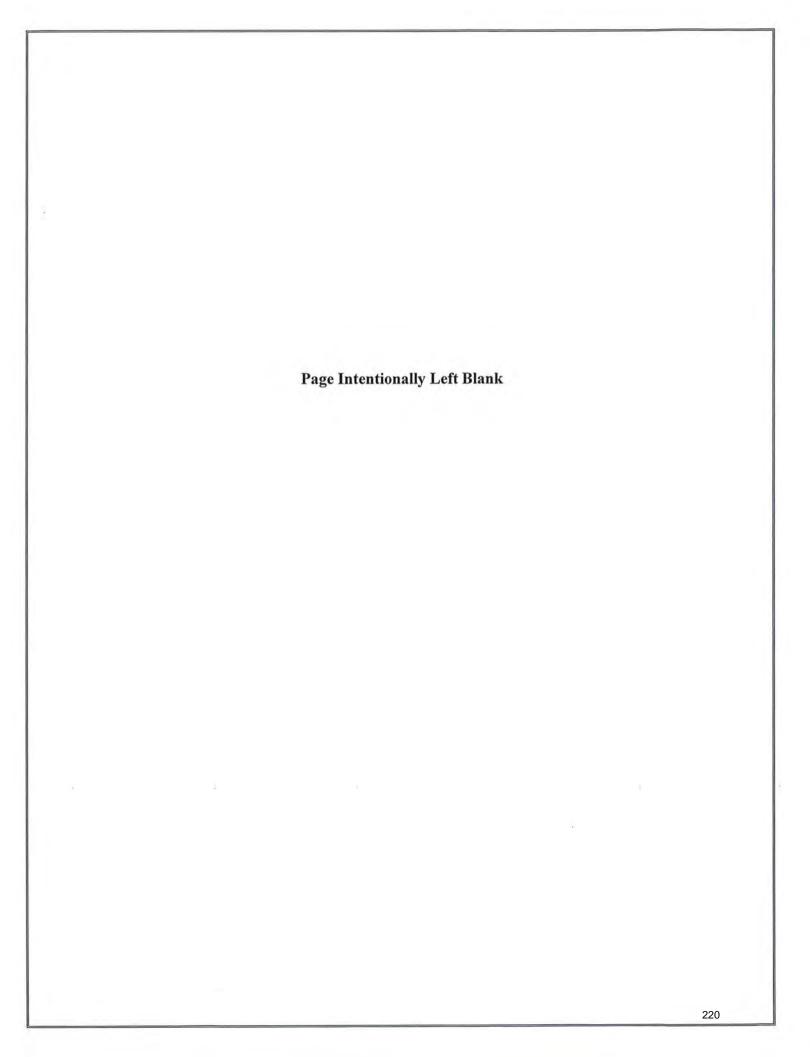
6515 Terry Drive, Springfield, VA 22150





6515 Terry Drive - Basement





Attachment J: Policies and Procedures: Table of Contents and Specific Policies Required by DBHDS

- o Table of Contents
- o Human Rights (Policy 5-H3)
- Suspected Abuse, Neglect, and Exploitation (Policy 5-S4)



Table of Contents

SECTION	POL	ICY NUMBER AND NAME	APPLICATION
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	0-A1	Agency Overview	The agency
	0-O1	Organizational Chart	The agency
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	0-S1.b	• Vision	The agency
	0-S1.c	• Values	The agency
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	1-A2	Accounting Department Cash Disbursements	The agency
	1-A3	Administrative Records Retention	The agency
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	1-B2	Business Associate Agreements	The agency
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Revised April 11, 2016

SECTION	POL	ICY NUMBER AND NAME	APPLICATION
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SECTION	POL	ICY NUMBER AND NAME	APPLICATION
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	2-J1	Jury and Witness Duty	The agency
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		Tuberculosis and Hepatitis	The agency
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	3-B3	Building Modifications	DBHDS licensed programs
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	3-L1	Laundry and Linens	DSS licensed programs
	3-L2	Living, Dining and Sleeping Areas	DSS licensed programs
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	3-S2	Smoking	The Administrative Office, Semi-Independent, Supportive Living, Group Homes, and Stevenson Place
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DISASTER AND EME	RGENCY	Y	
	4-C1	Counselor Guidelines for Emergencies	The agency
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SECTION	POL	ICY NUMBER AND NAME	APPLICATION	
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	5-A2	Admission and Retention of Residents and Admission Procedures	DSS licensed programs	
	5-A3	Assessments and Individualized Service Plans	DSS licensed programs	
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	5-D1	Deemed Consent	The agency	
	5-D2	Discharge of Residents	DSS and DBHDS licensed programs	
	5-D3	Discharge of Residents from the Assisted Living Facility	DSS licensed programs	
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	5-F1	Food Service and Nutrition	DSS licensed programs	
	5-H1	Health Care and Physical Examinations	Semi-Independent, Supportive Living and Group Homes	
	5-H2	Health, Hygiene and Grooming	DSS licensed programs	
	5-H3	Human Rights	The agency	
	5-[1	Infection Control and Prevention Plan and Related Policies	The agency	
	5-I2	Informed Consent	The agency	
	5-M1	Medical Equipment	Semi-Independent, Supportive Living and Group Homes	
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SECTION	POL	LICY NUMBER AND NAME	APPLICATION
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	5-R1	Resident Orientation	DBHDS licensed programs
	5-R2	Resident Records and Release of Information from Resident Records	DSS licensed programs
	5-R3	Resident Rights	DSS licensed programs
	5-S1	Screening, Admission and Referrals	Semi-Independent, Supportive Living and Group Homes
	5-S2	Service Planning	The agency
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	5-S4	Suspected Abuse, Neglect, and Exploitation	The agency
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	6-D1	Definitions Relevant to Policies that Implement Human Rights Regulations	
	6-D2	Documentation of Verbal Reprimand Form	
	6-L1	Licensure Supervision Contract	
	6-M1	Motor Vehicle Record (MVR) Guidelines	
	6-P1	Pathway Homes Vehicle Safety Rules form	
	6-R1	Records and Documentation Guidelines	
	6-T1	Telework Agreement	
		Program Descriptions	

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Changes to policies referenced in this Table of Contents are communicated to staff via agency-wide email, individual team meetings, and/or agency staff meetings

SECTION	POL	ICY	NUMBER AND NAME	APPLICATION
	6-P2.a	0	Calamo In-Home Support Services Program	
	6-P2.b	•	Russell Road	
APPENDICES (Continued)	6-P2.c	٠	Semi-Independent In-Home Services Program	
	6-P2.d	٠	Stevenson Place	
	6-P2.e	٠	Supported Living In-Home Services Program (SHOP, SSHP, Supportive Living and Pathways Supported Living-Arlington)	
	6-P2.f		Terry Drive In-Home Support Services Program	

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Policy: Human Rights

Section: Programs and Services

Policy Date: 1/13/03 Date(s) Revised: 4/10/08 Number of Pages: (13) Policy Number: 5-H3

This Policy Applies to:

The agency.

PURPOSE

Pathway Homes is committed to protecting, supporting and empowering consumers to fully exercise all legal, civil, and human rights.

POLICY

Pathway Homes shall ensure that all consumers' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. Consumers are encouraged to report any waste, fraud and/or abuse and other wrongdoing without reprisal.

All policies and practices relevant to the assurance of human rights shall be construed as to ensure compliance with the requirements of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation, and Substance Abuse Services (12 VAC 35-115-10 et seq.) and in accordance with state and federal laws.

PROCEDURE

I. Assurance of Rights

- A. Pathways shall post prominently in areas most likely to be seen by consumers, notices of rights that set forth the rights of consumers and the means by which the human rights advocate can be contacted for assistance, consultation or to file a complaint.
- B. Pathway Homes shall provide to each consumer, or their authorized representative, upon admission and annually thereafter, a description and written notice of these rights and of the grievance/appeal process. Each consumer or authorized representative shall sign a statement acknowledging receipt and understanding of the established rights. The signed statement of acknowledgment shall be filed in the consumer's record. If the consumer is unable or unwilling to sign the statement, the

- staff person providing the explanation of rights shall document this fact in the service record.
- C. If any consumer is unable to read a written notice of these rights, the rights shall be read to the individual. Interpretive services shall be provided as needed to hearing impaired and non-English speaking persons.
- D. The written notice of rights shall include:
 - 1. An abbreviated statement of the rights, and
 - The name of the human rights advocate, the process for contacting that individual, and a brief description of the role of that advocate.
- E. Both the posted notice of rights and the written copies of rights provided to consumers shall be available in the most frequently used languages.
- F. If there is reason to believe that the consumer is unable to comprehend the written notice of these rights, the notice shall be explained to the consumer insofar as the individual is capable of understanding.
- G. A complete copy of these Human Rights regulations shall be provided to anyone upon request.
- H. Each facility shall display and/or provide any information as requested by the protection and advocacy agency director.

II. Dignity

- A. In receiving services, each consumer has a right to:
 - Be treated with dignity and respect at all times.
 - Be addressed using his or her preferred or legal name.
 - Freedom from harm, abuse, neglect, financial or other exploitation, retaliation and humiliation.
 - 4. Have assistance in learning about, applying for, and fully using any public service or benefit to which he or she may be entitled. These services and benefits include, but are not limited to: educational or vocational services; housing assistance; services or benefits under Titles II, XVI, XVIII, and XIX

- of the Social Security Act; United States Veterans Benefits; and services from legal and advocacy agencies.
- Communicate or consult in private with any lawyer, judge, legislator, ordained clergyman, licensed health care provider, authorized representative, Inspector General, regional advocate, and employees of the protection and advocacy agency.
- Be provided with information about program services and policies in a manner easily understood by the consumer.
- B. Consumers receiving services in a residential setting have a right to:
 - Have sufficient and suitable clothing. If a consumer has funds for clothing,
 Pathway Homes will not be responsible for the cost of providing clothing.
 - Receive nutritionally healthy, varied, and appetizing meals prepared under sanitary conditions, served at appropriate times and temperatures and consistent with any individualized diet program.
 - 3. Live in a safe, sanitary, and humane environment that gives each consumer, at a minimum:
 - Reasonable privacy and private storage space;
 - Access to an adequate number and design of private, operating toilets, sinks, showers, and tubs that are designed to accommodate individual physical needs;
 - c. Outside air provided by a window that opens or by an air conditioner;
 - d. Windows or skylights in all major areas used by consumers;
 - e. Clean air, free from bad odors;
 - f. Room temperatures that are comfortable year round and compatible with health requirements.
 - Practice a religion and participate in religious services subject to their availability, provided that such services are not dangerous to self or others and do not infringe on the freedom of others.

- Have paper, pencil and stamps provided free of charge for at least one letter every day upon request. If a consumer has funds for such supplies, Pathway Homes will not pay for these supplies.
- 6. Have assistance in writing or reading mail as needed.
- 7. Communicate privately with any person by mail or telephone and receive assistance in doing so if needed. Use of the telephone may be limited to certain times and places to make sure that other individuals have equal access to the telephone and that they can eat, sleep, or participate in an activity without being disturbed.
- 8. Have or refuse visitors.
- C. Pathway Homes may stop, report or intervene to prevent any criminal act.
- D. See also the Suspected Abuse, Neglect and Exploitation policy for Pathway Homes' responsibilities relative to suspected abuse, neglect and exploitation.

III. Services

- A. Pathway Homes provides services for individuals age 18 or older experiencing serious and persistent mental illness. These services are provided in compliance with all state and federal laws, including the Americans with Disabilities Act. Pathways does not discriminate on the basis of race, color, religion, national origin, political affiliation, sex, or ability to pay.
- B. Consumers, or anyone acting on their behalf, believing they have been discriminated against, may make a complaint through the grievance process. (See also the *Complaint and Fair Hearing* policy.)
- C. Pathway Homes shall ensure all clinical services are provided within sound therapeutic practices.
- D. Pathway Homes shall ensure that all staff are knowledgeable in and able to implement the agency's emergency and disaster procedures.
- E. Upon admission, each consumer shall be assigned a primary case manager.

IV. Enhancing Client Choice and Participation in Decision Making

- A. Pathway Homes encourages and assists consumers in meaningfully participating, to the extent permitted by individual capabilities, in decisions regarding all aspects of their services. Consumers are encouraged to involve family members or significant others in services to the extent that they desire or find helpful.
- B. Pathway Homes encourages and facilitates the expression of individual preferences and interests in all aspects of service planning, service delivery, concurrent services, and composition of the service delivery team.
- C. Pathway Homes encourages and facilitates each consumer's meaningful participation in the preparation, implementation and review of service plans, discharge plans and other services received by the consumer.
- D. Pathway Homes shall obtain and document consent in the consumer's record prior to providing any treatment.
- E. See also Access to and Amendment of Service Records and Informed Consent policies.

V. Confidentiality

See Service Records policy.

VI. Access to and correction of service records.

See Access to and Amendment of Service Records policy.

VII. Restrictions on freedoms of everyday life.

Pathway Homes is committed to providing non-time-limited, supportive and therapeutic services which protect privacy, promote dignity and foster responsibility and self- determination. Each consumer is encouraged to enjoy all the freedoms of everyday life that are consistent with the need for services, protection of self and others, and that do not interfere with the services to or well-being of others.

- A. From admission until discharge from a service, each consumer is entitled to:
 - Enjoy all the freedoms of everyday life that are consistent with his or her need for services, his or her protection, and the protection of others, and that do not

interfere with his or her services or the services of others. These freedoms include the following:

- a. Freedom to move within the service setting and the community.
- Freedom to communicate, associate, and meet privately with anyone the individual chooses.
- c. Freedom to have and spend personal money.
- d. Freedom to see, hear, or receive television, radio, books, and newspapers whether privately owned or in a library or public area of the service setting.
- e. Freedom to keep and use personal clothing and other personal items.
- f. Freedom to use recreational facilities and enjoy the outdoors.
- g. Freedom to make purchases in vending machines or stores.
- Receive services in that setting and under those conditions that are least restrictive of his or her freedom.

B. Pathway Homes' duties.

- Programs will encourage each consumer's participation in normal activities and conditions of everyday living and support each consumer's freedoms.
- Programs will not limit or restrict any consumer's freedom more than is needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or intervene in an emergency.
- Programs will not impose any restriction on a consumer unless the restriction is justified and carried out according to these regulations.
- Programs will make sure that a qualified professional regularly reviews every restriction and that the restriction is discontinued when the consumer has met the criteria for removal.
- Pathway Homes will not place any restriction on the physical or personal freedom of any consumer solely because criminal or delinquency charges are pending against that consumer.

- C. Exceptions and conditions to Pathway Homes duties.
 - In general, Pathway Homes does not use restrictions, but instead uses mutually
 agreed upon behavioral contracts to assist individual consumers in
 maintaining their safety and reaching their goals. If individual restrictions are
 imposed, Pathway Homes will ensure the practices in doing so are consistent
 with all applicable laws and regulations.
 - 2. Except as provided in 12VAC 35-115-50 E of the Rules and Regulations to Assure the Rights of Individuals Receiving Services, programs may impose restrictions if a qualified professional involved in providing services to the individual has, in advance:
 - a. Assessed and documented all possible alternatives to the proposed restriction, taking into account the consumer's medical and mental condition, behavior, preferences, nursing and medication needs, and the ability to function independently;
 - Determined that the proposed restriction is necessary for effective treatment of the consumer or to protect him or her or others from personal harm, injury or death;
 - Documented in the consumer's service record the specific reason for the restriction; and
 - d. Explained, so the consumer can understand, the reason for the restriction, the criteria for removal, and the consumer's right to a fair review of whether the restriction is permissible.
 - Programs may impose a restriction if a court has ordered Pathway Homes to impose the restriction or if Pathway Homes is otherwise required by law to impose such restriction. Such restriction will be documented in the consumer's service record.
 - Programs may develop and enforce written rules of conduct, but only if the
 rules do not conflict with these regulations or any consumer's service plan,
 and the rules are needed to maintain a safe and orderly environment.

- 5. Programs will, in the development of rules of conduct:
 - Get as many suggestions as possible from all consumers who are expected to obey the rules.
 - b. Apply these rules in the same way to each consumer.
 - c. Give the rules to and review them with each consumer and his or her authorized representative in a way that the consumer can understand them. This includes explaining possible consequences for violating the rules.
 - d. Post the rules in summary form in all areas to which consumers and their families have regular access.
 - e. Submit the rules to the LHRC for review and approval.
 - f. Prohibit consumers from disciplining other consumers, except as part of an organized self-government program conducted according to a written policy approved in advance by the LHRC.

VIII. Use of seclusion, restraint, and time out.

The use of seclusion, restraint and time out is not consistent with the nature of our programs and services, therefore, Pathway Homes prohibits the use of these behavior management techniques.

IX. Emergency Intervention.

Emergency intervention is defined as the use of a "hands-on" approach that occurs for extremely brief periods of time, rarely exceeding several seconds, and is used only as a last resort and in the event of imminent physical risk.

All clinical and direct service staff are required both at orientation and during ongoing training, to successfully complete and demonstrate competence in crisis management, de-escalation skills and emergency intervention techniques.

Emergency interventions are an approved intervention only under the following conditions:

- a) other nonphysical interventions have not been effective, AND
- an individual's behavior will result in immediate significant physical harm to themselves, OR

c) an individual's behavior will result in immediate physical harm to others.

Following the utilization of an emergency intervention, staff will follow all procedures outlined in the *Crisis Intervention and Clinical Emergencies* policy

X. Work.

See Work policy.

XI. Research.

See Research Participation policy.

XII. Complaint and Fair Hearing.

See Complaint and Fair Hearing policy.

XIII. Variances.

Pathway Homes currently has no variances on the Rules and Regulations to Assure the Rights of Individuals Receiving Services. If at any time Pathway Homes requests a variance, it will be only after Pathways has tried to implement the relevant requirement without a variance and can provide objective, documented information that continued operation without a variance is not feasible or will prevent the delivery of effective and appropriate services and supports to individuals. The implementation and monitoring of any variances will be in compliance with the regulations. Upon the application for a variance, Pathway Homes will update its policy concerning variances.

XIV. Reporting Requirements.

- A. Pathway Homes will collect, maintain and report the following information concerning abuse, neglect and exploitation:
 - The President/CEO or designee will report each allegation of abuse or neglect to the assigned human rights advocate within 24 hours from the receipt of the allegation.

- 2. The investigating authority will provide a written report of the results of the investigation of abuse or neglect to the President/CEO or designee and human rights advocate within 10 working days from the date the investigation began unless an exemption has been granted by the department. This report will include but not be limited to the following:
 - a. Whether abuse, neglect or exploitation occurred;
 - b. Type of abuse; and
 - c. Whether the act resulted in physical or psychological injury.
- B. Pathway Homes will collect, maintain and report the following information concerning deaths and serious injuries:
 - The President/CEO or designee will report deaths and serious injuries in writing to the Department within 24 hours of discovery and by telephone to the authorized representative, as applicable, within 24 hours.
 - All reports of death and serious injuries will include but not be limited to the following:
 - Date and place of death or injury;
 - b. Nature of injuries and treatment required; and
 - c. Circumstances of death or serious injury.
- C. Pathway Homes will collect, maintain and report the following information concerning seclusion and restraint:
 - See "Seclusion, Restraint and Time Out" section of this policy.
- D. Pathway Homes will collect, maintain and report the following information concerning human rights activities:
 - The President/CEO or designee will provide to the human rights advocate, at least monthly, information on the type, resolution level and findings of all human rights complaints, including those processed informally. Reports will be made to the LHRC upon request.
 - The President/CEO or designee will provide to the human rights advocate and the LHRC, at least monthly, reports regarding the implementation of any variances.

- E. Reports required under this section will be submitted to the Department on forms, in an automated format, or both, as developed by the Department.
- F. In the reporting, compiling and releasing of information and statistical data provided under this section, the Department and all providers including Pathway Homes, will take all measures necessary to ensure that any consumer-identifying information is not released to the public, including encryption of data transferred by electronic means.
- G. Nothing in this section is to be construed as requiring the reporting of proceedings, minutes, records, or reports of any committee or nonprofit entity providing a centralized credentialing service which are identified as privileged pursuant to § 8.01-581.17 of the Code of Virginia.
- H. Pathway Homes will report to the Department of Health Professions, Enforcement Division, violations of these regulations that constitute reportable conditions under § 54.1-2906 of the Code of Virginia.

XV. Responsibilities and Duties.

A. Pathway Homes has:

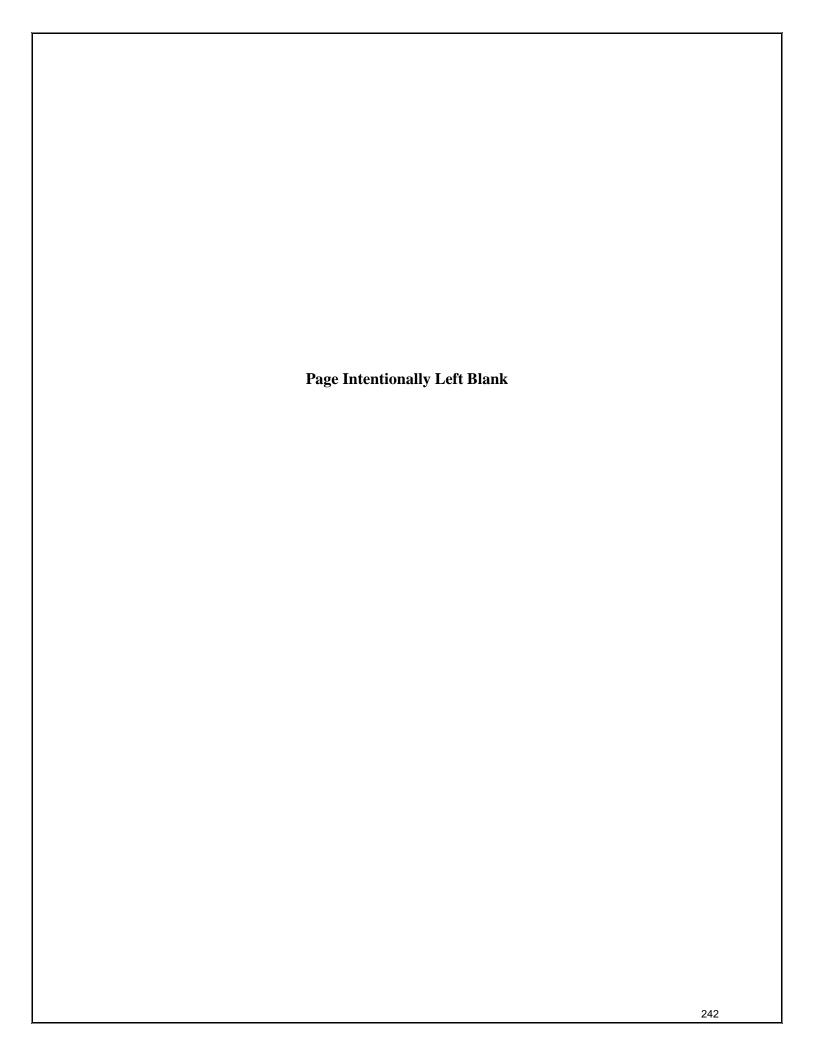
- Identified staff who are accountable for helping individuals exercise their
 rights and resolve complaints regarding services. These individuals include
 the direct service provider(s), the associated clinical supervisors and
 managers, and the President/CEO.
- Complied and will continue to comply with all state laws governing the reporting of abuse and neglect and all procedures set forth in 12 VAC 35-115-10 et. seq. for reporting allegations of abuse, neglect, or exploitation.
- Required and will continue to require competency-based training on these
 regulations upon employment and at least annually thereafter. Documentation
 of such competency will be maintained in the employee's personnel file.
- Taken all steps necessary to assure compliance with these regulations in all services provided.

- Communicated and will continue to communicate information about the availability of a human rights advocate and assure an LHRC to all individuals receiving services.
- Submitted to the human rights advocate for review and comment any proposed policies, procedures, or practices that may affect consumers' rights.
- Posted in program locations information about the existence and purpose of the human rights program.

B. If future activities require, Pathway Homes shall:

- Assure that appropriate staff attend all LHRC meetings to report on human rights activities as directed by the human rights advocate or the LHRC bylaws.
- Cooperate with the human rights advocate and the LHRC to investigate and
 correct conditions or practices interfering with the free exercise of consumers'
 rights and make sure that all employees cooperate with the human rights
 advocate and the LHRC in carrying out their duties under these regulations.
- Provide the advocate unrestricted access to consumers and consumers' service
 records whenever the human rights advocate deems access necessary to carry
 out rights protection, complaint resolution, and advocacy.
- Comply with requests by the SHRC, LHRC, and human rights advocate for information, policies, procedures, and written reports regarding compliance with these regulations.
- 5. Name a liaison to the LHRC, who will give the LHRC suitable meeting accommodations, clerical support and equipment, and assure the availability of records and employee witnesses upon the request of the LHRC. Oversight and assistance with the LHRC's substantive implementation of these regulations will be provided by the SHRC.
- 6. Submit applications for variances to these regulations only as a last resort.
- Not influence or attempt to influence the appointment of any person to an LHRC associated with Pathway Homes or the President/CEO of Pathway Homes.
- 8. Perform any other duties required under these regulations.

- C. Employees of Pathway Homes will, as a condition of employment:
 - Become familiar with the Human Rights regulations, comply with them in all respects, and help consumers understand and assert their rights.
 - Protect consumers from any form of abuse, neglect and exploitation (i) by not
 abusing, neglecting or exploiting any consumer; (ii) by not permitting or
 condoning anyone else to abuse, neglect, or exploit any consumer; and (iii) by
 reporting all suspected abuse to the program director.
 - Cooperate with any investigation, meeting, hearing, or appeal held under these regulations. Cooperation includes, but is not limited to, giving statements or sworn testimony.
 - 4. Perform any other duties required under these regulations.





Policy: Suspected Abuse, Neglect, and

Exploitation

Section: Programs and Services

Policy Date: 01/01/85

Date(s) Revised: 1/13/03, 4/10/08

Number of Pages: (4)

Policy Number: 5-S4

This Policy Applies to:

► The agency.

PURPOSE

Pathway Homes is committed to safeguarding the health, safety, and well being of all consumers.

POLICY

Pathway Homes shall ensure all staff are knowledgeable in recognizing and reporting suspected abuse, neglect, and exploitation. Pathway Homes will immediately respond to allegations of abuse, neglect, and exploitation, and will provide the supports necessary to protect consumers from further abuse, neglect, and exploitation. In no case shall the President/CEO or designee punish or retaliate against a Pathway Homes employee or agent for reporting an allegation of abuse, neglect, or exploitation to an outside entity.

PROCEDURE

I. The following definitions are adapted from the Rules and Regulations to Assure the Rights of Individuals Receiving Services From Providers of Mental Health, Mental Retardation, and Substance Abuse Services. See Appendix A for additional definitions relevant to this policy.

Abuse:

Any act (or failure to act) by an employee or agent responsible for the care of an individual that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused, or might have caused, physical or psychological harm, injury or death to a consumer receiving services. Examples of abuse include, but are not limited to, the following:

- 1. Rape, sexual assault, or other sexual criminal behavior;
- 2. Assault or battery;
- Use of language that demeans, threatens, intimidates, or humiliates an individual;

- 4. Misuse or misappropriation of a consumer's assets, goods or property;
- Use of more restrictive or intensive services or denial of services to punish a consumer that is inconsistent with his or her individualized service plan.

Exploitation: The misuse or misappropriation of a consumer's assets, goods, or property.

Exploitation is a type of abuse. Exploitation also includes the use of a position of authority to extract personal gain from a consumer receiving services.

Exploitation does not include instances of use or appropriation of a consumer's assets, goods or property when permission is given by the consumer or his or her authorized representative:

- With full knowledge of the consequences;
- 2. With no inducements; or
- Without force, misrepresentation, fraud, deceit, duress of any form, constraint, or coercion.

Neglect: The failure by an individual, program or facility responsible for providing services to provide nourishment, treatment, care, goods, or services, necessary to the health, safety or welfare of an individual receiving care or treatment for mental illness, mental retardation or substance abuse.

- II. Pathway Homes shall require all employees and agents to receive training in, and demonstrate knowledge of, all procedures governing detecting and reporting of suspected abuse, neglect, and exploitation.
- III. Any employee or agent suspecting abuse, neglect or exploitation of a consumer will:
 - Immediately inform a supervisor of the suspected incident. In the absence of an
 immediate supervisor, the President/CEO or designee shall be immediately informed.
 Any supervisor receiving a report of abuse, neglect, or exploitation shall immediately
 notify them President/CEO or designee.
 - The oral report of the suspected abuse, neglect or exploitation will include: date, time,
 and place of suspected incident; the name of the consumer who is suspected of having

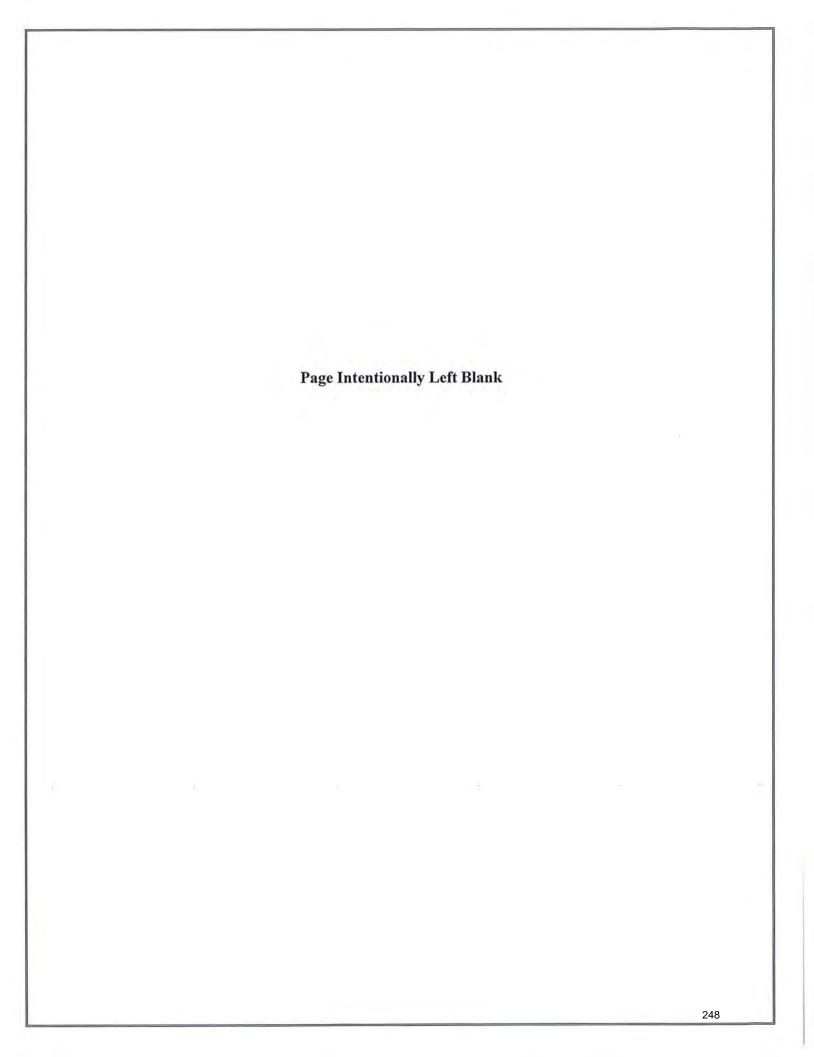
been abused, neglected or exploited; the name of the person, if known, who is suspected of committing the abuse, neglect or exploitation; and a description of the incident(s). The employee or agent submitting the report will cooperate with all investigation efforts.

- 3. The President/CEO or designee will immediately take appropriate steps to protect the consumer from further alleged abuse, neglect or exploitation until an investigation is complete. This may include the following actions:
 - Directing the employee or agent involved to have no further contact with the consumer.
 - Temporarily reassigning or transferring the employee or agent involved to a position that has no direct contact with residents.
 - Placing the employee on administrative leave with or without pay.
 - Temporarily suspending the involved employee or agent.
 - In the case of incidents of peer-on-peer aggression, protect the individuals from the aggressor in accordance with sound therapeutic practice and Pathway Homes policies and practice.
 - A confidential Adverse Incident Report will be completed and immediately forwarded to the President/CEO or designee.
 - 5. The President/CEO or designee will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. The President/CEO or designee will immediately inform the human rights advocate and authorized representative (if applicable) that a report was made and an investigation is in progress. The President/CEO or designee will assess the information presented and make a determination of further investigative needs. If further investigation is needed, the President/CEO or designee within 24 hours will:
 - Notify the Community Services Board (CSB) and submit a confidential
 Adverse Incident Report (if necessary.)
 - Notify the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and submit a confidential DMHMRSAS Adverse Incident Report.

- Submit to the local human rights office a confidential Community
 Abuse/Allegation Neglect Report.
- Notify Adult Protective Services (APS.)
- Notify the Police Department (if necessary.)
- 6. The President/CEO or designee will cooperate with all external investigations.
- 7. A written report of the investigation findings and the actions taken as a result of the investigation shall be submitted by the President/CEO or designee to the investigating authority, the human rights advocate, the consumer or his authorized representative, and the involved employee(s) within seven working days. The decision shall be in writing and in the manner, format, and language that is most easily understood by the consumer.
- 8. If the consumer affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the President/CEO's actions, he, his authorized representative, or anyone acting on his behalf, may file a petition for a LHRC hearing.
- 9. Potential responses to the investigation will be documented and may include:
 - Revision of policies and procedures.
 - Documentation in the record of the involved resident.
 - Documentation in the record of the involved personnel.
 - Additional professional training.
 - Disciplinary actions ranging from a written reprimand to termination.
 - Acceptance of the accused employee's resignation.

Attachment K: Staffing Plan

o Staffing Plan for SRI Program



SRI Program Proposed Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Shift	MHC I: 9:30a—6p MHC I: 11a—9:30p	Director: 9a—5:30p MHC III: 9a—5:30p MHC I: 9:30a — 6p	Director: 9a—5:30p MHC III: 9a—5:30p MHC II: 7:30a—3p MHC I: 9:30a—6p	Director: 9a—5:30p MHC III: 9a—5:30p MHC II: 7a—3:30p MHC I: 9:30a – 6p	Director: 9a—5:30p MHC III: 9a—5:30p MHC II: 7a—4:30p MHC I: 9:30a—6p	Director: 9a—5:30p MHC III: 9a—5:30p MHC II: 7a—3:30p MHC I: 9:30a – 6p	MHC II: 7a—3:30p MHC I 10:30a – 9pm

Day Shift Responsibilities/Activities:

- These staff will be deployed amongst the 3 SRI homes to provide collateral case management, skill building, and milieu management and, as needed, crisis stabilization.
- All houses will have staff available on site at least part, if not most of the shift. Exact deployment is dictated daily by resident needs.
- Staffing pattern allows for direct assistance with attending appointments & other community integration activities while still having on-site skill building and milieu management.

Evening Shift	MHC I: 1p-9:30p	MHC I: 1p-9:30p	MHC I: 1p-9:30p	MHC I: 1p-9:30p	MHC I: 1p- 9:30p	MHC I: 1p-9:30p	MHC I: 1p-11:30p
	MHC I: 1p—11:30p MHC I: 3p—11:30p	MHC I: 1p—11:30p MHC I: 1:30p—12a	MHC I: 1p—9:30p AMHC: 1p—9:30p	AMHC: 1p—9:30p MHC I: 1p—11:30p	MHC I: 1p—9:30p AMHC: 1p—9:30 p	AMHC: 1p—9:30 p MHC I: 1p—11:30p	AMHC: 1p—9:30 p
	11.500	MHC I: 3p—11:30p	MHC I: 1p—11:30p MHC I: 3p—11:30p	MHC I : 3p—11:30p	MHC I: 1p—11:30p MHC I: 1p—11:30p MHC I: 2p—10:30p	MHC I: 2p—11:30p	
					Staff Meeting 2p-4p		

Evening Shift Responsibilities/Activities:

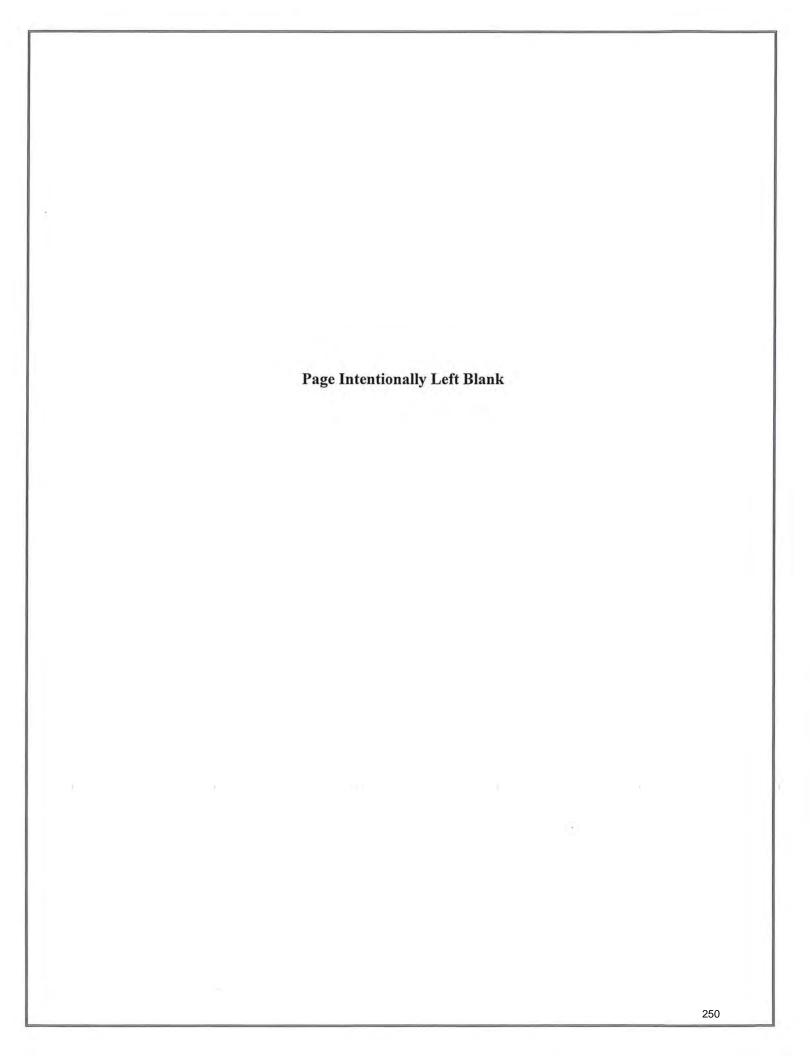
- These staff will be deployed amongst the 3 SRI homes to provide skill building, socialization & group activities, and milieu management and, as needed, crisis stabilization.
- All houses will have staff available on site at least part, if not most of the shift. Exact deployment is dictated daily by resident needs.
- In addition to in-home skill building, the staffing pattern allows for community integration activities (i.e. shopping, library, appointments, etc.).
- Activities & groups include nutrition group, walking/exercise group, pyschoeducation groups, participating in community events, movies, park outings, bingo, bowling, cultural events, etc.).

- Torring the original of the control of the contro		OMHC: 11p—9:30a OMHC: 12a—8:30a OMHC: 12a—8:30a		OMHC: 11:30p—10a
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Overnight Shift Responsibilities/Activities:

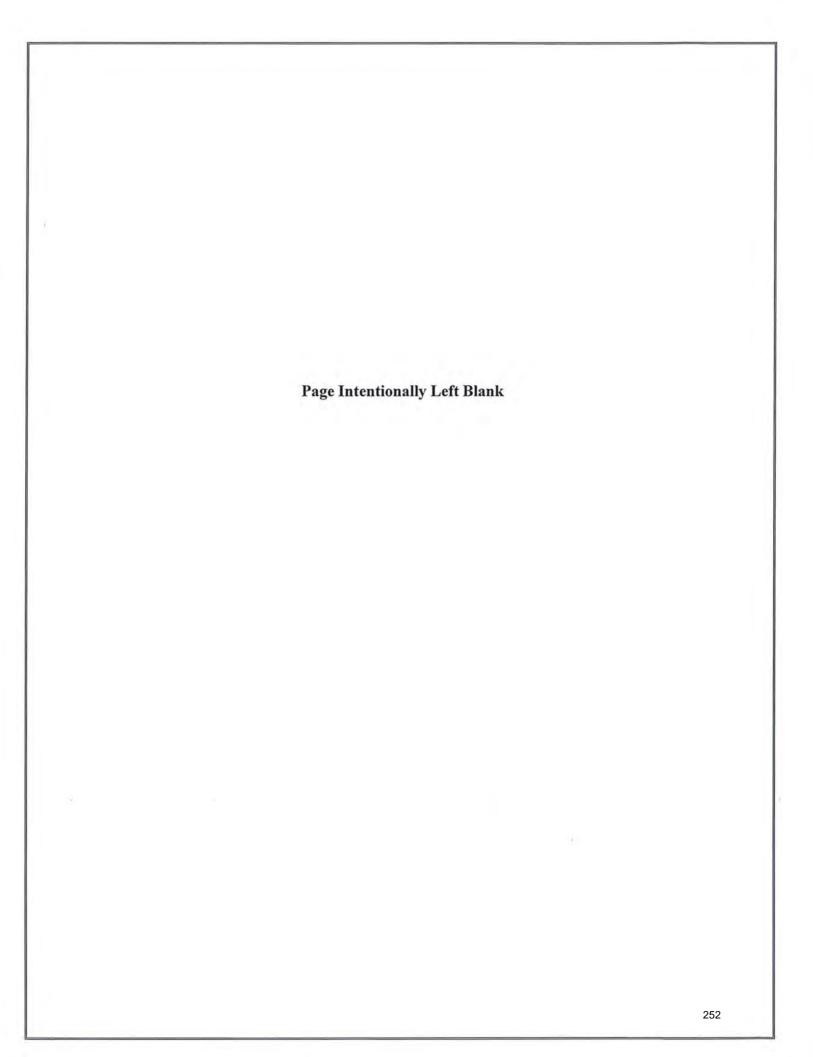
- These staff will be deployed amongst the 3 SRI homes to provide skill building and milieu management and, as needed, crisis stabilization.
- Exact deployment of these awake, overnight counselors is dictated daily by resident needs. These staff members are available by phone to all residents of the program and are available to quickly respond to each site as a result of the houses being in close proximity to one another.

On-Call Clinical Director available 24/7 to all staff and residents



Attachment L: Financial Statements

- o Audit and Management Letter (June 30, 2016)
- o IRS 990 (2014 reporting)



Audit and Management Letter (June 30, 2016)



November 15, 2016

Members of the Finance Committee and Board of Directors of the Pathway Group:

As a follow-up to our audit of the Pathway Group ("Pathway Homes, Inc.", "Pathway Visions, Inc.", "Pathways Living, Inc.", "Pathway Options, Inc.", "Pathway Recovery, Inc." and "Pathway Homes of Florida, Inc.") (the "Organization") for the year ended June 30, 2016, we are pleased to provide you with a summary of our audit and communication as required by professional standards.

The goal of our engagement plan was to ensure that audit procedures were sufficient to determine that the June 30, 2016 consolidated and combined financial statements ("Financial Statements") were free of material misstatement. We determined our audit scope by performing a risk assessment that, coupled with an evaluation of materiality in relation to the Financial Statements, allowed us to determine the required level of audit effort.

Our audit procedures did not detect any material misstatements in the consolidated and combined statement of financial position of the Organization as of June 30, 2016, or the related consolidated and combined statements of activities and cash flows for the year then ended.

We appreciate and are sensitive to your interests and concerns relating to these matters and the impact on the Organization's audit process and the fulfillment of your fiduciary responsibilities as members of the Finance Committee and the Board of Directors (the "Board"). We look forward to discussing these communications and the audited Financial Statements with you.

Very truly yours,

Winell Belfonte, CPA

Partner

CohnReznick LLP

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CohnResnick com

ACCOUNTING . TAY . ADVISORS

October 26, 2016

To the Members of the Finance Committee and Board of Directors The Pathway Group

We have audited the consolidated and combined financial statements of Pathway Group (Pathway Homes, Inc., Pathway Visions, Inc., Pathway Living, Inc., Pathway Options, Inc., Pathway Recovery, Inc. and Pathway Homes of Florida, Inc.) for the year ended June 30, 2016, and have issued our report thereon dated October 26, 2016. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, Government Auditing Standards and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated July 19, 2016. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Pathway Homes Group are described in Note 2 to the consolidated and combined financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2016. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the consolidated and combined financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated and combined financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the consolidated and combined financial statements was:

Management's estimate of the useful lives of assets is based on prior year estimates. We evaluated the key factors and assumptions used to develop the useful lives of assets in determining that it is reasonable in relation to the consolidated and combined financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. The attached schedule summarizes uncorrected misstatements of the consolidated and combined financial statements. Management has determined that their effects are immaterial, both individually and in the aggregate, to the consolidated and combined financial statements taken as a whole. In addition, none

of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the consolidated and combined financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the consolidated and combined financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 26, 2016.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's consolidated and combined financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the consolidated and combined financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the consolidated and combined financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the consolidated and combined financial statements or to the consolidated and combined financial statements themselves.

This information is intended solely for the use of the Finance Committee, Board of Directors and management of the Pathway Group, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

CohnReznick LLP

CohnReynickZIF



CotmPounick (LP cohnrespick.com

October 26, 2016

To the Members of the Finance Committee and the Board of Directors of the Pathway Group

In planning and performing our audit of the consolidated and combined financial statements of the Pathway Group (Pathway Homes, Inc., Pathway Visions, Inc., Pathways Living, Inc., Pathway Options, Inc., Pathway Recovery, Inc. and Pathway Homes of Florida, Inc.) (the "Organization") as of and for the year ended June 30, 2016, in accordance with auditing standards generally accepted in the United States of America, we considered the Pathway Group's internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. In addition, because of inherent limitations in internal controls, including the possibility of management override of controls, misstatements due to error or fraud may occur and not be detected by such controls. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of management, Finance Committee and Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

CohnRegnick LLF
CohnRegnick LLP
Bethesda, Maryland

Consolidated Financial Statements (With Supplementary Information) and Independent Auditor's Report

June 30, 2016

COHN REZNICK

ACCOUNTING • TAX • ADVISORY

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Independent Auditor's Report

To the Board of Directors Pathway Homes, Inc. and Affiliate

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Pathway Homes, Inc. (a nonprofit organization) and affiliate, which comprise the consolidated statement of financial position as of June 30, 2016, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement. The financial statements of the affiliate were not audited in accordance with *Government Auditing Standards* as discussed at Note 1 in the Notes to Schedule of Expenditures of Federal Awards.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Pathway Homes, Inc. as of June 30, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information on pages 34 to 36 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations ("CFR") Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 12, 2016, on our consideration of Pathway Homes, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Pathway Homes, Inc.'s internal control over financial reporting and compliance.

Bethesda, Maryland October 12, 2016

CohnReynickLLP

Consolidated Statement of Financial Position June 30, 2016

Assets

Current assets		
Cash	\$	569,411
Restricted cash	100	145,454
Accounts receivable		26,173
Pledges receivable, net of discount of \$1,266		24,054
Program fees receivable		441,617
Prepaid expenses		220,461
Security deposits		42,525
Advances and other receivables - related		
corporations	_	204,444
Total current assets		1,674,139
Property and equipment		
Property and equipment \$ 12,447,384		
Less: Accumulated depreciation (1,693,081)		
Total noncurrent assets		10,754,303
Other assets		
Reserve for replacements 90,806		
Investments 56,665		
Pledges receivable, net of discount of \$8,69253,428		
Total other assets		200,899
Total assets	\$	12,629,341

Consolidated Statement of Financial Position June 30, 2016

Liabilities and Net Assets

Current liabilities				
Accounts payable and accrued expenses			\$	644,331
Deferred revenue				322,379
Liability for escrow funds				113,667
Mortgages payable, current maturities				72,193
Notes payable, current maturities				255,586
Deferred rent liability, current portion				81,181
Obligation under capital lease, current maturities				7,284
Total current liabilities				1,496,621
Long-term liabilities				
Mortgages and notes payable, net of				
current maturities	\$	2,002,584		
Obligation under capital lease, net of				
current maturities		17,821		
Deferred rent liability, net of current portion		39,774		
Other long-term liabilities		36,000		
Total long-term liabilities				2,096,179
Total liabilities				3,592,800
Commitments and contingencies				1/2
Net assets				
Unrestricted		709,014		
Temporarily restricted	-	8,327,527		
Total net assets			_	9,036,541
Total liabilities and net assets			\$	12,629,341

Consolidated Statement of Activities Year Ended June 30, 2016

	Unrestricted	Temporarily restricted	Total
Operating revenue and other support		1000000	
Fees and grants from governmental agencies	\$ 8,923,435	\$ 560,691	\$ 9,484,126
Client fees and rents	1,445,762		1,445,762
Contributions	213,432	117,066	330,498
Management fees	38,235	24 MA	38,235
Interest and dividends	684		684
Other	6,361		6,361
Net assets released from restriction	9,001		10,007
Satisfaction of program restrictions	75,969	(75,969)	- 18
Total operating revenue and other support	10,703,878	601,788	11,305,666
Operating expenses			
Program services - residential facilities			
Assisted Living Facility	1,650,792		1,650,792
Calamo Street	321,631	8.1	321,631
Terry Drive	327,784		327,784
Subtotal - program services - residential facilities	2,300,207	19	2,300,207
Program services - supported residential programs	45.25		
Audobon	20,624		20,624
Condominiums	42		42
Consolidated Community Funding Pool	198,351		198,351
Huntington Avenue	45,057	(2)	45,057
Kincaid Court	25,609	201	25,609
Leased properties	166,414	6	166,414
Mary Baldwin	73,665		73,665
Mental Health Outpatient Services	260,875	-	260,875
Palhway Homes - Florida	103,230		103,230
Pioneer Drive/Sheldon Drive	45,517		45,517
Prince William - ALF	331,473		331,473
PW Supported Living MHSS	24,645	3	24,645
Shelter Plus Care	2,076,062		2,076,062
SHP 2007	206,049		206,049
SHP 2009	197,523	4	197,523
SHP 2011	444,061	•	444,061
SHP 2012	1,002,296		1,002,296
Supported Housing Options	704,732		704,732
Supported Living	239,401	70	239,401
Supported Living Expansion Program	15,520	(2)	15,520
SHP McKinney Projects and SHP CRS	545,934	7	545,934
Virginia Department of Behavioral Health and Development Services	81,887	127	81,887
Woodburn Crisis Center	88,025		88,025
Total program services	9,197,199		9,197,199
Supporting services			
Management and general	1,643,842	-	1,643,842
Contributions	78,472	4	78,472
Fundraising	25,231		25,231
Total supporting services	1,747,545		1,747,545
Total expenses	10,944,744	2	10,944,744
Other item			
Unrealized gain on investments	(703)		(703)
Change in net assets (deficit)	(240,163)	601,788	361,625
Other change in net assets from transfer of Wyndale Court	2,169	230,000	232,169
Total change in net assets (deficit)	(237,994)	831,788	593,794
Net assets, beginning	947,008	7,495,739	8,442,747
Net assets, end	\$ 709,014	\$ 8,327,527	\$ 9,036,541

Consolidated Statement of Cash Flows Year Ended June 30, 2016

Cash flows from operating activities	
Change in net assets	\$ 361,625
Adjustments to reconcile change in net assets to net cash	
provided by operating activities	
Depreciation and amortization	266,324
Amortization on investments	
Unrealized gain on investments	(703)
Loss on disposal of property and equipment	4,804
(Increase) decrease in assets	
Accounts receivable, advances and other receivables	(7,998)
Pledge receivable, net of discount	(77,482)
Program fees receivable	32,990
Prepaid expenses	(19,696)
Security deposits	4,000
Increase (decrease) in liabilities	
Accounts payable and accrued expenses	51,234
Deferred revenue	298,163
Deferred rent liability	26,666
Liability for escrow funds	72,642
Other long-term liabilities	21,000
Net cash provided by operating activities	1,033,569
Cash flows from investing activities	
Advances to related corporations	(233,489)
Repayment of advances - related corporations	87,376
Redemption of certificate of deposit	601,501
Reinvestment of interest into investment	252
Purchase of investments	(21,000)
Purchases of property and equipment	(1,014,495)
Net deposits to reserve for replacements	(9,883)
Net cash used in investing activities	(589,738)
Cash flows from financing activities	
Proceeds from line of credit	250,000
Proceeds from note payable	26,908
Principal payments on line of credit	(500,000)
Principal payments on note payable	(292,264)
Principal payments on obligation under capital lease	(7,284)
Principal payments on mortgages	(59,613)
Proceeds from mortgages payable	282,000
Net cash used in financing activities	(300,253)
Net increase in cash	143,578
Cash, beginning of year	571,287
Cash and of year	¢ 744.005
Cash, end of year	\$ 714,865

Consolidated Statement of Cash Flows Year Ended June 30, 2016

Supplemental disclosure of cash flow information: Cash paid during the year for interest	\$	110,400
Significant noncash investing and financing activities		
Disposal of fixed assets	_\$	4,804
Transfer of total assets upon net deficit transfer of HUD project to a related party	\$	234,069
Transfer of total liabilities upon net deficit transfer of HUD project to a related party	\$	1,900

Notes to Consolidated Financial Statements June 30, 2016

Note 1 - Organization

Pathway Homes, Inc. (the "Corporation") is a not-for-profit nonstock corporation formed under the laws of the Commonwealth of Virginia on April 14, 1980 for the purpose of providing long-term housing and the necessary supportive services for seriously mentally ill adults. Support for the Corporation comes primarily from fees and grants from governmental agencies.

Pathway Homes, Inc. shares certain common board of directors and management with Pathway Homes of Florida, Inc. (the "Affiliate") (together with Pathway Homes, Inc., as the "Organization").

Incorporated in 2015, Pathway Homes of Florida, Inc. is a nonprofit corporation organized to operate exclusively for developing and operating an array of permanent supportive housing programs and services for the homeless and other adults with mental illness and co-occurring disabilities. The programs and services are offered to indigent and low-income persons with disabilities to serve primarily the chronically homeless persons living on the streets and in temporary shelters in the Central Florida region. The organization contracts with local agencies to provide funding for the supportive services.

Note 2 - Summary of significant accounting policies

Basis of presentation

In accordance with the accounting guidance for financial statements of not-for-profit organizations, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The net assets of the Organization are unrestricted or temporarily restricted. Furthermore, information is required to segregate program service expenses from management and general and fundraising expenses.

The Organization also conforms with the accounting guidance for accounting for contributions received and contributions made. Contributions received are recorded as temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Principles of consolidation

Included in the Corporation's financial statements are the accounts of Pathway Homes of Florida, Inc. All intercompany balances and transactions are eliminated in consolidation.

Restricted cash

In accordance with various program agreements, the Organization is required to hold cash restricted to certain programs in separate cash accounts.

Accounts receivable and bad debts

Accounts receivables are charged to bad debt expense when they are determined to be uncollectible based upon a periodic review of the accounts by management. Accounting principles generally accepted in the United States of America ("GAAP") require that the allowance method be used to recognize bad debts; however, the effect of using the direct write-off method is not materially different from the results that would have been obtained under the allowance method. Bad debt expense of \$2,954 was charged to operations for the year ended June 30, 2016.

Pledges receivable

Contributions that are unconditional promises to give are recognized as revenue in the period received. Contributions with donor-imposed restrictions and unconditional promises to give with

Notes to Consolidated Financial Statements June 30, 2016

payments due in future periods are recorded as increases to temporarily or permanently restricted net assets and are reclassified to unrestricted net assets at the time the restriction is met. Conditional promises to give are not recognized until the conditions on which they depend are substantially met.

Contributions recognized that are to be received after one year are recorded at their fair value based on the income approach whereby future amounts expected to be collected are discounted to their present value at a rate commensurate with the risk involved. This rate is based on management's assessment of current market expectations plus a reasonable risk premium. The average discount rate for 2016 was 5%. Amortization of the discount is recorded as additional contribution revenue and used in accordance with donor-imposed restrictions, if any, on the contributions. Contributions of assets other than cash are recorded at estimated fair value at the date of the gift.

An allowance for uncollectible contributions receivable is made based upon management's judgment, based on factors such as prior collection history, the type of contribution and other relevant factors. No allowance is recognized at June 30, 2016.

Investments

The Corporation follows the accounting guidance for accounting for certain investments held by not-for-profit organizations. As a result, investments in marketable securities with readily determined fair values and all investments in debt securities are reported at their fair values on the statement of financial position. Unrealized gains and losses are included in the change in net assets. Realized gains and losses are recorded upon the sale of the investments. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Certificate of deposit

The Corporation invested in a certificate of deposit, renewing every ten months. The certificate of deposit earned interest at 0.05% and matured on November 8, 2015. The certificate of deposit was carried at cost plus accrued interest, which approximated fair value. The certificate of deposit in the amount of \$601,753 was serving as collateral for the Corporation's line of credit and note payable with SunTrust Bank (Notes 10 and 11). In April 2016, the certificate of deposit was redeemed to pay off the outstanding line of credit with SunTrust Bank.

Program fees receivable

Program fees receivable includes amounts due from billed contracts for housing programs. A substantial portion of amounts due are receivable from the Supportive Housing Programs (Note 20).

Notes to Consolidated Financial Statements June 30, 2016

Property and equipment

The Corporation capitalizes property and equipment additions whose cost basis is \$750 or more. Property and equipment is carried at cost. Leasehold improvements are capitalized and amortized over the shorter of their useful lives or the lease term. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives by use of the straight-line method. Useful lives are as follows:

Buildings and building improvements	10 - 50 years
Land improvements	10 - 20 years
Leasehold improvements	2 - 20 years
Equipment	3 - 15 years
Furniture and fixtures	3 - 10 years
Vehicles	3 - 7 years

Maintenance and repairs are charged to expense when incurred. Upon retirement or other disposition, the cost and related accumulated depreciation are removed from the accounts and any resulting gain or loss is reflected in the statement of activities. During the year ended June 30, 2016, the Corporation disposed of fixed assets in the amount of \$4,804. A loss of \$4,804 was recognized as a result of the fixed asset disposal and is included in other revenue in the statement of activities.

Additionally, property and equipment acquired by the Corporation for use in specific programs is restricted in use for terms of up to 40 years from inception. Defaults or material non-compliance on the part of the Corporation could result in forfeiture of assets acquired with program funds.

Impairment of long-lived assets

The Corporation reviews its rental property for impairment whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. When recovery is reviewed, if the undiscounted cash flows estimated to be generated by the property are less than its carrying amount, management compares the carrying amount of the property to its fair value in order to determine whether an impairment loss has occurred. The amount of the impairment loss is equal to the excess of the asset's carrying value over its estimated fair value. No impairment loss has been recognized during the year ended June 30, 2016.

Accrued compensated leave

Annual leave is a vested benefit and is accrued. Sick leave granted to employees is expensed when incurred. Sick leave is not a vested benefit; therefore, no liability for unused sick leave has been recorded. As of June 30, 2016, \$167,852 was accrued for annual leave and is included in accounts payable and accrued expenses on the accompanying statement of financial position.

Deferred rent liability

Deferred rent liability is recorded and amortized to the extent the total minimum rent payments allocated to the current period on a straight-line basis exceed or are less than the cash payments required.

Revenue and expenses

The Corporation's consolidated financial statements are prepared using the accrual method of accounting. In accordance with this method of accounting, revenue is recognized in the period in which it is earned and expenses are recognized in the period in which they are incurred. All revenue

Notes to Consolidated Financial Statements June 30, 2016

and expenses which are applicable to future periods have been presented as deferred or prepaid on the accompanying statement of financial position.

Grant revenue and expenses

Grant revenue is recorded as earned according to the provisions of the grant. The provisions of the grant determine the timing of revenue recognition. Grant expenses are recognized when incurred for a grant-related obligation.

Temporarily restricted contributions

Temporarily restricted contributions are recognized as revenue when received or pledged and are reclassified from temporarily restricted net assets to unrestricted net assets when the Corporation has incurred program expenditures in compliance with the specific restrictions of the donors or when the stipulated time has elapsed.

In-kind contributions/expenses

Donated property, equipment and services are recorded at fair market value at the date of donation. Donated services are recognized in the consolidated financial statements at their fair value if the following criteria are met:

- The services require specialized skills and the services are provided by individuals
 possessing those skills, and the services would typically need to be purchased if not
 donated, or
- · The services enhance or create an asset.

Although the Corporation utilizes the services of outside volunteers, the fair value of these services is not recognized in the accompanying consolidated financial statements since they do not meet the criteria for recognition under generally accepted accounting principles.

Advertising

The Organization's policy is to expense advertising costs when incurred. During the year ended June 30, 2016, \$4,111 was charged to operations.

Income taxes

Both Pathway Homes, Inc. and Pathway Homes of Florida, Inc. have received determination letters from the Internal Revenue Service ("IRS") to be treated as a tax exempt entity pursuant to Section 501(c)(3) of the Internal Revenue Code (the "Code"). The Organization is subject to income taxes on revenue generated from other sources unrelated to its exempt purpose. Due to its tax exempt status, the Organization is not subject to income taxes and did not have any unrelated business income during the year ended June 30, 2016. Accordingly, no provision or benefit for income taxes has been recorded in the accompanying consolidated financial statements. The Organization is required to file and does file tax returns with the IRS and state agencies.

For the year ended June 30, 2016, the Organization did not identify any uncertain tax positions that qualify for either recognition or disclosure in the consolidated financial statements.

Income tax returns filed by the Corporation are subject to examination by the Internal Revenue Service for a period of three years. While no income tax returns are currently being examined by the Internal Revenue Service, for Pathway Homes, Inc., tax years since 2012 remain open. For Pathway Homes of Florida, Inc., tax year 2014 remains open.

Notes to Consolidated Financial Statements June 30, 2016

Use of estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Functional expenses

Some expenses by function have been allocated among program and supporting services classifications on the basis of an analysis made by the management of the Organization. The Organization follows not-for-profit accounting procedures generally accepted in the United States of America ("GAAP"), in which joint costs of informational materials that include a fundraising appeal may be allocated. Management has not allocated any of these costs to program services.

Note 3 - Investments

The Corporation has purchased and holds investments in its portfolio as of June 30, 2016. The following schedule summarizes the investments' classification as short-term or long-term:

	Sho	rt-term	Lo	ong-term	 Total
Mutual funds	\$		\$	56,665	\$ 56,665
Total	\$		\$	56,665	\$ 56,665

The following schedule summarizes the investment return and its classification in the statement of activities for the year ended June 30, 2016:

Net return on investments	\$ 1,387
Unrealized gain	703
Interest and dividends	\$ 684
Unrestricted	

Note 4 - Fair value measurements

The accounting standard for fair value measurement and disclosures defines fair value, establishes a framework for measuring fair value, and provides expanded disclosure about fair value measurements. The accounting standard was applied to the Corporation's financial assets and liabilities and to certain non-financial asset and liabilities. Fair value is defined by the accounting standard for fair value measurement and disclosures as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. It also establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels. The following summarizes the three levels of inputs and hierarchy of fair value the Corporation uses when measuring fair value:

Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access;

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Notes to Consolidated Financial Statements June 30, 2016

Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as interest rates and yield curves that are observable at commonly quoted intervals; and

Level 3 inputs are unobservable inputs for the asset or liability that are typically based on an entity's own assumptions as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the fair value measurement will fall within the lowest level input that is significant to the fair value measurement in its entirety.

Mutual funds of \$56,665 are classified within Level 1 of the fair value hierarchy. No other assets or liabilities are measured at fair value as of June 30, 2016. The following table presents the financial assets that the Corporation measured at fair value on a recurring basis as of June 30, 2016:

	1	_evel 1	Le	evel 2	Le	evel 3	Total
Mutual funds	\$	56,665	\$	-	\$		\$ 56,665

Note 5 - Program fees receivable

As of June 30, 2016, program fees were receivable from the following entities:

U.S. Department of Housing and Urban Development - Supportive Housing Programs	\$	230,016
	Ψ	
Social Security Administration - Medicaid fees		61,880
Fairfax - Falls Church Community Service Board		50.400
Mental Health Residential Services		53,406
Christian Relief Services, Inc Supportive Housing Programs		31,639
DIP SPV Company 5, LLC tenant allowance reimbursement		24,051
Various tenants - rent receivable		11,054
Potomac Health Foundation - grant award		6,000
Other entities - miscellaneous program fees receivable		23,571
	\$	441,617

Notes to Consolidated Financial Statements June 30, 2016

Note 6 - Property and equipment

As of June 30, 2016, property and equipment consist of the following:

Land and land improvements	\$	3,309,899
Buildings and building improvements		8,679,578
Equipment		163,031
Furniture and fixtures		106,121
Vehicles		154,450
Leasehold improvements	-	34,305
		12,447,384
Less: Accumulated depreciation		(1,693,081)
	\$	10,754,303

Depreciation expense for the year ended June 30, 2016 was \$245,467.

Note 7 - Software costs

During the year ended June 30, 2011, the Corporation acquired two new software systems totaling \$137,398, of which \$109,673 was capitalized. For the year ended June 30, 2016, amortization expense of \$20,857 was recognized. As of June 30, 2016 the asset was fully amortized.

Note 8 - Reserves for replacements

In conjunction with the mortgage loans provided by the VHDA to the Corporation (Note 10), Pathway Homes, Inc., as mortgagor, has established five reserves for replacement escrow accounts with VHDA. The Corporation is required to make monthly deposits into these funds. Disbursements from these funds may be made, with VHDA's approval, for replacement, maintenance, or repair of capital items at the aforementioned residences. As of June 30, 2016, the balance of the VHDA reserves was \$90,806.

Notes to Consolidated Financial Statements June 30, 2016

Note 9 - Accounts payable and accrued expenses

Accounts payable and accrued expenses as of June 30, 2016 were comprised of the following components:

	 perating	Capital penditure	Total		
Accounts payable Payroll taxes	\$ 270,618	\$ 2,623	\$	273,241	
payable	55,336			55,336	
Accrued interest payable	8,383	100		8,383	
Accrued salaries and employee benefits	139,519	12.		139,519	
Accrued compensation					
leave	 167,852	 		167,852	
	\$ 641,708	\$ 2,623	\$	644,331	

Note 10 - Long-term debt

Mortgages payable - VHDA

The mortgage, in the original amount of \$306,019, is secured by real property acquired for use in the Corporation's Supportive Housing Programs. Principal and interest are payable in equal monthly installments of \$2,309 through the maturity date of February 1, 2022. The mortgage note bears interest at an annual rate of 8.30%. During the year ended June 30, 2016, \$11,251 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$124,942 and \$864, respectively, remained payable.

The mortgage, in the original amount of \$264,000, is secured by real property located at Calamo Street in Fairfax County, Virginia. Principal and interest are payable in equal monthly installments of \$1,417 through the maturity date of January 1, 2030. The mortgage note bears interest at an annual rate of 5%. During the year ended June 30, 2016, \$8,566 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$167,427 and \$698, respectively, remained payable.

The mortgage, in the original amount of \$780,000, is secured by real property located at Hirst Drive in Fairfax County, Virginia, leased to Fairfax County for use in the Regional Discharge Assistance and Diversion program. Principal and interest are payable in equal monthly installments of \$4,221 through the maturity date of April 1, 2038. The mortgage note bears interest at an annual rate of 5.05%. During the year ended June 30, 2016, \$34,099 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$667,653 and \$2,809, respectively, remained payable.

The mortgage, in the original amount of \$480,000, is secured by real property located at Terry Drive in Fairfax County, Virginia. Principal and interest are payable in equal monthly installments of \$2,591 through the maturity date of November 1, 2038. The mortgage note bears interest at an annual rate of 5.05%. During the year ended June 30, 2016, \$21,277 of interest expense was

Notes to Consolidated Financial Statements June 30, 2016

incurred. As of June 30, 2016, principal and accrued interest of \$416,799 and \$1,754, respectively, remained payable.

The mortgage, in the original amount of \$316,512, is secured by real property located at Little Hunting Creek, Russell and San Leandro Roads in Fairfax County, Virginia. Principal and interest are payable in equal monthly installments of \$1,748 through the maturity date of February 1, 2040. The mortgage note bears interest at an annual rate of 5.25%. During the year ended June 30, 2016, \$15,046 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$283,862 and \$1,242, respectively, remained payable.

The mortgage, in the original amount of \$123,000, is secured by real property located at Lonestar Road in Fairfax County, Virginia. Principal and interest are payable in equal monthly installments of \$679 through the maturity date of June 1, 2040. The mortgage note bears interest at an annual rate of 5.25%. During the year ended June 30, 2016, \$5,887 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$111,089 and \$486, respectively, remained payable.

The mortgage, in the original amount of \$133,000 is secured by real property located at Americana Drive in Fairfax County, Virginia. Principal and interest are payable in equal monthly installments of \$428 through the maturity date of May 1, 2046. The mortgage note bears interest at an annual rate of 1.00%. During the year ended June 30, 2016, \$232 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$132,683 and \$111, respectively, remained payable.

The mortgage, in the original amount of \$149,000 is secured by real property located at Mangalore Drive in Fairfax County, Virginia. Starting July 1, 2016, principal and interest are payable in equal monthly installments of \$583 through the maturity date of June 1, 2046. The mortgage note bears interest at an annual rate of 1.00%. During the year ended June 30, 2016, \$228 of interest expense was incurred. As of June 30, 2016, principal and accrued interest of \$149,000 and \$228, respectively, remained payable.

The following is a summary of future principal payments required under all mortgages for the years ending June 30:

2017	\$	72,193
2018		76,279
2019		80,519
2020		85,032
2021		89,840
Thereafter	_	1,649,592
	\$	2,053,455

Accrued interest payable for all mortgages is included in accounts payable and accrued expenses on the accompanying statement of financial position.

Notes payable - SunTrust Bank

On May 17, 2013, the Corporation received a \$125,000 note from SunTrust Bank. The note bore interest on the outstanding principal balance at a rate of 3%. Monthly installments of principal and interest of \$3,633 were payable on the first day of each month beginning on June 1, 2013. The note matured on May 1, 2016, at which time any remaining principal and interest was due. The note was

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Notes to Consolidated Financial Statements June 30, 2016

secured by a certificate of deposit in the amount of \$601,753 held by the Bank. During the year ended June 30, 2016, interest expense of \$563 was incurred and paid. In April 2016, the remaining principal and interest was paid in full.

On June 24, 2015, the Corporation received a \$250,000 30-day note from SunTrust Bank. The note bore interest on the outstanding principal balance at a rate of 2% plus the LIBOR rate or 2.18% at June 30, 2015. The note matured on July 31, 2015, at which time any remaining principal and interest was due. The note was secured by a lien upon certain properties. During the year ended June 30, 2016, interest expense of \$213 was incurred and paid. On July 15, 2015, the 30-day note from SunTrust Bank was paid off.

Note payable - Ally Bank vehicle loan

On October 21, 2015, the Corporation received a \$29,999 automobile loan from Ally Bank. The loan bears interest on the outstanding principal at a rate of 4.79%. Monthly installments of principal and interest of \$564 are payable through the maturity date of December 5, 2020. During the year ended June 30, 2016, interest expense of \$964 was incurred and paid. As of June 30, 2016, principal of \$26,908 remains payable, of which \$5,586 is due in 2017 and is included in notes payable, current maturities on the accompanying Statement of Financial Position.

Note 11 - Line of credit

On May 17, 2015, the Corporation renewed its \$500,000 line of credit with SunTrust Bank (the "Bank"). Borrowings on the line of credit were to be used to fund the rehabilitation of affordable housing projects. Interest, at a rate of 3%, accrued on the outstanding unpaid principal and is due monthly. Principal, and any unpaid interest, are due upon any acquisition, construction or other financing obtained by the Corporation for any project funded by the aforementioned line of credit. During the year ended June 30, 2016, \$12,117 of interest expense was incurred. The line of credit was secured by a certificate of deposit in the amount of \$601,753 held by the Bank prior to the payoff of the remaining balance. As of June 30, 2016, the balance on the line of credit was \$0 and the line of credit was closed.

On March 28, 2016, the Corporation acquired a \$250,000 line of credit with Capital One Bank. Interest, at a rate of 3.5% accrues on the outstanding unpaid principal and is due monthly. During the year ended June 30, 2016, \$191 of interest expense was incurred and remains payable as of June 30, 2016. The line of credit is secured by business assets. As of June 30, 2016, the balance on the line of credit was \$250,000.

On August 11, 2016, the line of credit with Capital One Bank was subsequently paid off in full. See Note 28.

Note 12 - Lease commitments

Effective October 5, 2006, the Corporation entered into a 10-year lease agreement to lease 8,026 square feet of office space. This lease called for monthly payments of \$14,380 with increases of 3.00% per annum each year of the renewed lease and a proportional share of increases in building operating costs. As of September 1, 2007, the Corporation amended the lease to acquire an additional 1,538 square feet of office space. The additional space called for monthly payments of \$3,140. On November 1, 2014, the Corporation entered into a 10-year and 7-month lease agreement to lease 9,564 square feet of office space, which amended and restated the original lease. The amended and restated lease calls for monthly payments of \$19,128 with basic rent adjustments defined by the agreement. For the year ended June 30, 2016, \$257,209 of rent

Notes to Consolidated Financial Statements June 30, 2016

expense was incurred and is included in management and general on the accompanying statement of activities.

In connection with the lease above, the Corporation received a tenant improvement allowance from the landlord, in the amount of \$53,527, which was recorded as a deferred liability and is amortized over the term of the lease. During the year ended June 30, 2016, \$3,319 was amortized, and as of June 30, 2016, the deferred revenue related to the tenant improvement allowance is \$50,008.

Additionally, the Corporation leases a number of apartment units from various lessors for use by clients participating in its Shelter Plus Care and Supportive Housing Programs. All such leases are for a term of one year, at inception. As of June 30, 2016, 193 such leases were in force.

Effective June 1, 2015, the Corporation entered into a three-year lease agreement to lease 2,400 square feet of office space on behalf of the affiliate. The lease agreement requires monthly basic rent of \$3,000 with adjustments defined by the agreement. In February 2016, the Corporation entered into a sublease agreement with SV Service to occupy two of the leased offices within the premises for a one year term, to expire on April 6, 2017. During the year ended June 30, 2016, the Corporation incurred rent expense in the amount of \$51,128 for the program.

The following is a summary of the minimum lease payments required under all noncancelable lease agreements, including those for apartment units, for the years ending June 30:

2017	\$ 2,613,441
2018	805,131
2019	248,345
2020	255,805
2021	263,488
Thereafter	 1,755,537
Total	\$ 5,941,747

The Corporation has entered into an equipment lease agreement, classified as capital lease, with a lease term through January 2020. Depreciation of the asset under the capital lease is included in depreciation expense.

The asset acquired under the capital lease is included in property and equipment as follows:

	\$	24,830
Less: Accumulated depreciation	-	(11,590)
Equipment	\$	36,420

Notes to Consolidated Financial Statements June 30, 2016

The following is a summary of the future minimum payments required under the capital lease agreement as of June 30, 2016:

7,284
7,284
7,284
3,253

Present value of future minimum lease payments as of June 30, 2016

\$ 25,105

As of June 30, 2016, the present value of the net minimum lease payments is \$25,105. No interest expense was incurred during the year ended June 30, 2016.

Note 13 - Net assets

Unrestricted net assets consist of two categories: 1) undesignated: funds that are currently available to support the Corporation's daily operations and 2) board designated: funds restricted by the Board of Directors for technology expenses. During the year ended June 30, 2016, the Board of Directors designated \$24,551 for technology expenses and no board designated funds were released. As of June 30, 2016, the board designated funds were \$33,381.

Temporarily restricted net assets at June 30, 2016 are \$8,327,527 which consists of contributions and other revenue restricted for specific programs. During the year ended June 30, 2016, temporarily restricted net assets of \$75,969 were released from restriction when donor stipulated purpose restrictions were met.

Notes to Consolidated Financial Statements June 30, 2016

Temporary restricted net assets are available for the following purposes:

Purpose restriced net assets		
Purchase of 13 new homes	\$	2,651,950
Purchase of Silver Lining		1,714,978
Purchases of Casablanca, Alsop, Wheatwheel		847,785
Purchases of four new homes		560,691
Permanent Supportive Housing Program Grant		500,000
CDBG Prince William County		394,900
VDHD - Permanent Supportive Housing State Grant		342,000
Home Grant		300,000
Transfer of Wyndale Court		230,000
CDBG - R Grant		220,149
Dental Fund		148,293
SHP 2007 & SHP 2009		55,162
Assisted Living Facility - Stevenson Place		52,282
Holiday Wish List		48,958
United Way		46,301
SHP 2011		40,000
Homer and Sue Purdy Donation for 4384		
Brockham Drive Unit 29/84A		25,000
Karen Free Art Program		22,560
Philanthropic Fund for Creative Housing Solutions		
to End Homelessness		15,778
Other		33,258
Subtotal purpose restricted net assets		8,250,045
Time restricted net assets		
Pledges		77,482
Subtotal time restricted net assets	,-	77,482
Total restricted net assets	\$	8,327,527

As of June 30, 2016, the Corporation has no permanently restricted net assets.

Notes to Consolidated Financial Statements June 30, 2016

Note 14 - Fees and grants from governmental agencies

Revenue was recognized from governmental agencies to fund the following programs for the year ended June 30, 2016 as follows:

Fairfax-Falls Church Community Services Board		
Residential facilities		
Stevenson Assisted Living Facility	\$	1,225,077
Russell Assisted Living Facility		10,031
Calamo Street		398,978
Terry Drive	-	431,378
		2,065,464
Supported residential programs		
Audobon		78,259
Christian Relief Services		114,919
Huntington Avenue		103,267
Outpatient Services		331,956
Mary Baldwin Drive		103,267
McKinney Projects		127,955
Mt Vernon McKinney		22,933
Pioneer Drive/Sheldon Drive		103,267
Public-Private Apartments		34,422
Supported Housing Options		840,436
Supportive Living Programs		61,121
Woodburn Crisis Center	-	101,847
		2,023,649
Administration		245,408
Total Fairfax-Falls Church Community Services Board	-	4,334,521
U.S. Department of Housing and Urban Development		
HUD Housing Funds-McKinney Projects		138,528
HUD Housing Funds-SHP 2007		162,669
HUD Housing Funds-SHP 2009		150,589
HUD Housing Funds-SHP 2011		360,398
HUD Housing Funds-SHP 2014		817,056
Section 8 Rental Assistance	-	110,422
Total U.S. Department of Housing and Urban Development		1,739,662

Notes to Consolidated Financial Statements June 30, 2016

Virginia Department of Social Services		
Assisted Living Facilities		259,933
Virginia Department of Behavioral Health & Developmental Services		
DBHDS Permanent Supportive Housing		177,106
Fairfax County Department of Housing and Community Development		
Fairfax County Redevelopment & Housing Authority (FCRHA)		
7729 Donnybrook		143,691
5616 Bloomfield		145,000
5756 Village Green		132,000
6133 Leesburg Pike	-	140,000
Total Fairfax County Redevelopment & Housing Authority (FCRHA)		560,691
Fairfax County Department of Housing and Community		
Development		
Shelter Plus Care	_	1,611,588
Prince William County Office of Housing and Community Development		
Russell Road	-	144,967
Arlington County Office of the Purchasing Agent		
Russell Road		10,031
Loudoun County		
Russell Road	-	5,015
Homeless Services Network of Central Florida, Inc.		
Florida Project	-	38,465
Fairfax County Department of Purchasing and		
Consolidated Community Funding Pool	-	182,000
Medicaid Fees	4	420,147
	\$	9,484,126

As indicated above, a large percentage of the Corporation's revenue is recognized pursuant to a contract with the Fairfax-Falls Church Community Services Board ("CSB"). The CSB contract has been renewed either annually or biannually for a significant number of years and there are no known plans for a curtailment of this contract in the foreseeable future. However, loss of CSB contract funding would have a significant impact on the nature and scope of the Corporation's program activities.

Notes to Consolidated Financial Statements June 30, 2016

Note 15 - Program services

The Corporation has two categories in which program services are grouped. It is as follows:

Category	Program
Operating	Residential Facilities
	Assisted Living Facility
	Calamo Street
	Terry Drive
	Supported Residential Programs
	Audobon
	Condominiums
	Consolidated Community Funding Pool
	Contingency Expenditure Fund Expenses
	Huntington Avenue Kincaid Court
	Leased properties
	Mary Baldwin
	Mental Health Outpatient Services
	Pioneer Drive/Sheldon Drive
	Pathway Homes - Florida
	Public - Private Apartments
	Shelter Plus Care
	Prince William - ALF
	PW Supported Living MHSS Silver Lining
	Supported Housing Options
	Supported Living
	Supported Living Supported Living Expansion Programs
	Supportive Housing Programs
	SHP McKinney Projects and SHP CRS
	SHP 2007
	SHP 2009
	SHP 2011
	SHP 2014
	Virginia Department of Behavioral Health and Development Services
	Woodburn Crisis Center

Note 16 - Assisted Living Facility

During the year ended June 30, 2005, the Corporation entered into a five-year contract with the County of Fairfax, Virginia (the "County") to operate the County's Assisted Living Facility ("ALF"). The ALF is a long-term, residential facility serving 37 individuals meeting selection criteria which include diagnosis of serious mental illness and residency requirements.

Notes to Consolidated Financial Statements June 30, 2016

Under this agreement, the Corporation is required to provide services including, but not limited to, staffing and professional management services, clinical services, health monitoring of residents, food, housekeeping and custodial services. In addition, the Corporation is required to perform financial budgeting and accounting tasks and is responsible for billing required to obtain auxiliary grant funding for residents. The Corporation entered a renewal contract on March 1, 2010, which expired on June 30, 2012. The contract had an option for three one-year renewals.

Effective July 1, 2015, the Corporation renewed its contract through June 30, 2017. During the year ended June 30, 2016, the Corporation recognized revenue in the amount of \$1,225,077 with respect to this contract, which included \$1,093,137 of program revenue and \$131,940 of revenue related to administration. Additionally, during the year ended June 30, 2016, the Corporation recognized auxiliary grant revenue of \$259,933 and client fee revenue of \$383,238 related to the ALF Program, of which \$7,963 is included in the program fees receivable on the accompanying statement of financial position as of June 30, 2016.

Note 17 - Shelter Plus Care Programs

During the year ended June 30, 1995, the Corporation was the recipient of a grant from the County of Fairfax, Virginia, Department of Housing and Community Development ("FCDHCD") to provide housing services to homeless, mentally ill adults. This grant was made available to FCDHCD by HUD under the terms of HUD's Shelter Plus Care Program. In past years FCDHCD awarded the Corporation additional Shelter Plus Care grants. As older contracts expired, HUD issued new combined contracts, and the Corporation now operates four such programs. During the year ended June 30, 2016, the Corporation recorded revenue in the amount of \$1,611,588 relating to these grant agreements.

Under the Shelter Plus Care Programs, the Corporation expends grant revenue to acquire rental apartment units for client use and provides supporting services through the Supported Housing Options Program.

Note 18 - Silver Lining properties

In prior years, the Corporation was awarded funds in the amount of \$1,714.978 by the Fairfax County Redevelopment and Housing Authority through the Federal Neighborhood Stabilization Program under the Silver Lining Plus Foreclosure Purchase Program. These funds have assisted in the acquisition and eligible rehabilitation costs to obtain seven foreclosed, three-bedroom homes within the designated targeted areas in Fairfax County. These newly acquired homes provide affordable rental housing to very low-income households. Awards were made in the form of deferred, no interest, equity share, second trust loans. Repayment is not required so long as the project remains available for very low-income persons for 30 years. Repayment of equity share may be required after 30 years, if the project becomes not available after 30 years, before the earlier to occur of (i) 80 years after the 30 years; or (ii) 21 years after the date of death of the last of the descendants of Joseph P. Kennedy, the former ambassador to Great Britain. In the event of noncompliance within the first 30 years, at the option of the grantor, the entire principal and interest (prime rate as of the date of noncompliance plus 400 basis points) shall be payable on demand. In the event of noncompliance after 30 years, the grantor will be entitled to the sum of the grantor's equity share only with respect to individual property. These awards have been recorded as temporarily restricted revenue in the statement of activities in the period received and will remain in temporarily restricted net assets until the time restriction has elapsed.

Notes to Consolidated Financial Statements June 30, 2016

The Corporation has leased five of the properties to the Fairfax-Falls Church Community Services Board ("CSB") in Fairfax County under a fixed long-term leasing agreement which expires on November 14, 2019. The lease agreement requires total monthly rental payments for the five properties of \$8,432.

The future minimum receipts for these leases for the years ending June 30, are as follows:

		San eandro	Rus	sell Road	Little Hunting Creek				Mount Venon		Total	
2017	\$	21,000	\$	19,920	\$	22,464	\$	17,400	\$	20,400	\$	101,184
2018		21,000		19,920		22,464		17,400		20,400		101,184
2019		21,000		19,920		22,464		17,400		20,400		101,184
2020	_	7,875	_	7,470		8,424	_	6,525	_	7,650	_	37,944
Total	\$	70,875	\$	67,230	\$	75,816	\$	58,725	\$	68,850	\$	341,496

Note 19 - Acquisition and rehabilitation of real properties

Acquisition

During the year ended June 30, 2012, the Corporation was awarded funds in the total amount of \$2,657,890 by the Fairfax County Redevelopment and Housing Authority through the Federal Home Investment Partnerships Program and Federal Community Development Block Grant and other local government funding. These funds have assisted in the acquisition costs to obtain three family homes and 10 condominium units within the designated targeted areas in Fairfax County. These newly acquired homes provide affordable rental housing to persons with income level ranging from very low to moderate.

During the year ended June 30, 2013, the Corporation was awarded funds in the total amount of \$847,515 by the Fairfax County Redevelopment and Housing Authority through the Federal Home Investment Partnership Program and Federal Community Development Block Grant. These funds have assisted in the acquisition costs to obtain two family and one condominium unit within the designated targeted areas in Fairfax County. These newly acquired homes provide affordable housing to persons with income ranging from very low to moderate.

During the year ended June 30, 2014, the Corporation was awarded funds in the total amount of \$300,000 by the Fairfax County Redevelopment and Housing Authority through the Federal Home Investment Partnerships Program. These funds have assisted in the acquisition costs to obtain two family homes within the designated targeted areas in Fairfax County. These newly acquired homes provide affordable rental housing to persons with very-low income level.

Awards were made in the form of deferred, no interest, equity share, second trust loans. Repayment is not required so long as the project remains available for very low-income persons for 30 years. Repayment of equity share may be required after 30 years, if the project becomes not available after 30 years, before the earlier to occur of (i) 80 years after the 30 years; or (ii) 21 years after the date of death of the last of the descendants of Joseph P. Kennedy, the former ambassador to Great Britain. In the event of noncompliance within the first 30 years, at the option of the grantor, the entire principal and interest (prime rate as of the date of noncompliance plus 400 basis points) shall be payable on demand. In the event of noncompliance after 30 years, the grantor will be entitled to the sum of the grantor's equity share only with respect to individual property. These awards have been recorded as temporarily restricted revenue in the statement of activities in the

Notes to Consolidated Financial Statements June 30, 2016

period received and will remain in temporarily restricted net assets until the time restriction has elapsed.

During the year ended June 30, 2014, the Corporation was awarded funds in the total amount \$500,000 by the Virginia Department of Housing and Community Development ("VADHCD"). These funds have assisted in the acquisition costs to obtain four one-bedroom condominium units in Fairfax County. These newly acquired homes provide affordable rental housing to persons who are homeless or at risk of homelessness, and to persons who have serious and persistent mental illness.

During the year ended June 30, 2015, the Corporation was awarded funds in the total amount of \$394,900 by the Prince William County Office of Housing and Community Development through the Federal Home Investment Partnerships Program and Federal Community Development Block Grant. These funds have assisted in the acquisition costs to obtain two family homes within the designated targeted areas in Prince Williams County. These newly acquired homes provide affordable rental housing to persons with income level ranging from low to moderate.

Pathway Homes, Inc. was awarded \$54,215 by the Prince William County Office of Housing and Community Development through the Federal Home Investment Partnerships Program and Federal Community Development Block Grant and the amount was passed through to Pathway Recovery for the acquisition of a property located at 3260 Wyndale Court, Woodbridge, VA 22192.

The Corporation entered into an agreement with Homer A. Purdy on June 23, 2015, to transfer the condominium unit at 8384A Brockham Drive, Alexandria, VA 22309 and other certain assets as defined by the agreement, to the Corporation, free and clear of all liens, claims, encumbrances, and interests, as contributions. On the transfer date, the fair values of the properties, building, and land, were \$125,800 and was included in contribution income on the accompanying statement of activities.

During the year ended June 30, 2016, the Corporation was awarded funds in the total amount of \$560,691 by the Fairfax County Department of Housing and Community Development through the Federal Home Investment Partnerships Program. These funds have assisted in the acquisition of four one-bedroom condominium units in Fairfax County. These newly acquired homes provide affordable rental housing to persons who are homeless or at risk of homelessness, and to persons who have serious and persistent mental illness.

The Corporation was awarded \$600,000 from the Virginia Housing Trust Fund to acquire four one-bedroom condominium units in Fairfax County with a Virginia Housing Trust Fund Loan Commitment over a two year period, expiring March 30, 2018. Interest on the outstanding Mortgage Loan is one percent for thirty years. As of June 30, 2016, the Virginia Housing Trust Fund committed \$282,000 for the purchase of two one-bedroom condominium units to provide affordable rental housing to persons who are homeless or at risk of homelessness and to persons who have serious and persistent mental illness.

Rehabilitation

During the year ended June 30, 2012, the Corporation was awarded funds in the total amount of \$237,101 by the Fairfax County Redevelopment and Housing Authority through the Federal Community Development Block - Recovery Grant and other local government funding. These funds have assisted in the rehabilitation costs for eight homes within the designated targeted areas in Fairfax County. These newly acquired homes provide affordable rental housing to low and

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Notes to Consolidated Financial Statements June 30, 2016

moderate income persons. During the year ended June 30, 2016, no funds were awarded and expended under this grant.

The awards were made in the form of deferred, no interest, equity share, second trust loans. Repayment is not required so long as the project remains available for low and moderate income persons for 30 years. Repayment of equity share may be required after 30 years, if the project becomes not available after 30 years, before the earlier to occur of (i) 80 years after the 30 years; or (ii) 21 years after the date of death of the last of the descendants of Joseph P. Kennedy, the former ambassador to Great Britain. In the event of noncompliance within the first 30 years, the lender is entitled to the greater (i) the original loan proceeds to individual property, plus (ii) the sum by which lender's equity share defined by the deed of trust, with respect to individual property. In the event of noncompliance after 30 years, the lender will be entitled to the sum of the lender's equity share only with respect to individual property. These awards have been recorded as temporarily restricted revenue in the statement of activities in the period received and will remain in temporarily restricted net assets until the time restriction has elapsed.

The Corporation has leased four of the acquired family homes to the CSB under fixed long-term leasing agreements which expire between April 15, 2022 and June 1, 2023. The lease agreements require total monthly rental payments for the four properties of \$4,000.

On August 15, 2013, the Corporation executed a lease for one of the acquired family homes with the CSB under a fixed long-term leasing agreement which expires on August 31, 2023. The lease agreement requires monthly rental payments for the property of \$1,500, beginning September 1, 2013.

The future minimum receipts for these leases for the years ending June 30 are as follows:

	Emerald Heights	Wh	eatwheel	_ K	alorama	Als	sop Court	Ca	asablanca Court		Total
2017	\$ 12,000	\$	12,000	\$	12,000	\$	12,000	\$	18,000	\$	66,000
2018	12,000		12,000		12,000		12,000		18,000		66,000
2019	12,000		12,000		12,000		12,000		18,000		66,000
2020	12,000		12,000		12,000		12,000		18,000		66,000
2021	12,000		12,000		12,000		12,000		18,000		66,000
Thereafter	 9,500	_	9,500	_	9,500		9,000	_	21,000	_	58,500
Total	\$ 69,500	\$	69,500	\$	69,500	\$	69,000	\$	111,000	\$	388,500

During the year ended June 30, 2014, the Corporation was awarded funds in total of \$100,000 by VADHCD. These funds have assisted in a multitude of activities necessary for the pre-development and viability study of a large single room occupancy project in an unoccupied facility in Lorton, VA. During the year ended June 30, 2016, \$0 was expended under the grant.

Note 20 - Supportive Housing Programs

McKinney projects

During the year ended June 30, 1992, the Corporation was the recipient of grants from the VADHCD to provide permanent housing at eight locations for mentally ill, homeless adults. These

Notes to Consolidated Financial Statements June 30, 2016

grants were made available to VADHCD by HUD under the terms of the Stewart B. McKinney Act (Public Law 100-77).

Effective August 1, 1997, the Corporation became the direct recipient of HUD funds with respect to the Supportive Housing Program.

In addition, during the year ended June 30, 1992, the Corporation received mortgage loans in the amount of \$306,109 (Note 10) and \$221,058 from the Virginia Housing Development Authority and the Virginia Housing Partnership Revolving Fund, respectively, which were used in conjunction with the aforementioned permanent housing funds to acquire eight residential housing units. The Corporation operates four of these units independently, providing full support services. The remaining four units owned by the Corporation are operated by the Fairfax-Falls Church Community Services Board through the Mount Vernon Center for Community Mental Health.

For the year ended June 30, 2016, the Corporation recorded revenue totaling \$138,528. The Corporation renewed its contract, and the current contract agreement expires on December 31, 2016.

Escrowed fund - Christian Relief Services ("CRS")

The Corporation, acting as fiscal agent on behalf of Christian Relief Services, Inc. ("CRS"), maintains a bank account in the name of CRS over which it exercises unilateral signature control. CRS provides the funds deposited into this account from grants received by CRS, from HUD, as a participant in the Supportive Housing Program (McKinney programs). From these funds the Corporation pays expenses for operating and supporting services relating to seven CRS owned properties. As of June 30, 2016, the balance of this escrow fund was \$69,144. This balance is included as a component of restricted cash, with a corresponding liability presented as liability for escrow funds at June 30, 2016 on the accompanying statement of financial position.

SHP 2007, SHP 2009, SHP 2011 and SHP 2014

In December 2008, the Corporation entered into a two-year grant agreement with HUD under the Supportive Housing Program 2007 ("SHP 2007") for \$307,314. Subsequent renewals of this grant are for one-year terms. The grant expires November 30, 2016. The Corporation recorded \$162,669 for the year ended June 30, 2016.

On September 18, 2010, the Corporation entered into a two-year grant agreement with HUD under the Supportive Housing Program 2009 ("SHP 2009") for \$306,772. Subsequent renewals of this grant are for one-year terms. The grant expires October 31, 2016. The Corporation recorded \$150,589 for the year ended June 30, 2016.

On July 19, 2012, the Corporation entered into a one-year grant agreement with HUD under the Supportive Housing Program 2011 ("SHP 2011") for \$314,906. Subsequent renewals of this grant are for one-year terms. The grant expires August 31, 2016. The Corporation recorded \$360,398 for the year ended June 30, 2016.

On April 16, 2015, the Corporation entered into a one-year grant agreement with HUD under the Supportive Housing Program 2014 ("SHP 2014") for \$1,199,664. Subsequent renewals of this grant are for one-year terms. The grant expires July 31, 2016. The Corporation recorded \$817,056 for the year ended June 30, 2016.

These grants provide homeless assistance. The grants provide funding to cover leasing costs, supportive services, operating costs and administration fees.

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Notes to Consolidated Financial Statements June 30, 2016

Note 21 - Operating leases

The Corporation leases mortgaged properties to tenants under non-cancelable operating leases with 10-year terms. In addition to the properties described in Notes 18 and 19, the Corporation has leased Hirst Drive to the CSB under a fixed long-term leasing agreement which expires on July 31, 2018. The lease agreement requires total monthly rental payments for Hirst Drive of \$5,000.

The future minimum receipts under the Hirst Drive lease for the years ending June 30, is as follows:

	H	irst Drive
2017	\$	60,000
2018		60,000
2019		5,000
Total	\$	125,000

Note 22 - Retirement plan

The Corporation provides a tax sheltered annuity plan to its employees. The plan is voluntary and requires contributions by the employee. The Corporation contributes an amount equal to 5% of each employee's salary provided the employee has worked one year and contributes a minimum of 3% of their salary. Additionally, the Corporation sponsors a 457(b) plan for its key executive. For the year ended June 30, 2016, the Corporation recognized contributions of \$171,659 on behalf of its employees to these plans.

Note 23 - Fundraising

The Corporation conducts fundraising campaigns within its Capital Expenditure account. Direct mail appeals are utilized to solicit donations, \$117,066 of which are for temporarily restricted purposes. During the year ended June 30, 2016, \$75,969 was released from restrictions.

During the year ended June 30, 2016, an aggregate amount of \$213,432 was raised for unrestricted purposes.

Note 24 - Related party transactions

The Corporation is related to Pathways Living, Inc., Pathway Options, Inc., and Pathway Visions, Inc. through common officers and Boards of Directors. The Corporation provides management services to the HUD Projects operated by Pathways Living, Inc., Pathways Options, Inc. and Pathway Visions, Inc. for a fee, approved by HUD, based on a percentage of annual rent and housing assistance supplement income, net of vacancy losses, for each individual project. The Mary Baldwin Drive and Huntington Avenue Projects owned and operated by Pathways Living, Inc. each paid 4.5% of collections, as defined above from the period July 1, 2014 through July 24, 2014. Effective July 25, 2014, the management agreement was revised and approved by HUD upon the merging of the HUD projects, and provides for a management fee of 5% of monthly rental collections. Pathways Living, Inc. Pathway Options, Inc. and Pathway Visions, Inc. each pay 5% of collections, as defined above, for these services. These fees are paid by Pathways Living, Inc., Pathway Options, Inc. and Pathway Visions, Inc. to the Capital Expenditure Fund of the Corporation.

Notes to Consolidated Financial Statements June 30, 2016

The Corporation pays expenditures on behalf of related corporations for their operating expenses which are subsequently reimbursed to the Corporation. For the year ended June 30, 2016, total advances were \$242,370. As of June 30, 2016, \$159,588 remained receivable and is included in advances and other receivables - related corporations on the accompanying statement of financial position. These advances are non-interest-bearing.

During the year ended June 30, 2012, the Corporation created a new entity, Pathway Recovery, Inc., which is considered a related party through common governance. The Corporation paid for expenditures on behalf of the Pathway Recovery, Inc. for operating expenses, which are subsequently reimbursed. As of June 30, 2016, \$53,737 remains receivable and is included in advances and other receivables - related corporations on the accompanying statement of financial position. These advances are non-interest bearing.

During the year ended June 30, 2016, a related party, Pathway Recovery, Inc., transferred the property Wyndale Court, valued at \$234,069 to the Corporation, which resulted in a \$232,169 increase to net assets.

Note 25 - Housing assistance payment contract agreements

On July 9, 2012, the Corporation entered into a Housing Assistance Payment contract with Fairfax County Department of Housing. The initial term of the contract is for 10 years and covers six units. During the year ended June 30, 2016, four units were added to the existing contract. The contract expires July 9, 2022. For the year ended June 30, 2016, housing assistance payments received under the contract totaled \$84,291.

During the current year ended June 30, 2016, fourteen additional housing assistance payments contracts for project based vouchers were entered into with Fairfax County Department of Housing. At year end, four of the fourteen contracts were in effect. The amount received during the year ended June 30, 2016 under this agreement totaled \$3,185.

The Corporation currently has a three-year Housing Assistance Payment contract through PHA, Fairfax County Department of Housing for one rental unit located in Falls Church, Virginia. The contract expires June 1, 2018. The amount received during the year ended June 30, 2016 under this agreement totaled \$11,244.

Note 26 - Tenant assistance payments

During the year ended June 30, 2015, the Corporation entered into a lease agreement with a tenant that has a Housing Assistance Payments Voucher from PHA, Fairfax County Department of Housing. The amount received during the year ended June 30, 2016 under this arrangement totaled \$11,702.

Note 27 - Concentration of credit risk

The Corporation maintains its cash balances in several accounts with various institutions. The institutions are members of either the Federal Deposit Insurance Corporation ("FDIC") or Securities Investor Protection Corporation ("SIPC"). The accounts insured by FDIC are insured up to an aggregate amount of \$250,000 for each entity. During the year ended June 30, 2016, the cash balances may exceed the FDIC and SIPC insurance limits, respectively; however, the Corporation has not experienced any losses with respect to its bank balances in excess of government provided

Notes to Consolidated Financial Statements June 30, 2016

insurance. Management believes that no significant concentration of credit risk exists with respect to these cash balances at June 30, 2016.

Note 28 - Subsequent events

Events that occur after the statements of financial position date but before the consolidated financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the statement of financial position date are recognized in the accompanying consolidated financial statements. Subsequent events which provide evidence about conditions that existed after the statement of financial position date require disclosure in the accompanying notes. Management evaluated the activity of the Corporation through October 12, 2016 (the date the consolidated financial statements were available to be issued) and concluded that the following subsequent event has occurred and requires disclosure:

On August 11, 2016, the Capital One Bank line of credit in the amount of \$250,000 was paid in full.

Supplementary Information

Supplementary Information

Consolidating Statement of Financial Position June 30, 2016

	Pathway Homes, Inc.			Pathway Homes of Florida, Inc.		
	Operating	Capital Expenditure	Elimination between Funds	Operating	Elimination	Total
Assets						
Current assets						
Cash	\$ 569,411	\$ -	\$ -		S -	\$ 569,411
Restricted cash	113,667	29,587	-	2,200		145,454
Accounts receivable	11,985	14,188	-	1.30	2	26,173
Pledges receivable, net of						
discount		24,054	-		(+)	24,054
Program fees receivable	434,936	10 Sv	9	6,681	7	441,617
Prepaid expenses	217,326	3,135	1		(2)	220,461
Security deposits	42,525	112	T+1			42,525
Advances and other						
receivables - related						
corporations	1,230,762	887,704	(1,905,141)		(8,881)	204,444
Advances - Pathway Homes,					8.450.5	
Inc CEF	43,173		(43,173)			
Total current assets	2,663,785	958,668	(1,948,314)	8,881	(8,881)	1,674,139
Property and equipment						
Property and equipment	12,447,384					12,447,384
Less: Accumulated depreciation	(1,693,081)		20	54		(1,693,081)
	- 13/23/12/2/					17755572
Total noncurrent assets	10,754,303					10,754,303
Other assets						
Reserve for replacements	90.806	2.	24	2	100	90,806
Investments	56.665	4		12	1	56,665
Pledges receivable, net of	50,500					00,000
discount						
of \$8,692		53,428			420	53,428
Total other assets	147,471	53,428	-			200,899
Total assets	\$ 13,565,559	\$ 1,012,096	\$ (1,948,314)	\$ 8,881	\$ (8,881)	\$ 12,629,341
Total assets	Ψ 13,303,339	J 1,012,090	\$ (1,340,314)	0,001	0,001)	\$ 12,629,341

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Supplementary Information

Consolidating Statement of Financial Position June 30, 2016

		F	athw	ay Homes, In	C.			way Homes Florida, Inc.				
Liabilities and Net Assets		Operating	_ E	Capital expenditure		Elimination tween Funds		Operating	E	imination	_	Total
Current liabilities												
Accounts payable and		50.0000										
accrued expenses	\$	2,546,849	\$	45,796	\$	(1,948,314)	\$	8,881	\$	(8,881)	\$	644,331
Deferred revenue		322,379		-				-		1		322,379
Liability for escrow funds		113,667		7		(7)		2		17		113,667
Mortgages payable, current		12000										22.725
maturities		72,193		7.1						(-)		72,193
Notes payable, current maturities Deferred rent liability, current	1	255,586		-		-		- 3		3		255,586
portion		81,181						-		-		81,181
Obligation under capital												
lease, current maturities	_	7,284	_		_		_	*	_		_	7,284
Total current liabilities		3,399,139	_	45,796		(1,948,314)		8,881		(8,881)		1,496,621
Long-term liabilities												
Mortgages and notes payable,												
net of current maturities		2,002,584				-						2,002,584
Obligation under capital lease,		4.8.4.9										
net of current maturities		17,821				24		140		1,4		17,821
Deferred rent liability, net of		100										
current portion		39,774				1.		19		1,0		39,774
Other long-term liabilities	_	36,000	_	-	_	- 1	_	- 8		-	_	36,000
Total long-term liabilities	_	2,096,179			_	- ÷.			_			2,096,179
Total liabilities	_	5,495,318		45,796	_	(1,948,314)		8,881	_	(8,881)		3,592,800
Commitments and												
contingencies				•		+		€.				7.1
Net assets												
Unrestricted		282,788		426,226		*		(*				709,014
Temporarily restricted	_	7,787,453	_	540,074	_	12.0			_		_	8,327,527
Total net assets	_	8,070,241	_	966,300	_	-		-0			_	9,036,541
Total liabilities	3-	42.625.54		0.412.24		Mayea.		2317		14:5-1		Ta 452 8 71-
and net assets	\$	13,565,559	\$	1,012,096	\$	(1,948,314)	\$	8,881	\$	(8,881)	\$	12,629,341

Supplementary Information

Consolidating Statement of Activities Year Ended June 30, 2016

	Pathway I	Pathway Homes Pathway Homes, Inc. Pathway Homes			
	Operating	Capital Expenditure	Operating	Total	
Operating revenue and other support	Operating	Experionare	Operating	- 10.00	
Fees and grants from	and the same of		100,000	off a Waybash	
governmental agencies	\$ 9,445,661	\$	\$ 38,465	5 9,484,126	
Client fees and rents	1,445,762			1,445,762	
Contributions	139,920	190,578	•	330,498	
Management fees	30,000	8,235	7	38,235	
Interest and dividends	679	5		684	
Other	6,361			6,361	
Total operating revenue and					
other support	11,068,383	198,818	38,465	11,305,666	
According to the second					
Operating expenses					
Program services - residential facilities	4 000 700			4 000 700	
Assisted Living Facility	1,650,792			1,650,792	
Calamo Street	321,631		1.	321,631	
Terry Drive	327,784			327,784	
Subtotal - Program services - residential					
facilities	2,300,207	-	1.0	2,300,207	
Program services - supported residential programs					
Program services - supported residential programs Audobon	20,624			20,624	
Condominiums	42	500	-	42	
Consolidated Community Funding Pool	198,351		-	198,351	
Huntington Avenue	45,057		100	45,057	
Kincaid Court	25,609	6.1	1,01	25,609	
Leased Properties	166,414		1.2	166,414	
Mary Baldwin	73,665			73,665	
Mental Health Outpatient Services	260,875			260,875	
Pathway Homes - Florida	64,765		38,465	103,230	
Pioneer Drive/Sheldon Drive	45,517		-0,00	45,517	
Prince William - ALF	331,473			331,473	
PW Supported Living MHSS	24,645			24,645	
Shelter Plus Care	2,076,062			2,076,062	
SHP 2007	206,049	2	(4)	206,049	
SHP 2009	197,523	- 4	119.11	197,523	
SHP 2011	444,061		11.9	444,061	
SHP 2014	1,002,296			1,002,296	
Supported Housing Options	704,732	A)	(2)	704,732	
Supported Living	239,401			239,401	
Supported Living Expansion Programs	15,520	. 0	- 3	15,520	
SHP McKinney Projects and SHP CRS	545,934	-	1.2	545,934	
Virginia Department of Behavioral Health and					
Development Services	81,887		9	81,887	
Woodburn Crisis Center	88,025			88,025	
Total program services	9,158,734		38,465	9,197,199	
Supporting services	-8.425.257	1020		\$0.000	
Management and general	1,621,249	22,593		1,643,842	
Contributions		78,472		78,472	
Fundraising		25,231		25,231	
Total supporting services	1,621,249	126,296		1,747,545	
Total expenses	10,779,983	126,296	38,465	10,944,744	
				10,011,11	
Other item	(707)			(202)	
Unrealized gain on investments	(703)			(703)	
Change is and appelle (defails)	200 200	20.500		404 000	
Change in net assets (deficit)	289,103	72,522		361,625	
Other changes in net assets from transfer of Wyndale Court	232,169	- 4	E	232,169	
	1.00	- G			
Total change in net assets	\$ 521,272	\$ 72,522	\$	\$ 593,794	

Schedule of Expenditures of Federal Awards Year Ended June 30, 2016

Federal grantor/ Pass-through grantor/Program title	Federal CFDA number	Pass-through grantor number	Federal expenditures		
U.S. Department of Housing and Urban Development direct programs:					
Section 8 Housing Choice Vouchers	14.871	N/A	\$	110,422	
Supportive Housing Programs	14.235	N/A		1,629,240	
Supportive Housing Programs - CRS	14.235	N/A	_	10,081	
Subtotal U.S. Department of Housing and Urban Development direct programs				1,749,743	
U.S. Department of Housing and Urban Development pass-through programs from: Community Development Block					
Grant - Prince William County	14.218	N/A		275,691	
Fairfax County Redevelopment and Housing Authority	11.270	11,97,4		2,0,001	
Community Development Block					
Grant/Entitlement Grant	14.218	N/A		182,000	
Fairfax County Department of Housing and Community Development					
Shelter Plus Care	14.238	VA0101L3G011407 VA0101L3G011508 VA0102L3G011407 VA0102L3G011508 VA0100L3G011306 VA0100L3G011407 VA0145L3G011406		1,601,507	
Home Investment Partnership Program					
pass-through programs from:					
Fairfax County	14.239	N/A	_	285,000	
Subtotal U.S. Department of Housing and Urban Development pass-through programs				2,344,198	
Total U.S. Department of Housing and Urban De	evelopment		_	4,093,941	
Total			\$	4,093,941	

Notes to Schedule of Expenditures of Federal Awards Year Ended June 30, 2016

Note 1 - Basis of presentation

The accompanying schedule of expenditures of federal awards includes the federal award activity of Pathway Homes, Inc., under programs of the federal government for the year ended June 30, 2016. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of Pathway Homes, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Pathway Homes, Inc. The financial statements of the Affiliate included in the consolidated financial statements were not audited in accordance with Government Auditing Standards as they are not subject to requirements under Uniform Guidance.

Note 2 - Summary of significant accounting policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, the cost principles contained in OMB Circular A-122, "Cost Principles for Non-Profit Organizations" or the cost principles contained in the Uniform Guidance. Pathway Homes, Inc. has selected not to use the 10-percent de minimis indirect cost rate allowed under Uniform Guidance.

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Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

To the Board of Directors Pathway Homes, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Pathway Homes, Inc., which comprise the consolidated statement of financial position as of June 30, 2016, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 12, 2016. The financial statements of the Affiliate included in the consolidated financial statements were not audited in accordance with *Government Auditing Standards* as they are not subject to requirements under Uniform Guidance.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Pathway Homes, Inc.'s internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Pathway Homes, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Pathway Homes, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Pathway Homes, Inc.'s consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

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Bethesda, Maryland October 12, 2016

CohnReynickLLP



Independent Auditor's Report on Compliance for the Major Federal Program and on Internal Control over Compliance Required by the Uniform Guidance

To the Board of Directors Pathway Homes, Inc.

Report on Compliance for the Major Federal Program

We have audited Pathway Homes, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on Pathway Homes, Inc.'s major federal program for the year ended June 30, 2016. Pathway Homes, Inc.'s major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal program.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Pathway Homes, Inc.'s major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Pathway Homes, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of Pathway Homes, Inc.'s compliance.

Opinion on the Major Federal Program

In our opinion, Pathway Homes, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2016.

Report on Internal Control over Compliance

Management of Pathway Homes, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Pathway Homes, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the

purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Pathway Homes, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of our testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Bethesda, Maryland October 12, 2016

CohnReynickLLF

Schedule of Findings and Questioned Costs June 30, 2016

A. Summary of Auditor's Results

- The auditor's report expresses an unmodified opinion on whether the consolidated financial statements of Pathway Homes, Inc. and Affiliate were prepared in accordance with generally accepted accounting principles.
- No significant deficiencies related to the audit of the consolidated financial statements were reported in the Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards. No material weaknesses were reported.
- No instances of noncompliance material to the consolidated financial statements of Pathway Homes, Inc. and Affiliate, which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.
- 4. No significant deficiencies in internal control over the major federal award program were disclosed during the audit and reported in the Independent Auditor's Report on Compliance for the Major Federal Program and on Internal Control over Compliance Required by the Uniform Guidance. No material weaknesses were reported.
- 5. The auditor's report on compliance for the major federal award program for Pathway Homes, Inc. expresses an unmodified opinion on the major federal program.
- There are no audit findings required to be reported in accordance with 2 CFR Section 200.516(a) in this Schedule.
- 7. The program tested as a major program was:

CFDA Number	Name of Federal Program	
14.235	Supportive Housing Program	

- 8. The threshold for distinguishing Type A and B programs was \$750,000.
- 9. Pathway Homes, Inc. qualified as a low-risk auditee.
- B. Findings Financial Statements Audit

None

C. Findings and Questioned Costs - Major Federal Award Programs Audit

None

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IRS 990 (2014 reporting)

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury

Do not only occident assists a uniter on the form on the product of the control of the control occident on the control occident on the control occident occident occident occidents.

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15 D Employer identification number C Name of organization B Check Capplesti PATHWAY HOMES, 54-1041459 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 10201 FAIRFAX BOULEVARD SUITE 200 (703) 876-0390 Critial return F naicelum City or town, state or province, country, and ZIP or foreign postal code Amanded 10,247,238. FAIRFAX, VA 22030 G Gross receipts \$ F Name and address of principal officer. H(a) Is this a group return for Application pending Yos X No SYLISA LAMBERT-WOODARD 10201 FAIRFAX BOULEVARD, SUITE FAIRFAX, VA 22030 H(b) Are all subordinales roude? X 501(c)(3) If "No," attach a list. [see instructions] 501(c) (14 4947(a)(1) or 527 (insert no.) Website: > PATHWAYHOMES.ORG H(c) Group exemption number AV Form of organization: X Corporation Trust L Year of formation: 1980 M Stale of legal domicile: Association Other > Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LONG TERM HOUSING, SUPPORTIVE SERVICES AND SUPERVISION TO SERIOUSLY MENTALLY ILL ADULTS. Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10. 10. Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 101. 5 6. 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 D b Net unrelated business taxable income from Form 990-T, line 34 . Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 8,861,452. 8,655,742 1,384,637. Program service revenue (Part VIII, line 2g) 1,335,387. 1,677. 1,149. 10 9,992,806. 10,247,238. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 5,194,268. 5,352,255. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 4,179,595. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,074,444. 17 9,268,712. 9,531,850. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 715,388. 724,094. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year ò Beginning of Current Year 11,866,095. 10,905,665. Total assets (Part X, line 16) 3,423,348. 21 Total liabilities (Part X, line 26) 3,182,667. 7,722,998. 8,442,747. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Part II Under penallies of perjury, I declare that I have examined this return, including accompanying schoolubs and statements, and to the best of my knowledge and bellef, it is true, correct, and complete, Declaration of preparer (other thappofficer) is based on all information of which preparer has any knowledge. Sign Date Here Type or print name and title Print/Type preparer's name Check Pald self-employed P00223815 RYAN , CPA Preparer Firm's name COHNREZNICK LLP Firm's EIN > 22-1478099 Use Only 301-652-9100 Firm's address >7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 2001

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2014)

X- Yes

Far			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1-1		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	8		Λ.
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	Ш
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		X
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			1
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	이드를 다른 다양이 그렇게 되었다면 하는데 이번에 가장하게 되었다면 없이 얼마나를 다 되었다면 되었다면 하는데 가장되었다면 하는데 그렇다면 하는데 그렇다면 하는데 그렇다면 되었다면 생각이 없다면 다 나는데 그렇다면 하는데 그렇다면 그렇다면 하는데 그렇다면 그렇다면 그렇다면 그렇다면 그렇다면 그렇다면 그렇다면 그렇다면	1	177	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24¢		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	-	~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	Zoa		
	Schedule L, Part IV	28b		×
C	An antity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	457		-
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2.7	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			0
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2014)

_	Check if Schedule O contains a response or note to any line in this Part V			1
	Francisco de la companya del companya de la companya del companya de la companya		Yes	I
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		l
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	10	X	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 101			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.7	1 10	l
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	17.1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶	DI	VIII	ľ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ı
	(FBAR).			ľ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		l.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		l.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ľ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1 1	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	=	1	ľ
	gifts were not tax deductible?	6b		ı
	Organizations that may receive deductible contributions under section 170(c).			ŀ
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		l
-	and services provided to the payor?	7a		l
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ŀ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ŀ
	게 되고 있는데, 다른 바다 가는데 그렇게 그래요. 그렇게 되었다. 사람들은 이번에 보고 있다면 보고 있다면 보고 있다. 그런데 보고 있다면 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	7c		l
	required to file Form 8282?	10	100	
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		l
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ŀ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	ŀ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ŀ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10		ı
	sponsoring organization have excess business holdings at any time during the year?	8		ļ.
9	Sponsoring organizations maintaining donor advised funds.		(CO.)	ı
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			ľ
a	Initiation fees and capital contributions included on Part VIII, line 12			ı
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
	Section 501(c)(12) organizations. Enter:	7 N		ı
	Gross income from members or shareholders			l
h.	Gross income from other sources (Do not net amounts due or paid to other sources			ı
~	against amounts due or received from them.)			ı
2=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		١
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ŀ
	가는 네트워크를 통해 있다면 하게 되면 하게 되었다. 그래 없는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은			١
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
a	Is the organization licensed to issue qualified health plans in more than one state?	198	300	-
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which		13/3	1
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			-
10	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			ſ

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			tions
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	2		1
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1.
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Jan 10	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	7	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?	ra		-
р	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
_	stockholders, or persons other than the governing body?	10		1,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	20		
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1.6		
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa		1
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Z 1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		-	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			/=
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	x	
	HENONE PROBLEM CONTROL CONT	15b	x	
D	Other officers or key employees of the organization	100	-	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	000		l
	organization's exempt status with respect to such arrangements?	16b		
seci	ion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	/, an
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: >		
	CORPORATION 10201 FAIRFAX BOULEVARD, SUITE 200 FAIRFAX, VA 22030 (703)876-0390			
JSA		Form	990	(2014

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.........

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unlo	Pos heck ss po	noon	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	1.00	х			ļ			0	0	
	2.00	x		x				0	0	
VICE-CHAIRPERSON	2.00	Х		x				0	o	
(4)DANIEL GRAY, ESQ CHAIRPERSON	2.00	x		x				0	0	
_(5)JAMES_ROSS	2.00	x						0	o	
_(6)SUSAN_ZYWOKARTE DIRECTOR	2.00	x						0	0	
	1.00	х						0	0	
	2.00	х	Ī			ĬĬ		0	o	
(9)PATRICK CHAING DIRECTOR.	1.00	'x				A		. 0	o	(
(10)ANGIE LATHROP DIRECTOR	1.00 2.00	х						0		
(11)BRENDA F. BRENNAN CHIEF FINANCIAL OFFICER	35.00 5.00			х				101,915.	o	9,191.
(12)SYLISA LAMBERT-WOODARD PRESIDENT/CEO	35.00 5.00			x				193,213.	o	13,356.
(13)JOAN GABER DIRECTOR OF NURSING	35.00 5.00					x		120,474.	o	7,599.
(14)ELEANOR VINCENT CHIEF OPERATING OFFICER	35.00 5.00		Ī			x		75,046.	. 0	14,865.

JSA

Form 990 (2014)

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r	not ch unles	Pos nock is pe	dion more rson	o than o	ene an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	comp		cf
	related organizations below dotted line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganizati nd relate ganizatio	ion ed
5) SHERRY MEYERS	35.00							92.000				
SR. VP OF CLINICAL SERVICE 6) ANITA ROBINSON	5.00				_	X		93,036.			5,	269
VICE PRESIDENT FOR CLINICAL SE	35.00 5.00					х		94,870.		0	5,	236
							Į		, Le			
									1=			
		Ī				H						
1b Sub-total	CC.774				7.	5.5	-	490,648.			45,0	110
c Total from continuation sheets to Part VII, S	ection A .						>	187,906.			10,5	_
d Total (add lines 1b and 1c)	limited to the	nose l	isted				o re	678,554. ceived more than		<u> </u>	55,5	21.0
reportable compensation from the organization		3			-						Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru	stee	e, 1	кеу е	mp	loyee, or highest	compensated	3		X
4 For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep	ortab \$15	le c	om)	pen If	sation "Yes	ar	d other compens	ation from the		V	
individual	accrue cor	npen	satio	n f	rom	any	unr			4	X	v
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, compret	0 307	eau	e J	ior	sucn	pers	son		5	_	X
 Complete this table for your five highest com compensation from the organization. Report of year. 	peņsated ir ompensatio	ndepe on for	nde the	nt c	cont	racto ar ye	rs tl ar e	nat received more nding with or with	than \$100,000 in the organization	of on's tax		
(A) Name and business add	(A) Name and business address							(B) Description of se	rvices	(C)		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e li	sted above) who	received			
more than \$ 100,000 in compensation from th	u uigailicat	WII P				U					990	

			10.00		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	100			100		
An An	c	Fundraising events	1c			Jan Stranger		
ig is	d	Related organizations	1d		A STATE OF THE STATE OF			
rtions, er Sim	e f	Government grants (contributions, gifts,		8,531,571.				
d Oth		and similar amounts not included	above . 1f	329,881.	Ven Li			
2 %	9 h	Total. Add lines 1a-1f			8.861,452.			
e e			Business Code	3,30,7,38,		ALCOHOLD, D	3 0 1 2 1 1 1	
Ven	2a	RENTAL INCOME		531110	229,040.	229,040.		
8	b	CLIENT FEES		531110	1,106,712.	1,106,712.		
Vice	c	MGMT FEES		531110	14,642.	14,642.		
Program Service Revenue	d	OTHER INCOME		531110	34,243.	34,243.		
ran	C							-
rog	f	All other program service rev				R. Handard S. H.	10 200	No. of the last
-	g	Total, Add lines 2a-2f			1,384,637.			
	4 5	and other similar amounts). Income from investment of	tax-exempt bon	T 1 ▶ L d proceeds . ▶	1,149. 0		-	1,149
- 1	5	Royalties	(i) Real	(ii) Personal	0	Service Control		98 (C-137 10 2 10
- 1		C	47.1	(4)				
- 1	6a	Gross rents			The Manager			
- 1	Ь	Less: rental expenses				Section March		
- 1	d	Rental income or (loss) ! Net rental income or (loss)	1		a			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED
	7a	Gross amount from sales of	(i) Securities	(ii) Other		C. C. C. C.		
	b	assets other than inventory Less: cost or other basis			74.			
- 1	b							
- 1		and sales expenses			九 这 以			
	d	Net gain or (loss)			o			
ø	8a	Gross income from fundra	.4		100		THE REAL PROPERTY.	
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c).	a				
her	b	Less: direct expenses			G. Paris School	Manager 1		
ō	C	Net income or (loss) from full Gross income from gaming		s >	0		E-E-E-E	A CANADA
		See Part IV, line 19						
	c	Less: direct expenses			0	MS 1		SI ISTICATION (INITE
**	10a	Gross sales of inventory, less returns and allowances a		a			A Park	
	b			b	0	MILES AUG	45 10 6 5 5	BIASSIES.
Ì		Miscellaneous Reven		Business Code	- 37A	V	KA	£ 100 ES 17 60
1	11a							
1	b							
	d	All other revenue						
- 1	9	Total. Add lines 11a-11d		b	0		13 62 63	FOR RESIDEN
- 1	40	Total revenue See instruction			70. 30.0			

J5A 4E1051 1.000

Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A).
--	---

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	o			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	o			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	a			
4 Benefits paid to or for members	a			
5 Compensation of current officers, directors,	C70 F54	670 554		
trustees, and key employees	678,554.	678,554.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other calaries and wages	3,739,014.	2,970,818.	768,196.	
7 Other salaries and wages	2,739,014.	2,910,010.	700,190.	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
그들이 어린 아들은 사이에 살아왔다고 하는데 하는데 아들이 아들이 아들이 아들이 아들이 아름이 없었다.	610,492.	475,356.	135,136.	
9 Other employee benefits	324,195.	265,623.	58,572.	
10 Payroll taxes	321/133.	203,023.	30,372.	
11 Fees for services (non-employees):	144,678.	72,587.	72,091.	
a Management	208.	12,301.	208.	
b Legal	59,525.		59,525.	
c Accounting	09,523.		39,343.	
d Lobbying	0			
Professional fundraising services, See Part IV, line 17.	9			
f Investment management fees	U U			
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	Q		212	
12 Advertising and promotion	2,345.	2,097.	248.	
13 Office expenses	81,695.	35,769.	45,926.	
14 Information technology	95,965.	2,650.	93,315.	
15 Royalties	Q			
16 Occupancy	331,315.	137,364.	193,951.	
17 Travel	91,524.	85,607.	5,917.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	Q			
19 Conferences, conventions, and meetings	3,238.		3,238.	
20 Interest	113,541.	98,605.	14,936.	
21 Payments to affiliates,	q			
22 Depreciation, depletion, and amortization	237,088.	207,167.	29,921.	
23 Insurance	152,165.	128,807.	23,358.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
(A) amount, list line 24e expenses on Schedule O.)				i sie
aREPAIRS/MAINTENANCE	100,775.	87,569.	. 13,206.	
bPROGRAM/CONTRACT EXPENSES	2,457,181.	2,437,369.	19,812.	
EPURCHASES FROM CONTRIBUTIONS	84,462.	80,831.	3,631.	
dADMIN EXPENSES	180,688.	74,918.	89,927.	15,843.
e All other expenses	43,202.	11,679.	31,523.	
25 Total functional expenses, Add lines 1 Ihrough 24e	9,531,850.	7,853,370.	1,662,637.	15,843
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	d			

Page 11

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	429,984.	1	571,287.
	2	Savings and temporary cash investments	680,899.	2	682,676.
	3	Pledges and grants receivable, net	293,898.	3	474,607.
11:	4	Accounts receivable, net	22,575.	4	18,175.
П	5	Loans and other receivables from current and former officers, directors,			
	6	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	0
ıs		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
Assets	7	Notes and loans receivable, net		7	0
A	8	Inventories for sale or use		В	000 755
1	9	Prepaid expenses and deferred charges	242,895.	9	200,765.
Ι.		other basis. Complete Part VI of Schedule D 10a 11,203,624.			
11.	ь	Less: accumulated depreciation	9,089,488.		9,756,010.
111.5		Investments - publicly traded securities	18,682.		34,962.
	2	Investments - other securities. See Part IV, line 11		12	0
170	3	Investments - program-related, See Part IV, fine 11	10.750	13	-
11/12/	4	Intangible assets	42,792.	14	20,857.
11/1	5	Other assets. See Part IV, line 11	84,452.		106,756.
_	6	Total assets. Add lines 1 through 15 (must equal line 34)	10,905,665.	16	11,866,095.
110		Accounts payable and accrued expenses	546,387.		593,097.
	8	Grants payable	22,836.	18	24,216.
	0	Deferred revenue	22,030.	20	24,210.
	1	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
tie		Loans and other payables to current and former officers, directors,		21	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
1,		Secured mortgages and notes payable to unrelated third parties ATCH 3	2,495,834.	23	2,623,332.
12	4	Unsecured notes and loans payable to unrelated third parties	07.0070011	24	0
1110	5	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	117,610.	25	182,703.
2	6	Total liabilities. Add lines 17 through 25	3,182,667.		3,423,348.
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
2 2	7	Unrestricted net assets	991,671.	27	947,008.
E 2	8	Temporarily restricted net assets	6,731,327.	-	7,495,739.
B 2	9	Permanently restricted net assets		29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here And complete lines 30 through 34.	L.		
12 3	0	Capital stock or trust principal, or current funds		30	
386	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 3	2	Retained earnings, endowment, accumulated income, or other funds		32	
Ne 3		Total net assets or fund balances	7,722,998.	33	8,442,747.
-	4	Total liabilities and net assets/fund balances	10,905,665.	34	11,866,095.
_					Form 990 (2014)

Part	그들이 그렇게 살아왔다면 맛있다면 하는데 뭐 하는데 집에 되어 되었다. 이번 이번에 되었다면 하는데 하는데 하는데 하는데 그런데 되었다. 그는 얼마나 되었다는데 이번에 아니라 이번에				X
1	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	111		47,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,	
3	Revenue less expenses. Subtract line 2 from line 1	3		15,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	22,	
5	Net unrealized gains (losses) on investments	5		1,	280.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,	081.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,4	12,	747.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 2a	Accounting method used to prepare the Form 990: CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	npiled or			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ited on a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent ac if the organization changed either its oversight process or selection process during the tax year,	countant?	2c	х	
	Schedule O.		411		
За	As a result of a federal award, was the organization required to undergo an audit or audits as so the Single Audit Act and OMB Circular A-133?		3a	х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	tergo the	3b	x	
			Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20 14
Open to Public

Inspection

Name of the organization Employer Identification number PATHWAY HOMES, INC. 54-1041459 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Typo of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on Ines 1-9 sted in your governing support (see instructions) other support (see above or IRC section instructions) (see instructions)) (A) . (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 980 or 990-EZ) 2014

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7, 849, 389. 7, 849, 389.	9, 102, 709.	6,284,270.	8,655,742.	8,861,452. 8,961,452.	43, 033, 562.
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (1) Public support. Subtract line 5 from line 4 on B. Total Support	7,849,389.	9,392,709.	8,294,270.	8,655,742.	8,861,452.	43,033,562
furnished by a governmental unit to the organization without charge	7,849,385.	9,382,709.	8,294,270.	8,655,742.	8,961,452.	43,033,562
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (1)	7,849,389.	9,382,709.	8,284,270.	8,655,742.	8,961,452.	43,033,562
pach person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)						
on B. Total Support						
The state of the s						43,033,562,
dar year (or fiscal year beginning in)						
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Amounts from line 4	7,849,389.	9, 382, 709.	8,284,270.	8,655,742.	6,861,452.	43,033,562.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	€,438.	3,545.	254.	1,677.	1,149.	13,063.
Net income from unrelated business activities, whether or not the business a regularly carried on						0
Other Income. Do not include gain or css from the sale of capital assets Explain in Part VI.)						
Total support. Add lines 7 through 10						43,046,625.
Gross receipts from related activities, etc. (se	e instructions) .				12	7,648,604.
organization, check this box and stop here						
Public support percentage for 2014 (lin	e 6, column (f)	divided by line	11, column (f))		14	99.97%
Public support percentage from 2013 S	ichedule A, Par	t II, line 14			15	99.94%
331/3% support test - 2013. If the or check this box and stop here. The organ 10%-facts-and-circumstances test - 2010% or more, and if the organization Part VI how the organization meets the organization	ganization did nization qualifie 114. If the orga meets the "fac e "facts-and-cir 113. If the orga nization meets n meets the "fa	not check a bo s as a publicly s anization did no ts-and-circumsta cumstances" te anization did no the "facts-and- acts-and-circum	ox on line 13 or supported organ of check a box of ances" test, che est. The organization check a box of check a box oricumstances" estances" test. T	16a, and line ization	15 is 331/3% of the control of the c	or more, ne 14 is opported and line p here. publicly
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ents, royalties and income from similar ources. Let income from unrelated business clivities, whether or not the business regularly carried on	ayments received on securities loans, cents, royalties and income from similar ources	ayments received on securities loans, ents, royalties and income from similar ources. Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business or regularly carried on Let income from unrelated business clivities, whether or not the business creditary carried on Let income from unrelated business clivities, whether or not the business creditary carried on Let income from unrelated business clivities, whether or not the business creditary carried on Let income from unrelated business creditary carried on	ayments received on securities loans, corresponded on securities loans, corresponded or securities loans, corresponded or securities loans, corresponded or securities loans, corresponded or securities, whether or not the business clivities, whether or not the business cregularly carried on	ayments received on securities loans, ents, royalties and income from similar ources. 1,617,	ayments received on securities loans, ents, royalties and income from similar ources

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

-	tion A. Public Support	£100/0			Lunare		10.7-1-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1							
	received. (Do not include any "unusual grants.")						
2							
	sold or services performed, or facilities				110000		
	furnished in any activity that is related to the		-				11 -
	organization's tax-exompt purpose						
3	Gross receipts from activities that are not an						4
	unrelated trade or business under section 513			-	-		
4	Tax revenues levled for the						-
	organization's benefit and either paid						
	to or expended on its behalf		-	1		-	
5	The value of services or facilities						
	furnished by a governmental unit to the						
2.1	organization without charge					1	
6	Total, Add lines 1 through 5	-	1				
78	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						11
~	line 6.)						
_	tion B. Total Support	(-) 2040	1 1110044	L-1 2040	1 44 2042	1-10044	(D T-(-)
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar			1			
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					i i	
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2014 (line 8,			mn (f))	0.00000	15	%
16	Public support percentage from 2013 Scheo		The second second second second	2.50		16	%
_	tion D. Computation of Investment						
17	Investment income percentage for 2014 (lin			13 column (f))	0.00	17	%
18	Investment income percentage from 2013 S					18	%
	331/3% support tests - 2014. If the orga						
i	17 is not more than 331/3%, check this						
b	33 1/3 % support tests - 2013. If the organ				the state of the s		
	line 18 is not more than 331/3%, check				and the second second second		
20 ISA	Private foundation. If the organization of	not check	a box on line	14, 198, OF 190			
24 2 4	20					Schedule A (Form 9	100 OL 220-ET) T

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
-1	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4		4a		
,	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.	4c		
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Dld the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
.98	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10:	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
1	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

JSA 4E1230 2.000 Schedule A (Form 990 or 990-EZ) 2014

2b

3a

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

1 Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must of the properties of the control of the co			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		1
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		100
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		1
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		li .

Schedule A (Form 990 or 990-EZ) 2014

ari Sect	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	11 0	1	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe		ed	
	organizations, in excess of income from activity			Y 200
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			1.
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			V. Salara
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is resp	onsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		3	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С		7		
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)		I a	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			P. Communication
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
C-			A STATE OF THE STA	
ď	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

or 990-PF)

Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer identification number			
PATHWAY HOMES, INC	•	eV			
Organization type (check of	nna)·	54-1041459			
Organization type (check t	mej.				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
instructions. General Rule)(7), (8), or (10) organization can check boxes for both the General Rule	e and a openial trais, das			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, by or property) from any one contributor. Complete Parts I and II. See I contributions.				
Special Rules					
regulations under 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990-EZ that met is sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total contributor, of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line tributions of the greater of (1)			
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-to g the year, total contributions of more than \$1,000 exclusively for religional purposes, or the prevention of cruelty to children or animals. Con	gious, charitable, scientific,			
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-to the year, contributions exclusively for religious, charitable, etc., purpled more than \$1,000. If this box is checked, enter here the total context an exclusively religious, charitable, etc., purpose. Do not complete a clies to this organization because it received nonexclusively religious, charitable, etc., purpose.	poses, but no such tributions that were received any of the parts unless the haritable, etc., contributions			
Caution. An organization th 990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does next answer "No" on Part IV, line 2, of its Form 990; or check the box, to certify that it does not meet the filing requirements of Schedule B (not file Schedule B (Form 990, con line H of its Form 990-EZ or on its			

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA 4E1251 2.000

Employer Identification number 54-1041459

Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	U.S. DEPARTMENT OF HOUSING AND URBAN DEV 451 7TH STREET S.W., WASHINGTON, DC 20410	\$2,557,552.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	VIRGINIA DHCD PERMANENT HOUSING FUNDS 600 EAST MAIN STREET RICHMOND, VA 23219	\$ <u>516,731.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	FAIRFAX-FALLS CHURCH CSB 12011 GOVERNMENT CENTER PARKWAY FAIRFAX, VA 22035	s4,355,547.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -	VIRGINIA DEPARTMENT OF SOCIAL SERVICES 7 N. EIGHTH ST RICHMOND, VA 23219	\$235,527.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JAMES AND MIRIAM ROSS 9811 DOULTON COURT FAIRFAX, VA 22032	s5,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	FAIRFAX CO DHCD PERMANENT HOUSING FUNDS 3700 PENDER DRIVE FAIRFAX, VA 22030	\$378,909.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 54-1041459

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-	JOHN J. FLYNN 9640 MASTERWORKS DRIVE VIENNA, VA 22181	s11,000.	Person X Payroll Noncash (Complete Parl II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8-	MEDICAID 7500 SECURITY BLVD BALTIMORE, MD 21244	\$487,305.	Person X Payroll Noncash (Complete Part II for nencash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9.1	UNITED WAY/ CFC OF THE NAT CAPITOL 1577 SPRING HILL RD., SUITE 420 VIENNA, VA 22182	\$6,615.	Person X Payroll Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	BOEING COMPANY 1215 SOUTH CLARK STREET ARLINGTON, VA 22202	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CAPITAL ONE SERVICES LLC 15000 CAPITAL ONE DRIVE DRIVE HENRICO, VA 23238	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ḍ) Type of contribution
12	UNKNOWN 5036 CLIFFHAVEN DRIVE ANNANDALE, VA 22003	\$30,180.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer Identification number 54-1041459

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	THE MORRIS & GWENDOLYN CAFRITZ FOUNDATIO 1825 K STREET, N.W WASHINGTON, DC 20008	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14_	HOMER & SUE ANN PURDY 160 EAST SODERBERG ROAD, A-3 ALLYN, WA 98524	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$,	Person Payroll Noncash (Complete Part II for noncash contributions,)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

J5A

Employer Identification number

54-1041459

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	. (c) FMV (or estimate) · (see instructions)	(d) Date received
		s	

Employer Identification number 54-1041459

Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional exceptions of the copies of the line in the lin	ear from any one completing Part III, year. (Enter this in	contributor. Comp enter the total of a formation once. S	plete columns (a) through (e) and the exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Uso	of gift	(d) Description of how gift is held				
		(e) Transi		and an investment of the latter				
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, and	(e) Transf d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of glft	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transfereo's name, address, and	Relation	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
(a) No.	Transferee's name, address, and	(e) Transf d ZIP + 4	er of gift Relationship of transferor to transferee					

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yos" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

	e of the organization		Employer Identification number		
The State of	THWAY HOMES, INC.	15 1 00 00 0	54-1041459		
F	Organizations Maintaining Donor Adv		or Accounts.		
	Complete if the organization answered		#A Friede and attracements		
	A company of the comp	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year ,				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		tive consumer		
5 6	Did the organization inform all donors and donor funds are the organization's property, subject to the Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneticonferring impermissible private benefit?	e organization's exclusive legal control? . and donor advisors in writing that grant fit of the donor or donor advisor, or for	Yes No funds can be used any other purpose		
	Conservation Easements. Complete if the organization answered	"Yes" to Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., reci Protection of natural habitat Preservation of open space	reation or education) Preservation	n of a historically important land area n of a certified historic structure		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i			
	easement on the last day of the tax year.		Held at the End of the Tax Year		
a	Total number of conservation easements		23		
b	Total acreage restricted by conservation easements		26		
C	Number of conservation easements on a certified I	historic structure included in (a)	2c		
d	Number of conservation easements included in (c	acquired after 8/17/06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, tran		inated by the organization during the		
	tax year >				
4 5 6	Number of states where property subject to conse Does the organization have a written policy re- violations, and enforcement of the conservation east Staff and volunteer hours devoted to monitoring, in	garding the periodic monitoring, inspensements it holds?	ction, handling of		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	ents during the year		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports obligance sheet, and include, if applicable, the text organization's accounting for conservation easeme.	conservation easements in its revenue an f the footnote to the organization's financ	nd expense statement, and		
P	Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Treasures, or Othe	er Similar Assets.		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	AS 116 (ASC 958), not to report in its ir assets held for public exhibition, education and the control of the	revenue statement and balance she ucation, or research in furtherance escribes these items.		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relating	SFAS 116 (ASC 958), to report in its r assets held for public exhibition, edung to these items:	revenue statement and balance she ucation, or research in furtherance		
	(i) Revenue included in Form 990. Part VIII, line 1		· · · · · · · · · > \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of ar	t, historical treasures, or other similar	assets for financial gain, provide the		
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these item	ns:		
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$		

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations

3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV. line 11a. See Form 990, Part X, line 10. Part VI

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,046,971.		3,046,971.
b Buildings		7,787,260.	1,219,125.	6,568,135.
c Leasehold improvements		18,990.	3,678.	15,312.
d Equipment		141,602.	55,774.	85,828.
e Other		208,801.	169,037.	39,764.
Total. Add lines 1a through 1e. (Column	(d) must equal Form 990, Part	X, column (B), line 10)(c).) ▶	9,756,010.

Schodule D (Form 990) 2014

Yes No

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990.	Part IV line 11b. See Form 990	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year man	ation:
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
(C)				
(D)				
(E)		/ = [
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (8) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d. See Form 990	Part X, line 15.
	(a) Des	cription		(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	/t\	- 451		
The second secon	umn (b) must equal Form 990, Part X, col. (B) lin	le 15.),		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
' (1) Feder	ral income taxes	· '	Harrison In Marini	
	OW FUNDS	41,		Charles of the
	ES PAYABLE	32,:		
	RRED RENT LIABILITY	94,		
(5) OTHE	R LONG-TERM	15,	000.	
(6)				
(7)				2 3 1
(8)			A STATE OF THE STA	
(9)				
Total (Colum	no (b) must equal Form 990. Part X col. (B) line 25.)	182.	703.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

JSA .

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

FIN 48 DISCLOSURE

INCOME TAXES

PATHWAY HOMES, INC. HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"). THE CORPORATION IS SUBJECT TO INCOME TAXES ON REVENUE GENERATED FROM OTHER SOURCES UNRELATED TO ITS EXEMPT PURPOSE. DUE TO ITS TAX EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2015. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CORPORATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND STATE AGENCIES.

FOR THE YEAR ENDED JUNE 30, 2015, THE CORPORATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

INCOME TAX RETURNS FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2011 REMAIN OPEN.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Department of the Treasury Internel Revenue Service Name of the organization

Employer identification number

PATHWAY HOMES, INC. 54-1041459 Partil Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X X b Participate in, or receive payment from, a supplemental nonqualified retirement plan?...... X c Participate in, or receive payment from, an equity-based compensation arrangement?..... 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a X 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a Х 86 If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

PATHWAY HOMES, INC.

Schedule J (Form 990) 2014

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Baso compensation	(II) Bonus & incentive compensation	(Iii) Other reportable compensation	other deferred compansation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
SYLISA LAMBERT-WOODARD	(i) _	193,213.	d	0	9,837.	3,519.	206,569.	
1 PRESIDENT/CEO	(ii)	q	d					
	(i) _							
2	(ii)							
	(i)							
3	(11)							
	(i)							
4	(ii)							
	(0)							
5	(11)							
	(0)							
6	(li)							
	(0)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(0)							
10	(ii)							
	(i)							
11	(ii)							
	0							
12	(ii)				3			
	(i)							
13	(ii)							
	(i)							
14	(ii)		1					
	(i)						1 =	
15	(ii)							
	(1)				1		1	
16	(ii)					3.41		

PATHWAY HOMES, INC. (1)

54-1041459

Schedule J (Form 990) 2014

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OME No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PATHWAY HOMES, INC.

Employer identification number 54-1041459

PART VI, SECTION B QUESTION 12

ANY POSSIBLE REAL OR PERCEIVED CONFLICT OF INTEREST WOULD BE RESOLVED AT THE NECESSARY HIGHEST LEVEL IN COMPLIANCE WITH THE AGENCY CONFLICT OF INTEREST POLICY AND CODE OF ETHICS.

THE AGENCIES CODE OF ETHICS AND CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED DURING ORIENTATION AND REVIEWED BY EACH INDIVIDUAL AT LEAST ANNUALLY. THIS INCLUDES THE MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS.

THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY SPECIFICALLY REQUIRE EACH INDIVIDUAL TO IMMEDIATELY REPORT TO MEMBER OF PATHWAY HOMES

MANAGEMENT TEAM ANY CONDUCT OF ACTIVITY THAT IS IN VIOLATION.

PART VI, SECTION B, QUESTION 15

THE BOARD OF DIRECTORS USES COMPENSATION COMPARABILITY DATA TO SET THE COMPENSATION PACKAGES OF THE CEO AND PRESIDENT OF THE ORGANIZATION.

DELIBERATIONS, DISCUSSION AND THE DECISION MAKING PROCESS OCCUR IN EXECUTIVE SESSIONS AT THE END OF REGULARLY SCHEDULED BOARD MEETINGS. THE CEO ALSO PROVIDES COMPARABILITY DATA FOR BOARD APPROVAL WHEN REQUESTED IN SETTING COMPENSATION FOR OTHER KEY EXECUTIVE LEVEL POSITIONS.

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

POLICIES ARE AVAILABLE ON-LINE TO STAFF AND ALSO AVAILABLE UPON REQUEST.

SYNOPSIS OF ANNUAL FINANCIAL STATEMENTS ARE INCLUDED IN IN ROADS

PUBLICATION.

PART VI, SECTION B, QUESTION 11

THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CONTROLLER
WHEN IT IS RECEIVED. GENERALLY, THE OFFICER'S OF THE CORPORATION REVIEW
AGAIN PRIOR TO FILING. HOWEVER, DUE TO TIMING OF THE RECEIPT OF THE
COMPLETED 990, IT MAY NOT BE REVIEWED PRIOR TO THE FILING BUT IT IS
PROVIDED TO THE BOARD OFFICER'S.

FORM 990 OTHER CHANGES IN NET ASSETS
TRANSFER OF TOTAL ASSEST AND LIABILITIES OF HUD PROJECT TO A RELATED

PARTY \$3,081

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 1

DESCRIPTION	(A) TOTAL REVENUE	(6) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	1,14	9.		1,149.
TOTALS	1,14	9.	1	1,149.

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE

DESCRIPTION

TREASURY NOTES

EQUITY SECURITIES

34,962.

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990-EZ) 2014	Page
Name of the organization PATHWAY HOMES, INC.	Employer identification number 54-1041459
	ATTACHMENT 2 (CONT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	J
DESCRIPTION	ENDING BOOK VALUE
	Book Wildon
TOTALS	34,962.
FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE	ATTACHMENT 3
LENDER: U.S. DEPT OF HUD	
BEGINNING BALANCE DUE	125,016.
LENDER: VA HSG DEVELOP. AUTHORITY	
BEGINNING BALANCE DUE	156,803.

Schedule O (Form 990 or 990-EZ) 2014 Page 2 Name of the organization Employer Identification number PATHWAY HOMES, INC. 54-1041459 ATTACHMENT 3 (CONT'D) LENDER: VA HSG DEVELOP. AUTHORITY BEGINNING BALANCE DUE 699,580. ENDING BALANCE DUE 684,018. LENDER: VA HSG DEVELOP. AUTHORITY BEGINNING BALANCE DUE 183,829. ENDING BALANCE DUE 175,833.

38-16601-49257

2

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization PATHWAY HOMES, INC.	Employer identification number 54-1041459
LENDER: VA HSG DEVELOP. AUTHORITY	ATTACHMENT 3 (CONT'D)
BEGINNING BALANCE DUE	435,877. 426,579.
LENDER: SUNTRUST	
BEGINNING BALANCE DUE	400,000. 500,000.

- 1

Schedule O (Form 990 or 990-EZ) 2014	Page :
Name of the organization	Employer identification number 54-1041459
PATHWAY HOMES, INC.	ATTACHMENT 3 (CONT'D)
LENDER: VHDA-LRS	
BEGINNING BALANCE DUE	295,364.
ENDING BALANCE DUE	289,764.
LENDER: VHDA-7460	
BEGINNING BALANCE DUE	115,482.
ENDING BALANCE DUE	113,343.

Schedule O (Form 990 or 990-E2) 2014	Page 2
Name of the organization PATHWAY HOMES, INC.	Employer identification number 54-1041459
LENDER: SUNTRUST	ATTACHMENT 3 (CONT'D)
ORIGINAL AMOUNT: 125,000.	
BEGINNING BALANCE DUE	83,863. 42,264.
LENDER: SUNTRUST	
BEGINNING BALANCE DUE	250,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,495,834.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,623,332.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedulo R (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PATHWAY HOMES, INC.

Department of the Treasury

Internal Revenue Service

Employer Identification number

54-1041459

÷	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicife (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	•					
(2)						
(3)					-	
(4)						
(5)						
(6)						

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization		(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	[e] Public charity status (if section 501(c)(3))	(f) Direct confroling entity	(g) Section 512(b)(13) controlled entity?	
141 FATHWAY VISIGNS, INC 54-1762773							Yes	No
(1) PATHWAY VISIGNS, INC 54	-1762773			11-11-11				
10201 FAIRFAX BLVD FAIRFAX, VA 22	030 PROV	PROV. HOUSING V	VA	501 (C) (3)	7	PATH HOMES	X	
(2) PATHWAY OPTIONS, INC . 54	-1631004		VA	501(C)(3)	7	PATH HOMES		
10201 PAIRFAX BLVD FAIRFAX, VA 22	page PROV	. HOUSING					X	
(3) PATHWAY LIVING, INC 54	-1239069							
10201 FAIRFAX BLVD FAIRFAX, VA 22	D30 PROV	. HOUSING	VA	501 (C) (3)	7	PATH HOMES	X	
(4) PATHWARYS RECOVERY, INC								
10201 FAIRFAX BLVD FAIRFAX, VA 22	D30 PROV	. HOUSING	VA	501 (C) (3)	7	PATH HOMES	X	
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

Doet III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4
Saldin	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of firelated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(I) Share of total income	(g) Share of end-of- year assets	(h) Dispissorana albeatume?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?		(k) Percentage ownership
		country					Yes	No		Yes	No	
(1)		17.1.1										
- T												
(2)		777				-						
(3)												
(4)								_				
(5)												
(6)	-											
(7)											-	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primery activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(c) Type of entity (C corp., S corp., or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(I) Section 512(b)(1) controller entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

JSA 4E1308 1.000 Schedule R (Form 990) 2014

	R (Form 900) 2014	18V I 5 000 D			-	Page -
Part		nswered "Yes" on Form 990, Par	IV, line 34, 35b, or 36.			
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ATTACK TO SERVER WAS AND	17:03 3 adb		-	Yes No
	During the tax year, did the organization engage in any of the following transactions with					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	2
b (Gift, grant, or capital contribution to related organization(s)				1b	2
c (Gift, grant, or capital contribution from related organization(s)				1c)
d l	Loans or loan guarantees to or for related organization(s)				1d)
e I	Loans or loan guarantees by related organization(s)				1e	2
	Dividends from related organization(s)				1f	
	Sale of assets to related organization(s)				19	2
h F	Purchase of assets from related organization(s)				1h	2
i	Exchange of assets with related organization(s),				1i)
j l	Lease of facilities, equipment, or other assets to related organization(s)				1j	- >
k I	Lease of facilities, equipment, or other assets from related organization(s)				1k	>
1.1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11	>
m	Performance of services or membership or fundraising solicitations by related organization	on(s)			1m	2
n s	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n)
0	Sharing of paid employees with related organization(s)				10)
p I	Reimbursement paid to related organization(s) for expenses				1p	,
	Reimbursement paid by related organization(s) for expenses				19	2
			2020000000000000			
r 1	Other transfer of cash or property to related organization(s)		facelare above the	100	11)
	Other transfer of cash or property from related organization(s).				1s)
	If the answer to any of the above is "Yes," see the instructions for information on who m				sholds	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amo	(d) of deter unt invol	
(1)	N/A					
(2)						
(3)	(A)					
(4)						
(5)			\			
(6)						
184			S	chedule R (Form 9	90) 201

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

,	(a) Name, address, and EIN of entity	(b) Primary activity	(e) Legal demicie (state or foreign country)	(d) Predominant income (related, unrelated, excluded)	[0) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispruportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
7				from tax under sections 512-514)		No			Yes	No	(Form 1065)	Yes	No	
(1)														
	*													
(3)														
(4)														-
(5)														
(6)									-					
(7)									1					
(8)					1				+					
(9)									1					
(10)	.7'								1					
(11)	-				-				1					
(12)					-									
(13)					-									
(14)														
(15)														1
(16)					1									

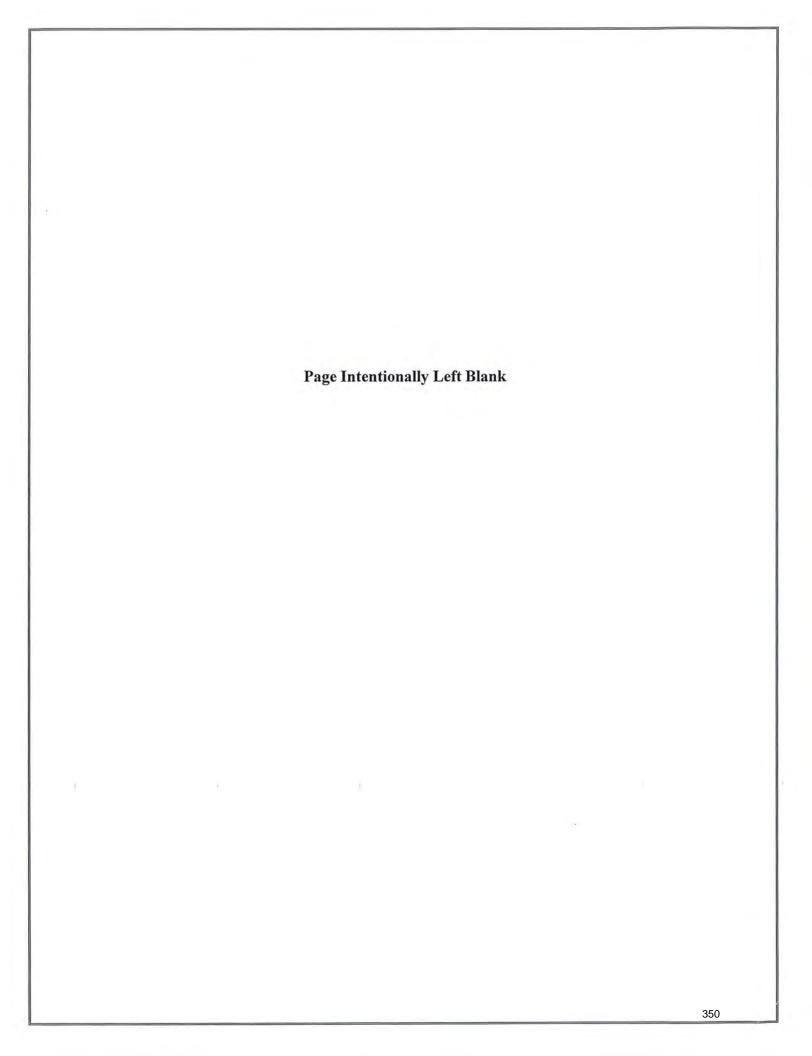
JSA 4E1310 1.000 Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



8.2 Separate title page and section for each service proposed: Supportive Residential Services

Supportive Residential Services

8.2.a. Statement of Qualifications: The statement of qualifications shall include the following sections:

8.2.a.1. Organizational and Staff Experience: Offerors must describe their qualifications and experience to perform the level of services proposed. Include information relative to implementing recovery model practices in the SMI population and experience as a partner in a system of care. Include experience in crisis intervention services to reduce hospitalizations. Qualified offerors must demonstrate at least five (5) years of experience providing integrated care and implementing recovery model practices in the SMI population.

Pathway Homes, Inc. (also referred to as Pathways) has extensive experience at successfully operating and managing supportive housing grants and programs for homeless and other adults with serious mental illnesses (SMI), and co-occurring substance use disorders (SUD) as well as other disorders in a cost-effective manner. From its grass roots beginnings in 1980 and the opening of its first two substantially renovated single family homes, Pathways has grown to currently serving over 500 adults with serious mental illnesses, substance use disorders, and intellectual disabilities in a wide range of permanent supportive housing programs within the Fairfax, Arlington, Alexandria, and Prince William communities in Northern Virginia and in central Florida.

The agency owns 63 properties, including single family homes, townhouses and condominium and an eight bed Assisted Living Facility In Prince William County; leases or operates by partnership contract 15 other properties, including the thirty-seven bed Stevenson Place Assisted Living Facility; and leases 181 rental apartments which it sub-leases to chronically homeless and homeless individuals with severe mental illnesses and co-occurring substance use disorders. The agency has accomplished this through a wide range of diverse funding strategies involving federal, state and local government contract opportunities, private donations, public and private grant opportunities, and the creation of a variety of other innovative and flexible public and private partnerships, as described below. The agency currently employs 108 staff members and the Leadership Team has more than 130 years combined experience in managing supportive housing grants. Pathways was ranked on *The NonProfit Times*' "50 Best NonProfits to Work For' list in 2012, 2013 and 2014, and 2015 and has been CARF accredited since 2006. See Attachment M for Leadership Team bios.

Pathway Homes has been providing supportive services to adults with serious mental illnesses for over 35 years, and the agency upholds a tradition of "going the extra mile" and working successfully with residents who have typically been unsuccessful in other residential and community settings due to behavioral challenges. During this time, Pathways has worked collaboratively with the Fairfax County and surrounding local CSBs to leverage services for residents in its programs and to ensure continuity of care.

The challenges facing the seriously mentally ill population and the highly compromised individuals targeted for services through this RFP are complex and include symptoms that place these individuals at high risk for victimization such a poor social skills, socially undesirable behaviors and a wide array of positive and negative psychiatric symptoms that affect their ability to function within a community setting. Symptoms of mental disorders may manifest in inappropriate behaviors that persist despite repeated interventions by the mental health, social services, or judicial systems, and in the cognitive inability to recognize significant inappropriate social behaviors or personal danger.

Pathways experience in working with the target population for this RFP is also evident in the successful management of our more intensive programs, such as the 37-bed Stevenson Place ALF, which Pathways has successfully operated since 1999, and more recently our 8-bed ALF in Prince William County. These programs serve individuals who are not only diagnosed with severe mental illnesses, and some with co-occurring substance use disorders, but many also struggle to manage acute and chronic medical conditions. These tri-morbid conditions require specialized case management, and intensive support services, which Pathways provides while catering to resident choice and individual preferences. To illustrate, in FY 2016, even though all residents in these two ALFs had a comorbid medical condition, only 36% of the individuals served were hospitalized for medical reasons. Two of these individuals were assessed as needing skilled nursing care and were appropriately discharged to a nursing facility. Two others were discharged to long-term medical facilities based on the recommendations of the clinical team. The remainder was able to return to the same level of care with Pathways modifying supports and staffing to continue to meet their needs in the programs.

Similarly, Pathways opened and successfully operated the ICRT program in Fairfax (formerly known as the Discharge Assistance and Diversion program), and included in this RFP, for 10 years. Pathways' demonstrated ability to successfully operate these programs and provide quality services as indicated by documented positive outcomes over the years, is especially notable given the level of community resistance and NIMBYism that needed to be overcome to open these programs in the community. Also notable is that the individuals in these programs had experienced many years of state psychiatric hospitalizations and many were extremely symptomatic and considered unlikely to succeed in the community setting. Pathways' experience in working collaboratively with other community providers and in partnering with individuals in a recovery-oriented manner translated into overall successful outcomes for these individuals as well as successful integration into the same communities that sought to keep them out at the outset.

Pathways' recovery-based approach aligns with SAMHSA's Recovery Support Strategic Initiative (RSSI). The SAMHSA defines recovery from mental disorders and/or substance use disorders as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (2012). Our recovery-based approach creates a service environment designed to give the individual primary control over the decisions governing their care. The message of recovery is that hope and restoration of a meaningful life are possible, despite serious mental illnesses (Deegan, 1988, Anthony, 1993). Recovery asserts that "persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations" (The Recovery Model, Contra Costa County, California).

A complement of the recovery model, Pathways' Harm Reduction approach is founded on the awareness that people who engage in high risk behaviors, such as drug use, should be provided options that help to minimize risks from continuing drug use, as well as harm to self or others. It is therefore essential that harm reduction information, services and other interventions exist to help keep individuals in the project healthy and safe. Harm reduction strategies are used as appropriate to reduce negative consequences associated with high risk behaviors (i.e. drug use, unsafe behaviors, medical conditions) while respecting the rights of individual choice. Activities,

interventions and policies will be designed and implemented to serve the unique needs of individuals with SMI/co-occurring SUDs as they integrate into these programs with a greater level of independence and choice.

All Pathways direct care staff receive comprehensive orientation and ongoing training in assisting residents to manage the symptoms of these mental illnesses and in behavior support management, including initial and annual refresher trainings in the techniques of Therapeutic Options of Virginia (TOVA). TOVA emphasizes the individual, the use of the therapeutic relationship as an integral tool in effecting change, verbal de-escalation techniques, and positive behavior support strategies. Behavior support management with residents begins at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program works collaboratively with the resident, previous providers and involved family members to proactively identify potential triggers in the programs or in the community. Staff members work with residents to develop Wellness Recovery Action Plans (WRAP) and/or safety contracts to help them manage safely both in the programs and in the community.

At the earliest indication that a resident is decompensating and needs more intensive behavior support management interventions, staff works closely with the CSB and other community case managers to arrange for family and/or treatment team meetings and to put greater supports in place. The goal of these supports is to assist the resident in maintaining safely in the program and to minimize the need for hospitalization. The programs conduct clinical meetings that include program staff, CSB case managers, psychiatrist, nursing staff, and any other significant person identified by the resident. In addition to utilizing these meetings to review goals and Individual Service Plans (ISP), the team works collaboratively to identify risks and to develop a safety plan tailored to the individual resident's needs. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors, and increased supervision of the resident in their daily routines to facilitate immediate staff intervention if needed. Pathways' tradition of effective behavior support management is grounded in an evidence-based philosophy and practice, and is person-centered as outlined in the following:

- Effective behavior support management involves ongoing Behavioral Assessment, Planning, Intervention, and Monitoring of outcomes.
- Individualized service plans and quarterly support service assessments are used to formulate and monitor effective behavior management strategies. Residents are encouraged and supported in taking the lead in the development of their individualized service plans.
- Pathway Homes ensures that services are effective, related to individual support needs, scientifically based, reflective of best practices, accessible, safe, efficient, provided by well-trained, qualified staff, and have measurable positive outcomes for each resident.
- Active participation in coordinated service planning is obtained through treatment team meetings with residents, involved family members, and relevant professionals involved in providing interventions and services required to decrease maladaptive and socially undesirable behaviors, and reinforce appropriate functional behaviors.
- Behavior support management interventions include one-on-one problem solving and counseling, behavioral contracting, re-direction, behavioral reminders, modeling,

contingency management strategies involving the application of social and other positive reinforcements to desired behaviors, support to withdraw from exacerbating and stressful stimuli, frequent observational monitoring checks, de-escalation techniques, and medication re-assessment and monitoring including the use of prescribed PRN medications as appropriate for symptom reduction and stabilization.

- Behavior management interventions are tailored to each individual resident as well as being culturally and linguistically appropriate.
- Pathways' staff is consistently trained in the TOVA System for behavior support
 management with a focus on verbal intervention to avoid physical restraint. When
 residents have difficulty managing their own behavior, staff is trained in the use of
 gradual and graded alternatives for de-escalating and managing behavior in such
 situations, using a combination of interpersonal and communication skills and techniques
 designed to de-escalate all the participants in the interaction.
- The use of seclusion, restraint and time out is not consistent with the nature of our programs and services, therefore, Pathway Homes prohibits the use of these behavior management techniques.
- If a resident's condition results in continued inappropriate behavior that interferes with the rights or safety of others and the resident proves unresponsive to all behavior support management strategies and interventions developed and implemented by the interdisciplinary treatment team, high-risk staffing meetings are initiated as needed to explore all possible options and develop, as needed, an acceptable transition plan for the resident to more appropriate housing, or a temporary inpatient placement option in instances where the resident presents a serious and immediate risk to the health, safety and welfare of others.

At any time that the behavior support plan or safety plan is not effective in stabilizing or deescalating the resident to the degree that the resident presents a danger to self or the community, Pathways clinical staff will coordinate with the CSB Case Manager in communicating with Emergency Services. If safe to do so, staff will transport the resident to Emergency Services for assessment and securing of appropriate placement. If it is not safe to transport the resident to Emergency Services or the resident is unwilling to go, counselors utilize the CSB Mobile Crisis Unit.

Pathways' collaborative and facilitative approach to services is grounded in meeting the needs of individuals in a manner that prioritizes individual preferences, recognizes each individual's stage of change, and stresses dignity and compassion. At Pathways, we recognize the significance of any incremental positive change that individuals make in their lives as it is our experience that small gains for many individuals with SMI/co-occurring illnesses have more benefit for a community than prescribed gains achieved for the few. Ultimately our goal is to ensure the human rights of everyone served while minimizing risk to self and others, and improving overall physical and mental health. We do this while recognizing the stigma and NIMBYism that exist towards the population we serve along with the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities that increase the vulnerability of these individuals.

See Attachment N for a list of agency awards and recognitions, and Attachment O for a list of Federal Grant experience.

8.2.a.2. Licensure and Certifications: Offerors must include verification of eligibility and/or application for appropriate licensure at time of proposal submission for the service level proposed (see Section 6.1) and all other applicable certifications or accreditation of the organization.

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide Mental Health Community Support Services for adults with serious mental illnesses.

Pathway Homes operates all of its programs within all applicable standards of Federal, State and local regulations, including appropriate certifications, licensure and inspections, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. Pathway Homes has also consistently received the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2006. It is notable that the most recent CARF survey in 2015 resulted in an unprecedented finding of "No recommendations." A copy the Pathway Homes' DBHDS license and proof of application for service expansion is provided in Attachment P: DBHDS License and application. Verification of CARF accreditation is provided in Attachment Q: Certificate of CARF Accreditation.

8.2.a.3. References: Offerors must provide at least three (3) references for similar or related programs and services performed and include organization name, description of the work performed, organization address, and names of contact persons with telephone numbers and email addresses at the organization Only one reference may be from Fairfax County.

Individuals who can be contacted as references for information regarding Pathways' programs and performance are listed below. Written letters of support from the references below are provided in Attachment R: Letters of Support.

1. Dean Klein

Director

Fairfax County Office to Prevent and End Homelessness 12000 Government Center Parkway, Suite 333

Fairfax, VA 22035 Phone: 703-324-9492

2. Alan Wooten

Executive Director Prince William Community Services Board 8033 Ashton Avenue, Suite 103 Manassas, Virginia 20109

Phone: 703-792-7800

3. Kristin Yavorsky, MSW

Homeless Projects Coordinator Virginia Department of Behavioral Health and Developmental Services 1220 Bank St.

Richmond, VA 23219 Phone: 804-225-3788 8.2.a.4. Personnel: Offerors must identify all full-time and part-time staff, proposed consultants and subcontractors who may be assigned to the service level proposed. Information is required which will show the qualifications of the work group assigned to the service proposed and recent relevant experience. Special mention of the total time each will be available to the level of service proposed. The technical areas, character and extent of participation by any subcontractor or consultant activity must be indicated and the anticipated sources identified.

Pathway Homes proposes that a 0.75FTE Mental Health Counselor II (MHC II) be utilized to provide services for the 10 individuals identified in Fairfax County for this service level. The MHC II will assume the responsibility of providing collateral case management and coordinating and advocating for all services that individuals desire and need. The MHC II will be responsible for ISP development and providing support and Mental Health skill building. The staff in this program will also be responsible to support the individual in understanding and meeting any requirements necessary to maintain independent housing. This position is supervised by a Division Director.

For job descriptions outlining the full scope of responsibilities, see Attachment S: Job Descriptions.

8.2.a.5. Resumes: Resumes of staff and proposed consultants are required indicating education, background, recent relevant experience for the service proposed. Current telephone numbers and email addresses must be included.

See Attachment T: Staff Resumes.

- 8.2.b. Technical Approach for the Service Level Proposed The technical approach shall include the following sections:
- 8.2.b.1. Scope of Work: The offeror must provide a detailed scope of work that includes a discussion of the tasks and requirements listed in Sections 5 (as appropriate) and Sections 6-7.

Individuals served in the proposed Supportive Residential Living (SRL) program will be 18 years and older and have a severe mental illness or co-occurring disorder to include substance use disorders (SUD) and intellectual disability, which impairs their functioning in areas related to primary aspects of daily living such as personal relations, living arrangements or employment. Fifty percent of individuals with SMI have co-occurring SUDs so it is expected that at least that many of the individuals in this project will also have similar co-occurring diagnoses. In fact, many of the individuals Pathways currently serves at this service level have diagnoses of schizophrenia, bipolar disorder, PTSD, and major depression, all of which have an impact on their ability to perform major life activities.

Pathways Homes has the demonstrated ability to meet these individuals where they are, partnering to effect positive behavior change and small gains towards improved illness management and incremental lifestyle changes. A major goal of the program is to assist individuals in developing the skills to maintain psychiatric stability and independent housing. When clinically indicated, Pathways has a history of successfully assisting individuals to transition to more appropriate levels of care thereby maintaining individual dignity, health and safety.

The proposed program will integrate Pathways commitment to individuals maintaining affordable, stable, permanent housing and receiving evidenced-based support services within a Harm Reduction and recovery-based model. A full array of services will be provided with the duration of services determined by individual need. Participation in these services will be voluntary and in no way a condition of housing. However, since most, if not all individuals have independent leasing requirements they must comply with, services and supports will be tailored to help them do so successfully.

Many individuals with serious mental illnesses are also often challenged with comorbid chronic medical conditions that require monitoring and consistent follow up. Staff are skilled in collateral case management and available to help individuals connect to all the benefits for which they are eligible. All persons that Pathways currently serves at this level of service through have at least one medical insurance and are connected with primary care physicians and other specialized services as needed. Staff will provide medical and mental health collateral case management services to new persons served through this contract to include medication management, symptom management, crisis intervention and prevention, and support in attending healthcare appointments and advocating around healthcare needs. Services will also focus on each individual developing a social support network and having full access to community activities and resources.

5. Tasks to be Performed

5.3. Supportive Residential Services, at a minimum, shall include the following components:

5.3.a. Provide Supportive Residential Services to a minimum of 10 adults (approximately 1200 units of service per year dependent on individual level of functioning and needs). Each unit of service is equal to one service hour as defined in the Core Taxonomy for Supportive Residential Services (e.g. companion services, and personal assistance to maintain psychiatric stability and independent living).

This proposed program design will serve 10 individuals with approximately 1200 service units per year. The proposed program reflects Pathways' ongoing commitment to supporting people with a diversity of strengths and needs to integrate into the community. The program will provide comprehensive and flexible services that promote the principles of individuality, personal dignity, and self-determination while meeting individuals where they are. Pathway Homes has a successful track record of offering programs which are fully integrated into the clinical and community support network of the CSB and many other Fairfax County and Northern Virginia public and private agencies. Pathways' continuing goal is to operate this program in a productive, close partnership with the CSB to successfully enhance the functioning and quality of life of all individuals served.

5.3.b. Provide appropriate staffing to serve clients as needed.

Pathway Homes utilizes Mental Health Counselor II (MHC II) level staff for this service type. The MHC II position is a Master's preferred position and must meet the requirements for a QMHP-A. This position is qualified to complete assessments, ISPs and provide collateral case management and skill building services. The program will offer individuals one to three contacts per week depending upon the unique needs, challenges and interests of the individuals served. Staff hours will be strategically flexible to meet the scheduling needs of each individual.

5.4. Ensure transition activities are completed prior to the start of services. Transition activities shall include, but are not limited to, securing and furnishing housing sites as needed, inspections, hiring, background checks and staff training.

Pathway Homes currently has a contract with Fairfax CSB for this service type. Therefore, there are no anticipated transition activities required for start-up.

5.5. Accept client referrals made by NVRPO and/or the Fairfax-Falls Church CSB for the continuum of residential services described herein. In the event the Contractor determines that they are unable to meet the needs of the client referred, the Contractor is required to submit a written summary to the referring agency within 48 hours of the referral being made that includes a clinical review and a discussion of the rationale used to make the determination.

Pathway Homes will accept referrals from the NVRPO and/or the Fairfax-Falls Church CSB according to the process agreed upon at the time of the contract awards. Pathways agrees that in the event a referral is declined, Pathways will provide a written summary to the referring agency within 48 hours of the referral being made that explains the clinical rationale for the decision.

5.6. Provide Individualized Service Plans, as required by DBHDS licensing requirements.

Pathway Homes' person-centered approach incorporates each individual's strengths, needs, abilities, and preferences. Services provided are inclusive of, and sensitive to culture, gender, race, age, sexual orientation and the communication needs of the individual served. Pathways utilizes a strengths-based approach and employs Motivational Interviewing techniques to assist individuals in identifying and overcoming ambivalence that hinder movement towards personal long-term goals. Staff members will assist individuals in developing a heightened awareness of personal strengths and talents, thereby strengthening the individual's self-confidence and self-image.

The person-centered approach requires staff to meet each individual where they are in the change process therefore all staff members are trained in implementing Stages of Change strategies based on each individual's readiness to accept the need for behavior change. As a result, interventions in the ISP will reflect each individual's stage of change, for example, an individual in Precontemplation stage will have interventions that focus on outreach and engagement, education, and risk management. Conversely, an individual in the Action stage of change will have interventions that focus on goal setting and identification of action steps towards those goals.

Through this collaborative process, the ISP will clearly identify person-centered goals, measurable objectives and realistic action steps that individuals will take towards goal attainment. The ISP will also identify active interventions that staff will use to support goal progress and address barriers identified in the assessment process. Based on the individual's change readiness, the initial ISP might only identify building trust as the individual might not be ready to work on anything else at that time and identifying other goals would be a set up for failure.

The ISP will be reviewed at least quarterly and modifications made in response to achievements, progress and barriers encountered. The emphasis of the service planning process will be on finding the balance for each resident between teaching the resident to be as self-sufficient as possible, and ensuring that all essential needs are met regardless of level of motivation or ability.

5.7. Provide crisis intervention and stabilization coordination with the CSB Emergency Services staff and regional crisis stabilization program to ensure all reasonable efforts are made to maximize the client's potential to remain in the community and prevent hospitalization.

A critical best practice for managing crises includes developing a crisis prevention plan. Crisis planning will begin at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program staff will work collaboratively with each individual, previous providers and family members to proactively identify potential triggers in the home or in the community and collect collateral information vital to a comprehensive risk assessment. Staff will work with individuals to develop WRAP plans and/or safety contracts to help them manage safely both in their home and in the community.

As mentioned previously, all Pathways clinical staff are trained in TOVA behavior support techniques. All staff are also required to be familiar with, and evaluated on their demonstrated knowledge and ability to implement and support all crisis plans, behavioral plans, and ISPs. At the same time, crisis intervention and management is a collaborative process, therefore, at the earliest indicators of a potential crisis, Pathways' staff will work closely with CSB case managers to arrange for family and/or treatment team meetings and to put greater supports in place as indicated. The goal of these supports will be to assist the individual in maintaining safely in the community and to minimize the need for hospitalization or other types of inpatient treatment. The Pathways and CSB clinical teams will work collaboratively to identify risks and to develop a safety plan tailored to the needs of the individual resident. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors, and identifying natural supports available.

In the event that the crisis prevention and intervention strategies are ineffective and the individual's behaviors present a risk to self or others, staff are trained in accessing Emergency Services and the CSB Mobile Crisis Unit. The CSB Mobile Crisis Unit provides scheduled and unscheduled crisis intervention, assessment, referral, crisis prevention, and consultation services to individuals experiencing an emotional or psychiatric crisis. Services may be provided face-to face or by telephone, and are available 24-hours per day. They will also be utilized to secure transportation to Emergency Services as needed.

As evidenced by the significant decrease in individuals' need for psychiatric hospitalization following admission to Pathways, the agency has a demonstrated history of managing crises successfully in the home and community, thereby decreasing the negative personal and social consequences of incarceration and/or hospitalization, and saving taxpayer dollars.

5.8. Access and maximize all funding sources available including all client funding sources, as appropriate (e.g., client feels, Auxiliary Grants [additional supplemental income to clients receiving Supplemental Security Income], and linkages to prescription Patient Assistance Programs for client medications that have out-of-pocket expenses).

It is anticipated that most of the targeted individuals who have Medicaid or similar health insurance coverage, will meet the criteria for Mental Health Skill Building Services. Pathway Homes will seek authorization to bill Medicaid for qualifying services for those who have eligible coverage. Individuals who do not have health insurance upon entry to the programs will

be assisted to apply for such benefits and supported in accessing healthcare services through the Fairfax County Health Network while they wait for their benefits to start.

It is Pathways' commitment always to ensure that the individuals served in these programs access all available local, state, and federal benefits for which they are eligible.

5.9. Ensure all residential sites used for the provision of services meet state licensure requirements for the services provided, are central to the Northern Virginia region, accessible via public transportation and are non-institutional in appearance. All housing provided to meet the needs of the Fairfax-Falls Church CSB must be located within the boundaries of Fairfax County.

Not applicable. All individuals receiving services under the proposed service type will have their own housing and be utilizing Pathway Homes for services only.

5.10. Provide services that are culturally and linguistically competent and consistent with the National Standards on Culturally and Linguistically Appropriate Services (CLAS) as identified and defined at https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclassstandards.pdf to include certified interpretation and document translation services, as needed, to communicate with non-native English speaking clients.

Pathways prides itself on providing culturally competent and linguistically appropriate services and addresses this in the agency's Accessibility Plan and Cultural Competence and Diversity Plan. This translates into adding multilingual staff to address individuals' needs as they arise, and investing in staff training around issues of diversity and culturally-based resident preferences. It also translates into matching individual needs with additional appropriate community resources to ensure that assessments and ISPs are written in a manner that is understandable to the person served and that translation services are provided, at no cost to the individual, when the individual is not a native English Language speaker, or prefers written communication in a language other than English.

Specifically, persons with limited English Language proficiency and/or other communication needs will be offered language assistance to ensure they can access and utilize services provided in a timely manner and at no cost to them. Pathways staff will also inform all individuals, during orientation, and periodically afterwards, about how they can access language assistance services and will do so verbally and in writing, in their preferred language, where financially feasible. External translation services will be provided to individuals, again at no cost to them, where needed. In choosing external translation services, Pathways will show due diligence in vetting the competence of interpreters to ensure that untrained individuals or minors are not used as interpreters. Pathways will also minimize the use of family members as interpreters as it has been shown that using family members in this role is not always in the best clinical interest of the client.

5.11. Coordinate and provide end-of-contract transition activities including, but not limited to, managing transition of client data and clients.

In the event the contract is scheduled to end, Pathway Homes will work closely with persons served, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, identifying and managing any potential risk, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to

the individual during the transition of services. Staffing supports will be available to facilitate rapport building between new vendor and persons served to ensure a seamless transition.

Pathway Homes will also collaborate with any new vendor and the CSB to transfer relevant clinical documentation. Additionally, Pathways will assist in notifying all relevant entities (I.e. DBHDS, Medicaid, other providers, etc.)

6. Licensing and Other Requirements

6.1. Maintain the appropriate DBHDS license for the service(s) proposed and comply with all applicable rules and regulations as a licensed provider enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 105. Actual license requirements shall depend on the service levels proposed and will be determined by DBHDS. The offeror must show proof of licensure and show proof by the state of services. At a minimum, proof of the following licensure is required:

6.1.c. For Supportive Residential Services, licensure for Supportive In-Home.

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide mental health community support services for adults with serious mental illness. Pathway Homes operates all of its programs with all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended. A copy the Pathway Homes' DBHDS license and proof of application for service expansion is provided in Attachment P: DBHDS License and application.

6.2. Comply with all federal health information privacy requirements.

Pathway Homes and its partners in the CSB and wider CoC service provider community, have established systems and protocols to manage personal health information in paper and electronic form within Federal guidelines pertaining to the Health Information Portability and Accountability Act (HIPAA). As such, demographic and clinical outcomes data will be securely created, stored, and transmitted and shared only with the necessary authorization and within the parameters of HIPAA. Additionally only aggregate data will be submitted to meet the reporting requirements of this contract and will not include information that will identify any one individual receiving services. Additional protective measures will be instituted with regard to individuals with co-occurring substance use disorders in accordance with 42CFR requirements. All contractors with access to electronic personal health information during the course of doing business with Pathways or its partners will be required to sign a Business Associate Agreement certifying that they will implement appropriate measures to ensure the protection of all e-phi relating to service recipients in this project.

Additionally, all Pathway Homes staff and individuals served receive training during orientation and annually on Confidentiality and HIPAA. Ongoing education is also provided as needed and appropriate, to ensure compliance with all federal health information privacy requirements. Documentation of training is maintained for staff in the Relias on-line training system and in the electronic medical record for persons served.

6.3. Adhere to the Centers for Medicare and Medicaid Services' Home and Community-Based Services Final Rule. Highlights of the rule include the following requirements:

6.3.a. Ensure individuals have been given choices regarding their setting options;

Pathway Homes, as the primary and most experienced nonprofit provider of permanent, supportive mental health housing and services within the Fairfax community, has a detailed and comprehensive knowledge and understanding of Supportive Residential Living and has provided successful and high quality services for individuals receiving this type of service for many years. The level of service, possibility of transitioning to another setting is incorporated into recurrent assessments and reviews, with the resident encouraged to explore all potential housing options available to him or her. As a result, 85% of individuals Pathways served in 2016, including those receiving services and not housing from Pathways, stated that all available housing options were explored with them.

While the initial screening to ensure individual choice will be conducted by the referring CSBs, Pathways engages all prospective persons served in a discussion about their choice of service provider and how services can be individually tailored. The individual will be given the option to accept or decline Pathways' services without fear of such a response negatively impacting that person's ability to apply and be considered for future services.

6.3.b. Guarantee individuals' rights of privacy, dignity, respect and freedom from coercion and restraint;

Pathway Homes is committed to protecting, supporting and empowering individuals to fully exercise all legal, civil, and human rights. Among these rights is the right to be treated with dignity and respect at all times; the right to privacy, the right to live free from abuse, neglect, coercion or exploitation and the right to be free from seclusion and restraint.

All staff members and persons served receive Human Rights training as part of orientation and at least annually thereafter. Information on how to contact the Human Rights Advocate is provided to each individual. Pathway Homes is affiliated with the Fairfax-Falls Church LHRC and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

In addition to Human Rights training, Pathways requires all staff to complete Relias Learning modules that integrate best practice education and research essential to creating a recovery environment. Staff members learn and describe recovery concepts that focus on developing a sense of hope, personal responsibility, building a strong support system, and self-advocacy, and are expected to create a recovery-based environment using recovery language when partnering with the individuals they serve. Training on the personal Bill of Rights for those with mental illnesses reinforces that the individuals we serve have the same rights as anyone else, and assists staff in empowering residents through education of these basic rights.

Pathway Homes is committed to ensuring privacy. In addition to confidentiality and HIPAA standards, Pathway Homes is also committed to providing personal privacy in the individual's homes. Staff members providing services in these individuals' homes are especially cognizant of the privacy needs of residents in their own privately leased space.

Pathway Homes prohibits the use of seclusion and restraint. All staff members are trained in managing behavioral emergencies with an emphasis on relationship building and de-escalation.

All staff are also trained in recognizing the signs of abuse neglect and exploitation and on the role of staff as a mandated reporter.

6.3.c. Optimize autonomy and independence in making life choices;

All new employees receive a comprehensive orientation that is supplemented with an Employee Orientation Handbook and online access to policies and procedures s well as related training materials. The orientation program is designed to instill in all employees the value of a recovery-based philosophy in the provision of services as essential to the agency's mission, vision and values. The orientation program is a structured, tailored curriculum that highlights agency philosophy and standards, critical policies and procedures, mandatory state/local/federal regulations, and specific skills training tailored to the job description. Another essential component of orientation is the new employee's ability to embrace the agency's concept of integrating the resident voice at all levels of agency operations. Helping staff to integrate into and celebrate Pathways culture of partnering with and empowering residents' autonomy is critical to our success.

This extensive staff training across all levels of the agency translates into assessments and ISPs that are person-centered and build on individual strengths and preferences. Individuals served are encouraged and taught to be self-advocates and active partners in identifying personal and life goals as well as the steps they will take to reach those goals. In this regard, Pathways staff act as coaches, cheerleaders and passengers as the residents are empowered to take center stage and be the driver on their recovery journey. As such, staff role moves away from being directive to partnering with an emphasis on helping the resident identify viable options and the outcome of whatever choice that resident decides to make as they work towards their goals. Individuals receiving the proposed services will be fully supported in exercising autonomy in their life choices even when those choices are determined to not be the best option clinically. In those instances, rather than engage in a power struggle with the resident, staff will use Motivational Interviewing strategies to highlight the discrepancy between expressed goals and observed behavior and focus on outreach, education, and risk management.

6.3.d. Facilitate choice in services and those who provide it.

Pathway Homes is committed to creating a recovery culture in all of our programs. This culture reinforces that individuals s have the same rights as anyone else, including the right to direct treatment and to have a voice in decisions that impact them. Counselors are trained to facilitate the exploration of options with persons served and to ensure they are fully aware of service and provider availability and educated on potential barriers such as insurance restrictions and other related limitations, such as provider waitlist, geographic location, etc.

If awarded this Supportive Residential Services contract, Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other parts of HPR II over the course of the contract. The initial screening to ensure individual choice will be conducted by the CSBs, at which time the individual will be provided information about the choice of provider options. Upon referral, Pathway Homes will offer the individual an interview to explore service options and how services can be tailored to their individual preferences and needs. The individual will be given the option to accept or decline the services without fear of adverse impact on being considered for future services. Individuals will receive regular

education on provider options available and on their right to receive services from those available providers of their choosing. Individuals will be routinely assisted with exploring providers available through their insurance plan and are provided assistance and support in making an educated and informed choice.

6.4. Comply with all applicable federal, state, and local laws including appropriate certifications, licensure, inspections and provisions of the Federal Fair Labor Standards Act, as amended;

Pathway Homes operates all of its programs within all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended.

6.5. Comply with all applicable rules and regulations regarding the rights of individuals enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 115.

Pathway Homes will ensure that all individuals' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. All of Pathway Homes' policies and practices relevant to the assurance of human rights are construed to ensure compliance with the requirements of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of DBHDS (12 VAC 35-115-10 et seq.)* and in accordance with state and federal laws.

All staff members and persons served receive Human Rights training as part of orientation and at least annual thereafter. Human Rights flyers are posted conspicuously in the homes and contain the contact information of the Human Rights Advocate. All residents and staff are also educated and encouraged to report any waste, fraud and/or abuse and other wrongdoing without fear of reprisal.

Pathway Homes is affiliated with the Fairfax-Falls Church LHRC, attends meetings as convened, and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

6.6 Comply with all applicable local and state codes for food preparation and service.

Not applicable.

6.7. Comply with all fire and building safety requirements and inspections in accordance with all applicable local and state codes.

Not applicable.

6.8. Comply with ICRT Program admission, retention and discharge policies as outlined in Appendix D for all Highly Intensive Residential Services provided for HPR II.

Not applicable.

6.9. Provide a Policy and Procedures Manual that includes all policies and procedures required by DBHDS licensure (See Appendix E).

See Attachment V for Policy and Procedures Manual table of contents.

6.10. Certify Tuberculosis (TB) Screening – Submit to NVRPO and/or Fairfax County as a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form for each employee within 30 days of employment or initial contact with individuals receiving services. The contractor will be responsible for TB screening of its employees. All contractor staff shall be certified as tuberculosis free on an annual basis by a qualified licensed practitioner. Any contractor staff who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease (including, but not limited to fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia) of three weeks duration shall be screened as determined appropriate for continued contact with individuals receiving services based on consultation with the local health department. Any contractor employee suspected of having active tuberculosis shall not be permitted to return to work or have contact with individuals receiving services until a physician has determined that the person is free of active tuberculosis.

Pathway Homes is committed to ensuring the health and safety of all employees, contractors, students, volunteers, and individuals receiving services, and to minimizing and/or eliminating the spread of tuberculosis disease. All employees receive training as part of orientation and annually thereafter on infection control and prevention.

Each employee, contractor, student, or volunteer who will have regular contact with individuals being served is required to be screened for TB by a qualified licensed practitioner to ensure the absence of TB in any communicable form. This evaluation must be obtained within 30 days of employment and rescreening will be required annually for staff members working in the Supportive Residential Services program.

Pathway Homes requires that any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms of three weeks duration or longer shall be evaluated immediately for the presence of infectious tuberculosis. Any individual suspected to have infectious tuberculosis shall not be allowed to return to work or have any contact with individuals served or personnel until tuberculosis is ruled out by a qualified health practitioner to be noninfectious. If a staff member develops an active case of tuberculosis Pathway Homes will immediately report this information to the health department.

6.11. Conduct Background Checks – In accordance with Code of Virginia section 19.2-392.02 the contractor will complete a criminal background check on all employees or volunteers who provide care, treatment, education, training, instruction, supervision, or recreation to children, the elderly, or disabled and place such documentation in the employees' personnel files. Proof of acceptable criminal background check will be provided to NVRPO and/or Fairfax County upon request. The contractor shall also ensure any subcontractors are in compliance with Code of Virginia section 19.2-392.02. Department of Behavioral Health and Developmental Services (DBHDS), Background Investigations Unit (BIU) will process requests for criminal background investigations only on DBHDS' licensed providers covered under Code of Virginia section 37.2-416. Providers that operate multiple programs cannot request the BIU to process requests on individuals who work for other programs not licensed by DBHDS. Procedures and associated fees for DBHDS to conduct necessary background checks for DBHDS-licensed providers are found at: http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/background-investigations-unit.

Pathway Homes requires that all employees, and interns and volunteers who will independently interact with residents, undergo a comprehensive criminal background check. All appointees are required to submit to fingerprinting and provide personal descriptive information obtained during employee orientation or on the first day of employment whichever is sooner. The information is used to obtain a national criminal history record and to conduct a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services

and the national Sexual Offender Registry. Pathway Homes utilizes DBHDS Background Investigations Unit, DSS and the Virginia State Police to complete the investigation and determine an individual's eligibility. Under state law, an individual is not eligible for employment if there are significant or relevant findings. All background check information will be maintained in a separate personnel file for each appointee.

6.12. Provide proof of ethics, confidentiality, human rights, and professional boundaries training for all employed contractor staff and subcontractor staff annually.

All Pathway Homes staff receives initial and ongoing training, which include professional ethics, confidentiality & HIPAA, human rights and professional boundaries. Proof of training is maintained in electronic format as part of the Relias Learning Management System and will be made available as requested. Transcripts of each staff training record can be downloaded directly from the Relias system by staff and provided on demand.

6.13. Provide a formal performance accountability process that includes evaluation and quality control procedures to monitor clinical progress and effectiveness. The contractor shall provide measures that are taken at routine intervals and are tied to timely, evidence-based decision making. At a minimum the contractor shall evaluate:

6.13.a. Services and the Quantity of Services Provided.

Pathway Homes has an established Results-Based Accountability (RBA) system that move us beyond simply counting how much we did to evaluating how our performance results are linked to the purpose and goals of the proposed programs, and how they are used to make decisions that improve the program performance in its entirety. In short, we focus on outcomes that monitor and evaluate the program's efficiency as well as its effectiveness. Our system of Results-Based Accountability evaluates performance by putting the customer first, hence is focused on customer-based outcomes and results that show positive impact as a result of the services provided. In short, our RBA outcomes generally ask the question, "How have the services made the consumer's life better?" This means that our RBA outcomes measure conditions of wellbeing that specifically provide answers to the following questions: "How much did we do?", "How well did we do our work?" and "Is anyone better off?"

In establishing our RBA framework for this program, we identified indicators of consumer well-being that relate to the programs' overall goals. These overall program goals address stability in permanent housing, connectedness to, and integration into the community, and positive living (consumer empowerment, choice, hope, support and a sense of self-determination). Within this framework, we will track the number of individuals served each year, and other demographics that provide insight into the unique needs of these individuals, the type and frequency of services provided, and the impact of varying levels of services on the lives of these individuals. This type of insight will help us to not only provide consistently high quality service, it will also ensure that we remain responsive to the changing needs of the individuals in this programs so that the services are flexible enough to meet those needs.

As a CARF-accredited agency, our outcomes measures are collected at routine intervals, specifically at the beginning of services (Welcome Survey, demographics), annually (Satisfaction Survey), at discharge (Discharge Survey), and three months after discharge (Post Discharge Survey). Additionally, service delivery and business functions outcomes measuring

efficiency and effectiveness of services, and access to service will be collected bi-annually and trends summarized and utilized to track progress and improve quality of services.

6.13.b. Quality of Service Delivery and Client Responses to Services.

Following this basic RBA approach outlined above, we have established a quality improvement process to monitor and evaluate the quality of services we provide to individuals in these programs by tracking indicators, which measure how we performed in relation to established performance measures. As previously mentioned, we will focus on outcomes that monitor and evaluate the programs' effectiveness and efficiency, and we will also measure consumer satisfaction with the services and overall program operation. For example, in line with the Substance Abuse and Mental Health Service Administration (SAMHSA's) Permanent Supportive Housing (PSH) indicators and CSH's Dimensions of Quality, we will track and report on: stability in permanent housing (days housed in PSH over a period of time), integration into the community (days hospitalized), and positive living, (day activity, employment and income), access to services, and overall satisfaction with services.

At Pathways we also measure how well we did our work through the use of a variety of consumer and other stakeholder surveys. We will solicit feedback from individuals in these programs through annual satisfaction surveys, which are well-established tools at Pathway Homes. The questions in these surveys are developed with input from the Pathways Consumer Advisory Council, and in the past years, the Recovery Committee. Two of the questions in the survey are specifically tied to performance indicators measuring access to service, and consumer satisfaction within our RBA system.

These annual surveys will go out in early to mid-Summer with a turn-around time of thirty days. During the past three consecutive years, 94% of individuals served by Pathways have reported overall satisfaction with the services we provide (Satisfaction Measure). Responses in other areas of our annual satisfaction survey showed real customer end results arising from the services we provided for example, 96% of individuals served by Pathways stated that Pathways staff members treat them with dignity and respect and 90% reported that they like the amount of time they spend with their counselor (Access to Service Measure).

6.13.c. Changes in Client Circumstances after Receiving Services – Are clients better off and how?

In answering what might be the most important question in any quality RBA outcomes system, (i.e. is anyone better off?) we will track skills acquisition and changes in attitudes or behaviors that result from the services provided. Specific performance measures that evaluate our progress in this area will monitor changes in number of psychiatric and medical hospital days, engagement in structured daily activity (discussed above), and ability to remain in stable permanent housing each year. These measures are outlined in the Pathways RBA system as the following performance indicators:

- % of individuals who do not experience hospitalization for psychiatric reasons during the year
- % of individuals who do not experience hospitalization for medical reasons during the year

- % of individuals who remain in stable permanent housing each year
- % of individuals who maintain or increase their cash income from all sources (including employment) during the year

Regardless of the symptomatology of the residents served, this RBA outcomes approach allows us to move beyond simply counting the numbers served (i.e. how much did we do?) to evaluating how lives change by also monitoring and measuring the positive impact of the services we provide to these individuals. In other words, how many individuals served increased their level of independence and how did this improve their lives? Hence, in the SRS program we track the number of individuals who attain or keep some form of employment and maintain/increase income from all sources. This system of evaluation will help us identify ways to help residents develop or improve the social and interpersonal skills needed to connect with others within the program and in the wider community, or the job readiness skills needed for gainful employment. We will also track outcomes that measure how our individuals served acquire new, or improve upon existing skills that foster independence, for example, vocational or job readiness training, and ability to maintain or increase all sources of cash income.

The data collected during the year from monitoring performance related to these indicators and trending of results from year to year will continue to help us evaluate our performance and identify and address issues that appear to impede progress in these areas. We have found that utilizing a person-centered approach is effective in helping the individuals served to achieve measurable goals and make positive gains in all areas of their lives. As a result, in FY 2016, 97% of individuals Pathways served remained in permanent supportive housing, 88% did not experience a psychiatric hospitalization, 85% did not experience a medical hospitalization, and 19% were employed. Additionally, 95% confirmed the positive impact we are having on their lives when they reported that they believe the services they get at Pathways help to improve their lives.

6.14. The contractor shall demonstrate how its performance measures support the results sought by the Fairfax County Human Services System (Connected Individuals, Economic Self-Sufficiency, Healthy People, Positive Living for Older Adults and Individuals with Disabilities, Successful Children and Youth, and Sustainable Housing). Further information regarding performance management in the Fairfax County Human Services System is available at http://www.fairfaxcounty.gov/ncs/csipm/rba/.

Fairfax County Human Services System (HSS) is based on guiding principles that empower county residents and includes efforts to maximize the alignment and use of resources, and a focus on prevention and advocacy on behalf of our most vulnerable citizens. To this end, the HSS is committed to the implementation of RBA as a performance evaluation tool. As outlined above, Pathways subscribes to RBA as a management tool to identify, implement, and evaluate performance and service delivery and operational outcomes. Through an established performance improvement process based on evidence-based measures of effectiveness, efficiency, access to service, and consumer satisfaction, the Pathways RBA system directly supports achievement of the results sought by the HSS. Specifically, the individuals in this program will be assisted to achieve positive outcomes in the following areas:

- a. maintain community integration,
- b. increase economic self-sufficiency (to the extent they are able),
- c. improved mental and physical health, and

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d. maintain stable and affordable permanent housing with the supports necessary to prevent a return to housing instability.

The performance indicators listed under 6.13.c. will be tracked to show progress over time and revised as needed to improve consumer outcomes in the areas of well-being outlined above.

- 7. State Performance Contract Requirements
- 7.1. The Contractor must be in compliance with all applicable sections of the Community Services
 Performance Contract for the Purchase of Community Mental Health, Developmental, and Substance Abuse
 Services, as promulgated by the Virginia DBHDS.

Pathway Homes has been a licensed provider of services to individuals with mental illnesses and co-occurring substance use disorders for over three decades. As a licensed and CARF-accredited agency, Pathways is subject to a myriad of internal and external audits to ensure compliance with licensure, accreditation, and other standards. If awarded this contract, Pathways will be in full compliance with all applicable sections of the Community Services Performance Contract governing the Purchase of Community Mental Health, Developmental, and Substance Abuse Services, as promulgated by the Virginia DBHDS.

7.2. The Contract shall also comply with ad hoc requests from NVRPO or the Fairfax-Falls Church Community Services Board for additional information as it relates to meeting the requirements of performance reporting to DBHDS.

Pathways has over 20 years of completing Annual Progress Reports for multiple projects funded through HUD as well as a variety of monthly and quarterly reports for Fairfax CSB, Fairfax County Local Human Rights Committee, and DBHDS. Pathways will complete progress reports and submit to NVRPO and the CSB as required under the terms of the contract if awarded. Aggregated and de-identified data will be submitted electronically via email or other electronic transfer method, including direct entry into DBHDS web portal or database if available. Where possible, reports will also summarize quantitative and qualitative results on performance relating to agreed-upon outcomes and will include trending over periods of time as appropriate. In instances where protected health information is required in the reports, Pathways will utilized its existing HIPAA-compliant secure online communication portal to securely transmit such information.

7.3. The Contractor must also comply with the requirements of all applicable federal and state statutes, regulations, policies, and reporting requirements that affect or are applicable to the services included in the Community Services Performance Contract.

Pathways has extensive experience in meeting the requirements of all applicable federal and state statutes, regulations, and reporting requirements that are applicable to services across its numerous local, state, and federal contracts. As mentioned previously, Pathways also has over 20 years of complying with the reporting requirements of these entities. Pathways will similarly comply with the applicable laws, policies, and reporting requirements that are applicable to the services outlined in the Community Services Performance Contract.

7.4. Any contractor that is licensed by DBHDS and provides services to individuals must maintain compliance with the Human Rights Regulations adopted by the State Board. The Fairfax-Falls Church CSB shall, to the greatest extent practicable, require all other subcontractors that provide services and are not licensed by the Department to develop and implement policies and procedures that comply with the human rights policies

and procedures or to allow the Fairfax-Falls Church CSB to handle allegations of human rights violations on behalf of individuals served.

Pathway Homes is affiliated with the Fairfax-Falls Church Local Human Rights Committee and has extensive experience in meeting the requirements of the Human Rights Regulations adopted by the State Board. This committee has reviewed and approved all Pathways' Human Rights Policies and Procedures. Pathways will continue to comply with all regulatory and reporting requirements. Additionally, all informal and formal resident complaints and grievances will continue to be tracked within the agency's performance improvement system and trends utilized to take corrective action and modify policies where indicated.

7.5. Contractor must submit to the NVRPO and the Fairfax-Falls Church CSB all required data on individuals served and services delivered in the format to be provided by the County. The data is required by DBHDS for the Community Consumer Submission 3 (CCS3). Information on the CCS3 is available at http://www.dbhds.virginia.gov/professionals-and-service-providers/csb-community-contracting.

Pathways has extensive experience completing and submitting reports to HUD, DBHDS, CCFP, the CSB and Fairfax County in a format identified by each of these entities. Through execution of another contract, Pathways is familiar with the DBHDS CCC 3 and has the IT and reporting structures in place to complete progress reports and submit to NVRPO and the CSB as required. Aggregated and de-identified data will be submitted electronically via email or other electronic transfer method, including direct entry into DBHDS web portal or database as required. Where possible, reports will also summarize quantitative and qualitative results on performance relating to agreed-upon outcomes and will include trending over periods of time as appropriate. Where data with protected health information is required to be submitted electronically, Pathways will utilize its secure electronic portal or online HIPAA-compliant platform to do so and will ensure that only the minimum necessary information is transmitted in those instances.

7.6. The Contractor must have its own quality improvement system in place or participate in the Fairfax-Falls Church CSB's quality improvement efforts.

Pathway Homes is committed to continuous quality improvement at all levels of operations and services. This commitment is reflected in the agency's robust internal performance evaluation system which was designed to review clinical and business practices and ensure ongoing revision and remediation where indicated. The agency is also subject to at least yearly evaluation from external regulatory and accreditation bodies, namely the Virginia Department of Behavioral Health and Developmental, Department of Medical Assistance, Department of Housing and Urban Development, and the Commission on Accreditation of Rehabilitation Facilities. The agency also goes through a full financial audit annually in accordance with generally acceptable accounting practices.

Pathways obtains feedback directly from individuals served through its annual Individuals Served Satisfaction Survey. As mentioned in Section 6.13.b., this annual survey is a vital part of the agency's RBA outcomes system. Specific questions in the survey are included to address the unique needs of individuals in this program and our effectiveness in meeting their needs. Also, there are questions included in the survey that speak to how well we do our work and whether anyone is better off, two of the three key questions in a RBA performance system. For example, one question on the survey, "I like the amount of time my counselor spends with me", is intended to measure the level of access individuals served feel they have to Pathways staff (i.e.

an efficiency measure - how much did we do?). Another question on the survey, I feel like my Pathways counselor helps me meet my recovery goals," is intended to measure whether individuals believe our services improve their lives (how much better off are they?) We continually circle back and explore related staffing or training issues when a downward trend is noticed in any area of the survey but pay particular attention to these questions as they directly relate to performance measures within our RBA outcomes system.

In addition to the Annual Individuals Served Satisfaction Survey, Pathways sends a Welcome Survey to all new consumers within 30 days of moving into Pathway Homes, and a Discharge Survey when they leave Pathway Homes. A Post-Discharge Survey is sent out to all former Pathway Homes consumers three months after they leave, if a forwarding address is available. A question on the Welcome survey, "My counselor provided me with useful information during orientation to the program" is another measure of satisfaction within our RBA system (i.e. how well did we do our work?) and reflects our level of investment in preparing new consumers as they are integrated into the program. As mentioned previously, results from these performance measures are tracked as part of the organization's overall RBA system and reported in the agency's Annual Management Report, which is shared with all stakeholders. The information is also used to make strategic decisions about resource allocation and service delivery design and implementation.

At Pathway Homes, we practice continuous quality improvement to ensure that we are the best that we can be. We measure our performance in a manner that emphasizes customer end results. Our customer is the consumer who we see as a specific person with specific needs, not a vague concept or a case. As a result, staff members throughout the agency are encouraged to remain committed to this vision by always asking not only "how much did we do?" but also "how well did we do our work?" "Is anyone better off?" and "how can we do this better?" This constant self-appraisal and openness to feedback enables us as an agency to identify and continue what works, and to determine and improve upon what does not work. The continuous quality improvement process, especially one that uses the RBA approach, allows the agency to continually engage in a cycle of data collection and assessment, planning, implementation, and evaluation. The reward is the opportunity to act on what is learned and to determine next steps to improve even further to the benefit of the individual served.

8.2.b.2. Preliminary Work Plan: The offeror must present a description of the phases or segments into which the proposed work can logically be divided and performed including start-up, operating and close-out phases for each service proposed. The narrative should address each applicable task required in Section 5 and the licensing and other requirements in Section 6. Discussion should be keyed to appropriate paragraph numbers in this RFP and should include detailed descriptions of activities that are to occur, significant milestones, and anticipated deliverables. In presenting the Work Plan the offeror must present a detailed description of the start-up and close-out activities including transition activities that will occur, anticipated deliverables and timelines. The offeror's transition plan for the start-up period from the date of award to June 30, 2017 shall include a description of securing and furnishing housing sites, inspections, hiring background checks and training, managing the transition of client data and establishing other infrastructure as necessary (i.e. information technology, subcontractors, etc.). The offeror shall also include discussion of proposed closeout activities for the end of the contract term.

- 5. Tasks to be Performed:
- 5.3. Supportive Residential Services, at a minimum, shall include the following components:

5.3.a. Provide Supportive Residential Services to a minimum of 10 adults (approximately 1200 units of service per year dependent on individual level of functioning and needs). Each unit of service is equal to one service hour as defined in the Core Taxonomy for Supportive Residential Services (e.g. companion services, and personal assistance to maintain psychiatric stability and independent living).

Pathway Homes is currently providing these services under an existing contract which ends June 30, 2017. Should Pathways be awarded a new contract, the service will continue uninterrupted with no startup tasks required. Notably, Pathways' demonstrated success in providing supportive services in this same service delivery design and to the same population will provide added value to the proposed program.

5.3.b. Provide appropriate staffing to serve clients as needed.

Pathway Homes is currently providing these services under an existing contract which ends June 30, 2017. Should Pathways be awarded a new contract, the staffing to provide the service will continue uninterrupted with no start tasks required.

5.4. Ensure transition activities are completed prior to the start of services. Transition activities shall include, but are not limited to, securing and furnishing housing sites as needed, inspections, hiring, background checks and staff training.

Pathway Homes is currently providing these services under an existing contract which ends June 30, 2017. Should Pathways be awarded a new contract, the service will continue uninterrupted with no start tasks required.

5.5. Accept client referrals made by NVRPO and/or the Fairfax-Falls Church CSB for the continuum of residential services described herein. In the event the Contractor determines that they are unable to meet the needs of the client referred, the Contractor is required to submit a written summary to the referring agency within 48 hours of the referral being made that includes a clinical review and a discussion of the rationale used to make the determination.

Pathway Homes will accept referrals from the NVRPO and/or the Fairfax-Falls Church CSB according to the process agreed upon at the time of the contract awards. Pathways agrees that in the event a referral is declined, Pathways will provide a written summary to the referring agency within 48 hours of the referral being made that explains the clinical rationale for the decision.

5.6. Provide Individualized Service Plans, as required by DBHDS licensing requirements.

Start up

Pathway Homes is currently providing services to the 10 individuals under this proposed contract. As a result, the startup activities relating to ISPs will be minimal. Current persons served have active ISPs in place. Pathways will partner with the CSB case manager to obtain assessment and ISP information on any new referrals. Consistent with the DBHDS regulations, all new individuals will have a preliminary ISP developed with 24 hours and a comprehensive assessment resulting in an Individualized ISP with 30 days.

On-going

Pathway Homes embraces a recovery model that supports an individual's potential for recovery and attainment of personal and life goals. Pathways recovery approach is generally seen as an

individual journey rather than an event. This journey involves traveling through pathways that develop hope, supportive relationships, and a strong sense of self, social inclusion, coping skills, empowerment and meaning. A guiding principle of recovery is that the voice of the consumer is essential and that people can and do recover. As such, Pathway Homes' staff will partner with individuals to explore what their life goals are and to identify strategies to address barriers to making progress towards those goals.

Pathway Homes' person-centered approach incorporates each individual's strengths, needs, abilities, and preferences. Services provided are inclusive of, and sensitive to culture, gender, race, age, sexual orientation and the communication needs of the individual served. Pathways utilizes a strengths-based approach and employs Motivational Interviewing techniques to assist individuals in identifying and overcoming ambivalences that hinder movement towards personal long-term goals. Staff members will assist persons served in developing a heightened awareness of personal strengths and talents, thereby strengthening the individual's self-confidence and selfimage.

Through this collaborative process, goals and measurable activities will be identified to create an ISP. The ISP will clearly identify person-centered goals, measurable objectives and realistic action steps that residents will take towards goal attainment. The ISP will also identify active interventions that staff will use to support goal progress and address barriers identified in the assessment process. The ISP will be reviewed at least quarterly to make modifications in response to achievements, progress made and barriers encountered. The emphasis of the service planning process will be on finding the balance for each individual between teaching the person served to be as self-sufficient as possible and ensuring that all essential needs are met regardless of level of motivation or ability.

Close Out

In the event the contract is scheduled to end, Pathway Homes will work closely with persons served, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate to minimize disruption to the individual during the transition of services. Transition planning will include a discussion of identified goals, challenges, and client strengths that can be leveraged to address those challenges. Full staffing supports will be available to individuals throughout the course of the contract. Pathway Homes will collaborate with any new vendor and the CSB to ensure relevant clinical documentation to ensure a seamless transition.

Provide crisis intervention and stabilization coordination with the CSB Emergency Services staff and regional crisis stabilization program to ensure all reasonable efforts are made to maximize the client's potential to remain in the community and prevent hospitalization.

Pathways has existing practices in place to provide crisis intervention and stabilization in coordination with CSB Emergency Services staff so no startup is required in this area.

A critical best practice for managing crises in clinical settings includes developing a crisis prevention plan. Crisis planning will begin at the time of admission to the program by collecting relevant histories and discharge summaries, identifying high risk behaviors and individual triggers, and identifying historically effective interventions. The program staff will work

collaboratively with each individual, previous providers and family members to proactively identify potential triggers in the home or in the community and collect collateral information vital to a comprehensive risk assessment. Staff will work with persons served to develop Wellness Recovery Action Plans and/or safety contracts to help them manage safely both in the home and in the community.

As mentioned previously, all Pathways clinical staff are trained in TOVA behavior support techniques. All staff are also required to be familiar with, and evaluated on their demonstrated knowledge and ability to implement and support all crisis plans, behavior support plans, and ISPs. At the same time, crisis intervention and management is a collaborative process, therefore, at the earliest indicators of a potential crisis, Pathways' staff will work closely with CSB case managers to arrange for family and/or treatment team meetings and to put greater supports in place as indicated. The goal of these supports will be to assist the individual in maintaining safely in the community and to minimize the need for hospitalization or other types of inpatient treatment. The Pathways and CSB clinical teams will work collaboratively to identify risks and to develop a safety plan tailored to the needs of the individual resident. Interventions may include increased frequency of one-on-one sessions, contracting, supervised coping activities, safety plans, education on consequences of specific behaviors.

In the event that the crisis prevention and intervention strategies are ineffective and the individual's behaviors present a risk to self or others, staff members are trained in accessing Emergency Services and the CSB Mobile Crisis Unit. The CSB Mobile Crisis Unit provides scheduled and unscheduled crisis intervention, assessment, referral, crisis prevention, and consultation services to individuals experiencing an emotional or psychiatric crisis. Services may be provided face-to face or by telephone, and are available 24-hours per day. They will also be utilized to secure transportation to Emergency Services as needed.

As evidenced by the significant decrease in individuals' need for psychiatric hospitalization following admission to Pathways, the agency has a demonstrated history of managing crises successfully in the home and community, thereby decreasing the negative personal and social consequences of incarceration and/or hospitalization, and saving taxpayer dollars.

In the event the program has to close, Pathways will work closely with the individual, CSB staff and any new vendor to ensure pertinent clinical information is shared that will promote continuity of care and minimize the occurrence of clinical crises as a result of the transition.

5.8. Access and maximize all funding sources available including all client funding sources, as appropriate (e.g., client feels, Auxiliary Grants [additional supplemental income to clients receiving Supplemental Security Income], and linkages to prescription Patient Assistance Programs for client medications that have out-of-pocket expenses).

Start-Up

Pathway Homes is currently providing these services under an existing contract which ends June 30, 2017. All 10 individuals are connected to eligible benefits. Should Pathways be awarded a new contract, the service will continue uninterrupted with no startup tasks anticipated.

Ongoing

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It is anticipated that most of the individuals who have Medicaid or similar health insurance coverage, will meet the criteria for Mental Health Skill Building Services. Pathway Homes will seek authorization to bill Medicaid for qualifying services for those who are have eligible coverage. Individuals who do not have health insurance upon entry to the programs will be assisted to apply for such benefits and supported in accessing healthcare services through the Fairfax County Health Network while they wait for their benefits to start.

It is Pathways' commitment always to ensure that the individuals served in this programs access all available local, state, and federal benefits for which they are eligible.

Close Out

In the event the contract is scheduled to end, Pathway Homes will work closely with individuals, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports would be available to residents throughout the course of the contract.

Pathway Homes will ensure that any information regarding pending applications for benefits be provided to the resident and their new provider to enable adequate follow up.

Ensure all residential sites used for the provision of services meet state licensure requirements for the services provided, are central to the Northern Virginia region, accessible via public transportation and are noninstitutional in appearance. All housing provided to meet the needs of the Fairfax-Falls Church CSB must be located within the boundaries of Fairfax County.

Not applicable.

Provide services that are culturally and linguistically competent and consistent with the National Standards on Culturally and Linguistically Appropriate Services (CLAS) as identified and defined at https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclassstandards.pdf to include certified interpretation and document translation services, as needed, to communicate with non-native English speaking clients.

Pathways prides itself on providing culturally competent and linguistically appropriate services and addresses this in the agency's Accessibility Plan and Cultural Competence and Diversity Plan. This translates into adding multilingual staff to address individuals' needs as they arise, and investing in staff training around issues of diversity and culturally-based resident preferences. It also translates into matching individual needs with additional appropriate community resources to ensure that assessments and ISPs are written in a manner that is understandable to the person served and that translation services are provided, at no cost to the individual, when the individual is not a native English Language speaker, or prefers written communication in a language other than English.

Specifically, individuals with limited English Language proficiency and/or other communication needs will be offered language assistance to ensure they can access and utilize services provided in a timely manner and at no cost to them. Pathways staff will also inform all individuals, during orientation, and periodically afterwards, about how they can access language assistance services and will do so verbally and in writing, in their preferred language, where financially feasible. External translation services will be provided to residents, again at no cost to them, where

needed. In choosing external translation services, Pathways will show due diligence in vetting the competence of interpreters to ensure that untrained individuals or minors are not used as interpreters. Pathways will also minimize the use of family members as interpreters as it has been shown that using family members in this role is not always in the best clinical interest of the client.

5.11. Coordinate and provide end-of-contract transition activities including, but not limited to, managing transition of client data and clients

In the event the contract is scheduled to end, Pathway Homes will work closely with residents, their involved family members, the new vendor and the CSB to plan for transition. This will include processing any concerns, identifying and managing any potential risks, facilitating transition meetings with new providers and doing outreach as appropriate minimize disruption to the resident during the transition of services. Full staffing supports will be available to residents throughout the course of the contract and for an identified period post transition as needed.

Pathway Homes will collaborate with any new vendor and the CSB to transfer relevant clinical documentation to ensure a seamless transition. Transfer of clinical records and other documentation containing protected health information (PHI) will be implemented within the parameters of HIPAA regulations to ensure security of PHI is maintained throughout. Pathways will also assist in notifying all relevant entities (I.e. DBHDS, Medicaid, other providers, etc.)

6. Licensing and Other Requirements

6.1. Maintain the appropriate DBHDS license for the service(s) proposed and comply with all applicable rules and regulations as a licensed provider enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 105. Actual license requirements shall depend on the service levels proposed and will be determined by DBHDS. The offeror must show proof of licensure and show proof by the state of services. At a minimum, proof of the following licensure is required:

6.1.c. For Supportive Residential Services, licensure for Supportive In-Home.

Pathway Homes, Inc. is licensed by the Commonwealth of Virginia (License No. 121) to provide mental health community support services for adults with serious mental illness. Pathway Homes operates all of its programs with all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended.

6.2. Comply with all federal health information privacy requirements.

Pathway Homes and its partners in the CSB and wider CoC service provider community, have established systems and protocols to manage personal health information in paper and electronic form within Federal guidelines pertaining to the Health Information Portability and Accountability Act (HIPAA). As such, demographic and clinical outcomes data will be securely created, stored, and transmitted and shared only with the necessary authorization and within the parameters of HIPAA. Additionally only aggregate data will be submitted to meet the reporting requirements of this contract and will not include information that will identify any one individual receiving services. Additional protective measures will be instituted with regard to individuals with co-occurring substance use disorders in accordance with 42CFR requirements. All contractors with access to electronic personal health information during the course of doing

business with Pathways or its partners will be required to sign a Business Associate Agreement certifying that they will implement appropriate measures to ensure the protection of all e-phi relating to service recipients in this project.

Additionally, all Pathway Homes staff and residents receive training during orientation and annually on Confidentiality and HIPAA. Ongoing education is also provided as needed and appropriate, to ensure compliance with all federal health information privacy requirements. Documentation of training is maintained for staff in the Relias on-line training system and in the electronic medical record for residents. Documentation of training for residents is maintained in clinical records.

6.3. Adhere to the Centers for Medicare and Medicaid Services' Home and Community-Based Services Final Rule. Highlights of the rule include the following requirements:

6.3.a. Ensure individuals have been given choices regarding their setting options;

Pathway Homes, as the primary and most experienced nonprofit provider of permanent, supportive mental health housing and services within the Fairfax community, has a detailed and comprehensive knowledge and understanding of Supportive Residential Living and has provided successful and high quality services for individuals receiving this type of service for many years. The level of service, possibility of transitioning to another setting is incorporated into recurrent assessments and reviews, with the resident encouraged to explore all potential housing options available to him or her. As a result, 85% of individuals Pathways served in 2016, including those receiving services and not housing from Pathways, stated that all available housing options were explored with them.

While the initial screening to ensure individual choice will be conducted by the referring CSBs, Pathways engages all prospective persons served in a discussion about their choice of service provider and how services can be individually tailored. The individual will be given the option to accept or decline the services without fear of such a response negatively impacting that person's ability to apply and be considered for future services.

6.3.b. Guarantee individuals' rights of privacy, dignity, respect and freedom from coercion and restraint;

All staff members and persons served receive Human Rights training as part of orientation and at least annually thereafter. Information on how to contact the Human Rights Advocate is provided to each individual. Pathway Homes is affiliated with the Fairfax-Falls Church LHRC and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

In addition to Human Rights training, Pathways requires all staff to complete Relias Learning modules that integrate best practice education and research essential to creating a recovery environment. Staff members learn and describe recovery concepts that focus on developing a sense of hope, personal responsibility, building a strong support system, and self-advocacy, and are expected to create a recovery-based environment using recovery language when partnering with the individuals they serve. Training on the personal Bill of Rights for those with mental illnesses reinforces that the individuals we serve have the same rights as anyone else, and assists staff in empowering residents through education of these basic rights.

Pathway Homes is committed to ensuring privacy. In addition to confidentiality and HIPAA standards, Pathway Homes is also committed to providing personal privacy in the individual's homes. Staff members providing services in these individuals' homes are especially cognizant of the privacy needs of residents in their own privately leased space.

Pathway Homes prohibits the use of seclusion and restraint. All staff members are trained in managing behavioral emergencies with an emphasis on relationship building and de-escalation. All staff are also trained in recognizing the signs of abuse neglect and exploitation and on the role of staff as a mandated reporter.

6.3.c. Optimize autonomy and independence in making life choices;

All new employees receive a comprehensive orientation that is supplemented with an Employee Orientation Handbook and online access to policies and procedures s well as related training materials. The orientation program is designed to instill in all employees the value of a recovery-based philosophy in the provision of services as essential to the agency's mission, vision and values. The orientation program is a structured, tailored curriculum that highlights agency philosophy and standards, critical policies and procedures, mandatory state/local/federal regulations, and specific skills training tailored to the job description. Another essential component of orientation is the new employee's ability to embrace the agency's concept of integrating the resident voice at all levels of agency operations. Helping staff to integrate into and celebrate Pathways culture of partnering with and empowering residents' autonomy is critical to our success.

This extensive staff training across all levels of the agency translates into assessments and ISPs that are person-centered and build on individual strengths and preferences. Individuals are encouraged and taught to be self-advocates and active partners in identifying personal and life goals as well as the steps they will take to reach those goals. In this regard, Pathways staff act as coaches, cheerleaders and passengers as the persons served are empowered to take center stage and be the driver on their recovery journey. As such, staff role moves away from being directive to partnering with an emphasis on helping the individual identify viable options and the outcome of whatever choice that individual decides to make as they work towards their goals. Individuals in the proposed program will be fully supported in exercising autonomy in their life choices even when those choices are determined to not be the best option clinically. In those instances, rather than engage in a power struggle with the individual, staff will use Motivational Interviewing strategies to highlight the discrepancy between expressed goals and observed behavior and focus on outreach, education, and risk management.

6.3.d. Facilitate choice in services and those who provide it.

Pathway Homes is committed to creating a recovery environment in all of our programs. This culture reinforces that persons served have the same rights as anyone else, including the right to direct treatment and to have a voice in decisions that impact them. Counselors are trained to facilitate the exploration of options with individuals and to ensure they are fully aware of service and provider availability and educated on potential barriers such as insurance restrictions and other related limitations, such as provider waitlist, geographic location, etc.

If awarded this contract Pathway Homes will be accepting referrals initially from Fairfax CSB with the potential for expanding into other parts of HPR II over the course of the contract. The

initial screening to ensure individual choice will be conducted by the CSBs, at which time the individual will be provided information about the choice of provider options. Upon referral, Pathway Homes will offer the individual an interview to explore program options and how services can be tailored to their individual preferences and needs. The individual will be given the option to accept or decline the services without fear of adverse impact on being considered for future services. Individuals will receive regular education on provider options available and on their right to receive services from those available providers of their choosing. Individuals will be routinely assisted with exploring providers available through their insurance plan and are provided assistance and support in making an educated and informed choice.

6.4. Comply with all applicable federal, state, and local laws including appropriate certifications, licensure, inspections and provisions of the Federal Fair Labor Standards Act, as amended;

Pathway Homes operates all its programs within all applicable standards of Federal, State and local law, including appropriate certifications, licensure and inspection, and the organization complies with all provisions of the Federal Fair Labor Standards Act, as amended.

6.5. Comply with all applicable rules and regulations regarding the rights of individuals enumerated in the Virginia Administrative Code, Title 12, Agency 35, Chapter 115.

Pathway Homes will ensure that all individuals' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. All of Pathway Homes' policies and practices relevant to the assurance of human rights are construed to ensure compliance with the requirements of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of DBHDS (12 VAC 35-115-10 et seq.)* and in accordance with state and federal laws.

All staff members and persons served receive Human Rights training as part of orientation and at least annual thereafter. Contact information on how to reach the Human Rights Advocate is provided to each individual. All residents and staff are also educated and encouraged to report any waste, fraud and/or abuse and other wrongdoing without fear of reprisal. Additionally, Pathway Homes is affiliated with the Fairfax-Falls Church LHRC, attends meetings as convened, and submits quarterly and annual reports to the oversite committee in accordance with DBHDS standards.

6.6 Comply with all applicable local and state codes for food preparation and service.

Not applicable.

6.7. Comply with all fire and building safety requirements and inspections in accordance with all applicable local and state codes.

Not applicable.

6.8. Comply with ICRT Program admission, retention and discharge policies as outlined in Appendix D for all Highly Intensive Residential Services provided for HPR II.

Not applicable.

6.9. Provide a Policy and Procedures Manual that includes all policies and procedures required by DBHDS licensure (See Appendix E).

A copy the Pathway Homes' DBHDS license and proof of application for service expansion is provided in Attachment P: DBHDS License and application.

6.10. Certify Tuberculosis (TB) Screening – Submit to NVRPO and/or Fairfax County as a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form for each employee within 30 days of employment or initial contact with individuals receiving services. The contractor will be responsible for TB screening of its employees. All contractor staff shall be certified as tuberculosis free on an annual basis by a qualified licensed practitioner. Any contractor staff who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease (including, but not limited to fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia) of three weeks duration shall be screened as determined appropriate for continued contact with individuals receiving services based on consultation with the local health department. Any contractor employee suspected of having active tuberculosis shall not be permitted to return to work or have contact with individuals receiving services until a physician has determined that the person is free of active tuberculosis.

Pathway Homes is committed to ensuring the health and safety of all employees, contractors, students, volunteers, and individuals receiving services, and to minimizing and/or eliminating the spread of tuberculosis disease. All employees receive training as part of orientation and annually thereafter on infection control and prevention.

Each employee, contractor, student, or volunteer who will have regular contact with individuals being served is required to be screened for TB by a qualified licensed practitioner to ensure the absence of TB in any communicable form. This evaluation must be obtained within 30 days of employment and rescreening will be required annually for staff members working in the Supportive Residential programs.

Pathway Homes requires that any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms of three weeks duration or longer shall be evaluated immediately for the presence of infectious tuberculosis. Any individual suspected to have infectious tuberculosis shall not be allowed to return to work or have any contact with individuals served or personnel until tuberculosis is ruled out by a qualified health practitioner to be noninfectious. If a staff member develops an active case of tuberculosis Pathway Homes will immediately report this information to the health department.

6.11. Conduct Background Checks – In accordance with Code of Virginia section 19.2-392.02 the contractor will complete a criminal background check on all employees or volunteers who provide care, treatment, education, training, instruction, supervision, or recreation to children, the elderly, or disabled and place such documentation in the employees' personnel files. Proof of acceptable criminal background check will be provided to NVRPO and/or Fairfax County upon request. The contractor shall also ensure any subcontractors are in compliance with Code of Virginia section 19.2-392.02. Department of Behavioral Health and Developmental Services (DBHDS), Background Investigations Unit (BIU) will process requests for criminal background investigations only on DBHDS' licensed providers covered under Code of Virginia section 37.2-416. Providers that operate multiple programs cannot request the BIU to process requests on individuals who work for other programs not licensed by DBHDS. Procedures and associated fees for DBHDS to conduct necessary background checks for DBHDS-licensed providers are found at: http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/background-investigations-unit.

Pathway Homes requires that all employees, and interns and volunteers who will independently interact with residents, undergo a comprehensive criminal background check. All appointees are required to submit to fingerprinting and provide personal descriptive information obtained during employee orientation or on the first day of employment whichever is sooner. The information is

used to obtain a national criminal history record and to conduct a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services and the national Sexual Offender Registry. Pathway Homes utilizes DBHDS Background Investigations Unit, DSS and the Virginia State Police to complete the investigation and determine an individual's eligibility. Under state law, an individual is not eligible for employment if there are significant or relevant findings. All background check information will be maintained in a separate personnel file for each appointee.

6.12. Provide proof of ethics, confidentiality, human rights, and professional boundaries training for all employed contractor staff and subcontractor staff annually.

All Pathway Homes staff receives initial and ongoing training, which include professional ethics, confidentiality & HIPAA, human rights and professional boundaries. Proof of training is maintained in electronic format as part of the Relias Learning Management System and will be made available as requested. Transcripts of each staff training record can be downloaded directly from the Relias system by staff and provided on demand.

6.13. Provide a formal performance accountability process that includes evaluation and quality control procedures to monitor clinical progress and effectiveness. The contractor shall provide measures that are taken at routine intervals and are tied to timely, evidence-based decision making. At a minimum the contractor shall evaluate:

6.13.a. Services and the Quantity of Services Provided.

Pathway Homes has an established Results-Based Accountability (RBA) system that move us beyond simply counting how much we did to evaluating how our performance results are linked to the purpose and goals of the proposed programs, and how they are used to make decisions that improve the program performance in its entirety. In short, we focus on outcomes that monitor and evaluate the program's efficiency as well as its effectiveness. Our system of Results-Based Accountability evaluates performance by putting the customer first, hence is focused on customer-based outcomes and results that show positive impact as a result of the services provided. In short, our RBA outcomes generally ask the question, "How have the services made the consumer's life better?" This means that our RBA outcomes measure conditions of wellbeing that specifically provide answers to the following questions: "How much did we do?", "How well did we do our work?" and "Is anyone better off?"

In establishing our RBA framework for this program, we identified indicators of consumer well-being that relate to the programs' overall goals. These overall program goals address stability in permanent housing, connectedness to, and integration into the community, and positive living (consumer empowerment, choice, hope, support and a sense of self-determination). Within this framework, we will track the number of individuals served each year, and other demographics that provide insight into the unique needs of these individuals, the type and frequency of services provided, and the impact of varying levels of services on the lives of these individuals. This type of insight will help us to not only provide consistently high quality service, it will also ensure that we remain responsive to the changing needs of the individuals in this programs so that the services are flexible enough to meet those needs.

As a CARF-accredited agency, our outcomes measures are collected at routine intervals, specifically at the beginning of services (Welcome Survey, demographics), annually (Satisfaction Survey), at discharge (Discharge Survey), and three months after discharge (Post Discharge Survey). Additionally, service delivery and business functions outcomes measuring efficiency and effectiveness of services, and access to service will be collected bi-annually and trends summarized and utilized to track progress and improve quality of services.

6.13.b. Quality of Service Delivery and Client Responses to Services.

Following this basic RBA approach outlined above, we have established a quality improvement process to monitor and evaluate the quality of services we provide to individuals in these programs by tracking indicators, which measure how we performed in relation to established performance measures. As previously mentioned, we will focus on outcomes that monitor and evaluate the programs' effectiveness and efficiency, and we will also measure consumer satisfaction with the services and overall program operation. For example, in line with the Substance Abuse and Mental Health Service Administration (SAMHSA's) Permanent Supportive Housing (PSH) indicators and CSH's Dimensions of Quality, we will track and report on: stability in permanent housing (days housed in PSH over a period of time), integration into the community (days hospitalized), and positive living, (day activity, employment and income), access to services, and overall satisfaction with services.

At Pathways we also measure how well we did our work through the use of a variety of consumer and other stakeholder surveys. We will solicit feedback from individuals in these programs through annual satisfaction surveys, which are well-established tools at Pathway Homes. The questions in these surveys are developed with input from the Pathways Consumer Advisory Council, and in the past years, the Recovery Committee. Two of the questions in the survey are specifically tied to performance indicators measuring access to service, and consumer satisfaction within our RBA system.

These annual surveys will go out in early to mid-Summer with a turn-around time of thirty days. During the past three consecutive years, 94% of individuals served by Pathways have reported overall satisfaction with the services we provide (Satisfaction Measure). Responses in other areas of our annual satisfaction survey showed real customer end results arising from the services we provided for example, 96% of individuals served by Pathways stated that Pathways staff members treat them with dignity and respect and 90% reported that they like the amount of time they spend with their counselor (Access to Service Measure).

6.13.c. Changes in Client Circumstances after Receiving Services – Are clients better off and how?

In answering what might be the most important question in any quality RBA outcomes system, (i.e. is anyone better off?) we will track skills acquisition and changes in attitudes or behaviors that result from the services provided. Specific performance measures that evaluate our progress in this area will monitor changes in number of psychiatric and medical hospital days, engagement in structured daily activity (discussed above), and ability to remain in stable permanent housing each year. These measures are outlined in the Pathways RBA system as the following performance indicators:

- % of individuals who do not experience hospitalization for psychiatric reasons during the year
- % of individuals who do not experience hospitalization for medical reasons during the year
- % of individuals who remain in stable permanent housing each year
- % of individuals who maintain or increase their cash income from all sources (including employment) during the year

Regardless of the symptomatology of the residents served, this RBA outcomes approach allows us to move beyond simply counting the numbers served (i.e. how much did we do?) to evaluating how lives change by also monitoring and measuring the positive impact of the services we provide to these individuals. In other words, how many individuals served increased their level of independence and how did this improve their lives? Hence, in the SRS program we track the number of individuals who attain or keep some form of employment and maintain/increase income from all sources. This system of evaluation will help us identify ways to help residents develop or improve the social and interpersonal skills needed to connect with others within the program and in the wider community, or the job readiness skills needed

for gainful employment. We will also track outcomes that measure how our individuals served acquire new, or improve upon existing skills that foster independence, for example, vocational or job readiness training, and ability to maintain or increase all sources of cash income.

The data collected during the year from monitoring performance related to these indicators and trending of results from year to year will continue to help us evaluate our performance and identify and address issues that appear to impede progress in these areas. We have found that utilizing a person-centered approach is effective in helping the individuals served to achieve measurable goals and make positive gains in all areas of their lives. As a result, in FY 2016, 97% of individuals Pathways served remained in permanent supportive housing, 88% did not experience a psychiatric hospitalization, 85% did not experience a medical hospitalization, and 19% were employed. Additionally, 95% confirmed the positive impact we are having on their lives when they reported that they believe the services they get at Pathways help to improve their lives.

6.14. The contractor shall demonstrate how its performance measures support the results sought by the Fairfax County Human Services System (Connected Individuals, Economic Self-Sufficiency, Healthy People, Positive Living for Older Adults and Individuals with Disabilities, Successful Children and Youth, and Sustainable Housing). Further information regarding performance management in the Fairfax County Human Services System is available at http://www.fairfaxcounty.gov/ncs/csipm/rba/.

Fairfax County Human Services System (HSS) is based on guiding principles that empower county residents and includes efforts to maximize the alignment and use of resources, and a focus on prevention and advocacy on behalf of our most vulnerable citizens. To this end, the HSS is committed to the implementation of RBA as a performance evaluation tool. As outlined above, Pathways subscribes to RBA as a management tool to identify, implement, and evaluate performance and service delivery and operational outcomes. Through an established performance improvement process based on evidence-based measures of effectiveness, efficiency, access to service, and consumer satisfaction, the Pathways RBA system directly supports achievement of the results sought by the HSS. Specifically, the individuals in this program will be assisted to achieve positive outcomes in the following areas:

- a. maintain community integration,
- b. increase economic self-sufficiency (to the extent they are able),
- c. improved mental and physical health, and
- d. maintain stable and affordable permanent housing with the supports necessary to prevent a return to housing instability.

The performance indicators listed under 6.13.c. will be tracked to show progress over time and revised as needed to improve consumer outcomes in the areas of well-being outlined above.

8.2.b.3. Treatment of the Issues: In this section, the offeror may also comment if deemed appropriate, on any aspect of the Request for Proposal, including suggestions on possible alternative approaches to the scope, tasks and other requirements presented in Sections 1, 5, and 6 ("Scope of Services", "Tasks to be Performed" and "Licensing and Other Requirements") and may propose alternative approaches. In addition, the offeror may comment on the offeror's current capacity, anticipated future service capacity needs during the contract term and the offeror's requirements for adding capacity.

Pathway Homes is confident that the agency has the capacity to leverage existing staffing patterns and resources to accommodate the need for future expansion of the program with consideration to the geographical proximity of the individuals to be served.

8.2.b.4. Residential Sites: If Highly Intensive or Supervised Services are proposed, include detailed descriptions of the residential sites proposed for each service including floor plans, maps and pictures, if available. (Detailed descriptions of the Annandale site will be provided by HPR II for Highly Intensive services until July 2018 are not

required.) Sites do not need to be secured by the offeror at the time of proposal submission but shall be secured no later than July 1, 2017 for the start of services. Include discussion of tenancy agreements, as appropriate, to accommodate individuals who are living with serious and persistent mental illness. For Highly Intensive services specifically, the offeror shall include the use of the eight-bed site located in Annandale, VA under a current lease secured by Fairfax County until July 31, 2018 and propose additional housing site(s) to fulfill the total minimum capacity of sixteen requested. Offerors of Highly Intensive services shall also describe plans to secure the minimum housing capacity requested when the Annandale site lease expires in July 2018.

Not applicable. Services under this proposed program will be provided to individuals who are already housed.

8.2.b.5. Outcomes: The offeror must include discussion of their performance accountability process and provide performance and accountability measures to be used for each of the services proposed (see Paragraph 6.13).

See 6.13.a., 6.13.b., and 6.13.c. above.

8.2.b.6. Policies and Procedures: The offeror must include their policies and procedures for the specific service proposed. A Table of Contents from the Policy and Procedures Manual for the service is acceptable, at a minimum. See Paragraph 6.9 and Appendix E for a policy and procedures checklist.

See Attachment V for Policy and Procedures Manual table of contents.

8.2.b.7. Staffing Plan: A staffing plan is required which describes the Offeror's proposed staff distribution to accomplish the service proposed, including staff to client ratios described in detail for the service. The staffing plan should indicate a chart that partitions the time commitment of each professional staff member across the proposed services/sites and a timeline for each facility proposed for Highly Intensive and Supervised services. It is mandatory that this section identify the key personnel who are to work on each service level proposed and at each site, their relationship to the contracting organization, and amount of time to be devoted to the service/site. This includes Consultants and subcontractors as well as regular employees of the offeror, if relevant. In addition, the staffing plan should identify the minimum and preferred qualifications for all staff positions. The offeror shall identify any staffed positions and/or services that are proposed to be contracted out and identify the subcontractors. The county must approve all future subcontractors in writing prior to the provision of services.

The proposed staffing plan for the SRL program is 0.75 FTE MH II providing 1200 service units per year for 10 individuals residing in independent housing. Staff will be available mid-morning to early evening Monday – Friday. Staff will schedule specific times with individuals of varying duration based on the needs of the person. Staff hours will be strategically flexible outside these times contingent upon the needs of the person served. The Division Director will directly supervise this staff.

8.2.b.8. Contingency Planning: Offeror should demonstrate an awareness of difficulties in the provision of services proposed, and a plan for surmounting them.

Pathway Homes has provided housing and supportive services to adults with severe mental illnesses and co-occurring substance use disorders for over three decades in Fairfax and surrounding counties. Pathways demonstrated ability to provide this type of service to this population efficiently and effectively resulted in solicitation from entities in Central Florida for Pathways to provide similar services to the same population in Oceola County; a call that Pathways answered last year. Notwithstanding our extensive experience and success at providing the housing and services proposed in this response, we are also aware of the difficulties inherent in providing these services in the current economic and political climate.

A potential difficulty in the provision of the services proposed lies in the uncertainty around Medicaid reimbursement changes, which will impact our ability to supplement the cost of providing supportive services to the target population. This will become more evident as research has shown that people with SMI especially schizophrenia, bipolar disorder, schizoaffective disorder, and major depressive disorder, have a higher mortality rate than the general population. Specifically, these studies show that these individuals are dying 13-30 years earlier than individuals in the general population due to factors such as lifestyle choices, long-term impact of psychotropic medications, and the disparity in availability and affordability of health care for individuals with SMI compared with the general population.

In short, the individuals targeted in this proposal are aging in place as more of them become housed and maintain housing stability and as they age, these medical conditions become more challenging to manage requiring more specialized services and increased supports. Without complementary funding from sources such as Medicaid, meeting such needs within the current program design would be challenging. We are already strategically addressing this potential challenge by diversifying our funding source and engaging in targeted fundraising to address the needs of a service population that is aging in place and becoming more medically compromised as they age.

8.3. The direct supervisors and key personnel named in the technical proposal will remain assigned to the project throughout the period of this contract. No diversion or replacement may be made without submission of a resume of the proposed replacement with final approval being granted by the County Purchasing Agent.

In the event a that personnel changes need to be made to direct supervisors or other key personnel, Pathway Homes will submit the resume of the proposed replacement to the County Purchasing Agent for approval.

8.4. Provide one separate section that contains the financial statements for the organization. The offeror shall provide their most recently filed and signed tax return and financial statements audited by an independent Certified Public Accountant (CPA). This includes the opinion letter, management letter comments, income statement, balance sheet, and notes to the financial statements from the most recent reporting period. In addition, if applicable, the offeror should sign and include the "Certification of Financial Solvency for Nonprofits" (Appendix D) as part of their proposal submission. If multiple service levels are being proposed, include financial statements only once.

See Attachment L: Financial Statements.

- 9. Consultation Services:
- 9.1. The contractor's staff must be available for consultation with County staff on an as-needed basis between 8:00 AM and 5:00 PM, Eastern Time, Monday through Friday.

Pathways' administrative offices are open from 8:30 am to 5:00 pm; however, senior clinical and administrative staff are available to County staff on an as-needed basis outside of those hours.

Pathway Homes, Inc.-Supportive Residential

Attachment M: Leadership Team Bios

- o Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC
- o Brenda F. Brennan
- o Sherry L. Meyers, LCSW
- o V.P. for Clinical Services: Anita Robinson, LCSW
- o Chief Operations Officer: Eleanor Vincent, EdD, LPC, CSAC





Dr. Sylisa Lambert-Woodard

Sylisa Lambert-Woodard, EdD, FACASAC, LCSW, LSATP, CSAC Board Certified Diplomate-Fellow President and CEO, Pathway Homes, Inc., Fairfax, Virginia

Dr. Lambert-Woodard has over 28 years' experience, and was named President and Chief Executive Officer of Pathway Homes in 2011 having served as President and Chief Operating Officer for the preceding 14 years.

Since she has taken on the role of CEO, the agency has gone through a tremendous period of growth and innovation. Despite the national economic downturn over the past five years, she has grown the number of residents Pathways serves by 20 percent through the acquisition of nearly 30 properties, producing an additional 50 units of housing. She has been nationally recognized for her ability to seize the opportunity presented during the housing downturn and grow Pathways' portfolio to over 200 properties providing permanent supportive housing for 477 individuals with serious mental illness in Northern Virginia. She was able to manage this growth while evolving service quality through innovation and strong fiscal management.

Dr. Lambert-Woodard is an avid supporter and advocate of Fair Housing and is known for her continued commitment to combating NIMBYism and eradicating stigma. She currently serves as the 2014 Co-Chair for the Fairfax Fair Housing Committee, and in 2012, she was instrumental in changing local policy and practice by creating political and community support to foster a more inclusive community in Fairfax County. Dr. Lambert-Woodard serves as Vice-Chair of the VACBP, and is on the Advisory Board of the Advanced Credentialing Academy of Substance Abuse Counselors.

During her tenure, Pathway Homes has been nationally recognized by the *NonProfit Times* as a Best Nonprofit to Work in the nation jumping from the 47th position in 2012 to the 28th position in 2013. Also, Pathway Homes received national attention from the National Association for County Community and Economic Development for a 22-unit project developed in collaboration with Fairfax County's Department of Housing and Community Development. At the state level, Pathway Homes received the coveted *2013 Virginia Housing Award* at the Governor's Housing Conference for its innovative consumer-directed housing approach. Locally, Pathway Homes was recognized by the Fairfax County Chamber of Commerce as a finalist in their *Best Corporate Citizen Award* in the nonprofit category.

In 2014, Dr. Sylisa Lambert-Woodard was the recipient of the 10th Annual Gelman, Rosenberg and Freedman EXCEL Award. This competitive award recognizes and spotlights outstanding leadership among Washington-area nonprofit chief executives.

Prior to joining Pathway Homes, Dr. Lambert-Woodard served in several capacities. She is the Founder and current Operator of several highly regarded Private Practices serving children, adolescents, and adults in Northern and Central VA for over 20 years. She has worked extensively with Veterans specializing in trauma, directly worked in and managed federal, state and local programs and contracts with HUD, Department of Justice, and Department of Corrections, SAMSHA, and VAASAP within the metropolitan area. She has directly served and developed substance use and co-occurring services for habitual offender's inpatient and outpatient, as well as, directly provided forensic services within regional prisons. Dr. Lambert-Woodard has provided pastoral counseling and professional coaching. She has taught at local universities, and provided training, lecture, and keynote presentations for conferences, universities, and organizations throughout the country and internationally. In addition, she has supervised and served in various management capacities within the Fairfax County's Human Service division and Community Services Board.

Dr. Lambert-Woodard received her Bachelor of Science from George Mason University, Fairfax, VA, Master's degree in Social Work from Catholic University, Washington D.C., and Doctorate of Education in Counseling Psychology from Nova Southeastern University, Fort Lauderdale, FL. She is a Licensed Substance Abuse Treatment Professional (LSATP), Master Addictions Counselor (MAC), Certified Substance Abuse Counselor (CSAC), Licensed Clinical Social Worker (LCSW), and Board Diplomate- Fellow (FACASAC). In 2015 Dr. Lambert-Woodard successfully completed the Harvard University Business School Strategic Responsibilities in Non-Profit Management Executives training program.

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Brenda F. Brennan

Brenda F. Brennan Chief Financial Officer, Pathway Homes, Inc., Fairfax, Virginia

Ms. Brennan provides direct oversight and supervision to administrative, property management, human resources,

payroll and accounting personnel ensuring regulatory compliance of financial, program, human resource management and personnel policies. She is a member of the Leadership Team and works directly with the CEO and Board of Directors in the strategic operations of the organization. She successfully coordinates and assures completion of the annual audit in accordance with Government Auditing Standards and OMB A-133 by an independent auditor. Due to Ms. Brennan's exemplary financial oversight she provides financial consultation to other not for profits and most recently has completed the requirements to be an Administrative Surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF).

Ms. Brennan expertly manages funding and expenditures for multiple restricted and unrestricted funding streams. With over 24 years in the financial nonprofit sector, her extensive knowledge and experience includes managing nonprofit accounting, Human Resources and Property Management for 50+ owned sites and 100+ leased sites. Her demonstrated proficiencies have instilled confidence in our government contracting and grantee relationships. Pathway Homes continues to be an attractive partner and a proven steward of public funds.

Hired as Pathway Homes Administrator in 1990, Ms. Brennan quickly moved up the ranks to Controller, Director of Finance and Vice President for Finance to her promotion to Chief Financial Officer in April 2014.

Ms. Brennan graduated from Radford University with a Bachelor of Science-Business Administration with a major in Accounting.

Sherry Meyers, LCSW, ALFA

Sherry L. Meyers, LCSW, Licensed Assisted Living Facility Administrator Senior Vice President, Pathway Homes, Inc., Fairfax, VA

Ms. Meyers provide oversight of the agency's clinical management team and of service delivery within assisted living, semi-independent and supported living programs. She has over 25 years of experience working in the mental health field and 18 years of supervisory and management experience in the nonprofit sector. Ms. Meyers began her career with Pathway Homes as a Mental Health Counselor II, served as a Division Director overseeing clinical services in the south county programs, and was the initial Director for the Stevenson Place Assisted Living Facility responsible for developing and opening the program.

Ms. Meyers is responsible for the development and delivery of a range of quality clinical, case management and residential services for individuals with severe and persistent mental illness including recruitment, hiring, training and supervision of clinical management staff and direct service staff. She manages the agency's wait list, coordinates screening and admissions, and works closely with DBHDS and DSS to ensure agency compliance with licensure regulations and standards. Her innovative work in the creation of our consumer-directed program has received national attention as an industry best practice.

Ms. Meyers holds a Masters in Social Work from Virginia Commonwealth University and received her Bachelors in Communications from Shippensburg University.



Anita Robinson, LCSW

Anita Robinson, LCSW Vice President for Clinical Services

Anita Robinson, LCSW serves as Vice President for Clinical Services. She provides leadership and clinical oversight of supported living and semi-independent living programs in both Fairfax and Arlington. Anita partners with clinical managers around services, program development and evaluation.

Anita has over 25 years' experience in Human Services. She was originally hired by Pathway Homes as a Mental Health Counselor I in 1988. She has steady been promoted through the agency ranks holding positions as an MHC II, Division Director, and Associate Vice President for Clinical Services prior to assuming her current role in 2011.

As a member of Pathways' Leadership and Clinical Management teams, Anita supports strategic planning, implemented the design of our 360 evaluation, facilitates collaborative relationships with community partners, provides oversight to our clinical internship program, and plays a major role in staff training and in the development of programs and policies. Anita is Pathway Homes' liaison to the Local Human Rights Committee. She provides clinical trainings at local universities and to other community organizations.

Anita has been a program surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2009. She is an approved Virginia Board of Professions Supervisor and is an Adjunct Professor with George Mason University.

Anita received her LCSW in Virginia in 2006. She has a Masters in Social Work from University of Maryland and received her Bachelor of Science in Psychology from Emory & Henry College.



Dr. Eleanor M. Vincent

Eleanor Vincent, EdD, LPC, CSAC Chief Operating Officer, Pathway Homes, Inc., Fairfax, Virginia

Eleanor Vincent, EdD, CSAC serves as Chief Operating Officer working closely with the President & CEO to manage the agency operations including agency outcomes and communication, strategic planning, quality assurance, community

partnerships, accreditation and training, technology, and organizational planning and implementation.

Dr. Vincent has worked in the mental health field since 1990. She has a background in Psychiatric Nursing, and worked in a variety of hospital and community settings within the National Health Service in England for several years. During that time, she worked in acute admission serving individuals with a variety of diagnoses including mothers with postpartum depression and their babies, as well as individuals admitted for inpatient detoxification from psychoactive substances. She also worked in psychosocial rehabilitation, community psychiatric nursing with the elderly, general medical, and a specialized eating disorders unit. She moved to the US in 1995 and worked as Program Director for a variety of residential and supported housing programs in Boston, Massachusetts and Fairfax, Virginia, providing services to adults with severe mental illness and co-occurring substance use disorders.

Dr. Vincent also spent two years managing the National Mental Health Information Center (NMHIC) of the Substance Abuse and Mental Health Services Administration providing mental health information and education to individuals and organizations across the US. During her time at NMHIC, Dr. Vincent and her staff were commended for providing "invaluable support and resources" to the President's New Freedom Commission on Mental Health.

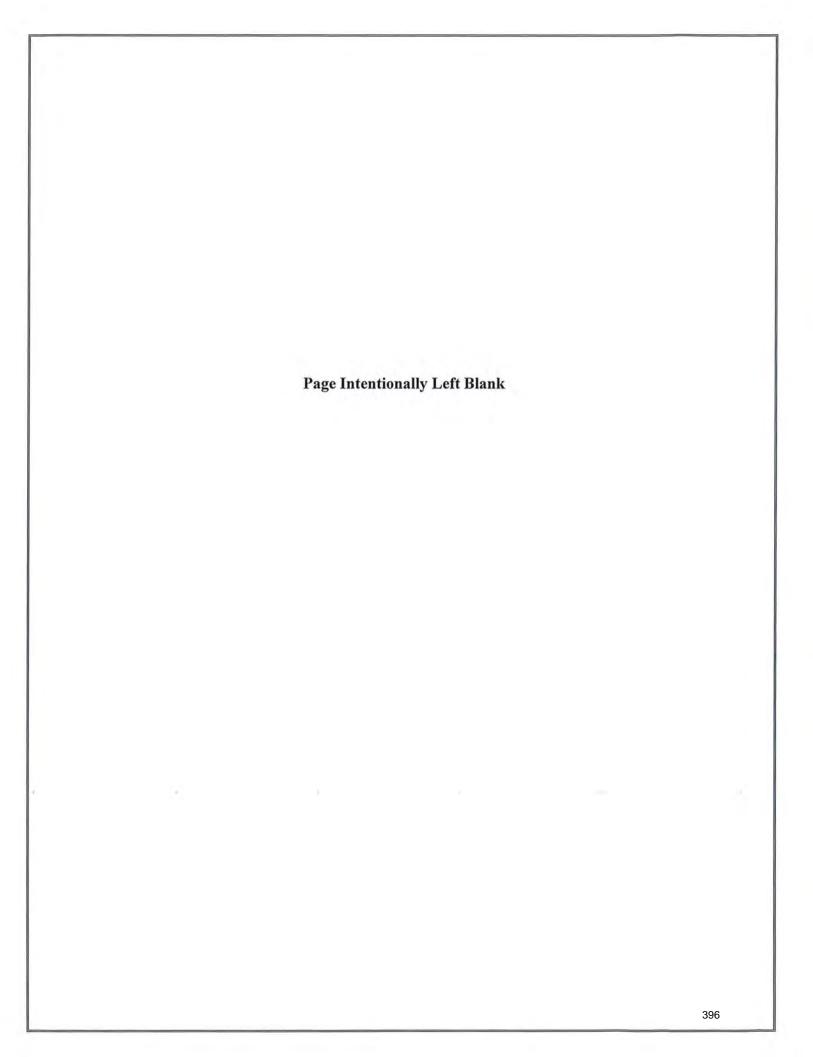
Since coming to work for Pathway Homes in 2003, she has served as Project Director at the regional Discharge and Diversion Program for adults with severe mental illness and other co-occurring disorders. She also served as Director of Quality Improvement, creating and implementing the agency's outcomes management system. She continues to provide oversight of the agency's continuous quality improvement activities in her current role.

Dr. Vincent is passionate about community outreach and advocacy and served as President of the Northern Virginia Mental Health Institute Advisory Council from 2004 to 2006. She also served as moderator for the regional Mental Illness Awareness Conference for several years and continues to support that process as a member of the Recovery and Wellness Committee. A surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF) from 2007 to 2013, she provided consultation and feedback to behavioral health organizations throughout the US on clinical and

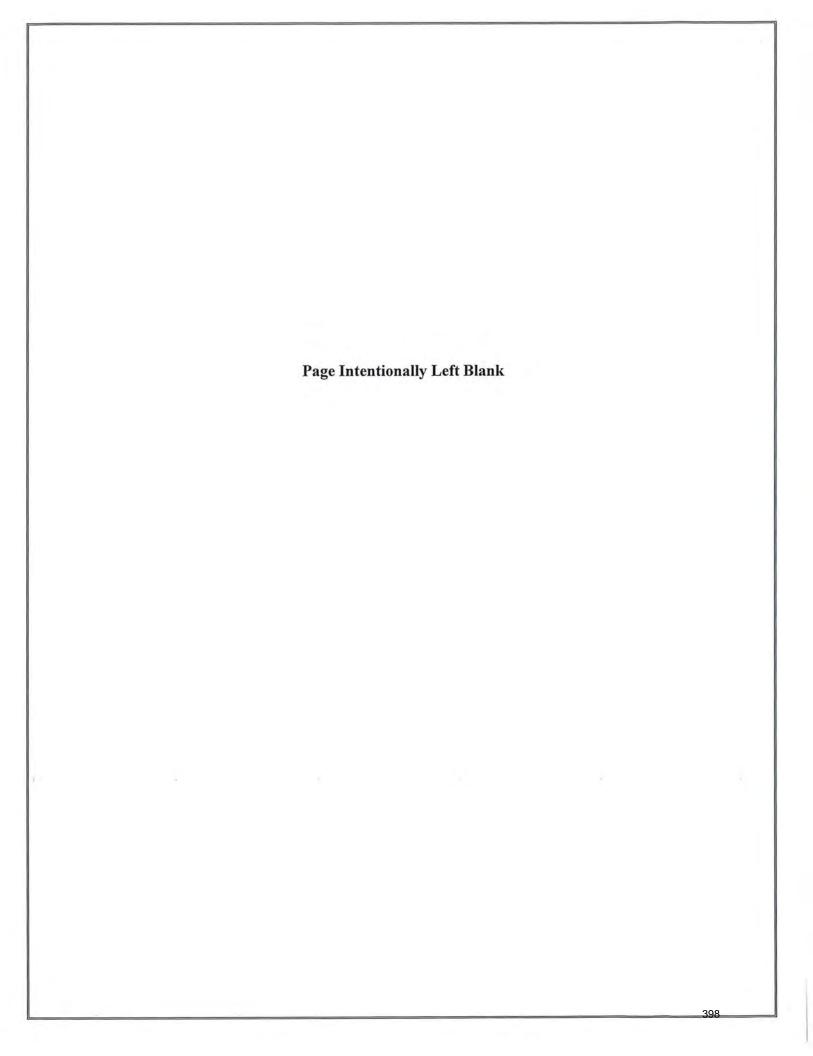
administrative practices in inpatient, outpatient, and community treatment settings. She is a current member of the Fairfax County Long Term Care Coordinating Council.

An instructor since 1995, Dr. Vincent has developed curricula for clinical training modules and graduate level courses, and is currently adjunct professor in the Forensic Psychology Master's program at The Chicago School of Professional Psychology, Washington D.C. campus.

Dr. Vincent received her Diploma in Psychology from University of London, BA from UMASS Boston, MPA from Suffolk University and a Doctor of Education in Counseling Psychology from Argosy University. She is a Certified Substance Abuse Counselor in the State of Virginia, Board Diplomate - Fellow (AFACASAC), and is currently completing her clinical residency towards licensure.



Attachment N: Agency Awards and Recognition



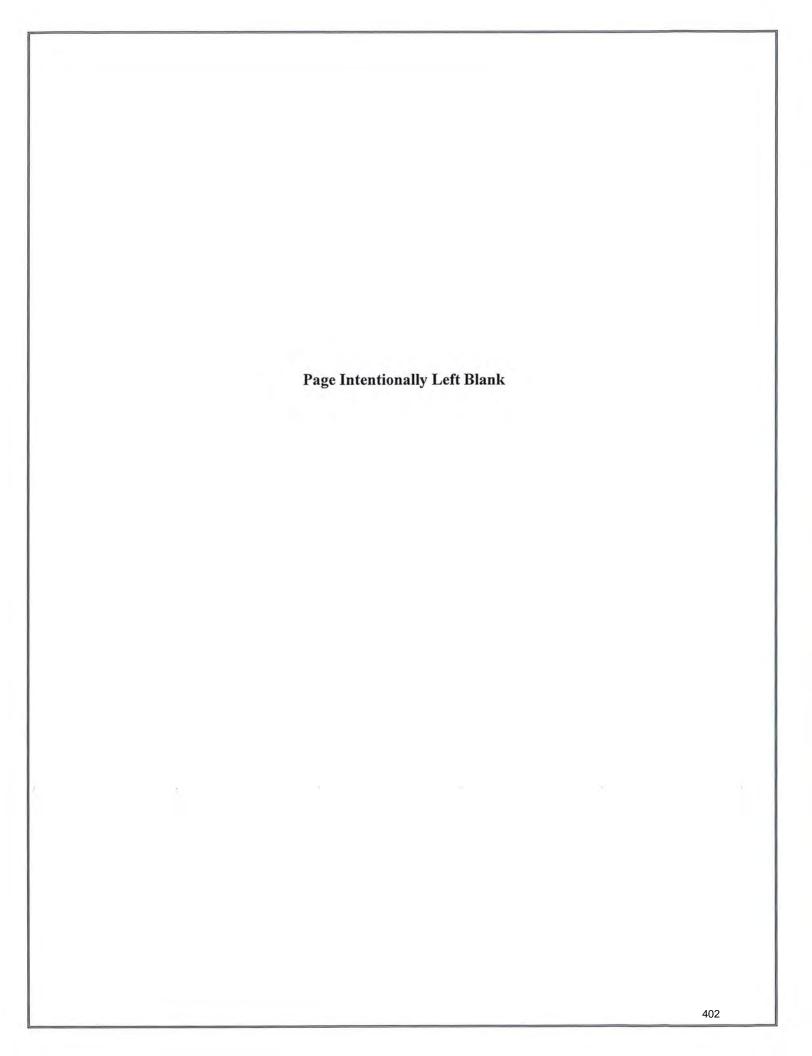
Organizational Recognitions

- 2016 named "One of the 50 Best NonProfits to Work for in 2016" by The NonProfit Times.
- 2015 named "One of the 50 Best NonProfits to Work for in 2015" by The NonProfit Times.
- 2015 received 3-year re-accreditation with no recommendations from CARF in recognition of the organization and its programs for superior standards
- > 2014 named "One of the 50 Best NonProfits to Work for in 2014" by The NonProfit Times
- ➤ 2014 Finalist, Fairfax County Chamber of Commerce Best NonProfit
- > 2014 Finalist, Helios Apollo Awards
- 2013 Virginia Governor's Housing Award for "Best Housing Program or Services" presented for Consumer-Directed housing program
- > 2013 Finalist, Fairfax County Chamber of Commerce Best Non-Profit
- ➤ 2013 named "One of the 50 Best NonProfits to Work for in 2013" by *The NonProfit Times*.
- 2013 recognized by the Virginia Employer Support of the Guard and Reserve Joint Force Headquarters for its employment policies in support of employees (past, present and future) who also serve in the National Guard and Reserve Forces in Virginia.
- 2012 received 3-year re-accreditation from CARF in recognition of the organization and its programs for superior standards.
- ➤ 2012 mentioned in the 2012 National Association for County Community and Economic Development (NACCED) Award of Excellence in the Homeless category which was awarded to the Fairfax County Department of Housing and Community Development.
- ➤ 2012 named "One of the 50 Best NonProfits to Work for in 2012" by *The NonProfit Times*.
- > 2009 awarded Fairfax County Recycling Award in recognition of recycling excellence.
- 2009 received 3-year accreditation from CARF in recognition of the organization and its programs for superior standards.
- 2007 Virginia Governor's Housing Award as "Best Housing Organization" presented by VA HUD
- 2006 Certification by the Commission on Accreditation of Rehabilitation Facilities (CARF) in recognition of the organization and its programs for superior standards.

Organizational Recognitions - continued

- 2005 Mental Health Consumer Award for Service Provider Excellence from the Northern Virginia Mental Health Consumers Association and the Fairfax-Falls Church Mental Health Advocacy Community in recognition of the organization as "an innovator in valuing and collaborating with the consumer community, recognizing the unique role of consumers as providers, promoting consumers as tenants, encouraging animal companionship and persistently striving for funding to maximize housing options."
- ➤ 1999 Human Rights Award from Fairfax County Human Rights Commission "in appreciation of outstanding service in the field of human rights."
- ➤ 1993 Employer of the Year Award from the Social Center for Psychiatric Rehabilitation "in recognition of Pathways' outstanding efforts in employing consumers as peer counselors."
- > 1993 IMBY Award from the Fairfax-Falls Church United Way for the agency's "sustained efforts at successfully integrating adults with mental illness into the community."
- 1992 Certificate of Recognition from the Fairfax-Falls Church CSB "in recognition of diligent and outstanding efforts in developing new permanent supportive housing for mentally ill residents in the community."
- > 1992 Fairfax County Organization of the Year Award from the Fairfax County Commission for Disabled Persons "in recognition of outstanding contributions to the community."
- 1983 Community Services Award from the Mental Health Association of Northern Virginia for its successful "development of permanent housing programs for the mentally ill."

Attachment O: Federal Grant Experience



SCHEDULE OF PERMANENT GRANT NUMBERS

McKinney - PHI

(Acquisition Only)
Pathway Homes, Inc.:

 Jinetes Court
 VA39P91-1002
 1991

 Sonora Place
 VA39P91-1006
 1991

 Redondo Place
 VA39P91-1007
 1991

 Westover Court
 VA39P91-1012
 1991

HUD Section 223f: Effective July 25, 2014

Pathways Living, Inc.:

Pathway Homes Project:

2201 & 2203 Huntington VA39T79-2002 2014

2303 & 2305 Mary Baldwin 051-11298

6215 Pioneer Drive 5626 Sheldon Drive

HUD Section 202: Effective July 25, 2014-

The three separate projects were closed and refinanced under HUD Section 223f.

Pathways Living, Inc.:

2201 & 2203 Huntington Drive VA39T83-1006 1986-2014

Independent Living I 000-EH-121

2303 & 2305 Mary Baldwin

Drive VA39T83-1005 1985-2014

Independent Living II 000-EH-089

Pathway Homes, Inc.:

6215 Pioneer Drive &

5626 Sheldon Drive VA39T79-2002 1981-2014

000-EH-028

HUD Section 811:

Pathway Options, Inc.:

9625 Blake Lane VA39Q91-1001 1992

000-HD-003

Pathway Visions, Inc.: VA39Q94-1002 1995

214 Locust Street, #112 000-HD-025

10029 Mosby Woods, #327 9473 Arlington Boulevard, #202

2010 Colts Neck, #11B

GRANT #'S	PROJECT DATES	DUE B	EDS	TOTAL
MCKINNEY GRANTS				
McKinney - PHI				
Combined:				
PHI91 - Scandia, Decade 6/2016)	e, Sweet Mint, Wainwright, (4	116 Mangalore	& 4357 Ame	ricana effective
VA0096L3G011407	01/01/16-12/31/16	3/31	16	\$163,571
VA0096L3G011508	01/01/17-12/31/17	3/31	18	\$171,513
McKinney - CRS				
Combined:				
CRS91 - Elan, Midship, Newbridge,				
(4355 Ivymount Ct, #48 & 7459 (5616 Bloomfield Dr, #1 & 5756	: (^		1)	
VA0095L3G011407	01/01/16-12/31/16	3/31	16	\$140,352
VA0095L3G011407 VA0095L3G011508	01/01/16-12/31/16	3/31	16	\$146,344
VA0053E3G011308	01/01/17-12/01/17	5/51	10	7140,544
CRS94 - Joust Lane & Mockingbird-Ph	HI / 2726 Sherwood Hall Lane	& 8757 Village	Green Court-	PRS
(7729 Donnybrook Ct, #103 & 6	5133 Leesburg Pike, #608 effe	ctive 5/2016)		
VA0097L3G011407	07/01/15-06/30/16	9/30	8	\$224,311
VA0097L3G011508	07/01/16-06/30/17	9/30	12	\$234,041
CRS95 - Cedar Cove & Links-PHI / 781	18 Mt Woodley Place & 3013	Kings Village Ro	29Q-bea	
VA0098L3G011407	02/01/15-01/31/16	4/30	8	\$301,247
VA0098L3G011508	02/01/16-01/31/17	4/30	8	\$312,405
SHP 2007	02/01/10 01/01/1/	1,750		V312 ,103
VA0144L3G011406	12/01/15-11/30/16	2/28	7	\$161,206
VA0144L3G011507	12/01/16-11/30/17	2/28	7	\$174,429
SHP 2009	11/01/15 10/01/15	1/21	-	\$150 020
VA0156L3G011404	11/01/15-10/31/16	1/31	7	\$160,920
VA0156L3G011505	11/01/16-10/31/17	1/31	7	\$174,114
SHP 2011				
VA0197L3G011403	09/01/15-08/31/16	11/30	24	\$330,501
VA0197L3G011504	09/01/16-08/31/17	11/30	24	\$355,749
1102014				
SHP2014	00/01/15 7/24/16	10/21	62	\$1.400.CC4
VA0257L3G011400	08/01/15-7/31/16	10/31	55	\$1,199,664
VA0257L3G011501	08/01/16-7/31/17	10/31	55	\$1,290,862
SHP2015				
SHP2015 VA0288L3G011500	11/01/16-10/31/17	1/31	22	\$ 544,804

SCHEDULE OF HUD GRANTS AND RENEWALS-CURRENT SHELTER PLUS CARE

	GRANT NUMBERS	PROJECT DATES	APR	PERSONS/UNITS	TOTAL
SPC (1C)					
	VA0101L3G011508	04/01/16-03/31/17	6/30	34 (5-2bdr/24-1bdr)	\$531,097
	Combined SPC (2), (4)	, (5)			
SPC (9C)	(6137 Leesburg Pike,	#402 effective 01/2014)			
	VA0100L3G011407	08/01/15-07/31/16	10/31	25 (3-2bdr/19-1bdr)	\$339,734
			10/31	25 (3-2bdr/19-1bdr)	
	VA0100L3G011508	08/01/16-07/31/17			\$382,826
	Combined SPC (8) & (9	9) effective 08/04/10			
SPC(10C)	(3704 N.Rosser Street	effective 04/2014 & 3065 Pat	rick Henry Driv	e, #201 effective 12/20	13)
	(2630 Wagon Drive, #	3B effective 12/2013) Combine	ed with SPC2C	effective 6/1/2016	
	VA0145L3G011406	06/01/15-05/31/16	08/31	18 (14-1bdr/1-2bdr)	\$239,328
	VA0145L3G011507	06/01/16-05/31/17	08/31	59 (41-1bdr/9-2bdr)	\$863,287
	Combined SPC (10) &	(11) effective 05/25/2011			
		ctive 06/01/2016 (\$593,083 VA	A0102L3G0115	08)	

HISTORY OF GRANT NUMBERS and HUD FUNDING AMOUNTS:

MCKINNEY

	1/1/92-12/31/96	1/1/97-12/31/97	1/1/98-12/31/00	1/1/01-12/31/03	1/1/04-12/31/06
Scandia	VA39P91-1001	VA39P91-1001-01	VA39B97-0101	VA39B00-1002	VA39B20-1007
	\$237,071	\$31,794	\$97,071	\$118,342	\$118,342
Sweetmint	VA39P91-1003	VA39P91-1003-01	VA39B97-0102	VA39B00-1003	VA39B20-1002
	\$234,705	\$31,794	\$97,071	\$118,342	\$118,342
Wainwright	VA39P91-1004	VA39P91-1004-01	VA39B97-0103	VA39B00-1004	VA39B20-1005
	\$240,456	\$31,794	\$97,071	\$118,342	\$118,342
Decade	VA39P91-1005	VA39P91-1005-01	VA39B97-0103	VA39B00-1005	VA39B20-1010
	\$240,924	\$31,794	\$97,071	\$118,342	\$118,342

COMBINED: PHI91 - SCANDIA, DECADE, SWEETMINT, WAINWRIGHT

01/01/07-12/31/07	VA39B50-1003	\$157,788	1 year
01/01/08-12/31/08	VA39B60-1003	\$157,788	1 year
01/01/09-12/31/09	VA39B70-1002	\$157,788	1 year
01/01/10-12/31/10	VA0096B3G010801	\$157,788	1 year
01/01/11-12/31/11	VA0096B3G010802	\$157,788	1 year
01/01/12-12/31/12	VA0096B3G011003	\$157,788	1 year
01/01/13-12/31/13	VA0096B3G011104	\$157,788	1 year
01/01/14-12/31/14	VA0096L3G011205	\$160,794	1 year
01/01/15-12/31/15	VA0096L3G011306	\$163,571	1 year
01/01/16-12/31/16	VA0096L3G011407	\$163,571	1 year
01/01/17-12/31/17	VA0096L3G011508	\$171,513	1 year

	1/1/92-12/31/96	1/1/97-12/31/97	1/1/98-12/31/00	1/1/01-12/31/03	1/1/04-12/31/06
Newbridge	VA39P91-1008	VA39P91-1008-01	VA39B97-0105	VA39B00-1008	VA39B20-1008
	\$308,407	\$35,911	\$110,997	\$135,682	\$135,674
Elan	VA39P91-1009	VA39P91-1009-01	VA39B97-0106	VA39B00-1009	VA39B20-1003
	\$308,667	\$35,911	\$110,997	\$135,682	\$135,674
Midship	VA39P91-1016	VA39P91-1016-01	VA39B97-0107	VA39B00-1012	VA39B20-1004
	\$306,067	\$35,911	\$110,997	\$135,682	\$135,674

COMBINED: CRS91 - NEWBRIDGE, ELAN, MIDSHIP

01/01/07-12/31/07	VA39B50-1010	\$135,675	1 year
01/01/08-12/31/08	VA39B60-1004	\$135,675	1 year
01/01/09-12/31/09	VA39B70-1004	\$135,673	1 year
01/01/10-12/31/10	VA0095B3G010801	\$135,673	1 year
01/01/11-12/31/11	VA0095B3G010802	\$135,673	1 year
01/01/12-12/31/12	VA0095B3G011003	\$135,673	1 year
01/01/13-12/31/13	VA0095B3G011104	\$135,673	1 year
01/01/14-12/31/14	VA0095L3GO11205	\$138,257	1 year
01/01/15-12/31/15	VA0095L3G011306	\$140,352	1 year
01/01/16-12/31/16	VA0095L3G011407	\$140,352	1 year
01/01/17-12/31/17	VA0095L3G011508	\$146.344	1 year

CRS94 - Joust, Mockingbird- PHI & Sherwood Hall, Village Green-PRS:

VA39B94-0099 VA	39B97-0108 VA39B0		VA39B40-1003	7/1/06-6/30/07 VA39B50-1007	7/1/07-6/30/08 VA39B60-1005
\$995,144 \$61 7/1/08-6/30/09 VA39B70-1003	19,479 \$650,34 7/1/09-6/30/10 VA0097B3G010801	1 \$216,781 7/1/10-6/30/11 VA0097B3G010802	\$216,781 7/1/11-6/30/12 VA0097B3G011003	\$216,781 7/1/12-6/30/13 VA0097B3G0111	\$216,781 04
\$216,780 7/1/13-06/30/14	\$216,780 7/01/14-06/30/15	\$216,780 07/01/15-06/30/16	\$216,780 07/01/16-06/30/17	\$216,780	
VA0097L3G011205	VA0097L3G011306	VA0097L3G011407	VA0097L3G011508		

CRS95 - Cedar Cove, Links-PHI & Woodley, Kings Village-PRS:

2/1/96-1/31/99 VA39B95-0460 \$1,222,652	2/1/99-1/31/02 VA39B80-1001 \$847,068	2/1/02-1/31/05 VA39B10-1002 \$875,367	2/1/05-1/31/06 VA39B40-1004 \$291,789	2/01/06-1/31/07 VA39B50-1008 \$291,789	2/01/07-1/31/08 VA39B60-1006 \$291,789	2/01/08-01/31/09 VA39B70-1007 \$291,788
2/01/09-01/31/10 VA0098B3G01080 \$291,788		6010802 VA0	1/11-01/31/12 098B3G011003	2/01/12-01/31/13 VA0098B3G011104 \$291,788	2/01/13-01/31/1 VA0098L3G0112 \$297,346	a.
2/01/14-01/31/3 VA0098L3G0113 \$301,247		G011407 VA0	01/16-01/31/17 098L3G011508 2,405			

SHP2007:

 12/01/2008-11/30/2010
 12/01/2010-11/30/2011
 12/01/2011-11/30/2012
 12/01/2012-11/30/2013
 12/01/2013-11/30/2014

 VA39B70-1001
 VA0144B3G010901
 VA0144B3G011002
 VA0144B3G011103
 VA0144L3G011204

 \$307,314
 \$153,657
 \$153,657
 \$156,583

 12/01/2014-11/30/2015
 12/01/2015-11/30/2016
 12/01/2016-11/30/2017

 VA0144L3G011305
 VA0144L3G011406
 VA0144L3G011507

 \$161,206
 \$161,206
 \$174,429

SHP2009:

 11/01/2010-10/31/2012
 11/01/2012-10/31/2013
 11/01/2013-10/31/2014
 11/01/2014-10/31/2015
 11/01/2015-10/31/2016

 VA0156B3G010900
 VA0156B3G011101
 VA0156L3G011202
 VA0156L3G011303
 VA0156L3G011404

 \$306,772
 \$153,386
 \$156,307
 \$160,920
 \$160,920

11/01/2016-10/31/2017 VA0156L3G011505 \$174,114

SHP 2011:

 09/01/2012-08/31/2013
 09/01/2013-08/31/2014
 09/01/2014-08/31/2015
 09/01/2015-08/31/2016
 09/01/2016-08/31/2017

 VA0197B3G011100
 VA0197L3G011201
 VA0197L3G011302
 VA0197L3G011403
 VA0197L3G011504

 \$314,906
 \$320,904
 \$330,501
 \$330,501
 \$355,749

SHP2014:

 08/01/2015-07/31/2016
 08/01/2016-07/31/2017

 VA0257L3G011400
 VA0257L3G011501

 \$1,199,664
 \$1,290,862

SHP2015:

11/01/2016-10/31/2017 VA0288L3G011501 \$544,804

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SHI		EK	PLU	121	LA	KE

SPC (1) - 1994 renewal	VA39C94-0120	5 years	04/01/95-03/31/00	10 beds	\$360,120
renewal	VA20000 1002				
	VA39C90-1003	5 years	06/16/00-06/15/05	10 beds	\$411,594
renewal	VA39C40-1019	1 year	06/16/05-06/15/06	10 beds	\$127,104
SPC (2) - 1995	VA39C95-0138	5 years	03/01/96-02/28/01	15 beds	\$442,560
renewal	VA39C00-1010	1 year	03/01/01-02/28/02	15 beds	\$117,600
renewal	VA39C10-1010	1 year	03/01/02-02/28/03	15 beds	\$128,760
renewal	VA39C20-1017	1 year	03/01/03-02/28/04	15 beds	\$157,584
renewal	VA39C30-1014	1 year	03/01/04-02/28/05	15 beds	\$166,380
renewal	VA39C40-1020	1 year	03/01/05-02/28/06	15 beds	\$168,132
SPC (3) - 1996	VA39C96-0201	5 years	07/01/97-06/30/02	10 beds	\$397,800
renewal	VA39C10-1011	1 year	07/01/02-06/30/03	10 beds	\$96,480
renewal	VA39C20-1018	1 year	07/01/03-06/30/04	10 beds	\$118,080
renewal	VA39C30-1015	1 year	07/01/04-06/30/05	10 beds	\$124,680
renewal	VA39C40-1021	1 year	07/01/05-06/30/06	10 beds	\$127,104
SPC (4) - 1999	VA39C90-1009	5 years	03/23/00-03/22/05	12 beds	\$444,480
renewal	VA39C40-1022	1 year	03/23/05-03/22/06	12 beds	\$128,808
SPC (5) - 1999	VA39C90-1001	5 years	03/23/00-03/22/05	6 beds	\$257,760
renewal	VA3040-1023	1 year	03/23/05-03/22/06	6 beds	\$75,240
SPC (6) - 2000	VA39C00-1001	5 years	08/21/01-08/20/06	6 beds	\$228,180
SPC (7) -2001	VA39C10-1001	5 years	08/06/02-08/05/07	12 beds	\$511,260
SPC (1C) - 2006 COMBINI	ED (SPC 2, 4, 5)				
	VA39C50-1028	1 year	03/01/06-03/31/07	34 beds	\$384,540
	VA39C60-1022	1 year	04/01/07-03/31/08	34 beds	\$403,752
	VA39C70-1021	1 year	04/01/08-03/31/09	34 beds	\$415,824
	VA0101C3G010801	1 year	04/01/09-03/31/10	34 beds	\$403,008
	VA0101C3G010802	1 year	04/01/10-03/31/11	34 beds	\$469,224
	VA0101C3G011003	1 year	04/01/11-03/31/12	34 beds	\$458,892
	VA0101C3G011104	1 year	04/01/12-03/31/13	34 beds	\$472,824
	VA0101L3G011205	1 year	04/01/13-03/31/14	34 beds	\$457,669
	VA0101L3G011306	1 year	04/01/14-03/31/15	34 beds	\$474,913
	VA0101L3G011407	1 year	04/01/15-03/31/16	34 beds	\$471,661

SPC (2C)- 2006 COM	BINED (SPC 1, 3, 6)				
	VA39C50-1027	1 year	06/15/06-06/15/07	28 beds	\$306,780
SPC (2C)- 2007 COM	BINED (SPC 1, 3, 6, 7)				
	VA39C60-1023	1 year	06/16/07-06/15/08	40 beds	\$428,724
	VA39C70-1022	1 year	06/16/08-06/15/09	40 beds	\$463,488
	VA0102C3G010801	1 year	06/16/09-06/15/10	40 beds	\$449,376
	VA0102C3G010802	1 year	06/16/10-06/15/11	40 beds	\$523,008
	VA0102C3G011003	1 year	06/05/11-06/04/12	40 beds	\$511,488
	VA0102C3G011104	1 year	06/05/12-06/04/13	40 beds	\$527,040
	VA0102L3G011205	1 year	06/05/13-06/04/14	40 beds	\$512,059
	VA0102L3G011306	1 year	06/05/14-06/04/15	40 beds	\$531,355
	VA0102L3G011407	1 year	06/01/15-05/31/16	40 beds	\$527,707
	VA0102L3G011508	1 year	06/01/16-05/31/17	40 beds	\$593,083
	Merged to SPC10C				
	effective 6/1/2016				
SPC (8) - 2002	VA39C20-1001	5 years	08/04/03-08/03/08	12 beds	\$610,800
	VA39C70-1023	1 year	08/04/08-08/03/09	12 beds	\$143,904
	VA0099C3G010801	1 year	08/04/09-08/03/10	12 beds	\$139,488
	Merged with SPC9 effec	tive 08/04/10			
SPC (9) -2003	VA39C30-1001	5 years	09/23/04-09/22/09	12 beds	\$748,080
	VA0100C3G010801	1 year	09/23/09-09/22/10	12 beds	\$151,176
	Merged with SPC8 effec	tive 08/04/10			
SPC (10)-2004	VA39C40-1001	5 years	07/11/05-07/10/10	12 beds	\$698,220
	VA0145C3G010901	1 year	07/11/10-05/24/11	12 beds	\$176,088
	VA0145C3G011002	1 year	07/10/11-07/10/12	12 beds	\$172,212
	Combined SPC10 and SP	C11 effective	05/25/201		
SPC (11)-2005	VA39C50-1001	5 years	09/01/06-05/24/11	4 beds	\$259,200
	Short project year due to	o merge with	SPC10 effective 5/25/20	11	
	VA0163C3G011001		09/0/11-08/31/12	4 beds	\$61,872
	Combined SPC10 and SP	C11 effective	05/25/2011		

SPC (9C) -2010 N	lerged SP	C8 and SPC9 effe	ctive 08/0	4/10			
V	A0100C30	5010802	1 year	08/0	1/10-07/31/11	24 beds	\$338,472
	SPC8	VA0099C3G010	302 1	year	08/04/10-08/03/11	12 b	eds \$162,384
	SPC9	VA0100C3G010	802 1	. year	09/23/10-09/22/11	12 b	eds \$176,088
V	A0100C30	5011003	1 year	08/0	1/11-07/31/12	24 beds	\$331,020
V	40100C30	5011104	1 year	08/0	1/12-07/31/13	24 beds	\$341,064
V	40100L30	6011205	1 year	08/0	1/13-07/31/14	24 beds	\$329,654
V	40100L30	011306	1 year	08/0	1/14-07/31/15	24 beds	\$342,074
V	40100L36	011407	1 year	08/0	1/15-07/31/16	24 beds	\$339,734
V	40100L3G	011508	1 year	08/0	1/16-07/31/17	24 beds	\$382,826
and the second s	A0145C30 SPC10	PC10 and SPC11 e G011002 VA0145C3G0110	1 year		25/11-05/24/12 07/10/11-07/10/12	16 beds 12 b	\$234,084.00 eds \$172,212
	SPC11	VA0163C3G0110		year	09/0/11-08/31/12		eds \$61,872
V	A0145C30	3011103	1 year	05/2	25/12-05/24/13	16 beds	\$241,176
V	A0145L30	5011204	1 year	05/2	25/13-05/24/14	16 beds	\$232,224
V	A0145L30	6011305	1 year	05/2	25/14-05/24/15	16 beds	\$240,972
V	A0145L30	6011406	1 year	06/0	01/15-05/31/16	16 beds	\$239,328
Merged with SPC2C effective							
	A0145L30	5011507	1 year	06/0	01/16-05/31/17	59 beds	\$863,287



Attachment P: DBHDS License and Application

- o Mental Health Community Support Service License 121-03-001
- o Letter Verifying Submission of License Modification

Commonwealth of Virginia

Department of Behavioral Health and Developmental Services

Pursuant to the provisions of Title 37.2, Code of Virginia and The Rules and Regulations of the DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

A License is hereby granted to

PATHWAY HOMES, INC. 10201 FAIRFAX BLVD. SUITE 200 FAIRFAX, VA 22030

to maintain and operate

SEE ADDENDUM FOR LISTING OF LICENSED SERVICES

LICENSE AS: A PROVIDER OF MENTAL HEALTH SERVICES STIPULATIONS:

This TRIENNIAL license is for the period beginning SEPTEMBER 06, 2016 through SEPTEMBER 05, 2019 subject however to revocation for justifiable cause.

License Number: 121

JACK BARBER, M.D.
INTERIM COMMISSIONER

CLEOPATRA BOOKER, PSY.D. DIRECTOR, OFFICE OF LICENSING

PATHWAY HOMES, INC.

Licensed Services

 Licensed As: A mental health community support service for adults with serious mental illness Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
121-03-001	Triennial	09/06/2016	09/05/2019

Locations:

Pathway Homes (Admin. Office)

10201 Fairfax Blvd, Suite 200

Fairfax, VA 22030

Bed Capacity: 0 Child/Adol. Beds: 0



Selection Committee

RFP2000002064: Residential Treatment Services

November 21, 2016

To Whom It May Concern:

A Service Modification Provider Request (Code of Virginia 37.2-405) has been submitted to the Department of Behavioral Health and Developmental Services in order to modify our existing license. The type of license requested is: Mental Health Supervised Living Services.

Sincerely,

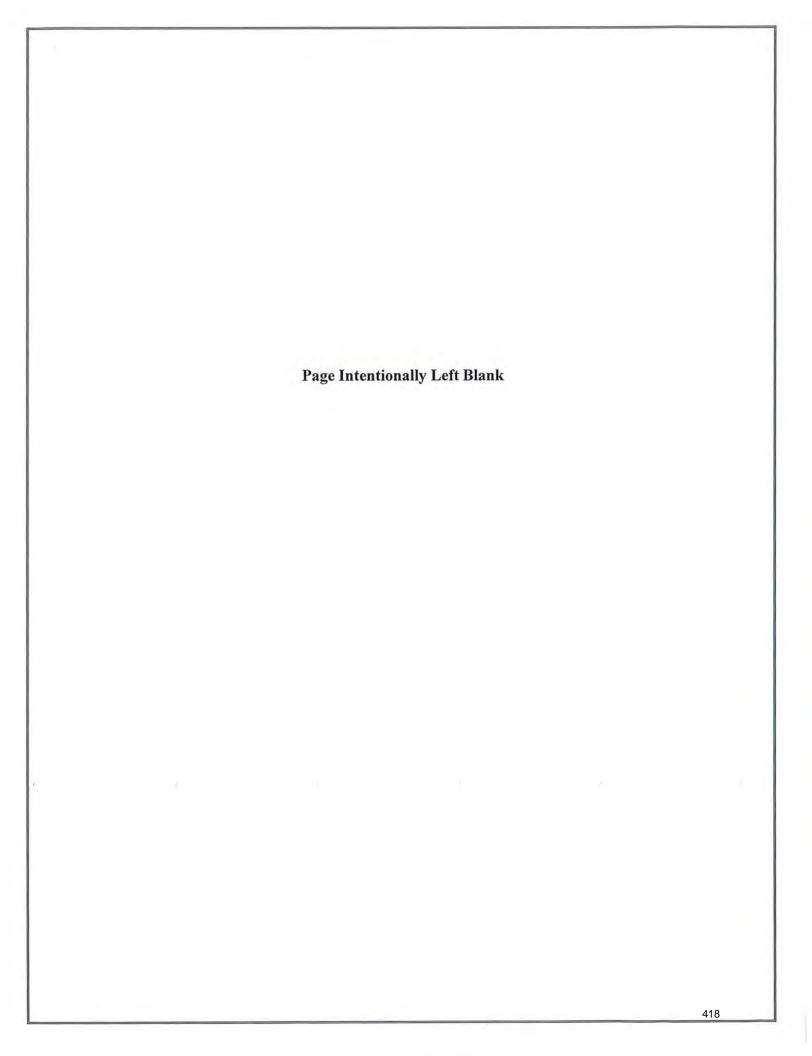
Anita Robinson, LCSW

Vice President for Clinical Services

County/City of Farfy
Commonwealth/State of Vinginia
The foregoing instrument was acknowledged before me this 21dd day of November 2016 by
Anita Robinson, XCSW (name of person seeking acknowledgement)
Notary Public

Notary Public
My Commission Expires: September 30, 201

Attachment Q: Certificate of CARF Accreditation





A Three-Year Accreditation is awarded to

Pathway Homes, Inc.

for the following program(s):

Community Housing: Mental Health (Adults)
Supported Living: Mental Health (Adults)

This accreditation is valid through October 31, 2018

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.





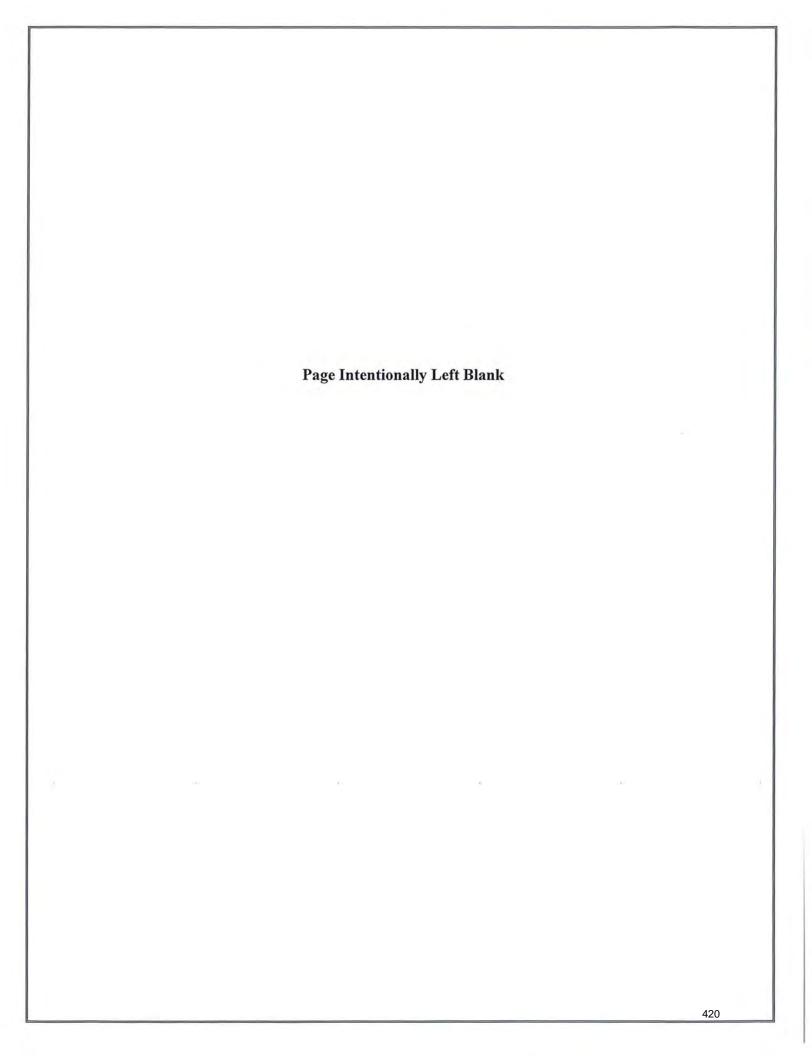


This accreditation certificate is granted by authority of:

Herb Zaretsky, Ph.D. Chair

CARF International Board of Directors

Brian J. Boon, Ph.D. President/CEO CARF International



Attachment R: Letters of Support

- o Dean Klein, Director, Fairfax County OPEH
- o Alan Wooten, Executive Director, Prince William CSB
- o Kristin Yavorsky, MSW, Homeless Projects Coordinator, Virginia DBHDS





County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

November 15, 2016

Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC President and Chief Executive Officer Pathway Homes, Inc. 10201 Fairfax Boulevard, Suite 200 Fairfax, VA 22030

Re: Letter of Support for Pathway Homes' Proposal for Residential Treatment Services

Dear Dr. Lambert-Woodard:

The Office to Prevent and End Homelessness (OPEH) is pleased to provide Pathway Homes our strongest and sincerest support in your bid for selection as the provider in connection with the above referenced proposal. OPEH has firsthand working knowledge of the tireless dedication you, your staff, and the board of directors of Pathway Homes bring to the efforts to better the lives of so many persons suffering from disabling mental illnesses.

The persistent philosophy of Pathway Homes has always been to provide housing stability and community integration for Pathway Homes' residents. Pathway Homes cosponsors, with numerous providers in every corner of Fairfax County under six U.S. Department of Housing and Urban Development Supportive and Permanent Housing Grants (HUD).

The properties, which are homes to SMI, SUD chronically homeless individuals, have been a model of successfully integrating previously hospitalized and homeless consumers into the community. This success, evidenced by community acceptance and consumer productivity as members of their neighborhoods, is a tribute to the professionalism and providing the highest quality of supportive services to those you are chartered to serve.

Pathway Homes is the largest grant recipient of HUD grants in our Continuum of Care and consistently demonstrates the highest rankings as evidenced by our monitoring and audit standings. Pathways leads the cooperative spirit which has been a hallmark of Fairfax County's success in advancing the creation and sophistication of our delivery of services and housing for the homeless. Our HUD Continuum of Care is viewed by HUD as one of the handful of best in the country. Your leadership, expertise, and early recognition of the value of "collaboration" between county public and private agencies helped to create the foundation which is our community's success!



Office to Prevent and End Homelessness

12000 Government Center Parkway, Suite 333 Fairfax, VA 22035

Phone: 703-324-9492 Fax: 703-653-1365 TTY: 711 www.fairfaxcounty.gov/homeless

Pathway Homes has always endeavored to maximize services with limited resources while preserving the integrity of your organization.

Please call me if I can assist Pathway Homes in any way whatsoever.

Sincerely,

Dean Klein Director

Office to Prevent and End Homelessness

www.fairfaxcounty.gov/homeless



PRINCE WILLIAM COUNTY COMMUNITY SERVICES



Charles S. Rigby, III Chairman

Alan D. Wooten Executive Director

Administrative Office Sudley North Govt Center 3033 Ashton Avenue Manassas, VA 20109 703-792-7800 Fax: 703-792-7704

Service Location 7969 Asliton Avenue Manassas, VA 20109 703-792-7800 Fax: 703-792-7817

A. J. Ferlazzo Building 15941 Donald Curtis Dr, Suite 200 Woodbridge, VA 22191 703-792-49(X) Fax: 703-792-7057

Ridgewood Building 1370 Ridgewood Center Dr. Woodbridge, VA 22192 703-792-4900 Fax: 703-792-5098

Phoenix Building 3500 Phoenix Drive Manassas, VA 20110 703-792-5480 Fax: 703-361-8840

Infant & Toddler Connection of VA 7987 Ashton Ave, Ste 231 Manassas, VA 20109 703-792-7879 Fax: 703-792-4954 November 15, 2016

To Whom It May Concern:

Please accept this letter of reference in support of a proposal by Pathway Homes, Inc., to provide residential treatment services for persons with serious mental illness in Fairfax County and the northern Virginia region. Prince William County Community Services (CS), also known as the Prince William County Community Services Board (CSB), is the local public entity responsible for the provision of behavioral health and developmental services to residents of Prince William County, the City of Manassas and the City of Manassas Park.

CS and Pathway Homes have a collaborative and productive partnership in the provision of community residential services for persons with serious mental illness and other complex physical conditions, many of whom have successfully transitioned into the community from extended state psychiatric hospitalizations with the support of Pathway Homes. Pathway Homes has proven to be a reliable and valuable partner in providing services that promote individual choice and empowerment and that are consistent with the principles of recovery and national best practices in the field of community behavioral health. With the growing demand for increased community behavioral residential treatment service capacity across our region, I support Pathway Homes' desire and initiative in wanting to address this need.

It is without hesitation that I recommend Pathway Homes for your consideration of its response to Fairfax County's Residential Treatment Services Request for Proposals.

Sincerely,

Alan D. Wooten Executive Director



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D. INTERIM COMMISSIONER

DEPARTMENT OF

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797

Richmond, Virginia 23218-1797

Telephone (804) 786-3921 Fax (804) 371-6638 www.dbhds.virginia.gov

November 17, 2016

Fairfax – Falls Church CSB 12011 Government Center Pkwy, Suite 836 Fairfax, VA 22035-1105

To Whom It May Concern:

Please accept this letter as a reference for Pathway Homes' application for funds to provide Supervised and Supportive Residential Services in response to RFP # 2000002064. Pathway Homes has been a DBHDS contractor for Permanent Supportive Housing for adults with serious mental illness since March 2016. Under this \$708,423 annual contract, they provide housing-related supportive services to up to thirty-five individuals in the target population. The CSBs in Fairfax-Falls Church, Alexandria, and Prince William County work with Pathways to refer eligible clients and to deliver clinical and treatment services to supportive housing participants. I am the Contract Administrator for this initiative.

While under contract, Pathway Homes has met or exceeded all contract requirements including those for service delivery, client outcome reporting, and financial reporting. They have been able to efficiently and effectively stand up a new program with multiple partner agencies and a complex client population. I have been impressed with skill, dedication, and flexibility of their leadership as well as their collaborative approach to working with clients, partners, and DBHDS. Their experience in providing quality supportive housing is an asset to the Commonwealth.

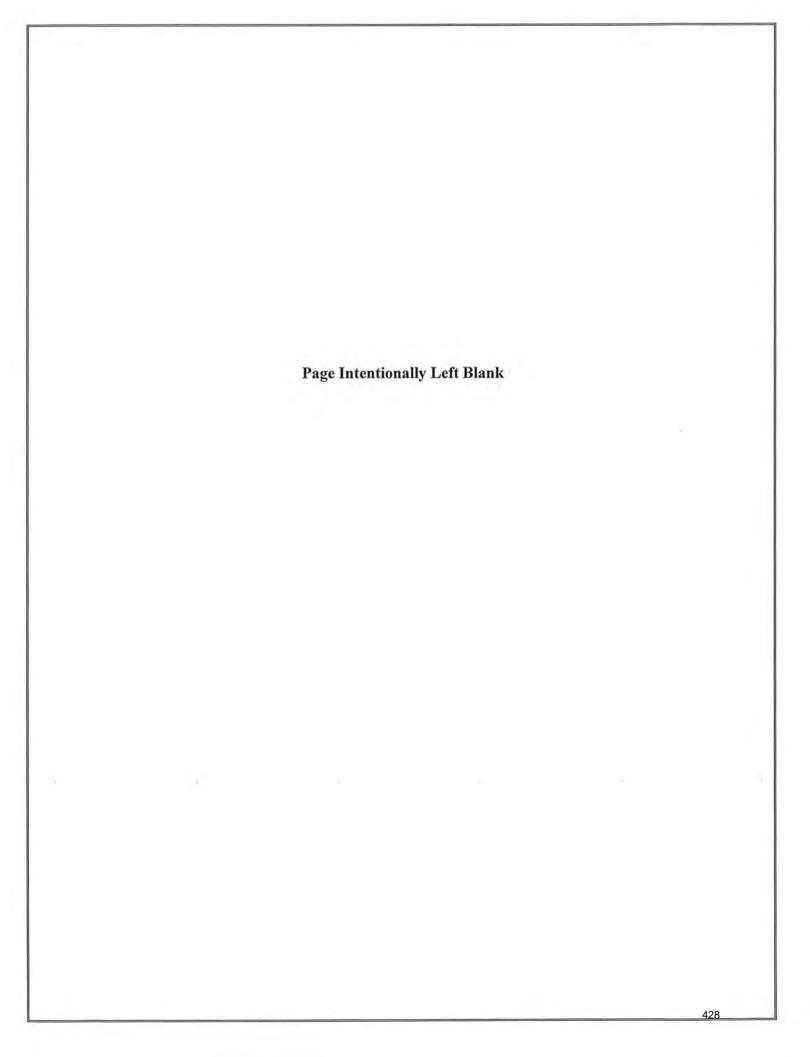
Please do not hesitate to contact me with any questions.

Sincerely,

Kristin Yavorsky, MSW Homeless Projects Coordinator

Attachment S: Job Descriptions

- Supportive Residential Job Descriptions
 - o Division Director (on-call)
 - o 0.75 FTE MHC II Case Manager/Counselor





DIVISION DIRECTOR

Position Description

General:

Under the general direction of the President/CEO and the direct supervision of the Vice President of Clinical Services, the Division Director is responsible for the development and delivery of a range of clinical and residential support services and overall oversight of the daily operations of assigned programs. This includes, but is not limited to, provision of supervision and support of direct care staff, staff orientation and training, ongoing monitoring of records, coordination of services with other mental health and community agencies. This is an on-call position responsible for crisis management as needed. This position is exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

Program Management

- Ensures overall program operations are in compliance with DBHDS regulations and agency and CARF standards at all times.
- Ensures that programming is delivered with full regard for individuals' rights and in accordance with the highest professional and ethical standards.
- Ensures the routine monitoring and reporting of all maintenance, health, fire and safety issues.
- Coordinates and monitors staff scheduling and daily program routine to ensure program operates without disruption.
- Responsible for ensuring the timely collection and submission of resident fees.
- Responsible for the oversight and routine audits of resident's personal accounts, food accounts, recreational fund and petty cash to ensure compliance with agency's policies and procedures.
- Ensures residents and staff maintain adequate housekeeping standards at all times.
- Responsible for continual improvement in the quality and efficiency of services through ongoing program review and evaluation.
- Responsible for attending agency, program and team meetings as scheduled.
- Any other duty as may be required to ensure the program operates without disruption and with the highest quality standard of care at all times.

Clinical Supervision

- Ensures the provision of direct residential and supportive services, including teaching independent living skills.
- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and assists staff in adapting services and interventions accordingly.
- Provides oversight of the development, implementation and monitoring of individualized service plans.
- Provides and oversees individual and group counseling and psychotherapy as appropriate, utilizing evidenced-based methods and techniques such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Motivational Interviewing, within a Person-Centered, Strengths-Based and Recovery-Oriented Model of counseling and service delivery.
- Responsible for crisis intervention and ensuring staff take appropriate actions to facilitate the safety/security of residents, staff and program.
- Provides oversight of the case management of all assigned residents.

Clinical Supervision, continued **Typical Duties and** Responsibilities, Responsible for organizing and conducting routine staff meetings for all program staff. continued: Responsible for the orientation, training and supervision of staff in the performance of job responsibilities. Responsible for the coordination of program vacancies and the selection of program residents. Personnel Management Ensures that all personnel practices are carried out in accordance with all applicable federal, state and local laws and regulations and with Pathway Homes policies and procedures. Responsible for the interviewing and selection of program staff, subject to the final approval of the President/CEO. Responsible for the timely completion of all performance evaluations of staff. Ensures the ongoing training and development of program staff through the ongoing assessment of staff needs and the coordination of appropriate in-service trainings. Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for residents when needed. Community Relations Serves as a representative of Pathway Homes and promotes cooperative relationships with residents' families, other agencies and the community. Promotes positive relationships with neighbors and provides training and support to staff and consumers in maintaining these relationships. Responds to opportunities to educate the public regarding Pathway Homes, mental illness and consumers of mental health services. Ensures that constructive relationships are maintained with significant agencies, Community Services Board, Mental Health Centers, Northern Virginia Mental Health Institute, community hospitals and various other public and private mental health and social service agencies. Licensed in the Commonwealth of Virginia, or license-eligible, in social work, counseling or Required related field. Three years experience in direct work with individuals with severe and persistent **Qualifications:** mental illness. Minimum one year of case management and clinical supervisory experience Three years experience in overall program management in a residential or outpatient setting. Preferred Eligibility to provide licensure supervision. Demonstrated knowledge of DHBDS regulations Qualifications: and Medicaid billing Acknowledgment: **Check Appropriate** Grade: Printed Name Below Required Signature Preferred Date



MENTAL HEALTH COUNSELOR II

Position Description

General:

Under the general direction of the Vice President of Clinical Services, and the direct supervision of program directors or other designated supervisory staff, the Mental Health Counselor II is responsible for providing direct services such as assessment, case management, counseling and daily support services to assigned program consumers. The position may be full or part-time. This position is non-exempt as determined by the Fair Labor Standards Act.

Typical Duties and Responsibilities:

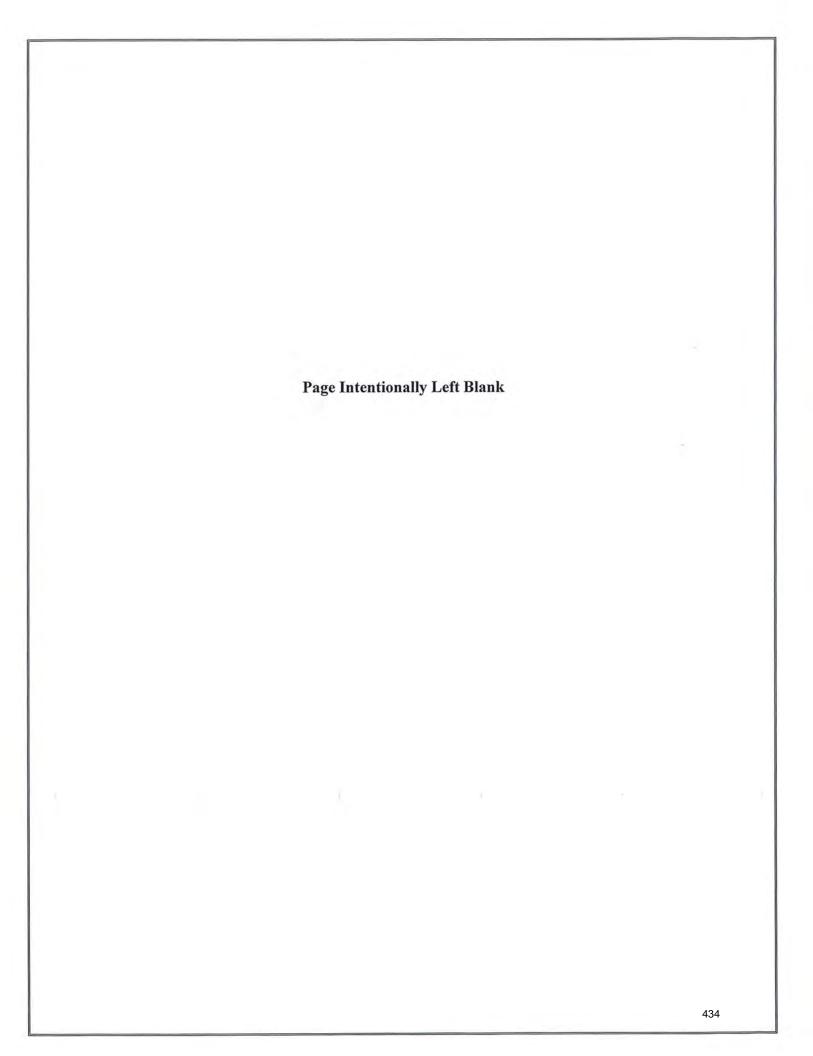
- Engages in ongoing clinical assessments, formulates accurate diagnostic impressions based on the DSM, and adapts services and interventions accordingly.
- Partners effectively with consumers in the development of mutually agreed upon goals, and in the evaluation and implementation of individualized service plans.
- Provides individual and group counseling as appropriate, utilizing evidenced-based and agency-approved methods and techniques.
- Responsible for care coordination of assigned consumers.
- Provides direct residential and supportive services, including the teaching of independent living skills.
- Ensures at least 50 percent of time worked is engaged in face-to-face with consumers.
- Responsible for documenting all clinical interactions, interventions and significant events in the clinical record within 48 hours or less, or as mandated by specific program expectations.
- Assists consumers with self-administration of medication and adheres to all agency/facility practices and policies governing medication management.
- Adhere to billable targeted support service standards as established for each consumer and/or program.
- Responsible for assisting consumers in planning, accessing and participating in social, recreational and leisure activities.
- Ensures consumers maintain adequate housekeeping standards and units are maintained in compliance with fire, health and safety standards.
- Maintains consumers' clinical and administrative records in compliance with state licensing regulations.
- Responsible for establishing and maintaining cooperative and collaborative relationships with consumers' families, other providers, professional agencies and within the community.
- Responds to crises by taking appropriate action to ensure the safety of consumers, staff
 and program, and completes required documentation in accordance with agency standards.
- Responsible for monitoring and reporting maintenance, health, fire and safety issues throughout the program.
- Role models appropriate and acceptable behavior for consumers and other direct care staff.
- · Responsible for attending agency and team meetings as scheduled.
- Responsible for monitoring and remaining current with all required trainings and certifications.

Typical Duties and Responsibilities, continued:	 Responsible for maintaining individual eligibility to operate a vehicle for work-related functions, and for providing transportation for consumers when needed. Other duties as may be assigned or required to support the consumers or the program. 		
Required Qualifications:	Bachelor's degree in Psychology, Social Work, Counseling or related field; one year experience in direct work with individuals with mental illness and/or substance use disorders and Qualified Mental Health Professional eligibility.		
Preferred Qualifications:	Master's degree in Psychology, Social Work, Counseling, or related field; two years' experience working with individuals with severe and persistent mental illness in a residential setting; and one year of case management experience.		
Check Appropriate Grade: Below Required	Acknowledgment: Printed Name		
Preferred	Signature		
	Date		
	Supervisor's Signature		

Rev. 08/2016

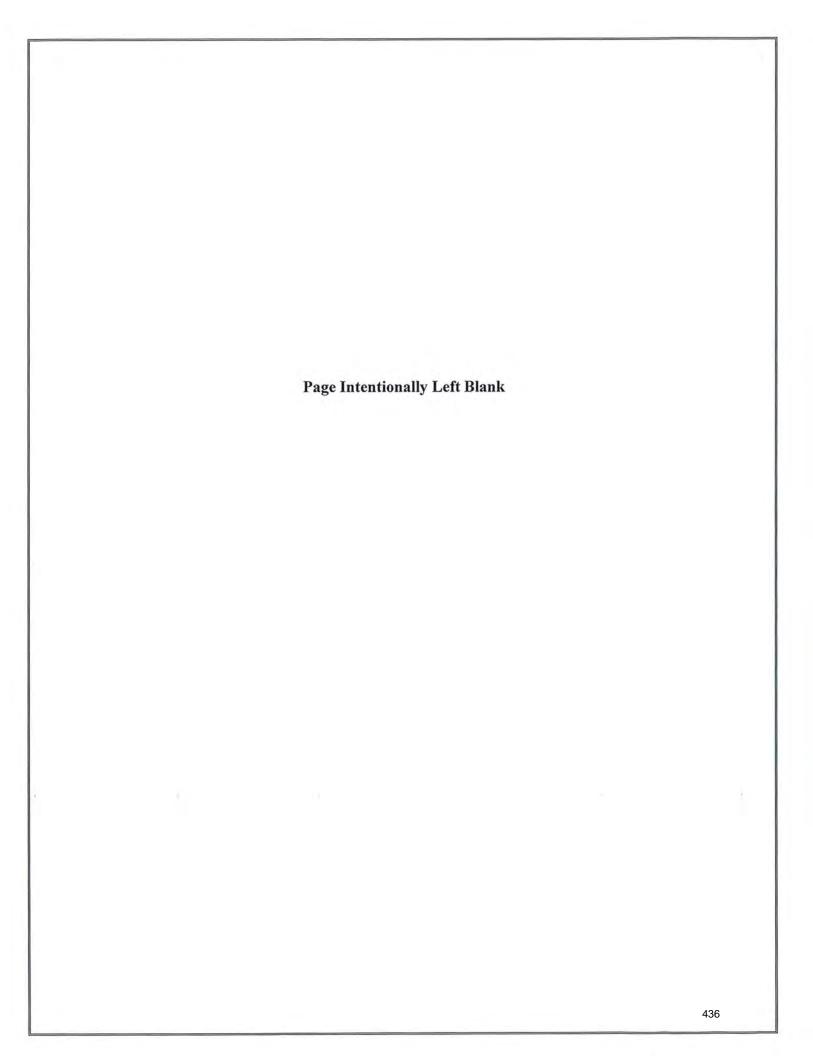
Attachment T: Staff Resumes

- o Leadership
- Supportive Residential/Supported Living Program
- Administration



Leadership Resumes

- o Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC President and CEO
- o Brenda F. Brennan CFO
- o Sherry L. Meyers, LCSW Senior VP for Clinical Services
- o Anita Robinson, LCSW VP for Clinical Services
- o Eleanor M. Vincent, EdD, LPC, CSAC COO



Sylisa W. Lambert-Woodard, EdD, LCSW, LSATP, MAC

118 Kimberwick Ln. Stafford, VA 22556 lambwood@earthlink.net

EDUCATION

EdD, Nova Southeastern University, FT Lauderdale, FL 2002

LSATP, Licensed Substances Abuse Treatment Professional, 2003.

MAC, Master Addictions Counselor, 1998.

CSAC, Certified Substance Abuse Counselor. 1995.

LCSW, Licensed Clinical Social Worker, 1993.

MSW, Masters in Social Work, Catholic University, Washington, DC 1990.

BSW, Bachelors in Social Work, George Mason University, 1987.

PROFESSIONAL EXPERIENCE

PRESIDENT/CEO: Fairfax, VA, PATHWAY HOMES, INC.

Responsible for the administration of all agency programs and services and personnel in according w/all applicable federal, state and local laws and regulations. Current.

PRESIDENT/COO: Fairfax, VA, PATHWAY HOMES, INC.

Responsible for the administration of all agency programs and services and personnel in according w/all applicable federal, state arid local laws and regulations.

PRESIDENT/CEO: Stafford, VA. ALLIANCE THERAPY CENTER, LLC.

Founder and president of highly respected private practice specializing in the treatment of addictions and mental illness. Provide intensive psycho education, individual, and group therapies. Contract and direct provision of forensic assessment and counseling in VA and DC correctional facilities, probation and parole, and community reintegration facilities. Current.

SENIOR VICE -PRESIDENT: Fairfax, VA. PATHWAY HOMES, INC.

Responsible for all programs and operations of multifaceted private non-profit dually diagnosed residential agency providing services to over 250 seriously mentally ill and chemically dependent consumers.

PSYCHOTHERPIST: Aquia Counseling and Therapy, Stafford, VA.

Provide individual, group, and family therapy. Christian Based. Alcohol and other drug abuse, survivor and dual diagnosis specialties. 8/97 to Present

ASSISTANT DIRECTOR MENTAL HEALTH, ADULT RESIDENTIAL SERVICES. Community Services Board. Alexandria, VA. 11/96 to 11/99.

Provide clinical supervision for several substance abusing and seriously mentally ill (dual diagnosed) programs serving over 300 clients. Develop and implement programming. Provide clinical supervision of senior mental health professionals.

- PSYCHOTHERAPIST: Psychiatric Associates. Fredericksburg, VA
 Providing child, individual, marital, and family counseling. Specializing in alcohol and other
 drug dependencies, dual diagnosed and culturally specific issues 1/94 -8-97.
- DUAL DIAGNOSIS THERAPIST III: Director of Franconia Road Treatment Center, Springfield, VA.

Responsible for clinical and administrative operations of a 14 bed residential facility for the dual diagnosed (mentally ill and chemically dependent). 11/94-11/96.

- MENTAL HEALTH THERAPIST II: Mount Vernon Mental Health Center, Alexandrian, VA. Provide ongoing clinical services to children, adolescents and adults as an extern with the child and family team. Responsible for full case management duties, to include court appearances as required.
- SOCIAL WORKER III SUPERVISOR: Department of Human Development, Child Protective Services Crisis Team, Fairfax, VA.

Supervise and conduct investigations of child abuse and neglect. Provide case management and therapeutic and crisis intervention. Access court services and broker community resources to ensure for child's well-being and welfare of family. Educate family and community systems on the dynamics of abuse and neglect Provide multi-cultural sensitivity instruction. 5/90 -1/93.

- COUNSELING INTERN: DC Department of Corrections, Lorton, VA Prison.

 Assisted in the provision of alcohol and drug treatment and counseling to those remanded to maximum security prison. 8/90-12/90.
- PROGRAM COORDINATOR: Department of Human Development, Fairfax, VA.

 Develop and implement the "Reducing Dependency Through Training Program" for young mothers. Provide individual, group, and family counseling. Provide case management. Substance abuse counseling. Managed program budget, Represent Fairfax County at the state level in developing the existing JOBS welfare reform program. 4/89 -5/90.
- SOCIAL WORKER-INTERN: DHD Family Services Intake, Falls Church, VA.

 Provide direct services, and crisis intervention to children and families. Responsibilities include managing a 40 -60 client caseload of which dictation, individual and family counseling, acquisition of emergency housing health aids, and rental assistance was provided. 7/89 -5/90.
- MENTAL HEALTH THERAPIST I: Oakton Arbor Group Home, Annandale, VA.

 Functioned as a residential therapist in an eight bed residential program designed to provide therapeutic consultation to emotionally disturbed adolescent females. Provided direct services to include individual, group, family therapy, substance abuse counseling and monitoring the implementation of individualized service plans. Collaborating with other agencies and support services, teaching sex education, substance abuse education and serving as a community liaison. 1/88 -3/89.

- PROBATION OFFICER-INTERN: Juvenile and Domestic Relations Court, Fairfax, VA.
 Responsible for case management and ensuring probationer compliance of court orders and rules of probation. Experienced in 286 funding application and placement procedures. 8/87 1/88.
- MENTAL HEALTH COUNSELOR: George Mason University Counseling Center, Fairfax, VA. Assisted in the design and development of and experimental program with provided. consultation services to freshman students with personal and social problems. Specializes in conducting workshops on male/female relationships and cultural sensitivity. 7/87-8/88.
- RESEARCH ANALYST-INTERN: National Prison Project, ACLU, Washington, DC. Researched essential materials from case histories. Revamped Juvenile filing system. Familiarized with the operation of an adult penal system. Observed federal court cases pertaining to the literal interpretation of the eighth amendment. 8/86-6/87.

MENTAL HEALTH THERAPIST-INTERN: Arlington Community Residences Inc., Arlington, VA

Functioned as a residential therapist in an eight bed residential facility for the seriously mentally ill. Acceptance was limited to those transitioning from long term hospitalizations. Responsibilities included individual therapy, medication supervision, and social skill training. 12/85 -8/1/86.

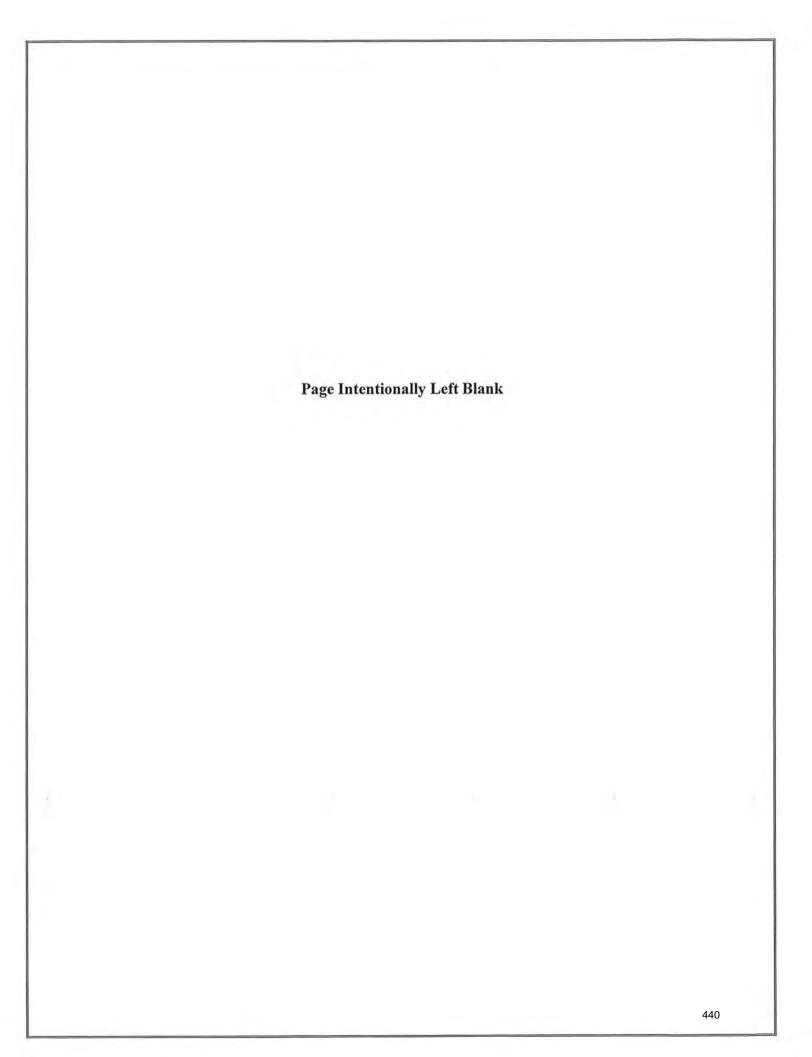
CERTIFICATION /TRAINING

L.C.S.W., L.SAT.P., C.SAC., MAC., Chemical Dependency Training, CPR, First Aid, Medication Training, Multicultural Trainer, AIDS, Effective Supervision, Close Combat Defense, and Crisis Intervention Trainings. Moral Reconation Therapy. Prolonged Exposure Therapy. ImagoTrauma Training. Mindfulness.

PROFESSIONAL PUBLICATION/ORGANIZATIONS

Working with African Americans Clinical Practice, "Headlines." N.A.S.W., N.A.B.S.W., NAADAC.

3 of 3



Brenda Fisher Brennan

Bachelor of Science - Business Administration with major in Accounting Radford University, May 1983

Pathway Homes, Inc.

10201 Fairfax Blvd., Ste. 200, Fairfax, Virginia

Chief Financial Officer Vice President Finance (April 2014-Present)

(July 1993-March 2014)

For large non-profit with a client base of 300+ providing permanent housing and supportive services to adults with serious mental illness with an annual budget of \$6.9 million. Provide oversight and supervision to administrative and accounting personnel. Implement compliance with Financial Management, Program Management, Human Resources, and Personnel Management policies for a staff base of 100+. Assure compliance with provisions of laws, regulations, contracts and grants for financial reporting. Implement procedures for assuring internal control over financial reporting. Coordinate and assure completion of annual audit by independent auditor, including preparation of statements on the financial position. Assist in grant writing, by including various budget plans for single and multi-year grant and contract submissions. Assure funding and expenditures are matched for various restricted programs and are in compliance with various federal and state contracts and regulations. Responsible for assuring that all required insurances, including by not limited to; statutory Worker's Compensation, Employer Professional, General and Commercial Liability, Automobile Liability, Property, Fidelity Bonds, Director and Officer's Insurance are maintained to protect from and liability or damage loss.

Controller (May 1991-July 1993)

Primary areas of experience included accounting system integration, cash flow management, contract monitoring, implementing computerized accounting system, various annual and multi-year budget plans and compliance with the U.S. Department of Housing and Urban Developments Subsidized Multifamily Occupancy regulations. Responsible for all accounting phases including by not limited to, accounts payable, job cost/time billing, payroll, general ledger, fixed assets and appropriations, monthly project expenditure reports and adjusted financial statements. Additional areas include; Supervision of accounting and administrative personnel, completion of tenant interim and Annual Rent Recertifications, monthly tracking and invoicing of Section 8 HUD Housing Assistance Payments.

Administrator (November 1990-May 1991)

Primary areas of experience included varied administrative support duties and implementation of in-house accounting, record keeping and payroll processing. Specific tasks included; accounts payable, general ledger and financial statement preparation.

<u>Tipco Homes, Inc.</u> Sunset Hills Road, Reston, Virginia

Assistant Controller

(June 1988-October 1990)

For major developer/builder, reconciled four (4) disbursing bank accounts for 32 residential and commercial projects. Reconciled general ledger, prepared monthly consolidated financial statements with supporting schedules. Prepared all annual audit work for both calendar and fiscal year projects for review by independent auditors. Assisted the controller with special projects, such as cash flow projections, profit projections, budget and cost evaluations. Prepared filings of annual reports, business licenses and personal property returns.

Vie de France Corporation Greensboro Drive, McLean, Virginia

Senior Corporate Accountant

(February 1984-June 1988)

For national wholesale and retail bakery and restaurant enterprise, supervised staff of six (6) accountants responsible for 26 bakeries. Duties included the training and development of staff through all aspects of a 28-day closing cycle. Ensured closing schedules and deadlines were met. Acted as a liaison between staff and upper management. Supervised staff in analytical review of P&L statements and balance sheet reconciliation. Maintained, updated and verified with wholesaler, raw materials and finished goods inventories. Responsible for coordination of schedules with independent auditors for annual audit. Worked with Vice President, Finance on special cost evaluations, budget analysis, and consolidation of subsidiaries.

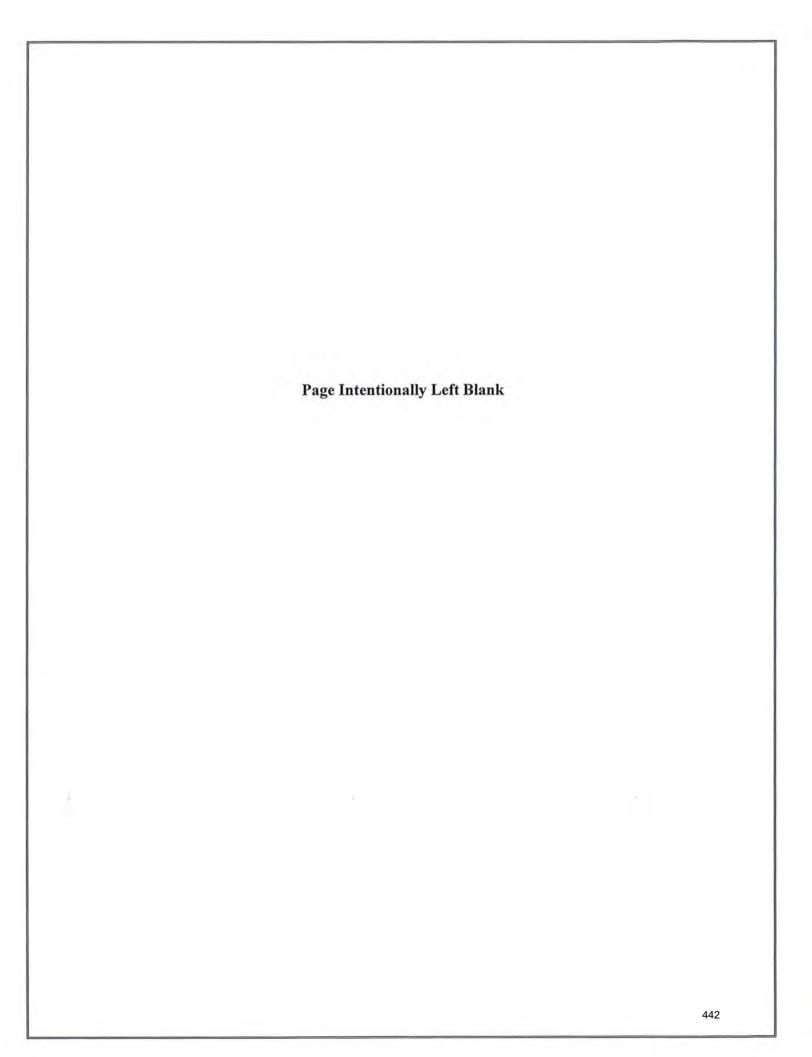
Master Roofing and Siding Richmond Highway, Alexandria, Virginia

Accounting Clerk

(June 1983-February 1984)

For specialized contractor, correlated purchase orders, receiving tickets and supply invoices. Responsible for 50% of customer billings, averaging \$450,000 per month.

References available



SHERRY L. MEYERS

2108 Paul Edwin Terrace + Falls Church, VA 22043 + (703) 506-9249

EDUCATION

Virginia Commonwealth University Master of Social Work, 2001 Shippensburg University Bachelor in Communications, 1987

LICENSE

Licensed Clinical Social Worker Virginia – 2004

Licensed Assisted Living Facility Administrator Virginia – 2010

EMPLOYMENT HISTORY

Pathway Homes, Inc., Fairfax, VA

Senior Vice President for Clinical Services (April 2014-Present) Vice President for Clinical Services (October 2002- March 2014)

Responsible for the development and delivery of a range of clinical, case management and residential services for adults with severe and persistent mental illness: recruitment, hiring, training and supervision of clinical management staff, and direct service staff when needed; coordination of services with mental health and other community agencies; programmatic and clinical crisis management; compliance with DMHMRSAS licensing regulations and other regulatory agencies; oversight of three group homes, an Assisted Living Facility and a 17-home Semi-Independent program; facilitates agency's Clinical Management Team; oversight of agency's Admissions Review Committee and management of the wait list for services; coordinates agency's intern program.

Vice President for Stevenson Place (April 1999 - October 2002)

Responsible for the initial development and overall operation of a 36-bed Assisted Living Facility serving adults with severe and persistent mental illness: developed initial program structure and facility's policies and procedures; hiring, training and supervision of clinical and administrative staff; overall coordination of a multidisciplinary team, Dept. of Social Services, external vendors, referral agencies, contract agencies, DMAS an other regulatory oversight agencies; screening and admission of program residents; crisis management; provision of routine program audits to ensure compliance with DSS licensure and DMAS regulations; oversight of program's daily operations and clinical services; oversight of the agency's Admissions Review Committee and management of the wait list for services.

Division Director (October 1995 - April 1999)

Direct responsibility for the services and physical sites of the Semi-Independent Program: direct supervision, training, support and evaluation of 7 mental health counselors/case managers; coordination of the screening and selection of program residents; hiring and orientation of staff; crisis intervention services; review of all clinical and administrative client records; monitoring the delivery of services to residents; ensuring compliance with

DMHMRSAS licensure regulations; ensure physical maintenance of the ten properties; oversight of the Admissions Review Committee and management of the wait list for services.

Mental Health Counselor II (December 1991 – October 1995)

Responsible for the development and implementation of individual service plans; provision of counseling and skills training for program residents; selection and orientation of program residents; maintaining client records in accordance with DMHMRSAS licensure regulations.

Chambersburg United Housing, Inc., Chambersburg, PA

Program Coordinator (May 1990 - March 1991)

Responsible for the oversight of two residential programs and a psychosocial clubhouse serving adults with serious and persistent mental illness.

Program Supervisor (February 1988 - May 1990)

Responsible for the direct supervision of line staff in the provision of services to adults with serious and persistent mental illness in the two residential programs.

Residential Program Worker (May 1986 - February 1988)

Provision of routine direction and supervision for program residents in the areas of medication management, nutrition, money management, housekeeping and other daily living skills.

ADDITIONAL EXPERIENCE

Loudoun County Mental Health Center (September 2000 – May 2001)
Graduate Internship with the Substance Abuse Team: managed a case load of 15 probation-ordered clients; co-facilitated a women's substance abuse group in the local jail; co-facilitated a Choices and Consequences group at the probation office for individuals who were on a wait list for services with the mental health center.

Powhatan Nursing Home (September 1997 - May 1998)

Graduate Internship with the Social Services Department: completed psychosocial assessments for newly admitted residents; co-facilitated a family support group; developed and implemented a bereavement group.

Children's Aid Society of Franklin County (January 1989 – January 1990)
Part-time Youth Care Worker: supervised daily activities of the children court-ordered to the program; supervised the Independent Living Program for aging out youth.

CERTIFICATION

American Red Cross (February 1993 - Present)

CPR/First Aid/AED Instructor

References available upon request

Anita Robinson, LCSW

14709 Algretus Dr Centreville, VA 20120 703-266-9330

EDUCATION

MSW – University of Maryland 2003 Baltimore, Maryland BS – Emory & Henry College 1988

WORK EXPERIENCE

Pathway Homes, Inc.

Vice President for Clinical Services 2/2011 – Present Associate Vice President for Clinical Services 2003 – 1/2011

Population served – adults with severe and persistent mental illness. Responsibilities include providing direct clinical supervision and program oversight for semi-independent and supported living programs. As a member of the agency's Leadership and Clinical Management Teams, involved in strategic planning, program development, representing Pathway Homes to the larger community and staff training and development. As a program director, responsible for staff hiring and orientation, supervision of clinicians providing recovery-based case management and support services and ensuring quality of service delivery.

Division Director 1996 - 2003

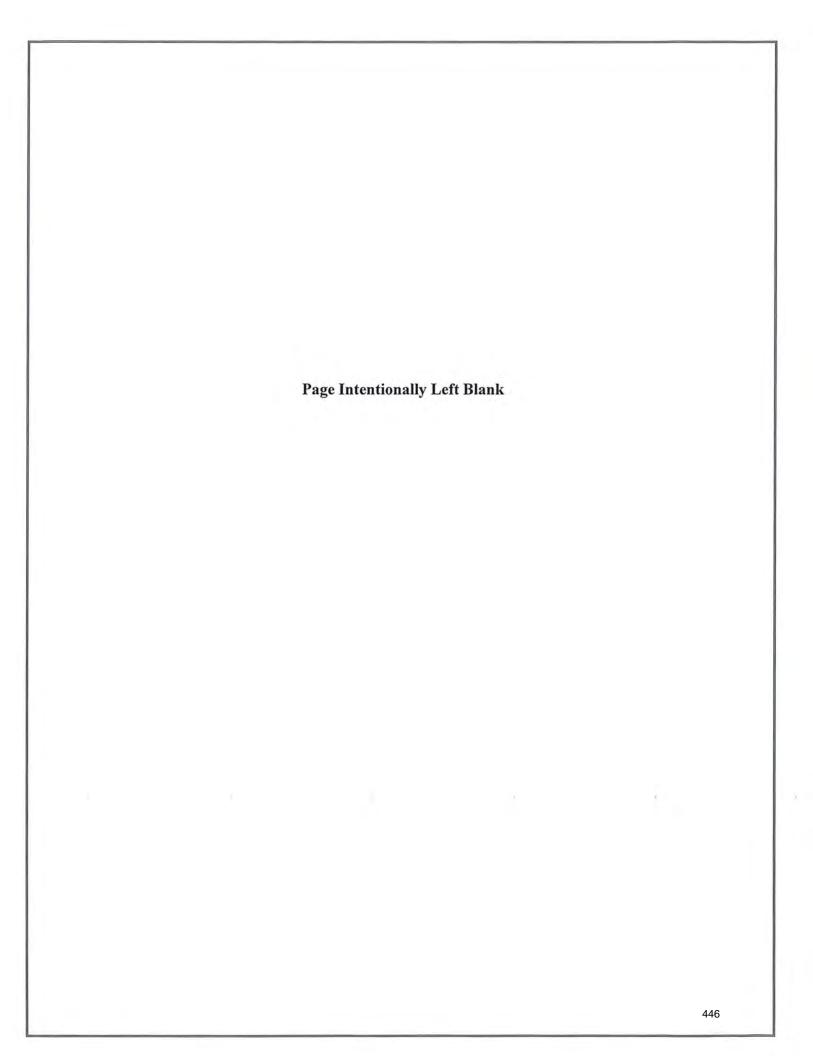
Population served – adults with severe and persistent mental illness. Provided program oversight to the semi-independent program. Responsibilities include hiring of staff, providing clinical supervision to staff providing case management and support services, ensuring quality of program services, ensuring properties are well-maintained, and providing organizational feedback to the agency's Management Team.

Mental Health Counselor II 1990 - 1996

Population served – adults with severe and persistent mental illness. Responsibilities included providing community based case management and support services, ensuring the homes were well-maintained, and developing proactive relationships with family members and other service providers. Served three years as the staff-elected representative to the Executive Director and Board of Directors.

Mental Health Counselor I 1988 - 1990

Population served – adults with severe and persistent mental illness. Responsibilities included assisting consumers in implementing their service plans within the structure of a 24-hour group home.



Eleanor M. Vincent, Ed.D., CSAC

20037 Mattingly Terrace, Gaithersburg MD 20879 Tel: (301) 977-5239 Email: elle131@gmail.com

Education

Ed.D., Counseling Psychology, Argosy University, Washington, District of Columbia, 2011

M.P.A., Public Administration, Sawyer School of Management, Suffolk University, Boston, Massachusetts, 2001 (concentration in health)

B.A., Human Services, College of Public and Community Services, UMASS Boston, Boston, Massachusetts, 1999

Diploma, Psychology, Birkbeck College, University of London, London, England, 1994

Registered Mental Nurse (RMN), Redwood College of Health Studies, SouthBank University, London, England, 1993

Certification

Certified Substance Abuse Counselor (CSAC), VA, Current

Chief Operations Officer (04/14-present) Pathway Homes, Inc. Fairfax, Virginia Vice President for Operations (02/11-03-14) Pathway Homes, Inc. Fairfax, Virginia

Responsible for implementing continuous quality improvement processes and methods that maximize the operations of the agency, builds the organization's public profile, and enhances implementation of its strategic goals. Responsible for expanding the agency's training activities and status as a continuing education provider. Participates in identifying and responding to funding requests, and in designing and evaluating the agency's programs.

Director of Quality Improvement (09/05-02/11) Pathway Homes, Inc. Fairfax, Virginia

Established, and maintained the agency's outcomes management system; tracked and prepared annual program reports to the Department of Housing and Urban Development, and Fairfax County Community Services Board; reviewed and updated the agency's policies as needed; provided ongoing agency training for treatment planning, recovery, and the management of behavioral emergencies, managed the agency's continuing education program; led the agency's ongoing quality improvement activities; presented periodic reports on the agency's continuous quality improvement activities to the agency's Board and stakeholders; Assisted in the agency's strategic planning and program development activities.

Project Director (09/03-08/05) Discharge Assistance & Diversion Program, Pathway Homes, Inc., Fairfax, Virginia

Provided administrative and clinical oversight of 24-hour staffed specialized residential program for adults with mental illnesses; supervised a team of mental health counselors, supervisors, and support staff that included a nurse, psychiatrist, and intensive skills trainer; liaised with Fairfax County Community Services Board staff and other stakeholders to provide a comprehensive continuum of care; provided agency-wide training to clinical and non-clinical staff, ensured the program met all State and agency regulatory requirements. Provided 24-hour on call administrative and clinical support to program staff.

Information Center Manager (09/01-09/03) National Mental Health Information Center, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Service (DHHS).

Managed the information center to provide mental health information and referrals to consumers, family members, legislators, professionals and the general public nation-wide; supervised a team of Information Specialists, monitored the quality of written and verbal communication with the public; maintained the mental health directory and website links databases; planned and conducted staff training on an ongoing basis; prepared and edited written material for publications, website and all other correspondence; provided technical support to the President's New Freedom Commission on Mental Health.

Program Director (01/00-06/01), Vinfen Corporation, Cambridge, Massachusetts.

Provided clinical, fiscal and administrative oversight of three programs providing supported housing services to adults with mental illness, dual diagnoses and a history of homelessness. Supervised a team of seven Case Workers and one Master's level Assistant Program Director. Implemented all regulatory requirements of State funding source. Provided 24-hour on-call administrative and clinical support to program staff.

Assistant Program Director (07/97-01/00), Vinfen Corporation, Cambridge, Massachusetts.

Assisted the Program Director in managing all administrative, clinical and fiscal areas of 5 residential programs for adults with mental illness and dual diagnoses. Provided direct supervision to three Program Managers and one Case Worker as well as indirect supervision to 22 direct care staff. Provided 24-hour on-call administrative and clinical support to program staff.

Case Worker (08/95-07/97), Vinfen Corporation, Cambridge, Massachusetts.

Provided individual and group training to clinical staff on treatment plan development and documentation. Ensured all clinical records met the Department of Mental Health standards. Provided quality assurance monitoring. Served as Human Rights Officer and member of Local Human Rights Committee.

Senior Staff Nurse (01/94-07/95), Croydon Health Authority, Surrey, England.

Managed an acute admission psychiatric ward and supervised junior nursing and auxiliary staff; mentored student nurses. Monitored detoxification programs for alcohol/drug dependent patients. Provided specialized care to mothers with post-natal depression and their babies.

Student Nurse (09/90-11/93), Waltham Forest Health Authority, Essex, England.

Interned in a variety of inpatient and community psychiatric settings that included acute admission, rehabilitation, elderly, general medical, and an eating disorders unit.

Selected Consultancies and Presentations

Vincent, E.; Mize, T. Sexuality and the Mental Health Consumer in a Residential Setting. Seminar presented at: New England AIDS Education and Training Center & Department of Mental Health Conference on Sexuality and Mental Health; 2000 December 1; Brookline, MA.

Vincent, E.; Dillon, P. Lecture Series on Mental Health. Presentation at: Winston Churchill High School, Advanced Psychology Class; 2002 May 10; Potomac, MD

Memberships and Appointments

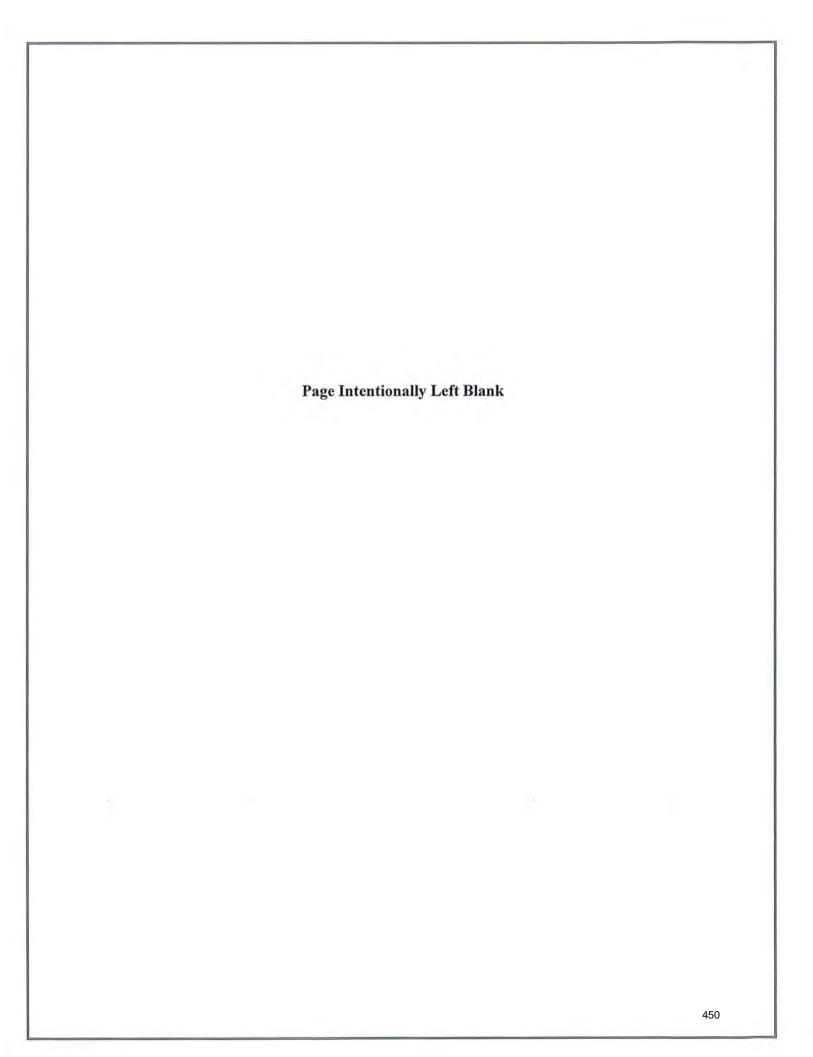
- Surveyor, Commission on Accreditation of Rehabilitation Facilities CARF (2007-present)
- -Member, American Counseling Association (2008-present)

Supportive Residential/Supported Living Program Resumes

- o Katie Benson, MSW Division Director
- o Elizabeth A. Ferraraccio, MSW Mental Health Counselor II

Pathway Homes, Inc.-Supportive Residential

o Gerard P. Little - Mental Health Counselor II



Katie Benson, MSW

Experience

Pathway Homes, Inc.

09/2009 to Present

Division Director (08/2016 to Present) Mental Health Counselor III (10/2015 to 08/2016)

Mental Health Counselor II (10/2010 to 10/2015)

Mental Health Counselor I (09/2009-10/2010)

Responsible for management of Semi-Independent and Supported Living programs in North Fairfax County, including ensuring all operations are in compliance with DBHDS regulations.

Provide direct supervision, program oversight, and evaluations of staff.

Complete ongoing assessments, counseling, case management and support services to adult clients with severe mental illness and co-occurring substance use disorders.

In collaboration with treatment team and providers formulate diagnostic impressions and identify appropriate services and interventions.

Maintain clinical records based on company, state, and federal regulations.

Partner with consumers to develop and implement individualized service plans.

Provide supervision and performance evaluations to assigned staff providing direct service to clients. Assist director in ensuring all local, state, and federal regulations and licensing requirements are met.

Achievements

Met all deadlines required to update charts using ICD 9 and DSM 5 codes.

Employee of the Quarter, November 2011.

Successfully managed all deadlines as company transitioned from paper to online charting system.

Provided additional supports and counseling to residents as their houses received full renovations.

Facilitated opening of Co-Occurring, Consumer Directed program including:

Coordinated and conducted prospective resident interviews.

Completed new resident orientations, intakes, and initial chart work.

Established and maintained contact with various members of resident support systems to ensure smooth transitions.

Facilitated Moral Reconation Therapy (MRT) groups for clients with co-occurring disorders.

Fairfax County Public Schools
School Social Worker, MSW Intern

08/2014 to 05/2015

NVFS, Serve Shelter 08/2013 to 05/2014

Case Manager, MSW Intern

06/2008 to 03/2009

PRS, Inc
Employment Specialist

Northern Virginia Mental Health Institute Psychiatric Technician I 03/2007 to 06/2008

Trainings and Certificates

CPR	01/2016
Basic Psychological First Aid	05/2015
INOVA Trauma Center's Survivor Network, Understanding the Impact of Trauma	05/2015
GMU and SAMHSA's Disaster Behavioral Health Conference	06/2014 and
05/2015	
Fairfax County Domestic Violence Network's Tier One Training	9/2013

Education George Mason University, Fairfax, VA 05/2015 Master of Social Work Member of Phi Alpha Honor Society of Social Work Old Dominion University, Norfolk, VA 12/2006 Bachelor of Science in Psychology with Business Administration Minor

Elizabeth A. Ferraraccio

1200 First Street Apt. 928 Alexandria, VA, 22314 (540) 383-2515 eferraraccio@gmail.com

EDUCATION

Master of Social Work. Anticipated graduation May 2016, George Mason

University, Fairfax, VA. Current GPA: 4.0

Bachelor of Science, Psychology. Degree completed May 2009, Virginia

Polytechnic Institute & State University, Blacksburg, VA

COMPUTER SKILLS

Software:

Microsoft Office

Windows Vista

SPSS Data Analysis

(Mac/PC)

EXPERIENCE

Child and Family Counseling Group, Fairfax, VA, August 2015 – Present Graduate Internship

- Provides individual and family counseling services to residents of the Washington D.C. metropolitan area.
- Consistently uses therapeutic techniques based in Psychotherapy, Cognitive Therapy, and Object Relations Theory.
- Conducts assessments, develops treatment plans, and utilizes appropriate intervention techniques to treat co-occurring mental health diagnoses.
- Effectively collaborates with various professionals who are part of the counseling group including: LPCs, LCSWs, Psychiatrists, Neuropsychologists, and PsyDs.

Fairfax County Department of Family Services, Fairfax, VA, August 2014 - May 2015

Graduate Internship

- Analyzes and assesses reported cases of child abuse and neglect in order to ensure the safety of children, preserve families, and prevent future occurrences of mistreatment.
- Delivers general information and educational materials to callers from the general public, childcare providers, school staff, and medical professionals on recognizing and reporting child abuse and neglect.
- Provides information and referral assistance to callers to locate prevention resources and/or treatment programs in the area.
- Conducts home visits to monitor child wellbeing.
- Links families with resources to help ensure they are able to maintain a safe, positive home environment.

New River Valley Community Services, Blacksburg, VA, January 2012 - July 2014 Mental Health Case Manager, August 2013 - July 2014

Provides individualized case management services for adolescents and young

- adults identified as eligible for case management services due to emotional problems, substance abuse issues, developmental delay, or intellectual disabilities.
- Responsible for the assessment of need, development and implementation of care
 plans, progress monitoring, and the coordination of services and/or resources
 needed by the client to maintain and/or return to community living.
- Provides supportive counseling.

Weekend Crisis Stabilization Support Staff, February 2013 - August 2013 (Part-time on weekends)

- Provides direct crisis services to individuals with mental illness, substance abuse and co-occurring diagnoses in home and community settings.
- Works with other crisis stabilization team members, family members, other caregivers, and community resource organizations in providing services to clients on the weekends when clients' primary crisis support staff members are unavailable.

Mental Health Support Specialist, January 2012 – August 2013 (maintained several cases part-time until July 2014)

- Provides mental health supports and crisis stabilization services to children and young adults with intellectual disabilities and/or serious mental illness.
- Serves as a role model for clients to learn socially effective values, attitudes and behaviors.
- Helps clients develop independent living skills, access community resources, and improve activities of daily living.
- Counsels and supports clients; maintains a therapeutic relationship to achieve maximum client insight and self-management of mental illness and behavior.

Shenandoah Valley Juvenile Center, Staunton, VA, June 2010 – July 2011 Residential Counselor

- Provides a safe residential environment in which children at risk of being removed from their home, or who have already been removed from there home, can be evaluated for services.
- Coordinates and assists with a satisfying program of indoor and outdoor activities, including educational, quiet, active, and creative pursuits.
- Provides supportive counseling and crisis intervention as required in the day-today interactions with program residents.
- Dispenses and monitors client use of prescribed and OTC medications and reports problems with side effects, potential decompensation, and other medical problems to the program coordinator and nurse.

BioLife Plasma Services, Harrisonburg, VA, June 2009 – June 2010 Plasma Center Technician

- Takes and records donor pulse, blood pressure, and temperature and monitors electronic donor questionnaire system.
- Performs fingersticks, test samples, and records other donor measures to include hematocrit, total protein and weight.
- Enters donor information into the Donor Information System (DIS).
- · Operates, maintains, and performs trouble-shooting of plasmapheresis machines.
- · Prepares and assembles new and repeat donor charts.

· Maintains an orderly filing system of medical records.

Monitors donors during donation process and responds to donor reactions.

RELATED PROJECTS & EXPERIENCE

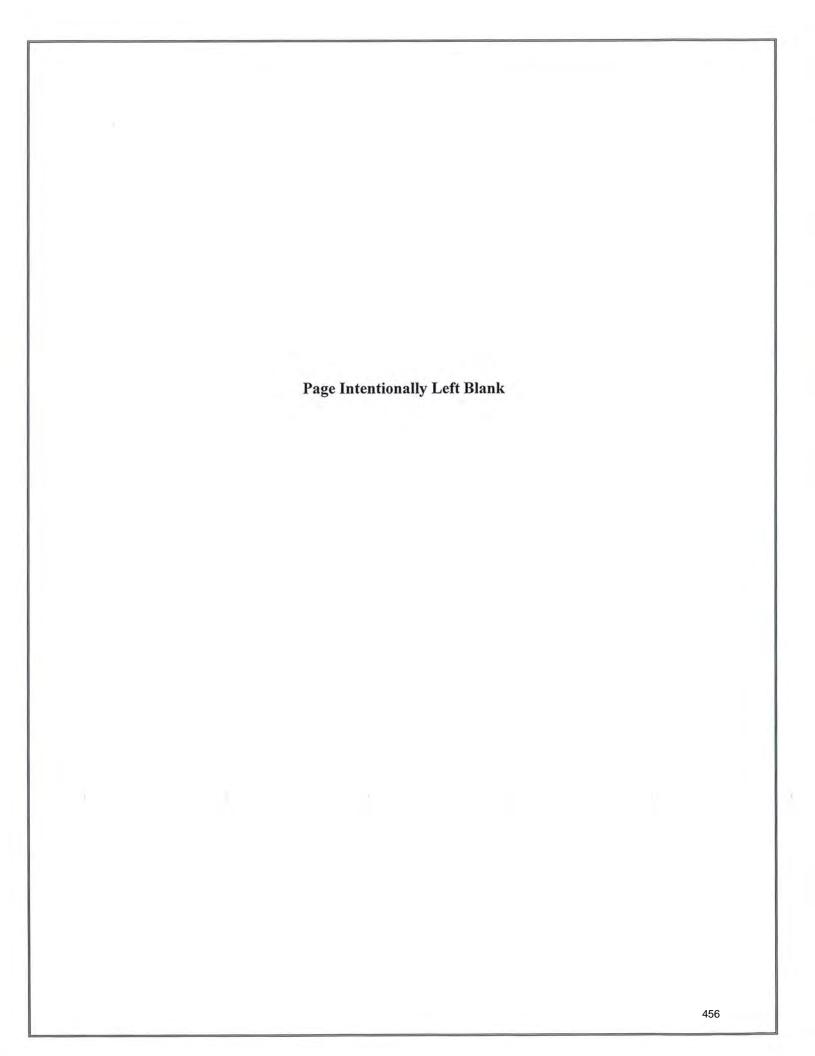
Developmental research projects complete with library research, experimental design, data collection, statistical analyses, and the formal write-up presentation of the work

- · Developed skills in planning developmental research projects
- · Practiced communicating research
- · Developed abilities in using APA publication format
- Acquired the skills for critically evaluating research and the conclusions that can be drawn from that research

Participation in various psychological research studies including: *Personality and Judgments About Juvenile Delinquency, Categorical Structure of Work Situations*, and women's studies including, but not limited to, topics of abuse, maltreatment, development, and relationships.

CERTIFIED

Qualified Mental Health Professional (QMHP)



Gerard P. Little 1510 Orchard Street Alexandria, VA 22302 (703) 548-7154, Cell (703) 403-4918

Professional Experience:

Fairfax County Mental Health Services October 1999 - Present Mental Health Therapist

- Provide intensive case management services to severely mentally ill adults in a group-home setting
- Grant support services to six other residents in the adjacent EAB Program
- Rotate shift and on call weekend coverage
- Provide crisis intervention services
- Conduct group and individual therapy as well as recreational activities
- Develop and implement detailed service plan for clients
- Manage and update confidential files of clients

Pathway Homes, Inc.

March 1996-Sept 1999

Mental Health Therapist II

- Worked closely with clients in semi-independent home to provide case management services
- Conducted group and individual therapy, crisis care
- Served as on call emergency therapist for clients
- Coordinated recreational activities for clients; in the same capacity provided similar services to female clients in other semi-independent home.
- Prepared reports for clients confidential files
- Hosted inter-agency meetings on a regular basis to share information and provided intervention strategies to improve client services

Northern Virginia Mental Health Institute Psychiatric Social Worker

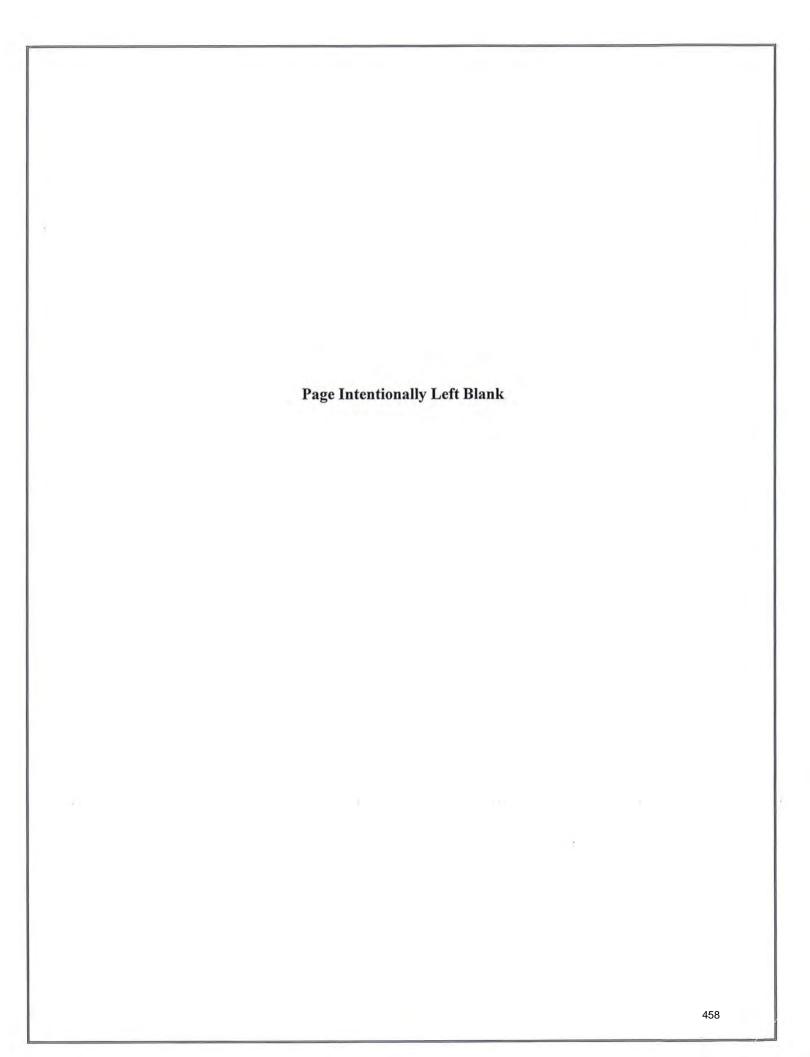
1990-1995

- Performed written assessments on newly admitted patients
- Assigned patients to appropriate units after confirming diagnosis
- Prepared psycho-social history on newly admitted patients
- Provided information to the public regarding hospital admissions policies and regulations
- Provided one-on -one case management services for clients as needed

Education

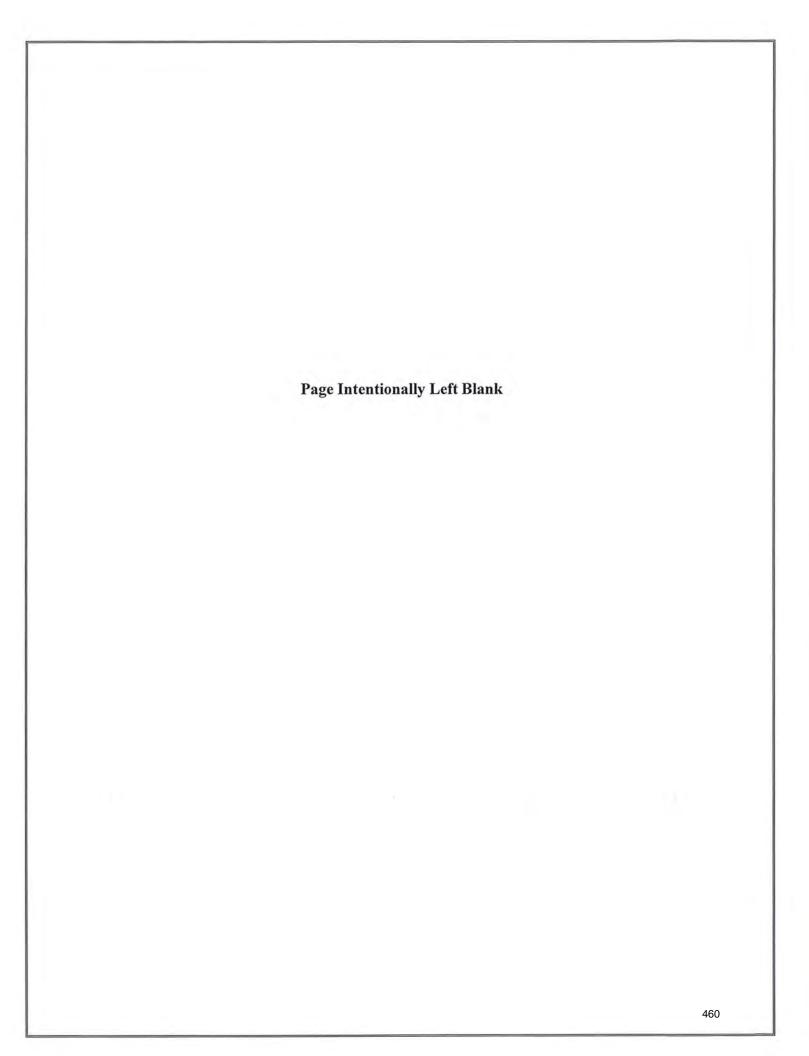
Master's degree in Social Work, Catholic University of America May-1987 Bachelor of Science in Mental Health, Columbia Union College, May 1983 Bachelor of Art in Religion, Columbia Union College, May- 1983

References: upon repuest



Administration Resumes

- o Kristina McCullough Controller
- o Lauren Leventhal Technology and Quality Assurance Manager
- o Brittany L. Darner-Cruise Housing Resource Manager
- o Arturo Orellana Property Maintenance Coordinator
- Nigisti Desta Senior Project Accountant
- o Chynna M. Swann Tenant Certification Clerk
- o Estanislau Diaz Maintenance Technician
- o Mauricio Rovira Maintenance Technician



KRISTINA MCCULLOUGH

Fairfax, VA 22030 • kristinam74@gmail.com • (571) 291-1679

PROFILE

Accomplished and principled senior professional with strong background in formulating and executing financial and operational strategies to lead business growth. Problem-solver of complex issues across various functional lines. Excel at managing projects, establishing and implementing policy, and improving processes. Highly adaptable and resourceful with outstanding interpersonal and organizational skills.

KEY AREAS OF EXPERTISE

· Financial Operations & Reporting

· Non-Profit Management

· Cash & Asset Management

· Budgeting & Cost Management

· Strategic & Organizational Planning

· Human Resources Management

PROFESSIONAL EXPERIENCE

Controller, Pathway Homes - Fairfax, VA

2016 - present

Manage financial and administrative activities for local non-profit that provides housing and supportive services to individuals with serious mental illness. Directly supervise and support Senior Project Accountant, Project Accountants, and Accounts Payable Clerk.

- Prepare, maintain, and monitor financial statements, budgets, and audit support work for several entities.
- Ensure compliance with financial management policies, general accepted accounting practices for non-profit agencies, and applicable federal, state, and local requirements.
- Review and verify accuracy of monthly Housing Assistance Payment (HAP) and Project Rental Assistance (PRAC) requests and receipts.
 Implement required changes in HUD Tracks system to ensure that HAP and PRAC requests are accurate.
- Remain knowledgeable of HUD Occupancy Requirements for Multifamily Subsidized Housing.
- Maintain eligibility and ensure compliance with HUD EIV system. Obtain funds from Reserve for Replacement for major repairs, Residual Receipts for extraordinary operating expenses, and negotiate with HUD.
- Assure, cooperate, and coordinate the annual audit by an independent auditor, including preparation of schedules, analysis, etc. Assure all
 corrective actions are implemented as a result of annual audit.
- Prepare submission of CSB required data on residents and programs.
- · Maintain Abila system and ensure program is current and with required updates and programming/design needs.
- · Oversee cash flows for all projects and ensure all expenditures are in compliance with agency policies.

Accounting & Human Resources Manager, Beta Systems Software - McLean, VA

2005 - 2016

Directed finance, accounting, human resources, and facilities management for North American operation, including tax, treasury, payroll, accounts payable, accounts receivable, and billing.

- · Prepared financial reports, projections, headcount, and annual budget and determined areas for cost improvement.
- Filed all required tax returns and annual reports to ensure compliance with federal, state, and local government regulations.
- Liaised with external accountants and auditors and prepared audits, schedules, nexus review, and PBC responses to facilitate tax return preparation.
- Led strategic personnel planning by assessing responsibilities and identifying organizational opportunities to plan future recruitment, including the development of compensation packages and benefit plans.
- Established and implemented company policies and procedures and ensured all human resources initiatives complied with appropriate laws and regulations.
- Reduced operating expenses by 20% after business divestiture by restructuring organization, implementing new benefit and compensation plans, identifying and eliminating redundant expenses, and renegotiating contracts.
- Recognized by the Supervisory Board after conducting an internal audit of company's operations and saving over \$400K annually by identifying wasteful spending and fraudulent practices.
- Awarded performance bonuses for integrating company operations and managing a series of office relocations in accordance with changing executive initiatives.
- Developed and implemented new-hire programs, including a streamlined onboarding process and functional training.
- Executed technology enhancements to improve efficiency and uniformity by systemizing tax records, upgrading payroll software to a
 web-based platform, and standardizing expense report process.

PRIOR EXPERIENCE

Accounts Payable, Booz Allen Hamilton – Herndon, VA Financial Statement Administrator, GE Capital – Scottsdale, AZ 2004

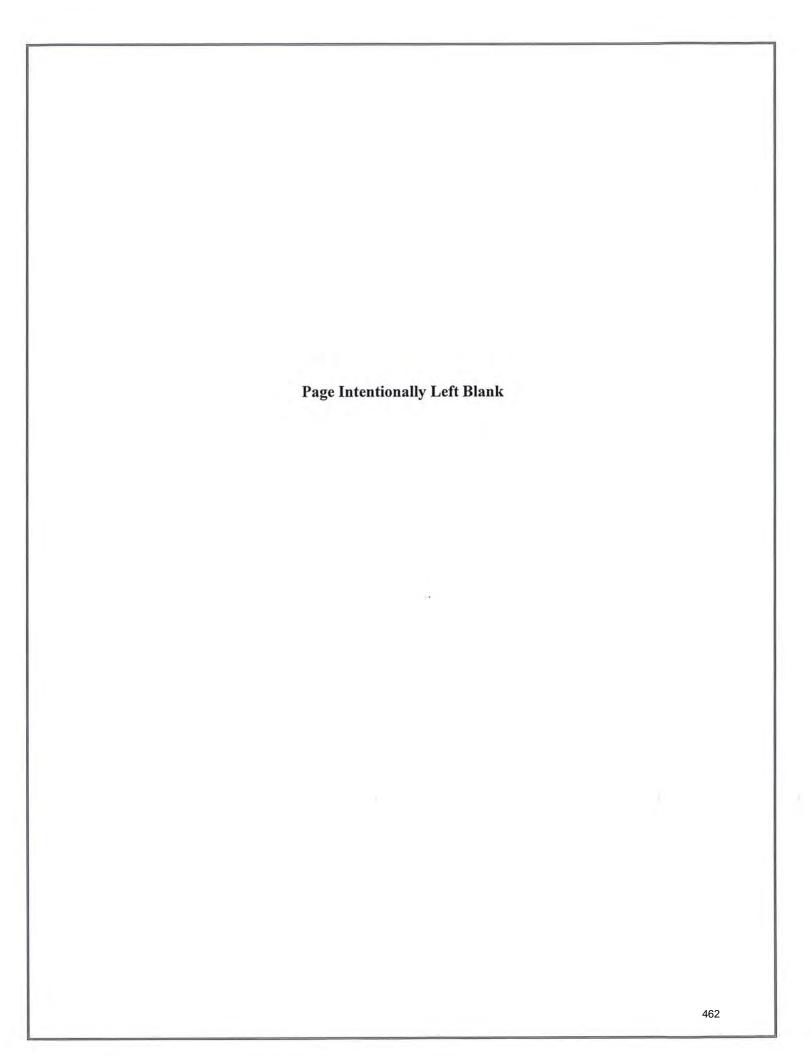
2001 - 2003

EDUCATION

Bachelor of Science, Global Business, Arizona State University

2003

COMPUTER SKILLS



LAUREN P. LEVENTHAL

11866 Benton Lake Road, Bristow, VA 20136 cell 540.220.0563 • lauren.leventhal@gmail.com

OVERVIEW

A self-starter and quick learner. Versatile skill set with experience in technology management, web design, written and oral communication, and customer service. Recognized skills in desktop publishing, website and database management, and creative problem-solving.

EDUCATION

Bachelor of Science, Biology, University of Virginia, Charlottesville, VA Dual major: Bachelor of Arts, Classics with a concentration in Latin May 2004

RELEVANT SKILLS & CERTIFICATIONS

- Notary Public Virginia Commission No. 7246336
- Microsoft Office 2003-2010
- Adobe Photoshop Elements
- Adobe Acrobat Professional
- Wordpress

- Homeless Management Information System (HMIS)
- Credible electronic medical health record software
- Social Media
- · Wired networking

- Computer Management
- Symantec Cloud
- Google Analytics
- LiveCycle Designer ES2
- Some experience with Adobe Photoshop CCS

PROFESSIONAL EXPERIENCE

Pathway Homes, Inc., Fairfax, VA

November 2006 - Present

Technology and Quality Assurance Manager

Promoted February 2011

Notable achievements: Bill and reconcile more than \$500,000 in Medicaid reimbursement claims annually, coordinated proposal organization submission workflow for more than \$10M in FY16, led 8-person implementation team for Credible medical record system in 2011, bringing the full database online and 'live' for more than 350 clients and 40 staff in less than 4 months; co-chaired the CoC Coordinated Referral Pilot Project Workgroup to produce document outlining deficiencies within the system. Employee of the Quarter, Summer 2014; Annual Visionary Service Award 2007.

- Administrator for Credible HER for agency serving more than 550 individuals annually, and approximately 65 daily users.
- Perform network administration and security duties for more than 75 desktop and mobile systems, and manage website, phone and email systems for a staff of more than 100.
- Provide training and technical support to more than 100 staff in the use of web-based systems and all electronic equipment.
- Administer HMIS for the agency, ensuring data quality and accurate, timely submission of all HUD Annual Progress Reports for more than 10 projects serving more than 200 individuals.
- Assist in the collection, management, and dissemination of data supporting the quality improvement program, including annual and other reports and satisfaction surveys.
- Participate in the development of systems to collect data for HUD and other stakeholder reporting requirements.
- Provide technical and executive-level support for the writing and submission of grant proposals.
- Provide expertise in ongoing review and modification of the IT plan and related policies.
- Administer agency databases and liaise with outside representatives to ensure optimization.
- Supervise three staff: IT Support Specialist, Administrative Assistant and Admin. Volunteer.
- Provide executive-level support to leadership team

Office Manager Promoted November 2007

Notable achievements: Received the 2007 Annual Employee Achievement Award for Visionary Service for creative use of existing technology to create fillable electronic forms hosted on the agency website; Oversaw the office move for more than 30 staff.

- Provide executive-level support for day-to-day activities and grant preparation/submission.
- Ensure proper supplies are on-hand for 30 individuals on-site and more than 50 off-site.
- Answer and route all phone calls and administer phone and mailing systems.
- Process mail and other written communication and provide desktop publications as required.
- · Liaise with property management to ensure prompt maintenance of facilities.

Administrative Assistant

Hired November 2006

Notable achievements: Hired within 2 months of starting as a temporary position due to outstanding performance.

Temporary Administrative Assistant Position

September 2006 - November 2006

Temporaries Now, Inc., Annandale, VA

Department Supervisor

November 2004 - September 2006

Kohl's Department Store, Fredericksburg, VA

Customer Service Representative

August 1999 - August 2000; Summers and Breaks 2000-2003

Einstein Bros. Bagels, Fredericksburg, VA

Brittany L. Darner-Cruise

bdarner-cruise@pathwayhomes.org Fairfax Station, VA 22039 (703) 876-0390 x 515

Education

George Mason University

Fairfax, Virginia

Spring 2008 - May 2010

BA - Sociology

Emphasis on Women & Gender Studies

Universidad de Deusto

Bilbao, Spain

July 2007 - August 2007

Language and Cultural Study Abroad Program

Northern Virginia

Annandale, Virginia

Associates Degree 2007

Community College
AA – Liberal Arts

Experience

Pathway Homes, Inc.

Fairfax, Virginia

October 2013 - Present

Housing Resource Manager

Promoted April 2016

Under direct supervision of the COO, performs core administrative duties related to Housing, Leasing, and Tenant Certification. Direct Supervision and Training of Tenant Certification Clerk and Housing Locator in conjunction with providing backup support for duties and responsibilities as outlined for Senior Tenant Certification Clerk and Tenant Certification Clerk

Senior Tenant Certification Clerk

Promoted March 2016

Direct Supervision and Training of Tenant Certification Clerk

In conjunction with duties and responsibilities as outlined for Tenant Certification Clerk

Tenant Certification Clerk

HUD Subsidized Multi-Family Housing Certified, HUD Compliance, EIV Electronic Income Verification, iMax/TRACS Messages and Broadcasts, Third Party Verification, Fair Housing Certified, Coordinate Tenant Lease Preparation and Signing, Process and Report Tenant Certifications and Lease Renewals, Reminder Notices, Monitor and Report Accounts Receivable, Perform Adjustments, Maintain and Report Rent Ledgers, Record and Report HAP Payments, Coordinate Assistance Payments, Consumer/Payee Correspondence, Collaborate with Support Staff, Maintain Administrative Files, HIPAA Compliance, Track Unit Vacancies and Movement

Sequoia Management Co., Inc.

Chantilly, Virginia

January 2011 - October 2013

Onsite Community Manager, Resale Coordinator, Administrative Assistant

Management Operations, CMCA®, M100®, Fair Housing Certified, Board and Resident Communications, Board Meetings, Minutes, Customer Service, Multi-line Phones, Scheduling, Newsletters, Mass Mailing, Filing, Data Entry, Resale Coordination, Rentals, Direct Contractors, Work Orders, Order Supplies, Reports, On-Call

Burke Veterinary Clinic

Burke, Virginia

April 2009 - January 2011

Veterinary Assistant and Receptionist

July 2001 - February 2002

Customer Service, Billing, Scheduling, Filing, Data Entry, Shift Leading

Bassette Real Estate Group

Manassas, Virginia

March 2002 - March 2007

Office Manager, Transaction Coordinator

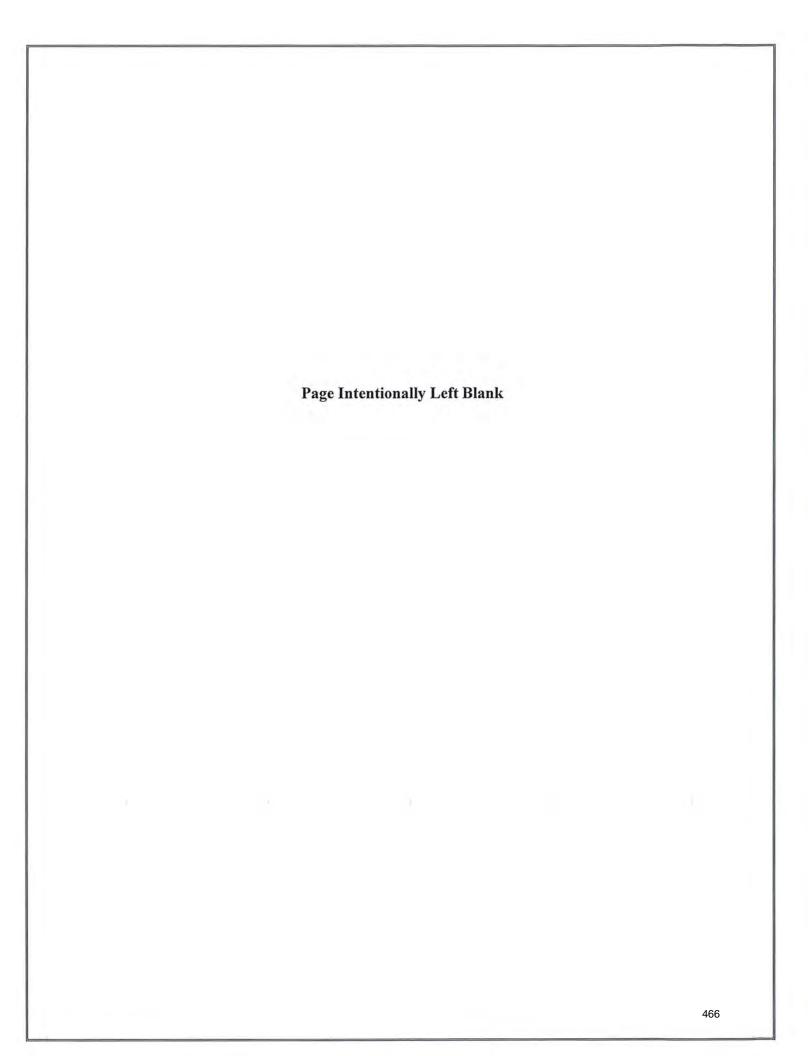
Management Operations, Real Estate License, Customer Service, Client Care, Filing, Data Entry, Contracts, Scheduling, Mass Mailing, Advertising, Newsletters, Buyers, Sellers, Rentals

Accreditations

COS Certified Occupancy Specialist Training October 3, 2016 and August 14, 2014
Fair Housing Training Certificate of Completion September 2, 2015
Member of the Tau Chapter of Alpha Kappa Delta, International Sociology Honor Society

Computer Skills

Microsoft Office - Outlook, Word, Excel, Power Point + Credible, Cornerstone IPM Software, Approach, Word Perfect + CINC Property Management Software + TOPS Real Estate Software, MLS, Realtor.com + Data Analysis and Statistical Software - STATA and SPSS + Macintosh/PC + Basic HTML formatting + Social Media, Forums



Arturo W. Orellana

12532 Timber Hollow Place Germantown, MD 20874 (c: 240-350-1936) nicart00@hotmail.com

Objective:

To reinstate in the Real Estate Management Field as an APM or PM position at any Asset property. To offered years of experience with strong administrative support who approaches the job with tenacity, enthusiasm and professionalism. Qualified professional with strong real estate management, decision making, follow through supervision and leadership skills. Full range of hands on experience with consistent financial records such as daily, weekly and monthly reports. Target all surround competitors with weekly market survey to keep up with market promotions and adjust any property promotions if need it, keeping walk-in traffic at flow, to meet budget forecast.

Core Qualifications:

- Knowledge in Real Estate software (Yardi, MRI, Boston Post)
- Resident Relations
- Application Approval
- Resident Retention 2 yrs. LIHTC

Professional Experience:

Property Maintenance Coordinator / Pathway Homes Inc 400+ Units

From: April 2016 to: Present

- Plan and coordinate daily maintenance technician schedules
- Maintain updated annual preventive maintenance schedules
- Assist with coordination of volunteers to provide maintenance or special project service
- Coordinate the purchase of winter weatherization supplies, furnace filters
- Responsible for rotating 24 hour Maintenance Emergency on-call answer and response
- Schedule and coordinate ongoing maintenance services; pest extermination, gutter cleaning, fire extinguisher renewal, carpet and duct cleaning, etc.

Leasing Manager / Arbor Vista 675 units

From: April 2014 to: April 2016

- Support Leasing and marketing efforts
- Respond quickly and courteously to residents and clients/owner concerns
- Collects and secure rental payments
- Assist leasing professionals in scheduling and conduct lease signing
- Produce reports in a timely, accurate and complete manner, including the monthly survey, locator log and commission sheets
- Adheres to company key policy

Assistant Property Management / Palette at Arts District Bozzuto Management From:

April 2013 to: March 2014

- Generate and Manage leads (lead2lease)
- Conduct move-ins (long term or short term lease using on-site or bluemoon software)
- Conduct move-out reports with prove of damage with final move out statement
- Increase accompany, retention and reduce exposure
- Reduce rent delinquency and very aggressive collecting rent
- Manage vendors and monthly budget

Property Manager (The Fields of Silver Spring Kettler Management)

From: June 2011 to: March 2013

- Managing administration of property operations and leasing office Achieving annually budget
- Ensuring that rent is collected in a timely manner and follow appropriate procedures Provide quality living environment for residents and positive work environment - Hiring and supervising all onsite staff, including vendors.
- Maintain apartments and property grounds with company standards.

Property Manager (Coronado Apt Blue Ocean Realty)

From May 2010 to: May 2012

- Great customer service.
- Maintain high level of occupancy.
- Collect rent and reduce rent delinquency
- Keep control on maintenance and office supplies per monthly bud Staffing Agent (CSI Staffing P/T)

From January 2008 to present

- Provide office support
- Step in any role as need it such as leasing consultant or Assistant Manager
- Provide great customer service
- Great team player Concierge service

Education:

- Montgomery College: 2012 present
 Studying Bachelor of Business Administration
- Major: Management
 Frederick Loans: 2010

Loan Office certified until May 1015

Wheaton High School: 1999
 High School Diploma

GPA: 3.0

Nigisti Desta 14059 Keepers Park Centreville, VA 20121

Cell 240-423-6019 E-Mail Nigisti Desta@yahoo.com

Objective: To provide accounting services in an efficient and effective manner

Experience:

2014 - Present

Pathway Homes, Inc.

10201 Fairfax Blvd., Suite200, Fairfax, VA 22030

Senior Project Accountant. Responsible for accounting functions of the main operating account and supervise Accounts Payable Clerk. Responsibilities include review and post cash disbursements, prepare and provide monthly billing for funding agencies and for various inter-company projects, verify direct ACH deposits and post to the appropriate general ledger accounts, prepare monthly bank reconciliations, extensive monthly reconciliations of several accounts, prepare adjusting journal entries including accruals and deferrals, maintain fixed assets ledger, record new acquisitions and disposition of assets, calculate monthly depreciations, prepare and review monthly financial statements, prepare year-end audit support schedules, work directly with the auditors to resolve any questions, review auditors financial statements and provide ongoing supervision, training and complete annual performance evaluation of Accounts Payable Clerk.

2006-2014

Pathway Homes, Inc.

10201 Fairfax Blvd., Ste. 200, Fairfax, VA

Project Accountant. Responsible for all primary accounting functions for the parent company and coordinate and review of accounting transactions for subsidiary companies.

2003-2006

7-Eleven Franchise Store

8900 Edmonston Road, College Park, MD

Store Manager

Prepared daily cash report, bank deposits, reviewed inventory on hand and prepared orders, verified sales associates' job assignments, and prepared employees' schedule weekly.

1994-2001

Office of the Auditor General of the State of Eritrea

Asmara, Eritrea

Auditor

Performed financial audits such as internal control systems, verified all financial transactions and financial systems are working correctly, summarized audit findings and prepared reports.

1985-1994

Office of the Auditor General of the Democratic Republic of Ethiopia

Addis, Ababa Accountant

Responsible for all accounting functions including payroll, journalizing transactions, general ledger posting, maintaining accounts receivables and payables. Audited invoices and requests for payments, processed travel reimbursements and prepared financial statements.

Part-time Services

1996-1998

Zaid Accounting Corporation

Asmara, Eritrea Accountant

Performed journal entries, posted general ledger transactions and prepared financial 469

statements

Education:

Addis Ababa University, BA Degree in Accounting, 1993

Addis Ababa Junior College of Commerce, Diploma in Accounting, 1985 7-Eleven Franchise Operations training Program, Certificate of Achievement

Computer Skills:

Microsoft Office, Excel, Word, Quick Book and Abila.

Personal:

Ability to work independently, willingness to work hard and make positive contributions,

well-organized, detail-oriented, and flexible.

References:

Available upon request

CHYNNA M. SWANN

OBJECTIVE

Multifaceted, highly motivated and driven individual seeks position with an organization that can benefit from excellent work ethics, verbal communication skills, and computer aptitude; a team player; and the ability to learn quickly.

EXPERIENCE

Laser Elite Centre Inc.

1483 Chain Bridge Road, McLean, VA 22101

Front Desk Receptionist

- **♦**Book and confirm clients appointments
- ♦ Greet clients; answer phones; and take messages
- ♦ Check clients in/out
- *Achieve daily sales goals and ensure overall spa coordination
- ♦Keep track of client owed balance
- ♦ Take payments over phone, or in person
- +Start up laser machine in the morning to heat up cryogen
- ♦ Open office before first appointment to warm up laser equipment
- ♦ Create filing system; and create and organize new patient and old patient files
- *Print next day appointment schedule and prepare files for following work day
- ♦Handle multi-line phone system
- ♦ Clean lightly; keep office neat in appearance
- ♦Keep supply room stocked
- *Keep laser technicians informed on schedule change and when to expect clients
- ♦Provide excellent customer service

PNC Bank

3558 S Jefferson Street, Falls Church, VA 22041

Bank Teller (Part-time)

*Provided account services to customers: received deposits and loan payments; cashed checks; issued savings withdrawals; recorded night and mail deposits; sold cashier's checks and traveler's checks; answered questions in person or on telephone; referred to other bank services

*Recorded transactions: logged cashier's checks, traveler's checks, and other special services; prepared currency transaction reports

+Cross-sold bank products: answered inquiries; informed customers of new services and product promotions; ascertained customers' needs; directed customers to a branch representative

+Completed special requests: closed accounts; ordered checks; opened and closed Christmas and vacation clubs; exchanged foreign currencies; provided special statements, copies, and referrals; completed safedeposit box procedures

♦ Reconciled cash drawer: proved cash transactions; counted and packaged currency and coins; reconciled loan coupons and other transactions; turned in excess cash and mutilated currency to head teller;

maintained supply of cash and currency

- *Complied with bank operations and security procedures: participated in all dual-control functions; maintained customer traffic surveys; audited other tellers' currency; assisted in certification of proof
- *Maintained customer confidence and protects bank operations: kept information confidential
- *Contributed to team effort by working extra shifts when necessary

June 2015 - Present

April 2015 - August 2015

7050 Allentown Road, Camp Springs, MD 20748

Pharmacy Technician

*Entered medical data from patients' prescriptions into the Rx System; calculated insurance and co-pay correctly; provided accurate wait time; printed prescription label from production queue; located drug bottle; matched the 11-digit drug NDC to the NDC number on prescription label; did an accuracy scan to avoid dispensing the incorrect drug strength/dosage which could potentially be harmful; counted/measured drug; packaged drug accordingly; correlated finished prescriptions; once completed, filed prescriptions in an alphabetically order in large bins which provided easy pickup; when customer arrived asked for name, date of birth, and address; searched for prescription and rung it through the Rx System on the register; processed refills; called/faxed doctors for refill renewal authorizations; called insurance companies for any issues a customer has with a sudden cost increase; answered phone calls from customers pertaining to any questions or concerns they may have; made calls out to customer who needed to refill prescription to continue to keep them on the right path in their treatment.

*Maintained pharmacy inventory: checked pharmaceutical stock to determine inventory level; anticipated needed medications and supplies; placed and expedited orders; verified receipts; and removed outdated

drugs

♦ Organized medications for pharmacist to dispense: read medication orders and prescriptions; prepared labels; calculated quantities; assembled intravenous solutions and other pharmaceutical therapies

Maintained records: recorded and filed physicians' orders and prescriptions

*Ensured medication availability: delivered accurately dispensed medications to patients

*Generated revenues: calculated, recorded, and issued charges by billing patients insurance and provided patients with amount of accurate copays

♦Maintained a safe and clean pharmacy: complied with procedures, rules, and regulations

*Protected patients and employees: adhered to infection-control policies and protocols

♦ Called and/or faxed doctor offices for renewal authorizations

♦ Called insurance companies to best assist patient specific needs

Prepared reports: collected and summarized information

*Helped health care providers and patients: assisted and greeted clients in person and by phone

*Answered questions and requests and referred inquiries to the pharmacists

HOME DEPOT

Mar 2012 - September 2012

7710 Richmond Highway, Alexandria, VA 22306

Cashier

*Itemized and totaled purchases: recorded prices, departments, taxable and nontaxable items

♦Operated cash register

*Entered price changes by referring to price sheets and special sale bulletins

♦Discounted purchases by redeeming coupons

- ♦ Collected payments: accepted cash, check, or charge payments from customers; made change for cash customers
- *Verified credit acceptance: reviewed and recorded driver's license number; operated credit card authorization system

+Balanced cash drawer: counted cash at beginning and end of work shift

♦Provided pricing information by answering questions; assisted customers in locating specific items

*Maintained checkout operations: followed policies and procedures; reported needed changes

*Maintained safe and clean working environment: complied with procedures, rules, and regulations

PRINCE GEORGE'S COMMUNITY COLLEGE

November 2011 - March 2012

301 Largo Road, Largo, MD 20774

Bookstore Cashier

*Completed students' purchases through their financial aid (FAFSA); and helped solved any issues pertaining to financial aid accounts

*Performed cashier duties: operated cash register; entered purchases into cash register to calculate total purchase price; accepted cash, checks and/or bank card for payment; completed check and bank card

transactions according to established procedure; counted money, gave change and issued receipt for items received; calculated discounts; maintained sufficient amounts of change in cash drawer; balanced cash drawer and receipts; documented discrepancies

*Received, priced, stocked, and shelved general merchandise

*Processed incoming and outgoing UPS orders

- *Assisted in supervision of student assistants, included training, assigning and checking workproduct
- Processed textbook ordering and pricing
- ♦ Created and setup merchandise displays
- *Performed various bookkeeping tasks, such as: processed departmental requisitions; processed paid invoices into purchase journals
- ♦Managed return desk
- *Processed textbook and merchandise returns and resolved customers' issues with return policy
- *Handled semi-annual inventory, commencement activities, and other special bookstore functions as needed
- *Answered phones and provided outstanding customer service

OFFICE OF THE COMPTROLLER OF THE CURRENCY

June 2009 - December 2009

250 E Street, SW; Washington, DC 20219 (former location)

Data Entry Intern/Clerical/Word Processing Assistant

- *Responsible for scanning and uploading consumer complaint letters into a document management system known as the Complaint Referral Express Database for the Ombudsman's Office
- *Assigned and retrieved case numbers from document management system and affixed number onto complaint letters for cross-reference and retrieval by Ombudsman staff
- *Prepared, signed and mailed receipt confirmation form letters to consumers
- *Also assisted with scanning and uploading congressional consumer complaint referrals into document management system for the Congressional Affairs Division
- ♦Processed approximately 85-90 cases per day
- ♦ Utilized data entry moving at a fast, yet accurate pace

EDUCATION

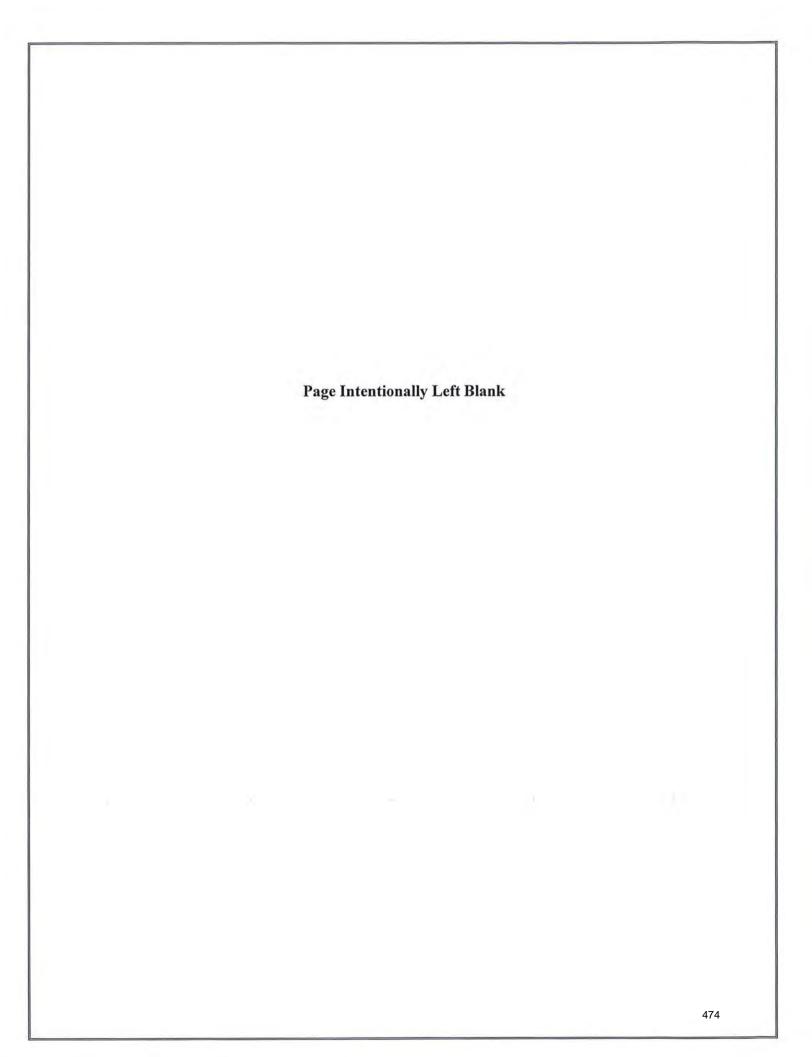
- ♦ Graduated Honors Program Science & Technology, Oxon Hill High School, Oxon Hill, MD
- +Currently enrolled Prince George's Community College, 301 Largo Road, Largo, MD

SKILLS

- ♦ Microsoft Office (Word, Excel, PowerPoint, Outlook, SharePoint), Adobe Acrobat; MS Word Office 12; Microsoft Office 2003
- ♦ Salon Iris
- ♦ Complaint Referral Express Database
- ♦ Word processing experience
- ♦ Excellent written and oral communication
- ♦Typing over 80 wpm, at 90 wpm
- ♦ Producing high quality work under extreme pressure
- *Answer, screen, and route incoming phone calls
- ♦ Maintain appropriate records and prepare required reports

LICENSES

Certified by the Maryland State Board of Pharmacy as a registered, active Pharmacy Technician



Estanislau Diaz 9500 Rosevale Street Fort Washington, Md 20744 (703)549-4278

2005-Present

Maintenance Technician, Pathway Homes, Inc.

2005-2005

Building Maintenance Manager, KSA Management Corp.

My duties as the maintenance manager were to maintain vacant and occupied units and keep them up to standards. I can install new kitchen faucets when they are needed as well as installing new bathroom sinks, brand new toilets, kitchen cabinets, lock on entry doors and I also know how to use a snake k-50, k-500. In general, I make sure that the building runs smoothly and when emergencies present themselves I am always there.

2003-2004

Building maintenance manager, SFRE Management, Inc.

As the building manager, my duties included making sure that the whole building looked well-maintained and clean. I was in charge of installing kitchen cabinets, vanities in the bathrooms, installing garbage disposals, replacing damaged kitchen floors, replacing closet doors and painting any units that became vacant.

2002-2004

Carpenter, Facchina Construction Company, Inc.

As carpenter, my duties included making concrete walls and columns as well as constructing decks. I was also in charge of being a monitor to insure that the traffic ran smoothly. I also was appointed to be a safety manager through the building and make sure that everything was in order and that it was running smoothly.

2002-2002

Construction Carpenter, Ulliman Schulte Const., Inc.

As a carpenter I helped to build water tanks and made sure that drains were built propertly so that the water ran through smoothly.

Mauricio Rovira 5100 8Th Road, #510 Arlington, VA 22204

Employment:

2006-Present Maintenance Technician, Pathway Homes, Inc.

Maintain more than 40 homes throughout Fairfax County, Virginia. Installation, repair, and replacement. Skills include carpentry, basic plumbing, car repair, handyman skills, and painting.

2002-2005 Maintenance Technician, MPM
 2000-2002 Maintenance Technician, Building Maintenance, Inc.
 1994-2000 Maintenance Technician, Channel Square

Attachment U: Relevant Housing Inventory

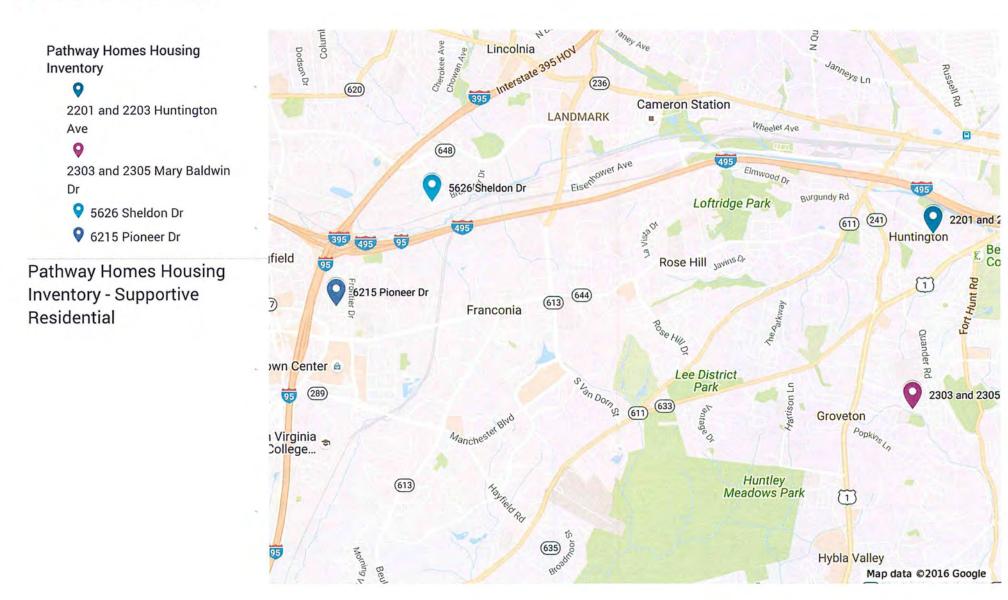
- o Overview Map of Housing Inventory
- o Photographs, Map, Floor Plans and Fairfax County Property Summaries

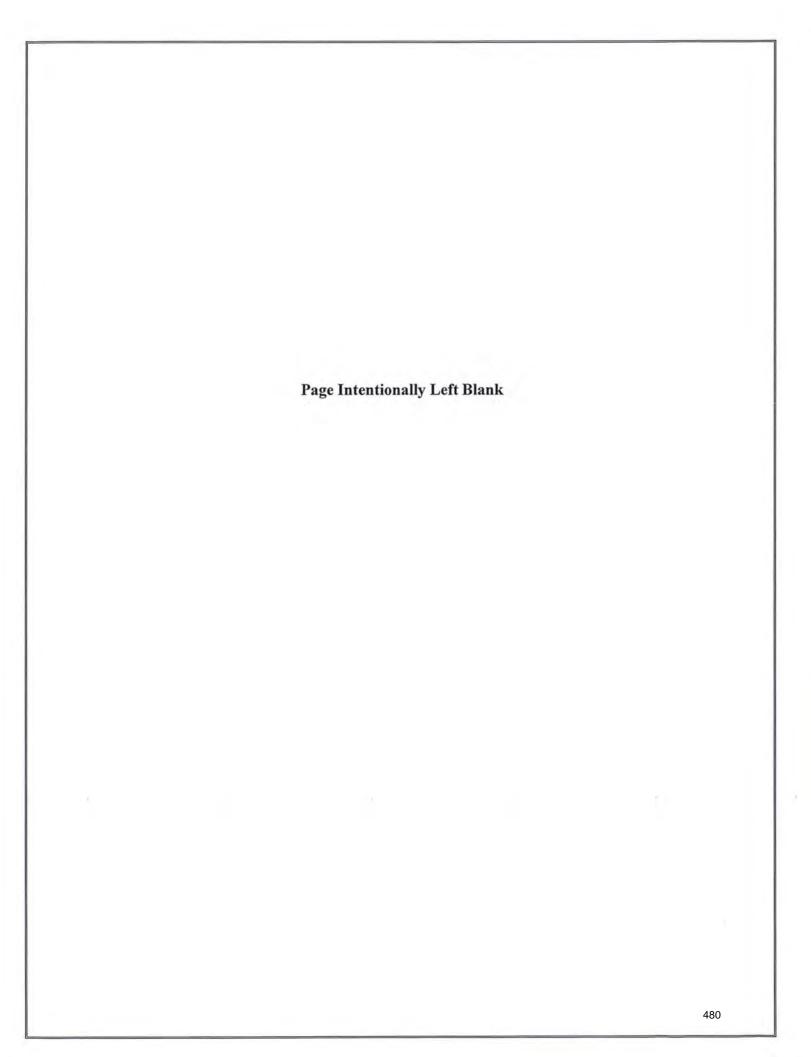
Supportive Residential (SR) Program

- 2201 Huntington Avenue, Alexandria, VA 22303
- 2203 Huntington Avenue, Alexandria, VA 22303
- 2303 Mary Baldwin Drive, Alexandria, VA 22307
- 2305 Mary Baldwin Drive, Alexandria, VA 22307
- 5626 Sheldon Drive, Alexandria, VA 22312
- 6215 Pioneer Drive, Springfield, VA 22150



Residential Treatment RFP2000002064 - Supportive Residential





2201 Huntington Avenue, Alexandria, VA 22303

3-bedroom duplex



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAYS LIVING INC

2201 HUNTINGTON AVE

Owner

Name PATHWAYS LIVING INC,

Mailing Address 10201 FAIRFAX BLVD UNIT 200 FAIRFAX VA 22030

Book 06504 Page 1452

Parcel

Property Location 2201 HUNTINGTON AVE

Map # 0831 17 0002B

Tax District 60201

District Name MT VERNON DIST. #2A

Land Use Code Duplex, either vertical or horizontal

Land Area (acreage)

Land Area (SQFT) 4,705

Zoning Description R-8(Residential 8 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description ANNALANE TERRACE

PT LT 2B

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

Need Help?

For questions and requests for information about the Real Estate site, call 703-222-8234 or CLICK HERE

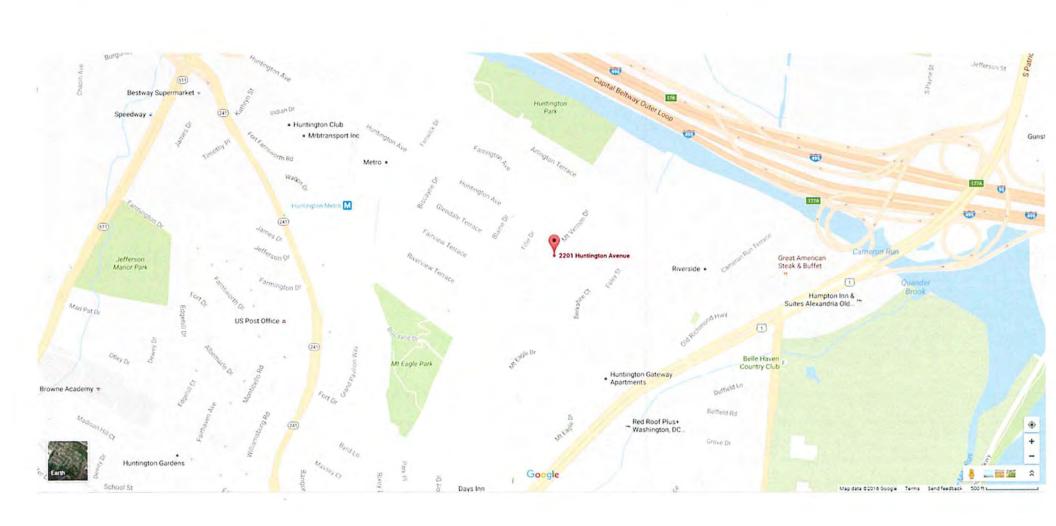
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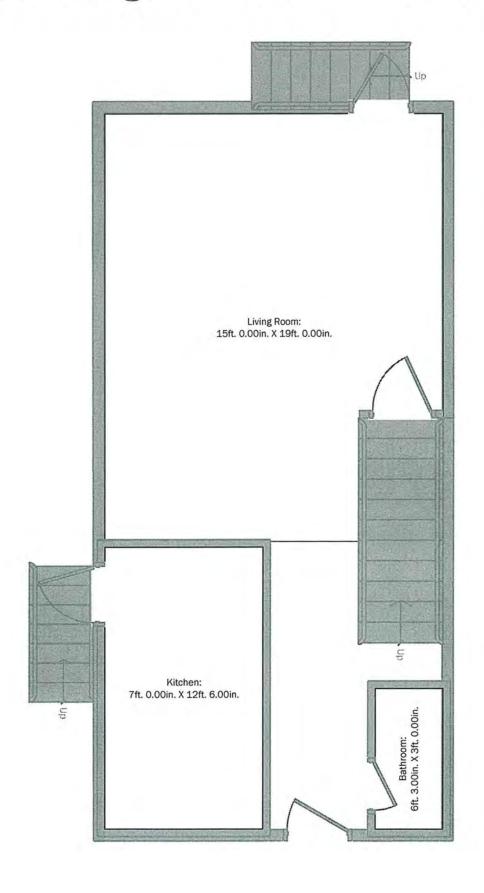
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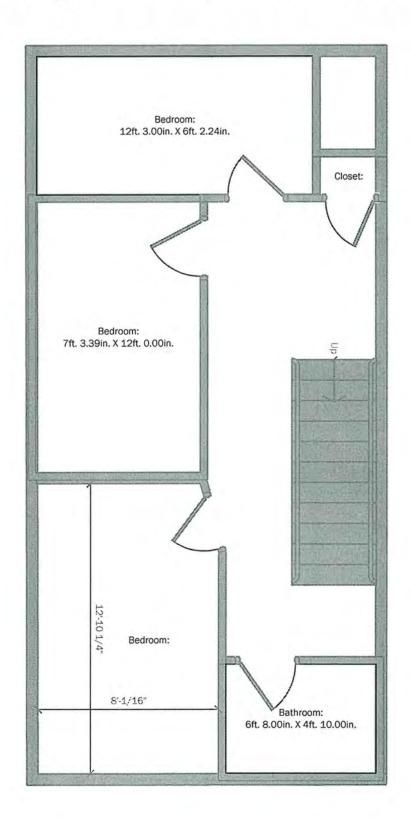
2201 Huntington Avenue, Alexandria, VA 22303



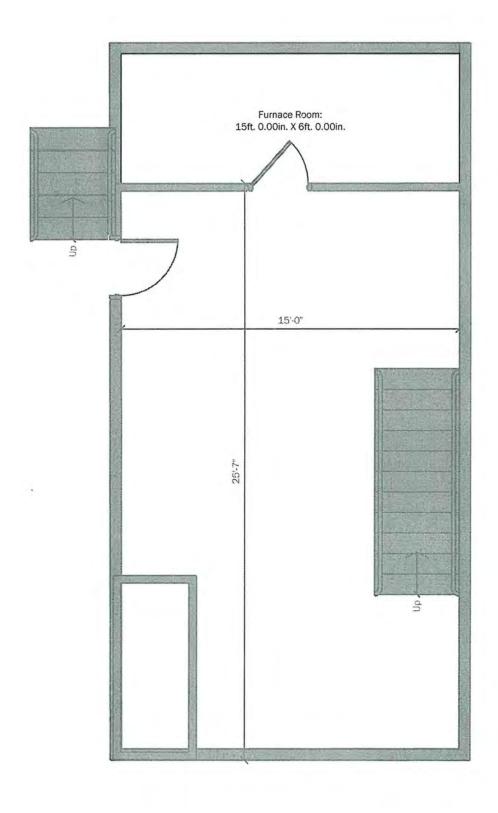
2201 Huntington Avenue - 1st Floor



2201 Huntington Avenue - 2nd Floor



2201 Huntington Avenue - Basement



2203 Huntington Avenue, Alexandria, VA 22303

3-bedroom duplex



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAYS LIVING INC

2203 HUNTINGTON AVE

Owner

Name PATHWAYS LIVING INC,

Mailing Address 10201 FAIRFAX BLVD UNIT 200 FAIRFAX VA 22030

Book 06414 Page 0008

Parcel

Property Location 2203 HUNTINGTON AVE

Map # 0831 17 0002A

Tax District 60201

District Name MT VERNON DIST. #2A

Land Use Code Duplex, either vertical or horizontal

Land Area (acreage)

Land Area (SQFT) 3,094

Zoning Description R-8(Residential 8 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description ANNALANE TERRACE

PT LT 2A

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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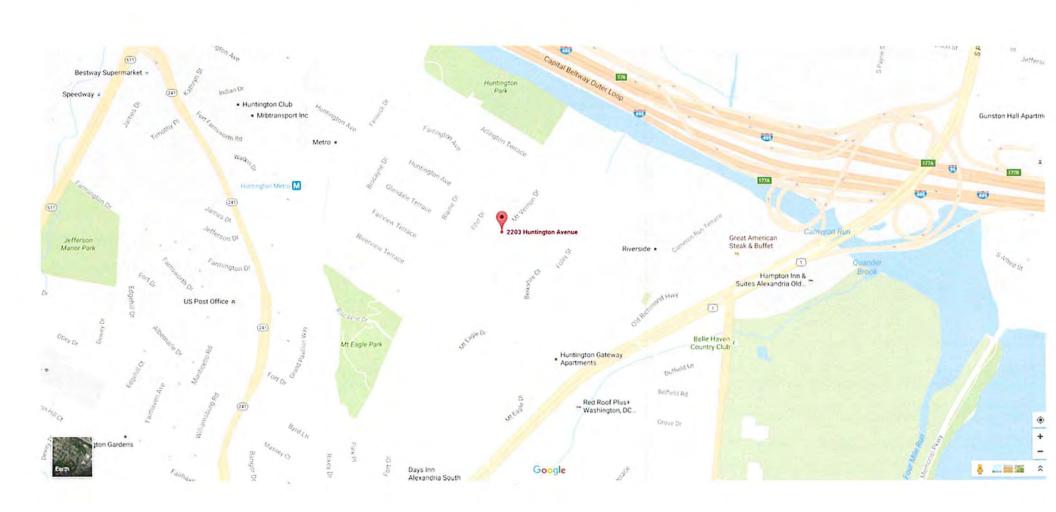
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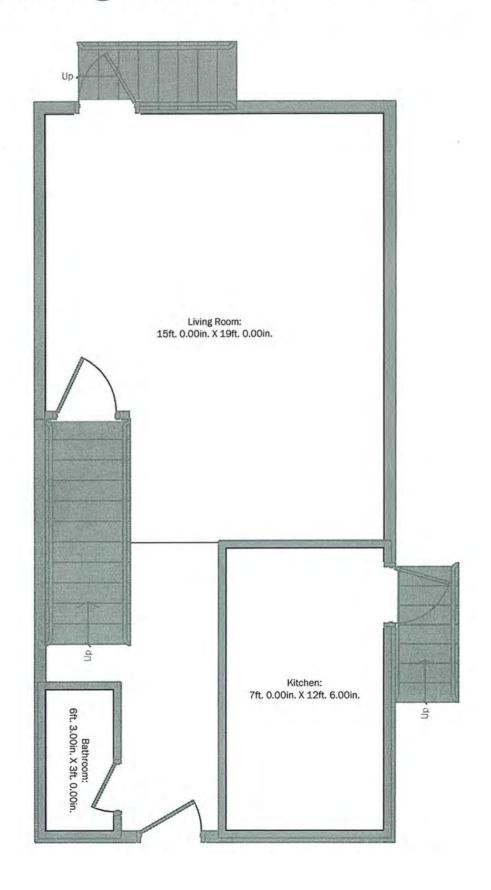
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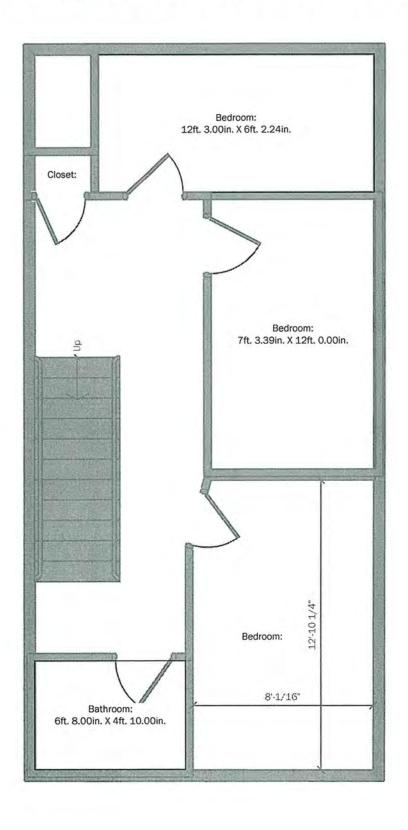
2203 Huntington Avenue, Alexandria, VA 22303



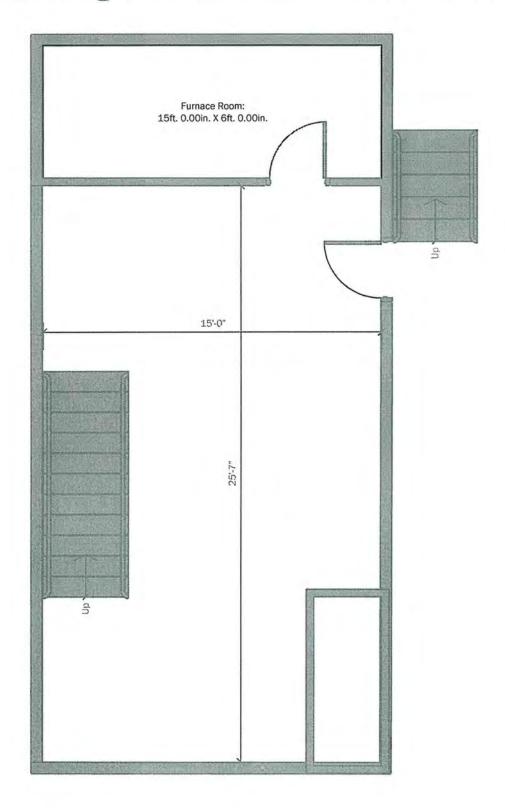
2203 Huntington Avenue - 1st Floor



2203 Huntington Avenue - 2nd Floor

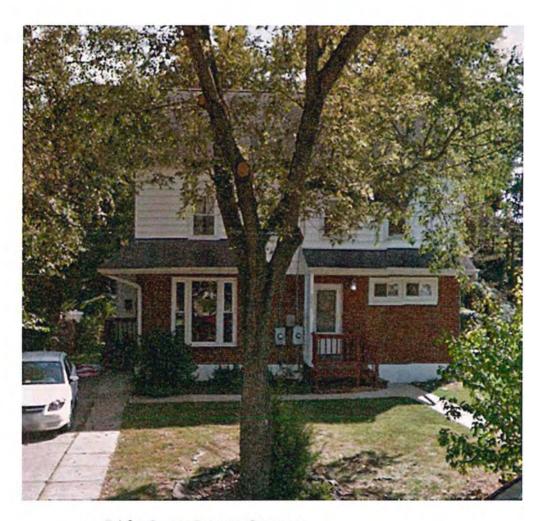


2203 Huntington Avenue - Basement



2303 Mary Baldwin Drive, Alexandria, VA 22307

3-bedroom duplex



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAYS LIVING INC

2303 MARY BALDWIN DR

Owner

Name PATHWAYS LIVING INC,

Mailing Address 10201 FAIRFAX BLVD UN 200 FAIRFAX VA 22030

Book 06108 Page 1969

Parcel

Property Location 2303 MARY BALDWIN DR

Map # 0931 23210004A

Tax District 60100

District Name MT VERNON DIST. #1

Land Use Code Duplex, either vertical or horizontal

Land Area (acreage)

Land Area (SQFT) 3,728

Zoning Description R-3(Residential 3 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description BUCKNELL MANOR

LT 4A BLK 21

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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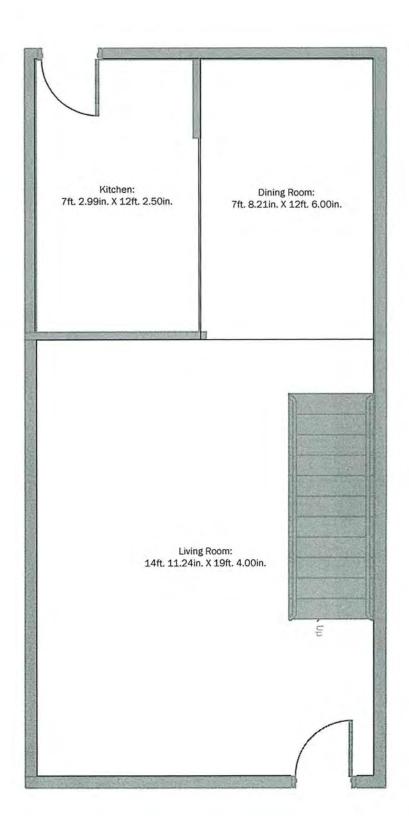
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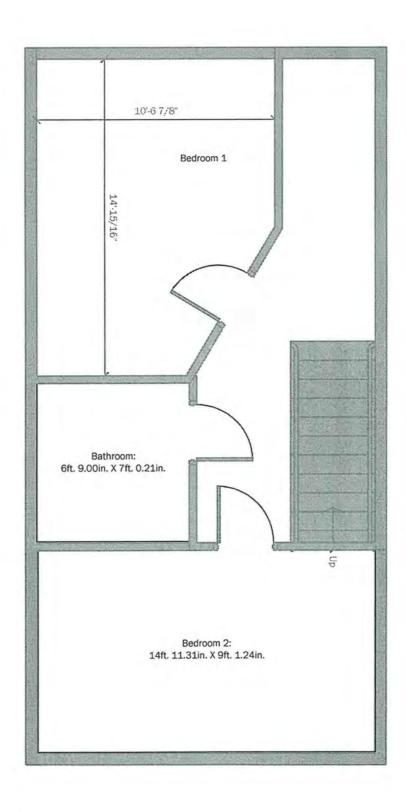
2303 Mary Baldwin Drive, Alexandria, VA 22307



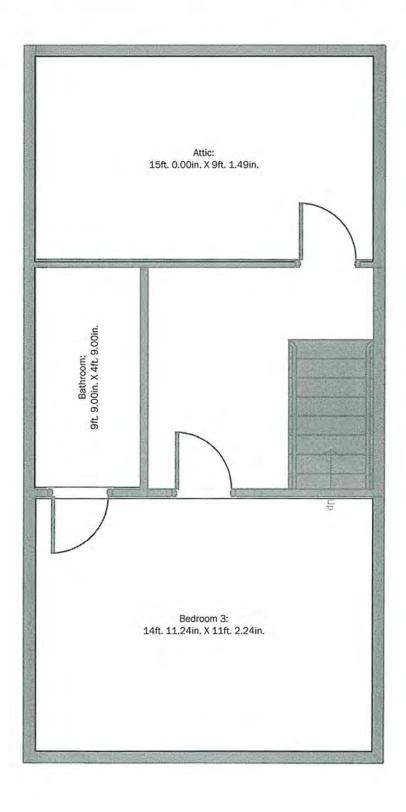
2303 Mary Baldwin Drive - First Floor



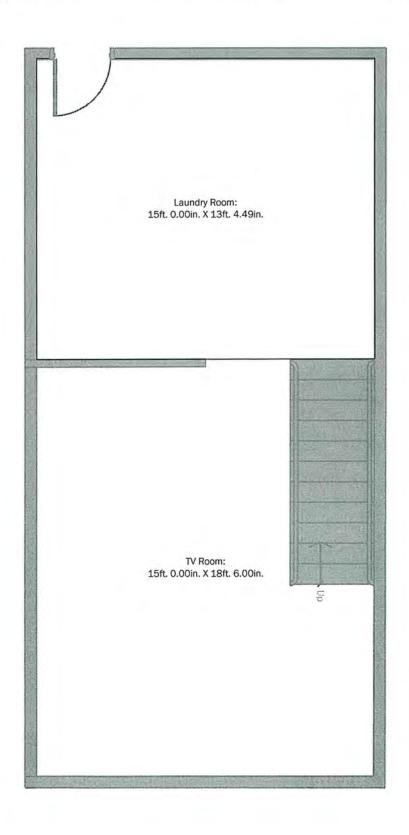
2303 Mary Baldwin Drive - Second Floor



2303 Mary Baldwin Drive - Third Floor

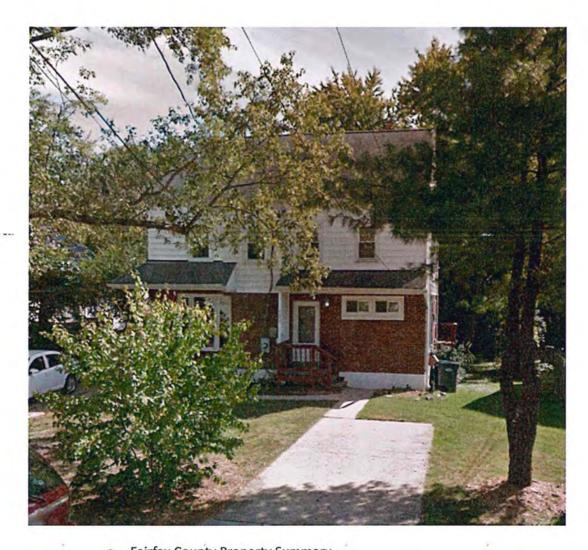


2303 Mary Baldwin Drive - Basement



2305 Mary Baldwin Drive, Alexandria, VA 22307

3-bedroom duplex



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAYS LIVING INC

2305 MARY BALDWIN DR

Owner

Name PATHWAYS LIVING INC,

Mailing Address 10201 FAIRFAX BLVD UN 200 FAIRFAX VA 22030

Book 06108 Page 1967

Parcel

Property Location 2305 MARY BALDWIN DR

Map # 0931 23210004B

Tax District 60100

District Name MT VERNON DIST. #1

Land Use Code Duplex, either vertical or horizontal

Land Area (acreage)

Land Area (SQFT) 4,264

Zoning Description R-3(Residential 3 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

GAS CONNECTED

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description BUCKNELL MANOR

LT 4B BLK 21

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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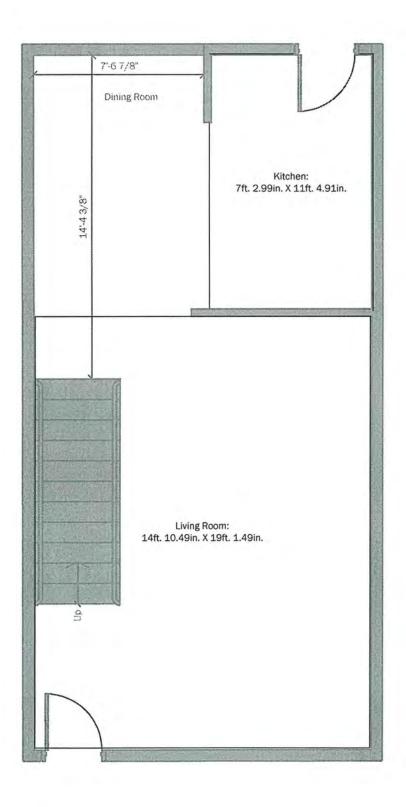
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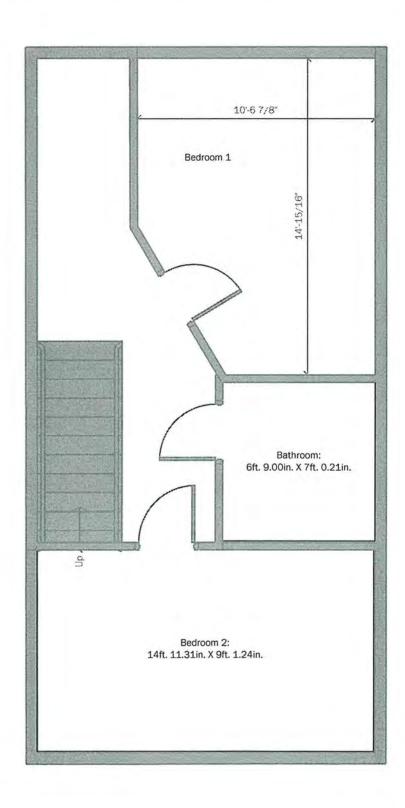
2305 Mary Baldwin Drive, Alexandria, VA 22307



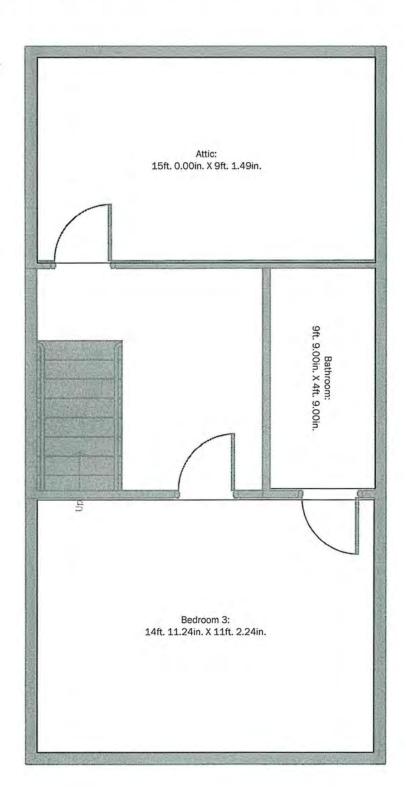
2305 Mary Baldwin Drive - First Floor



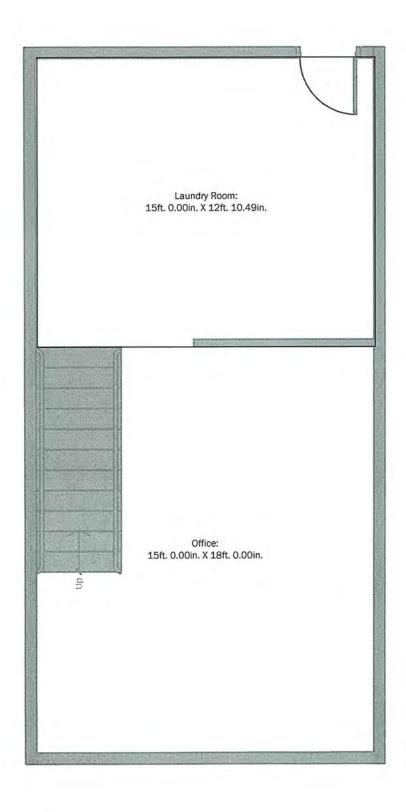
2305 Mary Baldwin Drive - Second Floor



2305 Mary Baldwin Drive - Third Floor

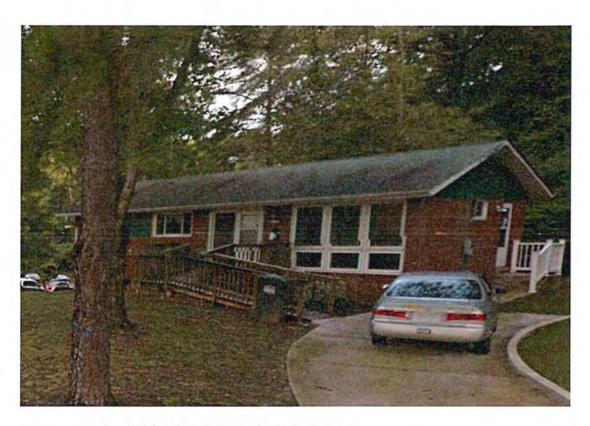


2305 Mary Baldwin Drive - Basement



5626 Sheldon Drive, Alexandria, VA 22312

3-bedroom single-family home



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAY HOMES INC 5626 SHELDON DR

Owner

Name PATHWAY HOMES INC.

Mailing Address 10201 FAIRFAX BLVD SUITE 200 FAIRFAX VA 22030

Book 05596 Page 0589

Parcel

Property Location 5626 SHELDON DR

Map # 0811 04M 0019

Tax District 50000
District Name MASON

Land Use Code Single-family, Detached

Land Area (acreage)

Land Area (SQFT) 10,902

Zoning Description R-4(Residential 4 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description BREN MAR PARK

LT 19 BLK M SEC 4

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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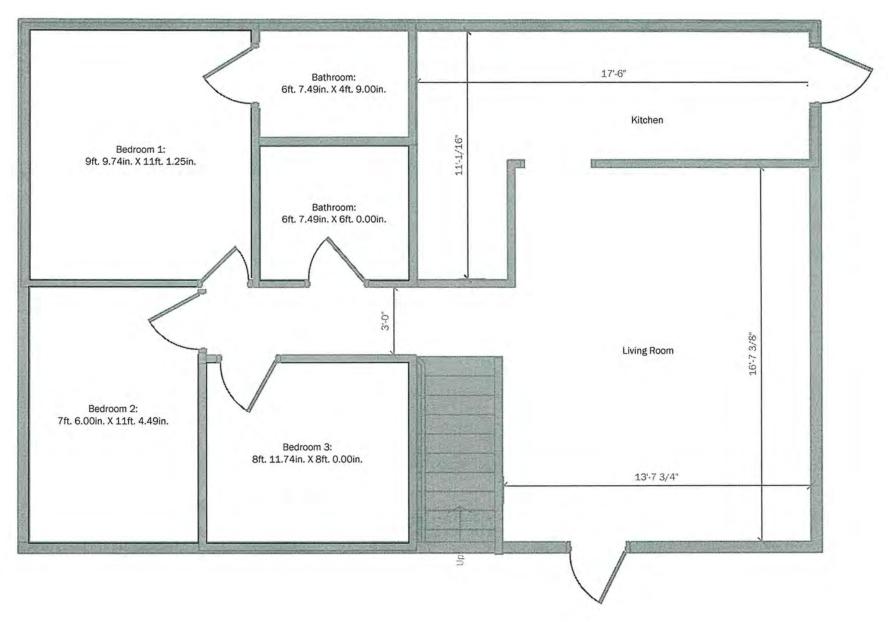
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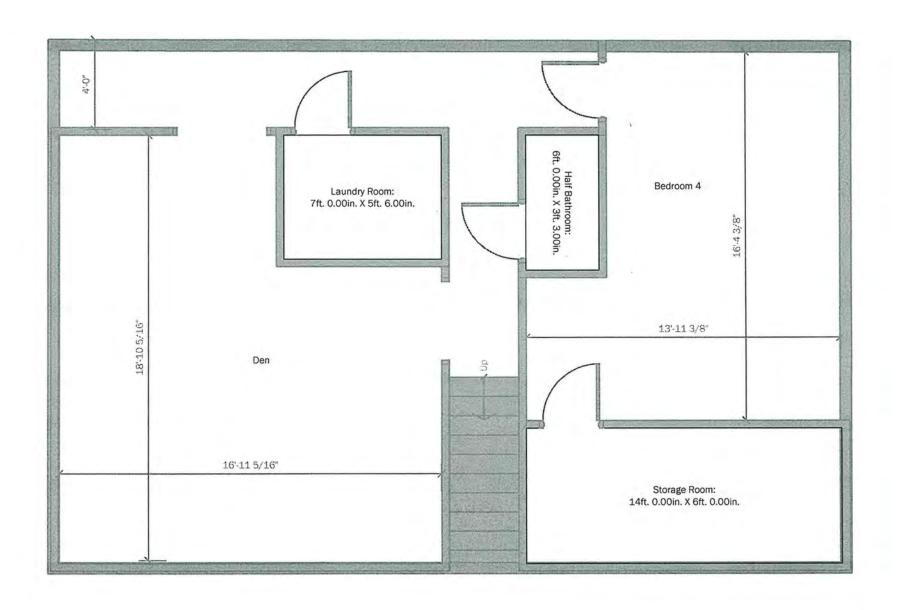
5626 Sheldon Drive, Alexandria, VA 22312



5626 Sheldon Drive - Ground Floor



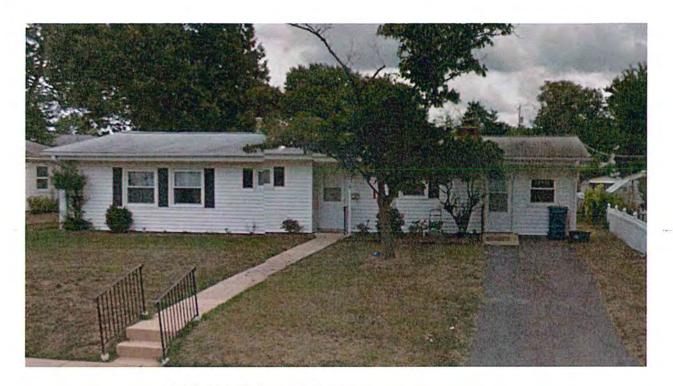
5626 Sheldon Drive - Basement



511

6215 Pioneer Drive, Springfield, VA 22150

3-bedroom single-family home



- o Fairfax County Property Summary
- о Мар
- o Floor Plans

PATHWAY HOMES INC 6215 PIONEER DR

Owner

Name PATHWAY HOMES INC,

Mailing Address 10201 FAIRFAX BLVD SUITE 200 FAIRFAX VA 22030

Book 23736 Page 0001

Parcel

Property Location 6215 PIONEER DR Map # 0804 05100004

Tax District 40000
District Name LEE

Land Use Code Single-family, Detached

Land Area (acreage)

Land Area (SQFT) 9,120

Zoning Description R-4(Residential 4 DU/AC)
Utilities WATER CONNECTED
SEWER CONNECTED

GAS CONNECTED

County Historic Overlay District NO

For further information about Historic Overlay Districts, CLICK

HERE

Street/Road PAVED

Site Description BUILDABLE-AVERAGE LOT

Legal Description

Legal Description SPRINGFIELD ESTATES

LT 4 BLK 10 SEC 1

Last Refresh

Date

Data last refreshed: 18/Nov/2016 DB:P14CUR

General Information

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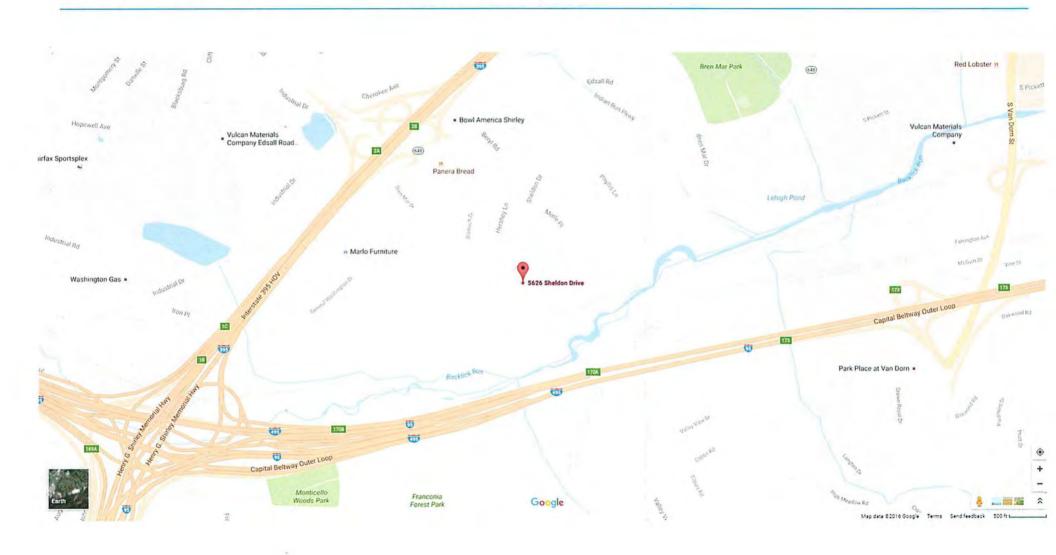
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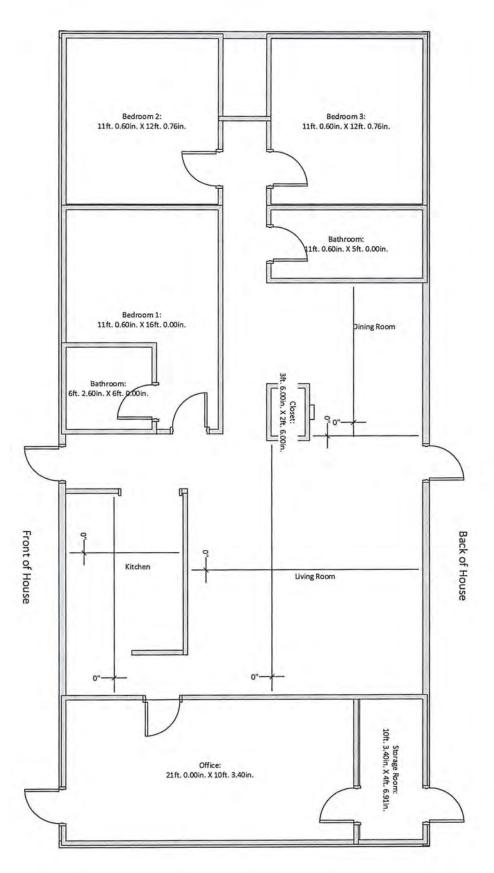
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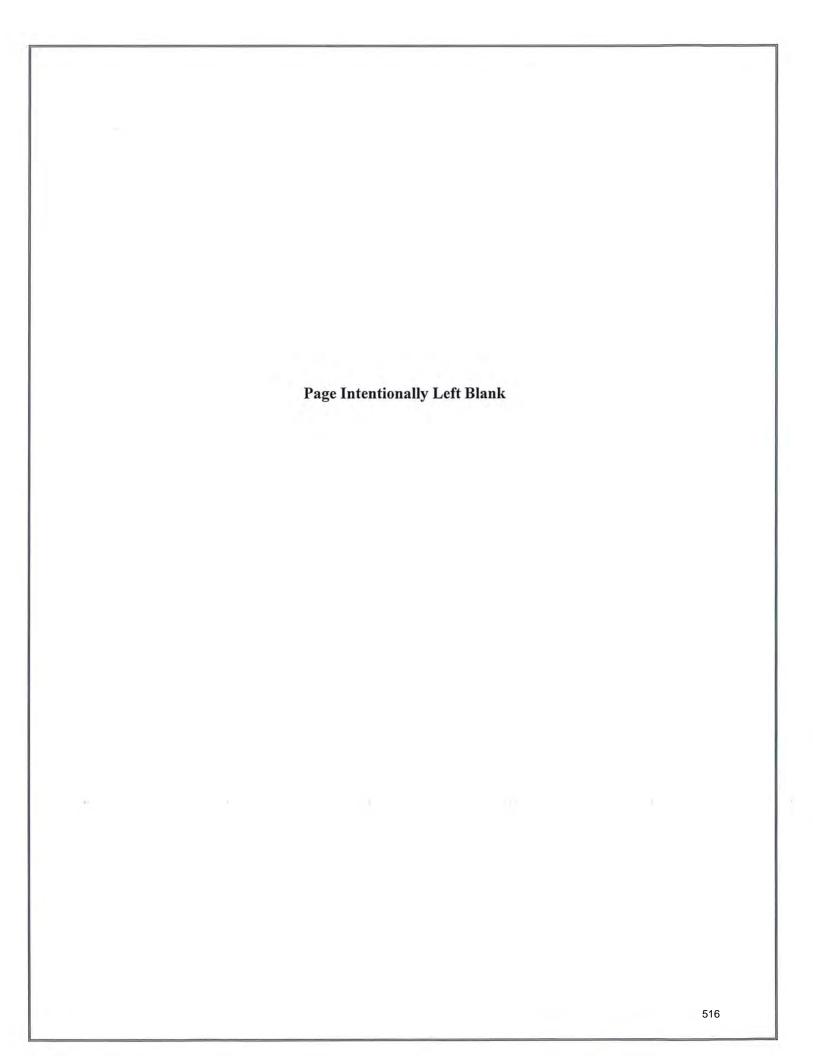
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5626 Sheldon Drive, Alexandria, VA 22312



6125 Pioneer Drive - Ground Floor





Attachment V: Policies and Procedures: Table of Contents and Specific Policies Required by DBHDS

- o Table of Contents
- o Human Rights (Policy 5-H3)
- o Suspected Abuse, Neglect, and Exploitation (Policy 5-S4)

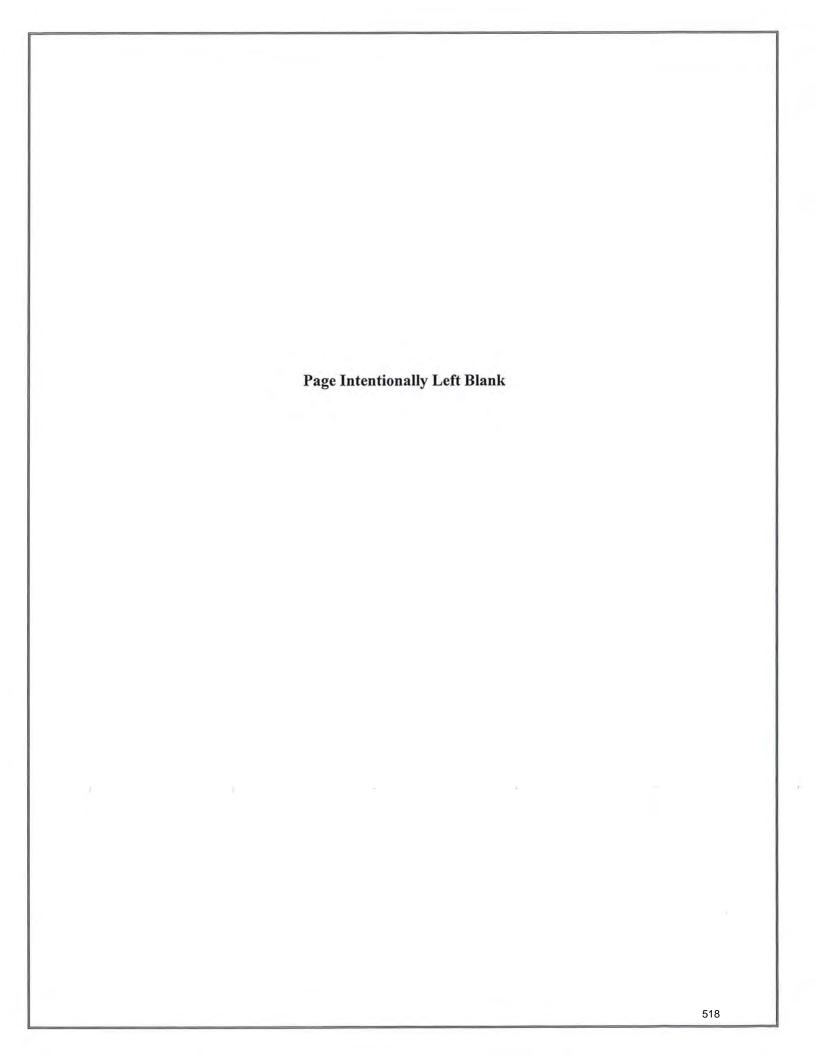




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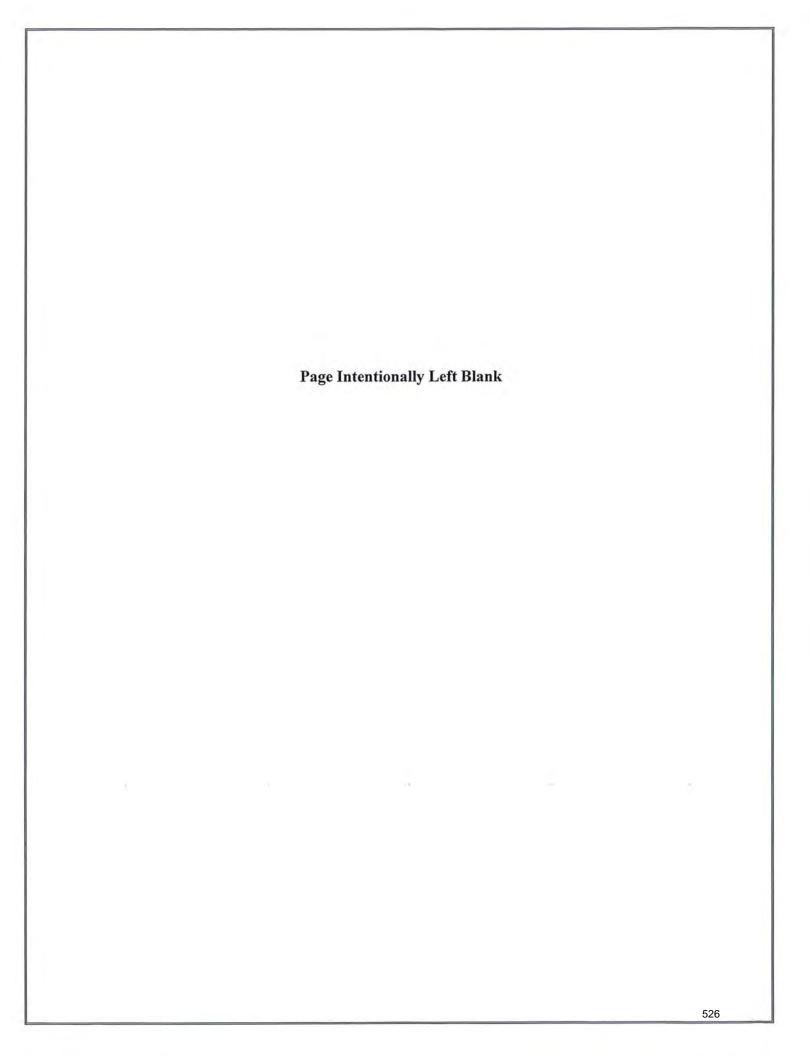
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SECTION	POLICY NUMBER AND NAME			APPLICATION	
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Policy: Human Rights

Section: Programs and Services

Policy Date: 1/13/03 Date(s) Revised: 4/10/08 Number of Pages: (13) Policy Number: 5-H3

This Policy Applies to:

The agency.

PURPOSE

Pathway Homes is committed to protecting, supporting and empowering consumers to fully exercise all legal, civil, and human rights.

POLICY

Pathway Homes shall ensure that all consumers' legal, civil and human rights are protected, and that services provided are consistent with these rights and emphasize respect for basic human dignity. Consumers are encouraged to report any waste, fraud and/or abuse and other wrongdoing without reprisal.

All policies and practices relevant to the assurance of human rights shall be construed as to ensure compliance with the requirements of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation, and Substance Abuse Services (12 VAC 35-115-10 et seq.) and in accordance with state and federal laws.

PROCEDURE

I. Assurance of Rights

- A. Pathways shall post prominently in areas most likely to be seen by consumers, notices of rights that set forth the rights of consumers and the means by which the human rights advocate can be contacted for assistance, consultation or to file a complaint.
- B. Pathway Homes shall provide to each consumer, or their authorized representative, upon admission and annually thereafter, a description and written notice of these rights and of the grievance/appeal process. Each consumer or authorized representative shall sign a statement acknowledging receipt and understanding of the established rights. The signed statement of acknowledgment shall be filed in the consumer's record. If the consumer is unable or unwilling to sign the statement, the

- staff person providing the explanation of rights shall document this fact in the service record.
- C. If any consumer is unable to read a written notice of these rights, the rights shall be read to the individual. Interpretive services shall be provided as needed to hearing impaired and non-English speaking persons.
- D. The written notice of rights shall include:
 - 1. An abbreviated statement of the rights, and
 - The name of the human rights advocate, the process for contacting that individual, and a brief description of the role of that advocate.
- E. Both the posted notice of rights and the written copies of rights provided to consumers shall be available in the most frequently used languages.
- F. If there is reason to believe that the consumer is unable to comprehend the written notice of these rights, the notice shall be explained to the consumer insofar as the individual is capable of understanding.
- G. A complete copy of these Human Rights regulations shall be provided to anyone upon request.
- H. Each facility shall display and/or provide any information as requested by the protection and advocacy agency director.

II. Dignity

- A. In receiving services, each consumer has a right to:
 - 1. Be treated with dignity and respect at all times.
 - 2. Be addressed using his or her preferred or legal name.
 - Freedom from harm, abuse, neglect, financial or other exploitation, retaliation and humiliation.
 - 4. Have assistance in learning about, applying for, and fully using any public service or benefit to which he or she may be entitled. These services and benefits include, but are not limited to: educational or vocational services; housing assistance; services or benefits under Titles II, XVI, XVIII, and XIX

- of the Social Security Act; United States Veterans Benefits; and services from legal and advocacy agencies.
- Communicate or consult in private with any lawyer, judge, legislator, ordained clergyman, licensed health care provider, authorized representative, Inspector General, regional advocate, and employees of the protection and advocacy agency.
- Be provided with information about program services and policies in a manner easily understood by the consumer.
- B. Consumers receiving services in a residential setting have a right to:
 - Have sufficient and suitable clothing. If a consumer has funds for clothing,
 Pathway Homes will not be responsible for the cost of providing clothing.
 - Receive nutritionally healthy, varied, and appetizing meals prepared under sanitary conditions, served at appropriate times and temperatures and consistent with any individualized diet program.
 - Live in a safe, sanitary, and humane environment that gives each consumer, at a minimum:
 - Reasonable privacy and private storage space;
 - Access to an adequate number and design of private, operating toilets, sinks, showers, and tubs that are designed to accommodate individual physical needs;
 - c. Outside air provided by a window that opens or by an air conditioner;
 - d. Windows or skylights in all major areas used by consumers;
 - e. Clean air, free from bad odors;
 - f. Room temperatures that are comfortable year round and compatible with health requirements.
 - Practice a religion and participate in religious services subject to their availability, provided that such services are not dangerous to self or others and do not infringe on the freedom of others.

- Have paper, pencil and stamps provided free of charge for at least one letter every day upon request. If a consumer has funds for such supplies, Pathway Homes will not pay for these supplies.
- 6. Have assistance in writing or reading mail as needed.
- 7. Communicate privately with any person by mail or telephone and receive assistance in doing so if needed. Use of the telephone may be limited to certain times and places to make sure that other individuals have equal access to the telephone and that they can eat, sleep, or participate in an activity without being disturbed.
- 8. Have or refuse visitors.
- C. Pathway Homes may stop, report or intervene to prevent any criminal act.
- D. See also the Suspected Abuse, Neglect and Exploitation policy for Pathway Homes' responsibilities relative to suspected abuse, neglect and exploitation.

III. Services

- A. Pathway Homes provides services for individuals age 18 or older experiencing serious and persistent mental illness. These services are provided in compliance with all state and federal laws, including the Americans with Disabilities Act. Pathways does not discriminate on the basis of race, color, religion, national origin, political affiliation, sex, or ability to pay.
- B. Consumers, or anyone acting on their behalf, believing they have been discriminated against, may make a complaint through the grievance process. (See also the Complaint and Fair Hearing policy.)
- C. Pathway Homes shall ensure all clinical services are provided within sound therapeutic practices.
- D. Pathway Homes shall ensure that all staff are knowledgeable in and able to implement the agency's emergency and disaster procedures.
- E. Upon admission, each consumer shall be assigned a primary case manager.

IV. Enhancing Client Choice and Participation in Decision Making

- A. Pathway Homes encourages and assists consumers in meaningfully participating, to the extent permitted by individual capabilities, in decisions regarding all aspects of their services. Consumers are encouraged to involve family members or significant others in services to the extent that they desire or find helpful.
- B. Pathway Homes encourages and facilitates the expression of individual preferences and interests in all aspects of service planning, service delivery, concurrent services, and composition of the service delivery team.
- C. Pathway Homes encourages and facilitates each consumer's meaningful participation in the preparation, implementation and review of service plans, discharge plans and other services received by the consumer.
- D. Pathway Homes shall obtain and document consent in the consumer's record prior to providing any treatment.
- E. See also Access to and Amendment of Service Records and Informed Consent policies.

V. Confidentiality

See Service Records policy.

VI. Access to and correction of service records.

See Access to and Amendment of Service Records policy.

VII. Restrictions on freedoms of everyday life.

Pathway Homes is committed to providing non-time-limited, supportive and therapeutic services which protect privacy, promote dignity and foster responsibility and self- determination. Each consumer is encouraged to enjoy all the freedoms of everyday life that are consistent with the need for services, protection of self and others, and that do not interfere with the services to or well-being of others.

- A. From admission until discharge from a service, each consumer is entitled to:
 - 1. Enjoy all the freedoms of everyday life that are consistent with his or her need for services, his or her protection, and the protection of others, and that do not

interfere with his or her services or the services of others. These freedoms include the following:

- a. Freedom to move within the service setting and the community.
- Freedom to communicate, associate, and meet privately with anyone the individual chooses.
- c. Freedom to have and spend personal money.
- d. Freedom to see, hear, or receive television, radio, books, and newspapers whether privately owned or in a library or public area of the service setting.
- e. Freedom to keep and use personal clothing and other personal items.
- f. Freedom to use recreational facilities and enjoy the outdoors.
- g. Freedom to make purchases in vending machines or stores.
- 2. Receive services in that setting and under those conditions that are least restrictive of his or her freedom.

B. Pathway Homes' duties.

- Programs will encourage each consumer's participation in normal activities and conditions of everyday living and support each consumer's freedoms.
- Programs will not limit or restrict any consumer's freedom more than is needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or intervene in an emergency.
- Programs will not impose any restriction on a consumer unless the restriction is justified and carried out according to these regulations.
- Programs will make sure that a qualified professional regularly reviews every restriction and that the restriction is discontinued when the consumer has met the criteria for removal.
- Pathway Homes will not place any restriction on the physical or personal freedom of any consumer solely because criminal or delinquency charges are pending against that consumer.

- C. Exceptions and conditions to Pathway Homes duties.
 - In general, Pathway Homes does not use restrictions, but instead uses mutually
 agreed upon behavioral contracts to assist individual consumers in
 maintaining their safety and reaching their goals. If individual restrictions are
 imposed, Pathway Homes will ensure the practices in doing so are consistent
 with all applicable laws and regulations.
 - 2. Except as provided in 12VAC 35-115-50 E of the Rules and Regulations to Assure the Rights of Individuals Receiving Services, programs may impose restrictions if a qualified professional involved in providing services to the individual has, in advance:
 - Assessed and documented all possible alternatives to the proposed restriction, taking into account the consumer's medical and mental condition, behavior, preferences, nursing and medication needs, and the ability to function independently;
 - Determined that the proposed restriction is necessary for effective treatment of the consumer or to protect him or her or others from personal harm, injury or death;
 - Documented in the consumer's service record the specific reason for the restriction; and
 - d. Explained, so the consumer can understand, the reason for the restriction, the criteria for removal, and the consumer's right to a fair review of whether the restriction is permissible.
 - Programs may impose a restriction if a court has ordered Pathway Homes to impose the restriction or if Pathway Homes is otherwise required by law to impose such restriction. Such restriction will be documented in the consumer's service record.
 - 4. Programs may develop and enforce written rules of conduct, but only if the rules do not conflict with these regulations or any consumer's service plan, and the rules are needed to maintain a safe and orderly environment.

5. Programs will, in the development of rules of conduct:

- Get as many suggestions as possible from all consumers who are expected to obey the rules.
- b. Apply these rules in the same way to each consumer.
- c. Give the rules to and review them with each consumer and his or her authorized representative in a way that the consumer can understand them. This includes explaining possible consequences for violating the rules.
- d. Post the rules in summary form in all areas to which consumers and their families have regular access.
- e. Submit the rules to the LHRC for review and approval.
- f. Prohibit consumers from disciplining other consumers, except as part of an organized self-government program conducted according to a written policy approved in advance by the LHRC.

VIII. Use of seclusion, restraint, and time out.

The use of seclusion, restraint and time out is not consistent with the nature of our programs and services, therefore, Pathway Homes prohibits the use of these behavior management techniques.

IX. Emergency Intervention.

Emergency intervention is defined as the use of a "hands-on" approach that occurs for extremely brief periods of time, rarely exceeding several seconds, and is used only as a last resort and in the event of imminent physical risk.

All clinical and direct service staff are required both at orientation and during ongoing training, to successfully complete and demonstrate competence in crisis management, de-escalation skills and emergency intervention techniques.

Emergency interventions are an approved intervention only under the following conditions:

- a) other nonphysical interventions have not been effective, AND
- an individual's behavior will result in immediate significant physical harm to themselves, OR

c) an individual's behavior will result in immediate physical harm to others.

Following the utilization of an emergency intervention, staff will follow all procedures outlined in the *Crisis Intervention and Clinical Emergencies* policy

X. Work.

See Work policy.

XI. Research.

See Research Participation policy.

XII. Complaint and Fair Hearing.

See Complaint and Fair Hearing policy.

XIII. Variances.

Pathway Homes currently has no variances on the Rules and Regulations to Assure the Rights of Individuals Receiving Services. If at any time Pathway Homes requests a variance, it will be only after Pathways has tried to implement the relevant requirement without a variance and can provide objective, documented information that continued operation without a variance is not feasible or will prevent the delivery of effective and appropriate services and supports to individuals. The implementation and monitoring of any variances will be in compliance with the regulations. Upon the application for a variance, Pathway Homes will update its policy concerning variances.

XIV. Reporting Requirements.

- A. Pathway Homes will collect, maintain and report the following information concerning abuse, neglect and exploitation:
 - The President/CEO or designee will report each allegation of abuse or neglect to the assigned human rights advocate within 24 hours from the receipt of the allegation.

- 2. The investigating authority will provide a written report of the results of the investigation of abuse or neglect to the President/CEO or designee and human rights advocate within 10 working days from the date the investigation began unless an exemption has been granted by the department. This report will include but not be limited to the following:
 - a. Whether abuse, neglect or exploitation occurred;
 - b. Type of abuse; and
 - c. Whether the act resulted in physical or psychological injury.
- B. Pathway Homes will collect, maintain and report the following information concerning deaths and serious injuries:
 - The President/CEO or designee will report deaths and serious injuries in writing to the Department within 24 hours of discovery and by telephone to the authorized representative, as applicable, within 24 hours.
 - All reports of death and serious injuries will include but not be limited to the following:
 - a. Date and place of death or injury;
 - b. Nature of injuries and treatment required; and
 - c. Circumstances of death or serious injury.
- C. Pathway Homes will collect, maintain and report the following information concerning seclusion and restraint:
 - 1. See "Seclusion, Restraint and Time Out" section of this policy.
- D. Pathway Homes will collect, maintain and report the following information concerning human rights activities:
 - The President/CEO or designee will provide to the human rights advocate, at least monthly, information on the type, resolution level and findings of all human rights complaints, including those processed informally. Reports will be made to the LHRC upon request.
 - The President/CEO or designee will provide to the human rights advocate and the LHRC, at least monthly, reports regarding the implementation of any variances.

- E. Reports required under this section will be submitted to the Department on forms, in an automated format, or both, as developed by the Department.
- F. In the reporting, compiling and releasing of information and statistical data provided under this section, the Department and all providers including Pathway Homes, will take all measures necessary to ensure that any consumer-identifying information is not released to the public, including encryption of data transferred by electronic means.
- G. Nothing in this section is to be construed as requiring the reporting of proceedings, minutes, records, or reports of any committee or nonprofit entity providing a centralized credentialing service which are identified as privileged pursuant to § 8.01-581.17 of the Code of Virginia.
- H. Pathway Homes will report to the Department of Health Professions, Enforcement Division, violations of these regulations that constitute reportable conditions under § 54.1-2906 of the Code of Virginia.

XV. Responsibilities and Duties.

A. Pathway Homes has:

- Identified staff who are accountable for helping individuals exercise their
 rights and resolve complaints regarding services. These individuals include
 the direct service provider(s), the associated clinical supervisors and
 managers, and the President/CEO.
- Complied and will continue to comply with all state laws governing the reporting of abuse and neglect and all procedures set forth in 12 VAC 35-115-10 et. seq. for reporting allegations of abuse, neglect, or exploitation.
- Required and will continue to require competency-based training on these
 regulations upon employment and at least annually thereafter. Documentation
 of such competency will be maintained in the employee's personnel file.
- Taken all steps necessary to assure compliance with these regulations in all services provided.

- Communicated and will continue to communicate information about the availability of a human rights advocate and assure an LHRC to all individuals receiving services.
- Submitted to the human rights advocate for review and comment any proposed policies, procedures, or practices that may affect consumers' rights.
- Posted in program locations information about the existence and purpose of the human rights program.

B. If future activities require, Pathway Homes shall:

- Assure that appropriate staff attend all LHRC meetings to report on human rights activities as directed by the human rights advocate or the LHRC bylaws.
- Cooperate with the human rights advocate and the LHRC to investigate and
 correct conditions or practices interfering with the free exercise of consumers'
 rights and make sure that all employees cooperate with the human rights
 advocate and the LHRC in carrying out their duties under these regulations.
- Provide the advocate unrestricted access to consumers and consumers' service
 records whenever the human rights advocate deems access necessary to carry
 out rights protection, complaint resolution, and advocacy.
- Comply with requests by the SHRC, LHRC, and human rights advocate for information, policies, procedures, and written reports regarding compliance with these regulations.
- 5. Name a liaison to the LHRC, who will give the LHRC suitable meeting accommodations, clerical support and equipment, and assure the availability of records and employee witnesses upon the request of the LHRC. Oversight and assistance with the LHRC's substantive implementation of these regulations will be provided by the SHRC.
- 6. Submit applications for variances to these regulations only as a last resort.
- Not influence or attempt to influence the appointment of any person to an LHRC associated with Pathway Homes or the President/CEO of Pathway Homes.
- 8. Perform any other duties required under these regulations.

- C. Employees of Pathway Homes will, as a condition of employment:
 - Become familiar with the Human Rights regulations, comply with them in all respects, and help consumers understand and assert their rights.
 - Protect consumers from any form of abuse, neglect and exploitation (i) by not
 abusing, neglecting or exploiting any consumer; (ii) by not permitting or
 condoning anyone else to abuse, neglect, or exploit any consumer; and (iii) by
 reporting all suspected abuse to the program director.
 - Cooperate with any investigation, meeting, hearing, or appeal held under these regulations. Cooperation includes, but is not limited to, giving statements or sworn testimony.
 - 4. Perform any other duties required under these regulations.



Policy: Suspected Abuse, Neglect, and

Exploitation

Section: Programs and Services

Policy Date: 01/01/85

Date(s) Revised: 1/13/03, 4/10/08

Number of Pages: (4)

Policy Number: 5-S4

This Policy Applies to:

The agency.

PURPOSE

Pathway Homes is committed to safeguarding the health, safety, and well being of all consumers.

POLICY

Pathway Homes shall ensure all staff are knowledgeable in recognizing and reporting suspected abuse, neglect, and exploitation. Pathway Homes will immediately respond to allegations of abuse, neglect, and exploitation, and will provide the supports necessary to protect consumers from further abuse, neglect, and exploitation. In no case shall the President/CEO or designee punish or retaliate against a Pathway Homes employee or agent for reporting an allegation of abuse, neglect, or exploitation to an outside entity.

PROCEDURE

I. The following definitions are adapted from the Rules and Regulations to Assure the Rights of Individuals Receiving Services From Providers of Mental Health, Mental Retardation, and Substance Abuse Services. See Appendix A for additional definitions relevant to this policy.

Abuse:

Any act (or failure to act) by an employee or agent responsible for the care of an individual that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused, or might have caused, physical or psychological harm, injury or death to a consumer receiving services. Examples of abuse include, but are not limited to, the following:

- Rape, sexual assault, or other sexual criminal behavior;
- Assault or battery;
- Use of language that demeans, threatens, intimidates, or humiliates an individual;

- Misuse or misappropriation of a consumer's assets, goods or property;
- Use of more restrictive or intensive services or denial of services to punish a consumer that is inconsistent with his or her individualized service plan.

Exploitation: The misuse or misappropriation of a consumer's assets, goods, or property.

Exploitation is a type of abuse. Exploitation also includes the use of a position of authority to extract personal gain from a consumer receiving services.

Exploitation does not include instances of use or appropriation of a consumer's assets, goods or property when permission is given by the consumer or his or her authorized representative:

- 1. With full knowledge of the consequences;
- 2. With no inducements; or
- Without force, misrepresentation, fraud, deceit, duress of any form, constraint, or coercion.

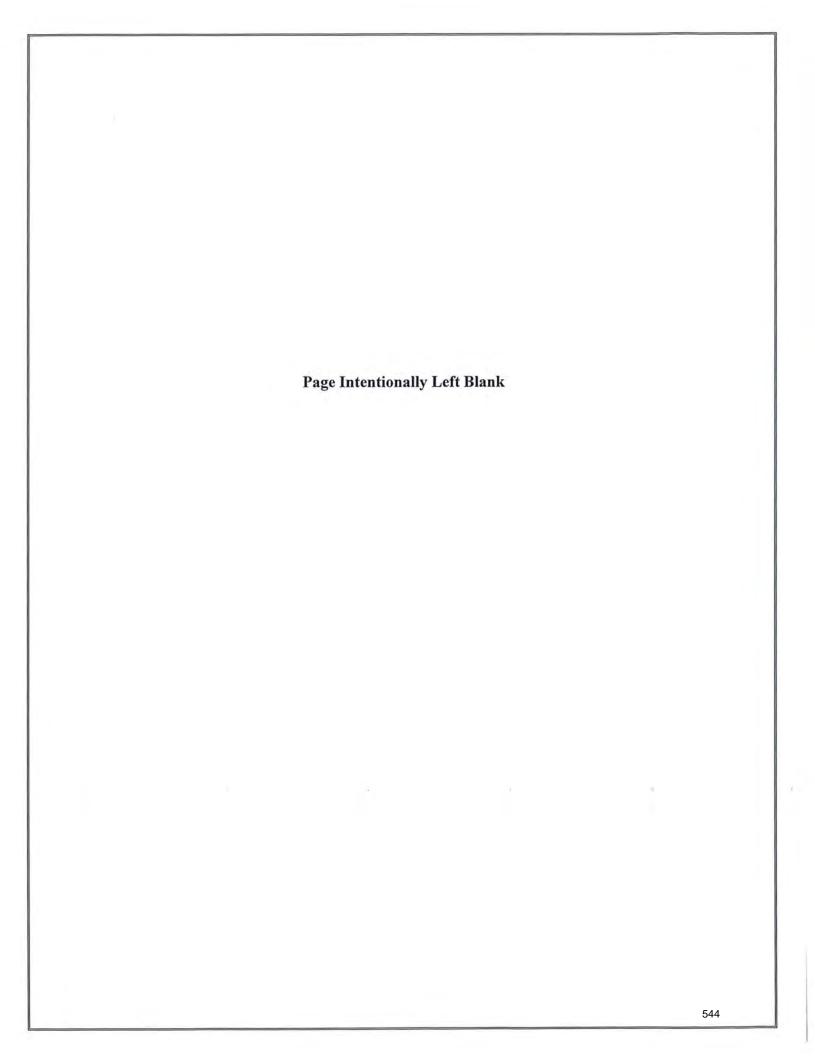
Neglect: The failure by an individual, program or facility responsible for providing services to provide nourishment, treatment, care, goods, or services, necessary to the health, safety or welfare of an individual receiving care or treatment for mental illness, mental retardation or substance abuse.

- II. Pathway Homes shall require all employees and agents to receive training in, and demonstrate knowledge of, all procedures governing detecting and reporting of suspected abuse, neglect, and exploitation.
- III. Any employee or agent suspecting abuse, neglect or exploitation of a consumer will:
 - Immediately inform a supervisor of the suspected incident. In the absence of an
 immediate supervisor, the President/CEO or designee shall be immediately informed.
 Any supervisor receiving a report of abuse, neglect, or exploitation shall immediately
 notify them President/CEO or designee.
 - The oral report of the suspected abuse, neglect or exploitation will include: date, time,
 and place of suspected incident; the name of the consumer who is suspected of having

been abused, neglected or exploited; the name of the person, if known, who is suspected of committing the abuse, neglect or exploitation; and a description of the incident(s). The employee or agent submitting the report will cooperate with all investigation efforts.

- 3. The President/CEO or designee will immediately take appropriate steps to protect the consumer from further alleged abuse, neglect or exploitation until an investigation is complete. This may include the following actions:
 - Directing the employee or agent involved to have no further contact with the consumer.
 - Temporarily reassigning or transferring the employee or agent involved to a position that has no direct contact with residents.
 - Placing the employee on administrative leave with or without pay.
 - Temporarily suspending the involved employee or agent.
 - In the case of incidents of peer-on-peer aggression, protect the individuals from the aggressor in accordance with sound therapeutic practice and Pathway Homes policies and practice.
 - A confidential Adverse Incident Report will be completed and immediately forwarded to the President/CEO or designee.
 - 5. The President/CEO or designee will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. The President/CEO or designee will immediately inform the human rights advocate and authorized representative (if applicable) that a report was made and an investigation is in progress. The President/CEO or designee will assess the information presented and make a determination of further investigative needs. If further investigation is needed, the President/CEO or designee within 24 hours will:
 - Notify the Community Services Board (CSB) and submit a confidential
 Adverse Incident Report (if necessary.)
 - Notify the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and submit a confidential DMHMRSAS Adverse Incident Report.

- Submit to the local human rights office a confidential Community
 Abuse/Allegation Neglect Report.
- Notify Adult Protective Services (APS.)
- Notify the Police Department (if necessary.)
- 6. The President/CEO or designee will cooperate with all external investigations.
- 7. A written report of the investigation findings and the actions taken as a result of the investigation shall be submitted by the President/CEO or designee to the investigating authority, the human rights advocate, the consumer or his authorized representative, and the involved employee(s) within seven working days. The decision shall be in writing and in the manner, format, and language that is most easily understood by the consumer.
- 8. If the consumer affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the President/CEO's actions, he, his authorized representative, or anyone acting on his behalf, may file a petition for a LHRC hearing.
- Potential responses to the investigation will be documented and may include:
 - Revision of policies and procedures.
 - Documentation in the record of the involved resident.
 - Documentation in the record of the involved personnel.
 - Additional professional training.
 - Disciplinary actions ranging from a written reprimand to termination.
 - Acceptance of the accused employee's resignation.



10.2. The title page for the Cost Proposal shall include the name of firm and identify the service proposed (Highly Intensive Residential Services, Supervised Residential Services, and/or Supportive Residential Services.

Name of Firm Submitting Proposal: Pathway Homes, Inc.

Services Proposed: Supervised Residential Services; and

Supportive Residential Services.

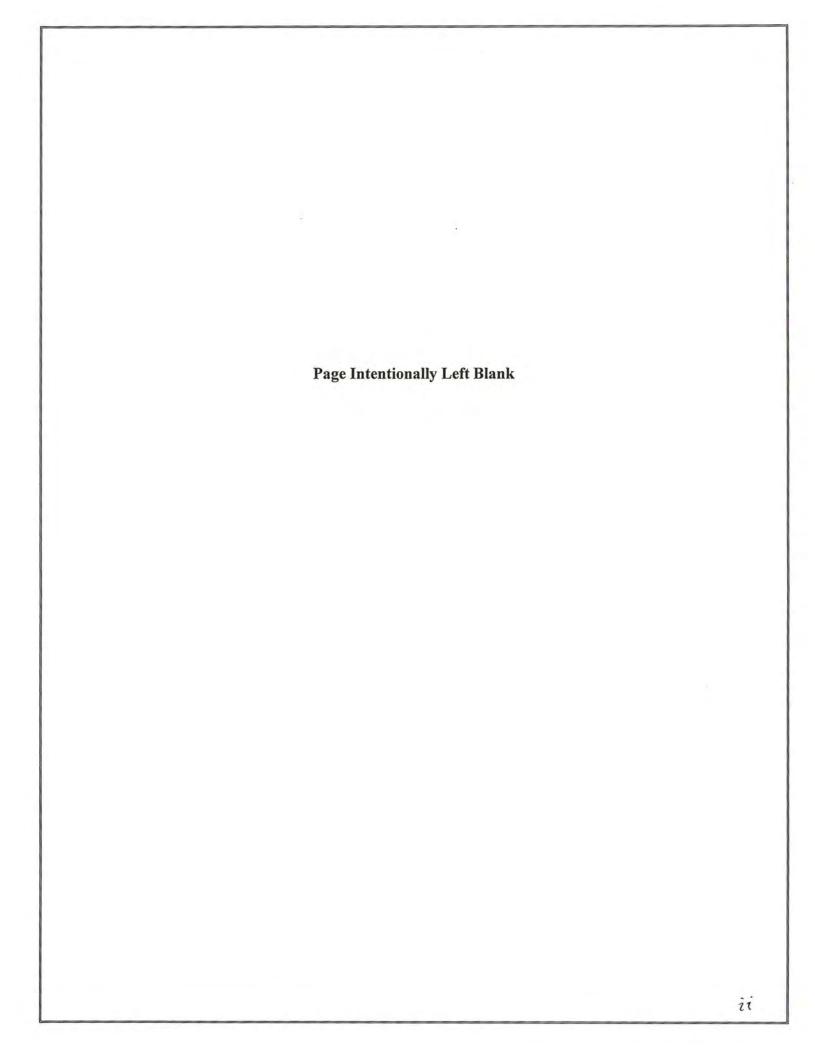
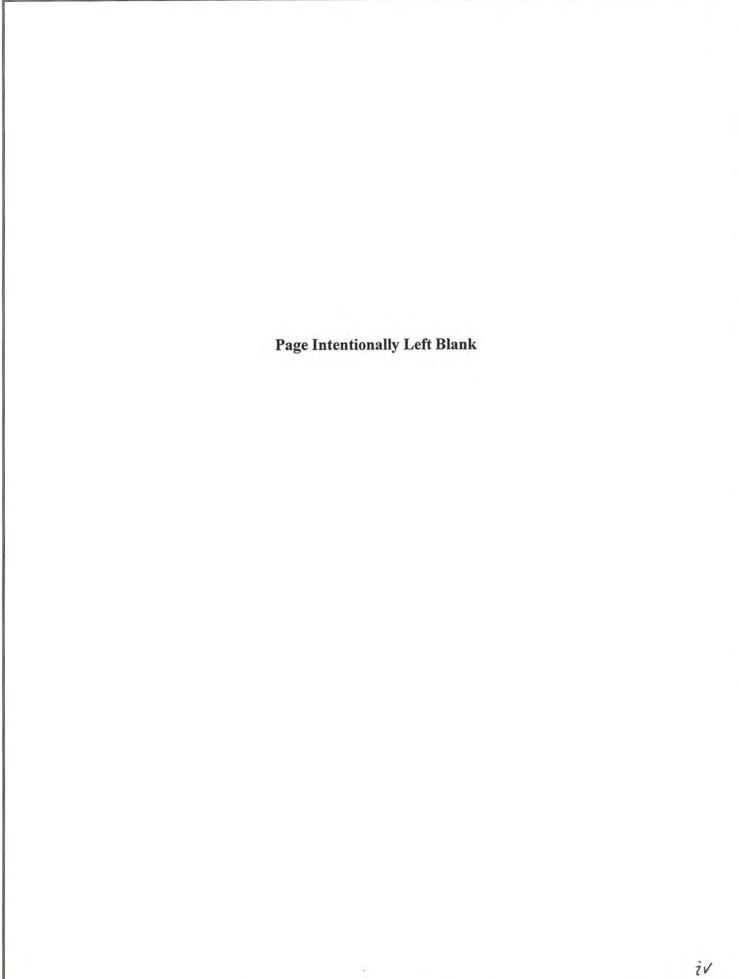


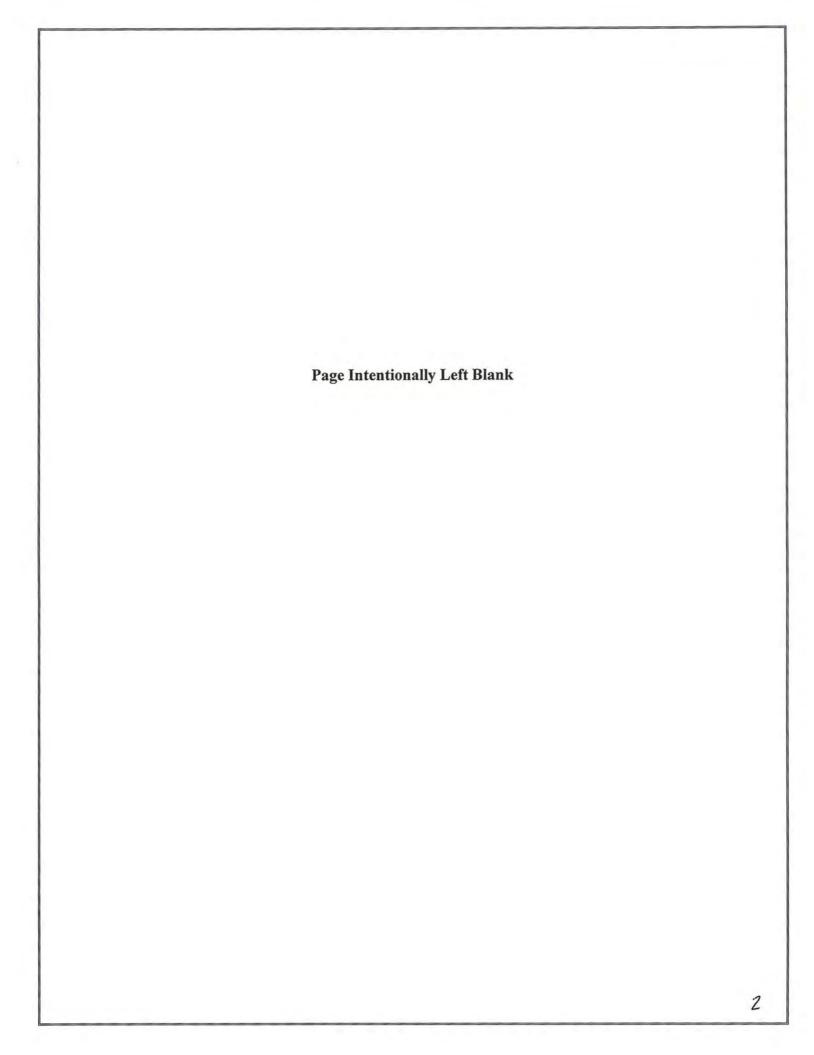
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10.3. Provide a separate section for each service proposed. Each section must contain a Budget Form and the appropriate Budget Supplemental Form for the service proposed to establish the reasonableness of the proposed service cost.

Supervised Residential Services



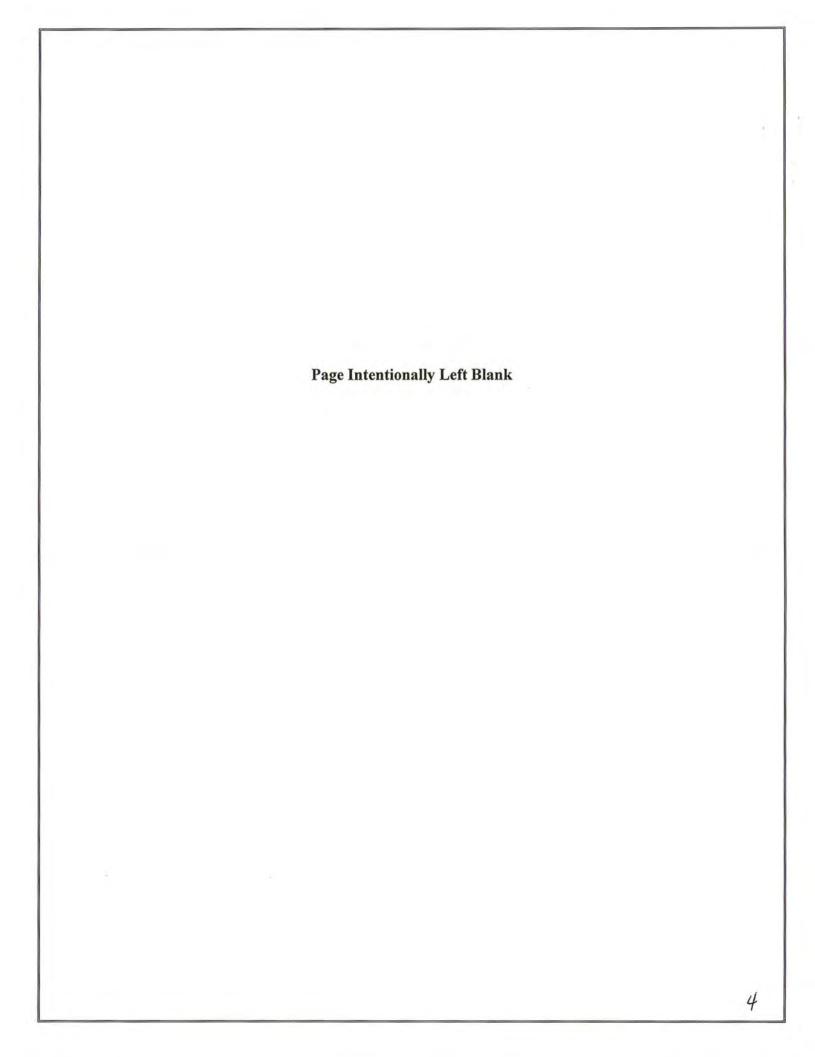
Budget Form for <u>(Supervised Residential Intensive Program)</u> Provide one budget for each service level proposed

EXPENSES

A. DIRECT PERSONNEL COSTS: Provide labor classifications and the average hourly rate which will be paid each classification expected to work on this service level. Do not include employee names.	ESTIMATED HOURS/WEEK	HOURLY RATE	ESTIMATED COST/YEAR
Project Director On Site & On Call - 1 FTE	40	27.88	57,990
Mental Health Counselor III - 1 FTE	40	25.85	53,768
Mental Health Counselor II - 1 FTE	40	23.48	48,838
Mental Health Counselor I's - 7 FTE'S	280	20.17	293,675
Assistant Mental Health Counselor - 1 FTE	40	20.17	41,998
Overnight Counselors - 3 FTE'S	120	18.16	113,298
TOTAL PERSONNEL COSTS			609,568
B. OTHER DIRECT COSTS: Use the categories below as appropriate			ESTIMATED COST/YEAR
Rent/Mortgage			82,800
Space Utilities/Maintenance			41,497
Program Costs			\$
Financial Services-Audit			5,000
Consultants			130
Insurance			16,352
Equipment Purchase/Lease			
Supplies			8,312
Food			34,675
Telecommunications			13,600
Printing/Copying	3		\$
Postage			\$
Training			4,200
Vehicles			
Vehicle Maintenance			1,650
Software Purchase/License			\$
Other (Stoff Mileage)			3,315
			\$
TOTAL OTHER DIRECT			211,531
C. INDIRECT COSTS: Specify Indirect Cost Categories (fringe benefits, payroll taxes, administrative expenses, etc.)	RATE (%)	X BASE	ESTIMATED COST/YEAR
Payroll Taxes	7.65	609,568	46,632
Retirement, Health, Life & Dental Insurance	20	609,568	121,366
Administrative Expenses	15	989,096	148,364
TOTAL INDIRECT COSTS			316,362
TOTAL EXPENSES (A+B+C)			1,137,461

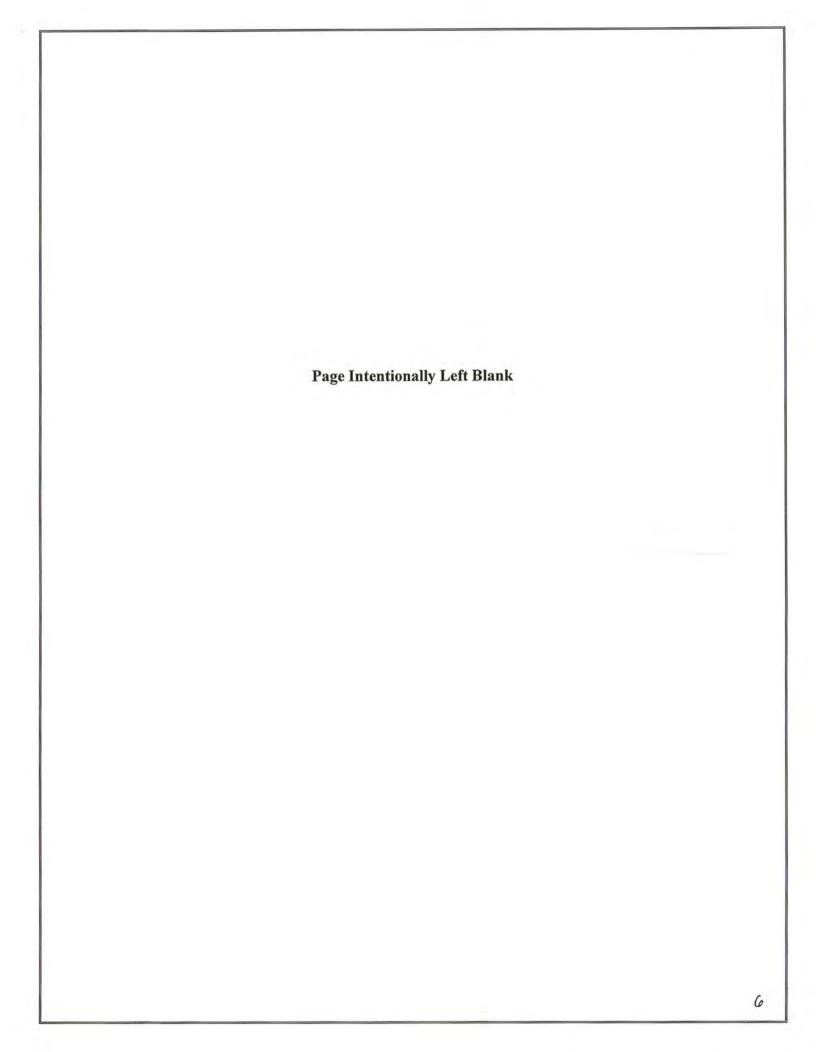
REVENUE

REVENUE CATEGORIES: Use the categories below as appropriate			ESTIMATED REVENUE/YEAR
Service Contract Payments			\$
Fund Raising/Donations			\$
Client Fees	19 clients	\$350 per month	79,800
Client Benefits	V. T.		\$
Medicaid/Medicare	800 annual units	\$91.00 per unit	72,800
Federal/State			\$
Other (Please specify)			\$
			\$
TOTAL REVENUE			152,600



Supplemental Budget Form for Supervised Residential Intensive Program - Annual Itemized Expenses by Site

Combined Program Budget for providing housing and services to: 8 men at 7031 Calamo Street, Springfield; 8 women 6515 Terry Drive, Springfield; 3 Clients in Townhome in Springfield COMBINED TOTAL OF 19 CLIENTS	7031 Colomo Street-8 person, Springfield; 6515 Terry Drive-8 person, Springfield; 1- 3bedroom-3 person Home, Springfield (to be Acquired); TOTAL SERVED 19 CLIENTS	TOTAL
A. PERSONNEL COSTS: Provide labor classifications and the annual salary cost for each classification expected to work at each site. Do not include employee names.		
Project Director On Site & On Call - 1 FTE	57,990	57,990
Mental Health Counselor III - 1 FTE	53,768	53,768
Mental Health Counselor II - 1 FTE	48,838	48,838
Mental Health Counselor I's - 7 FTE'S	293,675	293,675 41,998
Assistant Mental Health Counselor - 1 FTE Overnight Counselors - 3 FTE'S	41,998 113,298	113,298
TOTAL PERSONNEL COSTS	609,567	609,567
B. DIRECT COSTS: Use the categories below as appropriate and show how direct costs would be allocated across sites	82,800	82,800
Rent/Mortgage Space Utilities/Maintenance	41,497	41,497
Program Costs	41,437	41,437
Financial Services-Audit	5,000	5,000
Consultants	130	130
Insurance	16,352	16,352
Equipment Purchase/Lease		-
Supplies	8,312	8,312
Food	34,675	34,675
Telecommunications	13,600	13,600
Printing/Copying		
Postage		•
Training	4,200	4,200
Vehicles		
Vehicle Maintenance	1,650	1,650
Software Purchase/License	7415	
Other -Staff Mileage	3,315	3,315
TOTAL DIRECT COSTS	211,531	211,531
C. INDIRECT COSTS: Specify Indirect Cost Categories (fringe benefits, payroll taxes, administrative expenses, etc.) and show how indirect costs would be allocated across sites		
Payroll Taxes	46,632	46,632
Retirement, Health, Life & Dental Insurance	121,366	121,366
Administrative Expenses	148,364	148,364
TOTAL INDIRECT COSTS	316,362	316,362
TOTAL OPERATING COSTS (A + B + C)	1,137,460	1,137,460
D. START-UP COSTS:		
Furnishings - for one three bedroom home	7,675	7,675
Site Modifications		
Other (Please specify)		
TOTAL START-UP COSTS	7,675	7,675
TOTAL EXPENSES (Operating + Start-Up)	1,145,135	1,145,135
PROPOSED BED DAY RATE FOR ALL SUPERVISED RESIDENTIAL SERVICES-Does not include Start-Up Costs		164.02

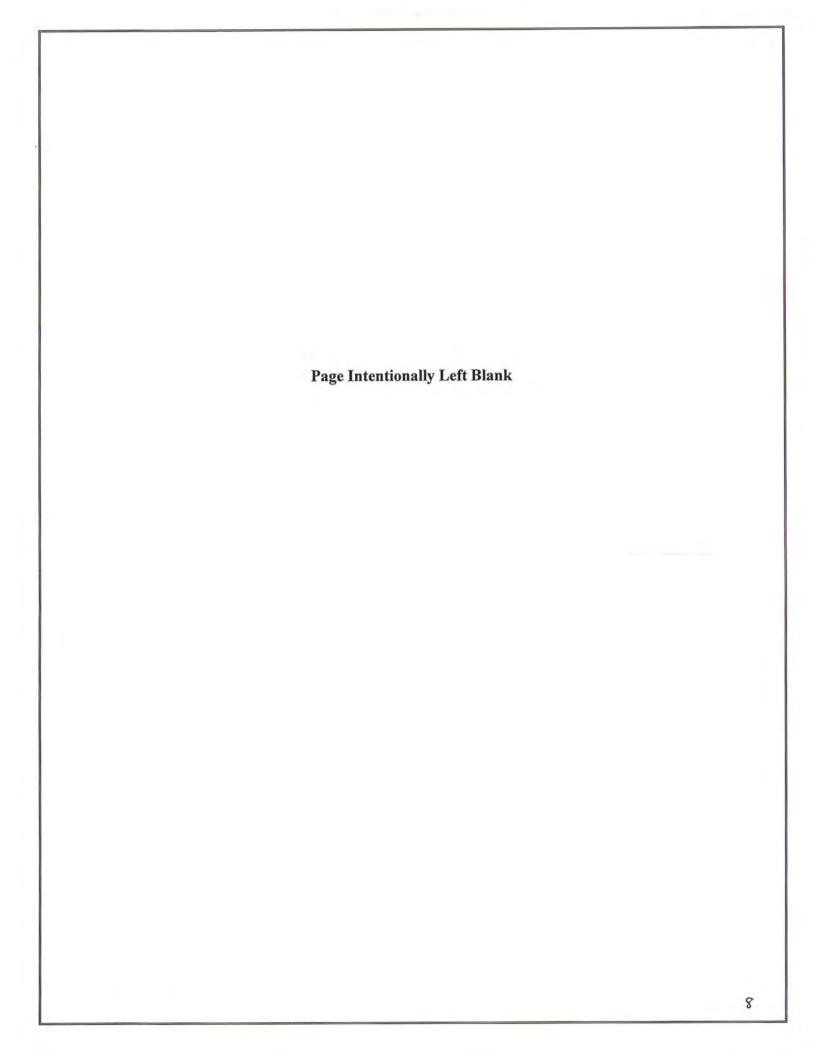


Budget Form for (Supervised Residential Services)

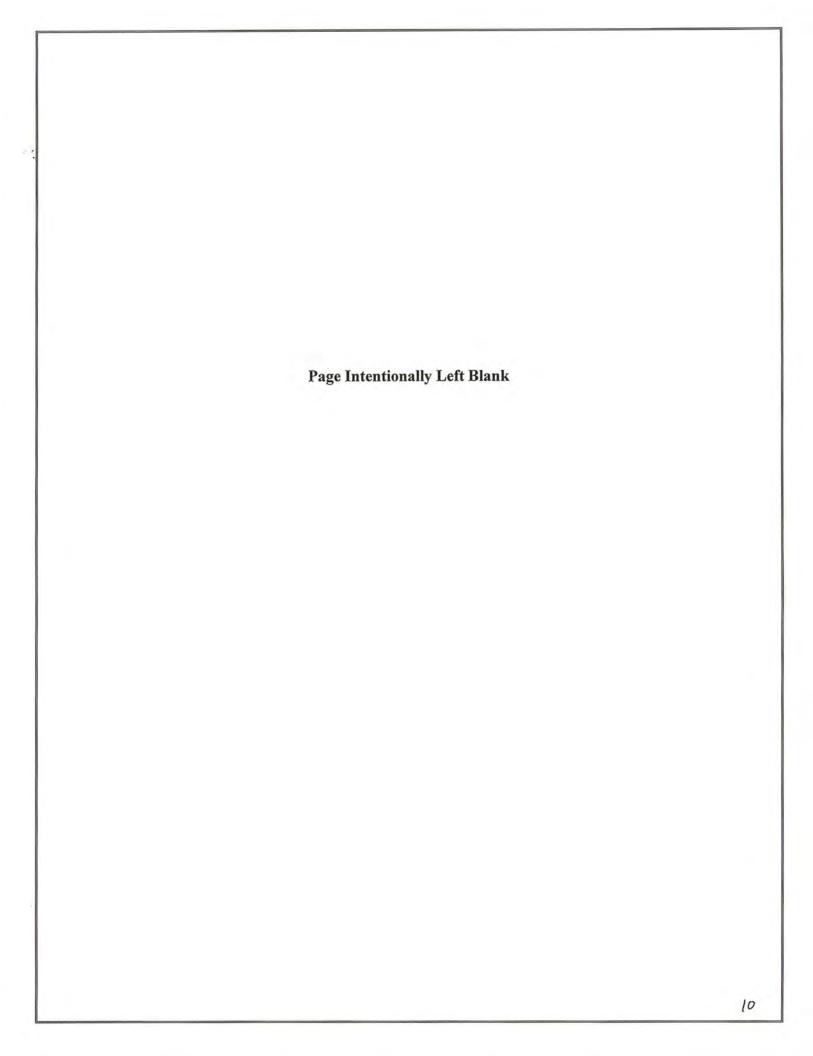
Provide one budget for each service level proposed

EXPENSES

A. DIRECT PERSONNEL COSTS:	ESTIMATED HOURS/WEEK	HOURLY RATE	ESTIMATED COST/YEAR
Provide labor classifications and the average hourly			for 24 CLIENTS IN 8 3-
rate which will be paid each classification expected			BEDROOM HOMES
to work on this service level. Do not include			
Project Director on Site & On Call	28		40,640
Mental Health Counselor II	160	23	195,352
TOTAL PERSONNEL COSTS			235,992
B. OTHER DIRECT COSTS: Use the			
categories below as appropriate			ESTIMATED COST/YEAR
Rent/Mortgage	E		220,800
Space Utilities/Maintenance			81,200
Program Costs			\$
Financial Services-Audit			10,000
Consultants			\$
Insurance			9,440
Equipment Purchase/Lease			17,240
Supplies			2,000
Food			\$
Telecommunications			14,400
Printing/Copying			\$
Postage			\$
Training			2,400
Vehicles			\$
Vehicle Maintenance			\$
Software Purchase/License			\$
Other - Staff Mileage			20,000
			\$
TOTAL OTHER DIRECT			377,480
	RATE (%)	X BASE	ESTIMATED COST/YEAR
C. INDIRECT COSTS: Specify Indirect			The transfer of the second of the second
Cost Categories (fringe benefits, payroll taxes,			
administrative expenses, etc.)			
Payroll Taxes	7.65	235,992	18,056
Retirement, Health, Dental & Life Insurance	0.2	235,992	47,200
Administrative Expenses	15		101,808
		070,720	
TOTAL INDIRECT COSTS			167,064
TOTAL EXPENSES (A+B+C)			780,536
REVENUE			
REVENUE CATEGORIES: Use the			
categories below as appropriate			ESTIMATED REVENUE/YEAR
Service Contract Payments			\$
Fund Raising/Donations			\$
Client Fees			57,600
Client Benefits			\$
Medicaid/Medicare	576 annual units	\$91.00 per unit	52,416
Federal/State		1- mine par william	\$
Other (Please specify)			\$
			\$
TOTAL REVENUE			110,016

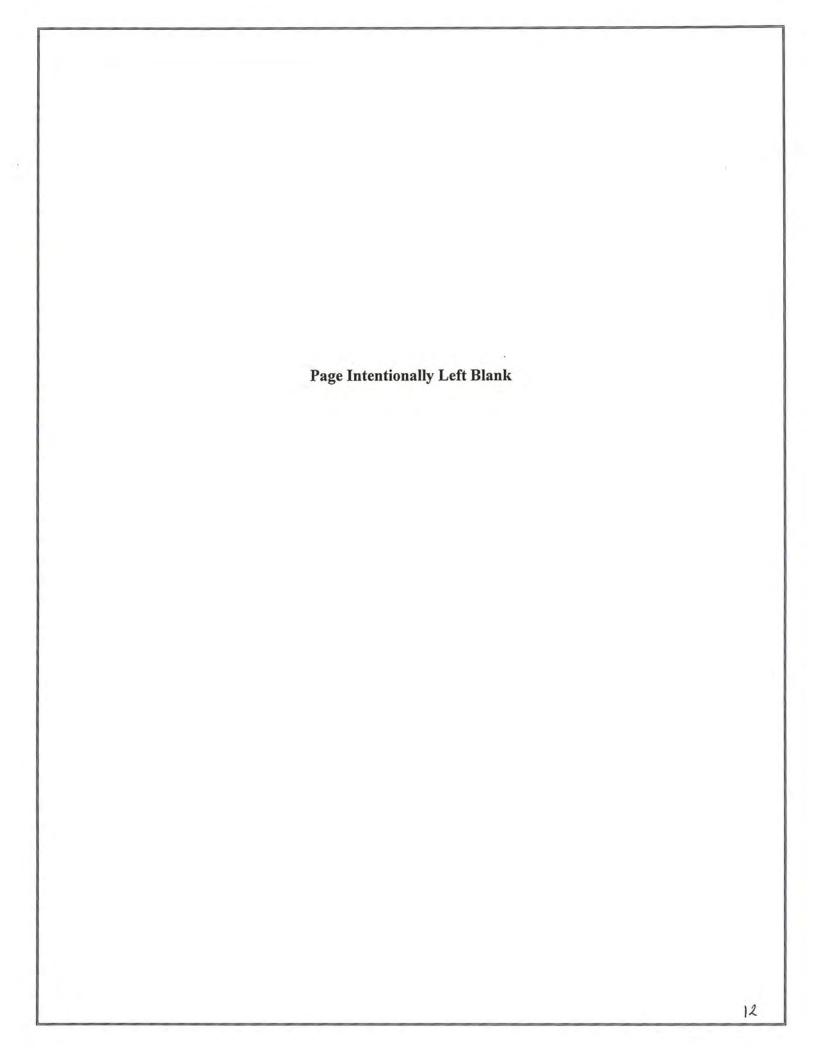


	5626 Sheldon Drive, Alexandria 1-3 bedroom single family home for men	6215 Pioneer Drive, Springfield 1-3 bedroom single family home for women	2201 Huntington Avenue, Alexandria 1-3 bedroom townhome for women	2203 Huntington Avenue, Alexandria 1-3 bedroom townhome for men	2303 Mary Baldwin Drive, Alexandria 1-3 bedroom townhome for men	2305 Mary Baldwin Drive, Alexandria 1-3 bedroom townhome for women	1-3 bedroom home -to be acquired	1-3 bedroom home -to be acquired	TOTAL 24 CLIENTS
A. PEKSUNNEL COS IS: Provide labor classifications and the annual salary cost for each classification expected to work at each site. Do not include employee names.									
Project Director On Site & On Call	5,080	5,080	5,080	5,080	5,080	5,080	5,080	5,080	40,640
Mental Health Counselor II5 FTE	24,419	24,419	24,419	24,419	24,419	24,419	24,419	24,419	195,352
	/	34.55	7.4.5						
TOTAL PERSONNEL COSTS	29,499	29,499	29,499	29,499	29,499	29,499	29,499	29,499	235,992
B. DIRECT COSTS: Use the categories below as appropriate and show how direct costs would be allocated across sites									
Rent/Mortgage	27,600	27,600			27,600			27,600	220,800
Space Utilities/Maintenance Program Costs	10,150	10,150	10,150	10,150	10,150	10,150	10,150	10,150	81,200
Financial Services-Audit	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	10,000
Consultants	1,250	1,230	1,250	1,250	1,250	1,230	1,230	1,250	10,000
Insurance	1,180	1,180	1,180	1,180	1,180	1,180	1,180	1,180	9,440
Equipment Purchase/Lease	2,155	2,155	2,155		2,155			2,155	17,240
Supplies	250				250				2,000
Food									-
Telecommunications	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	14,400
Printing/Copying									
Postage									
Training	300	300	300	300	300	300	300	300	2,400
Vehicles									
Vehicle Maintenance									
Software Purchase/License									
Other -Staff Mileage	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	20,000
TOTAL DIRECT COSTS	47.405	47.105	47.105	47.105	47.105	47.105	47.105	47,185	277 497
TOTAL DIRECT COSTS	47,185	47,185	47,185	47,185	47,185	47,185	47,185	47,185	377,480
C. INDIRECT COSTS: Specify Indirect Cost Cotegories (fringe benefits, payroll taxes, administrative expenses, etc.) and show how indirect costs would be allocated across sites	2257	1 2257	2257	2 277	2 257	2257	2,257	2,257	19.056
Payroll Taxes	2,257								18,056
Retirement, Health, Life & Dental Insurance	5,900								47,200
Administrative Expenses	12,726								101,808
TOTAL INDIRECT COSTS	20,883	20,883			20,883				167,064
TOTAL OPERATING COSTS (A + B + C)	97,567	97,567	97,567	97,567	97,567	97,567	97,567	97,567	780,536
بدأك تتخفيف المنتق									
D. START-UP COSTS:						1		2,000	
Furnishings- for each three bedroom home							7,675	7,675	15,350
Site Modifications									-
Other (Please specify)				-					
TOTAL START-UP COSTS							7,675	7,675	15,350
TOTAL EXPENSES (Operating + Start-Up)	97,567	97,567	97,567	97,567	97,567	97,567			795,886



10.3. Provide a separate section for each service proposed. Each section must contain a Budget Form and the appropriate Budget Supplemental Form for the service proposed to establish the reasonableness of the proposed service cost.

Supportive Residential Services



Budget Form for <u>(Supportive Residential Services/Supported Living)</u>

Provide one budget for each service level proposed

EXPENSES

A. DIRECT PERSONNEL COSTS: Provide labor classifications and the average hourly rate which will be paid each classification expected to work on this service level. Do not include	ESTIMATED HOURS/WEEK	HOURLY RATE	ESTIMATED COST/YEAR
Mental Health Counselor II	30	23.48	36,629
		\$	\$
TOTAL PERSONNEL COSTS			36,629
B. OTHER DIRECT COSTS: Use the			
categories below as appropriate			ESTIMATED COST/YEAR
Rent/Mortgage			\$
Space Utilities/Maintenance			\$
Program Costs			\$
Financial Servcies			\$
Consultants			\$
Insurance			600
Equipment Purchase/Lease			\$
Supplies			1,200
Food			\$
Telecommunications) = = = = = =	660
Printing/Copying			\$
Postage			\$
Training			500
Vehicles			\$
Vehicle Maintenance			\$
Software Purchase/License			\$
Other: Staff Mileage			6,500
o and one of the original of t			\$
TOTAL OTHER DIRECT			9,460
C. INDIRECT COSTS: Specify Indirect Cost Categories (fringe benefits, payroll taxes, administrative expenses, etc.)	RATE (%)	X BASE	ESTIMATED COST/YEAR
Payroll Taxes	7.65	36629	2,802
Health, Life, Dental, Retirement	20	36629	7,325
Administrative Overhead	15	56216	8,432
			\$
TOTAL INDIRECT COSTS			18,559
TOTAL EXPENSES (A+B+C)			64,648

REVENUE

KEVEROL			
REVENUE CATEGORIES: Use the categories below as appropriate			ESTIMATED REVENUE/YEAR
Service Contract Payments			\$
Fund Raising/Donations			\$
Client Fees			\$
Client Benefits			\$
Medicaid/Medicare	300 annual units	\$91.00 per unit	27,300
Federal/State			\$
Other (Please specify)			\$
			\$
TOTAL REVENUE			27,300

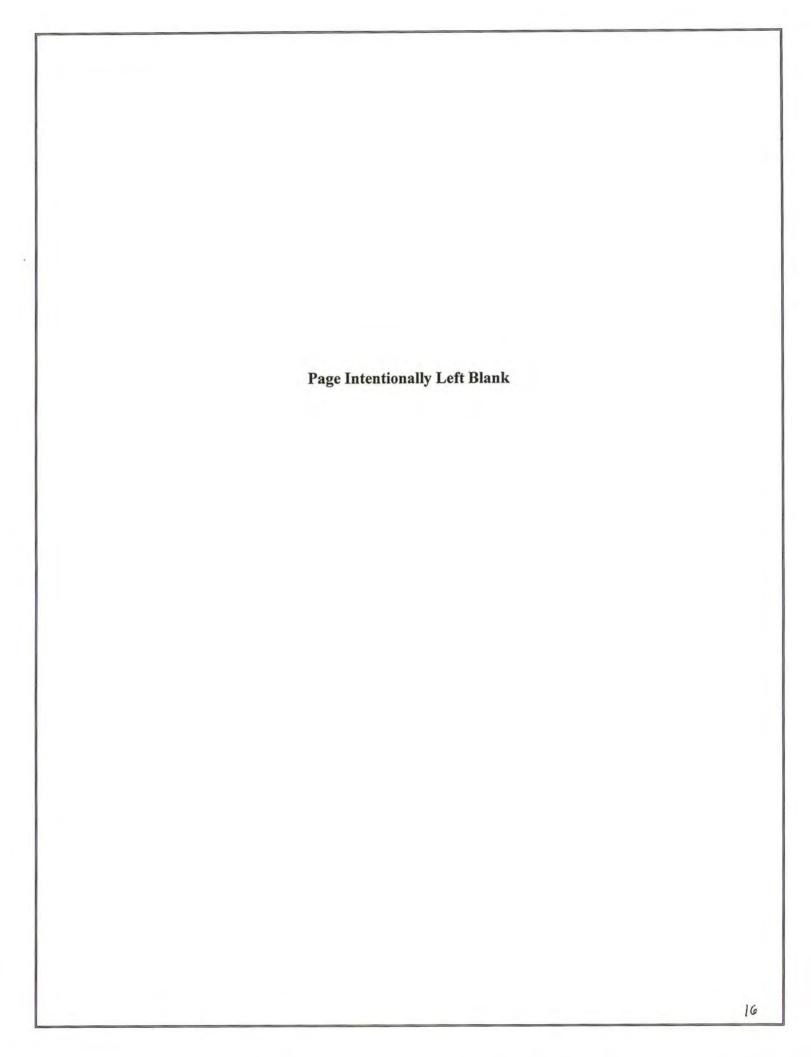


N

RFP2000002064 Appendix B

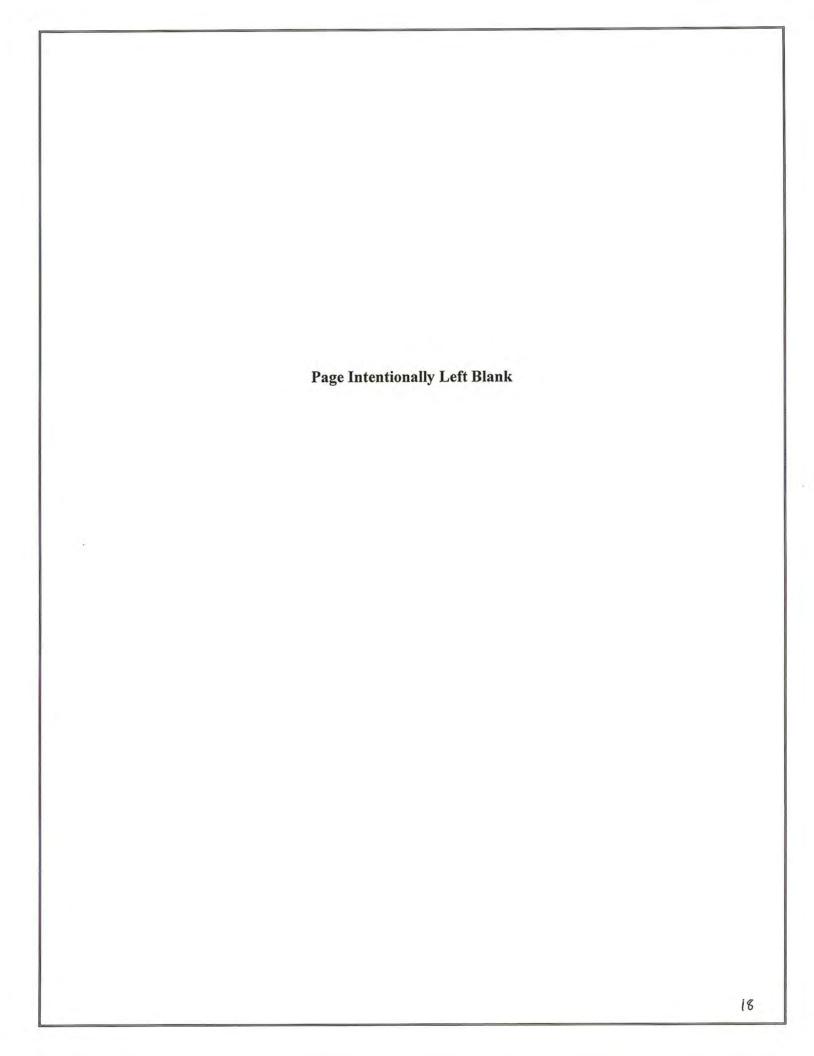
Supplemental Budget Form for Supportive Residential Services/Supported Living - Service Hour Rate & Applicable Start-Up Costs

PROPOSED SERVICE HOUR RATE FOR A	LL SUPPORTIVE RE	SIDENTIAL SERVICES	\$	41.5
			ENTER STORY	
START-UP COSTS: Specify categories of start-up costs that apply to the Supportive Residential Service Model proposed.	COST	JUSTIFICATION - Provide justification and details for this category of costs		
	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL START-UP COSTS	\$0.0			



OFFEROR DATA SHEET

ADDRESS		irfax Boulevard, Suite 200
	Fairfax, V	'A 22030
DUNS NU	MBER: 19815	9618
E-MAIL AD	DRESS: cont	act@pathwayhomes.org
who would	e-mail address handle this acc	
	phone Number	
	ail Address:	lambwood@pathwayhomes.org
E-M		
	al Representati	
Fisc Tele	phone Number	: (703)876-0390 x 512
Fisc Tele		: (703)876-0390 x 512 bbrennan@pathwayhomes.org



Certification Regarding Ethics in Public Contracting

In submitting this bid or proposal, and signing below, Bidder/Offeror certifies the following in connection with a bid, proposal, or contract:

Check one:	
х	 I have not given any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal or minimal value to any public employee or official have official responsibility for a procurement transaction.
	 I have given a payment, loan, subscription, advance, deposit of money, services or anything of more than nominal or minimal value to a public employee or official have official responsibility for a procurement transaction, but I received consideration in substantially equal or greater value in exchange.
If 2 is selected, ple	ease complete the following:
Recipient:	
Date of Gift:	
Description of the	gift and its value:
Description of the	consideration received in exchange and its value:
Printed Name of	Bidder/Offeror Representative: Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC
Signature/Date:	11/21/2016
Company Name:	Pathway Homes, Inc.
Company Addres	ss: 10201 Fairfax Blvd Ste 200
City/State/Zip:	Fairfax, VA 22030-2209

This certification supplements but does not replace the requirements set forth in paragraph 64 (OFFICIALS NOT TO BENEFIT) of the General Conditions and Instructions to Bidders included in this solicitation.



VIRGINIA STATE CORPORATION COMMISSION (SCC) REGISTRATION INFORMATION

The bidder:

□ is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust -OR-

□ is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location) -OR-

□ is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why whose contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

Please check the following box if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids:



BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE

All firms located or operating in Fairfax County must obtain a Business, Professional and Occupational License (BPOL) as required by Chapter 4, Article 7, of the Code of the County of Fairfax, Virginia. In order for the Department of Tax Administration to determine your BPOL requirement prior to contract award, it is necessary for you to provide the following information:

-					
lo N	detailed description of the bu cated outside of Fairfax Coun onprofit organization providing perr erious and persistent mental illness	ty, give the percentage manent supportive housing	of work actually	to be done in the County	
•	Date business began/will be	egin work in Fairfax Co	unty		
•	Do you have an office in:	Virginia Fairfax County	☑ Yes ☑ Yes		

Complete and return this form or a copy of your current Fairfax County Business License with your proposal.



CERTIFICATION REGARDING DEBARMENT OR SUSPENSION

In compliance with contracts and grants agreements applicable under the U.S. Federal Awards Program, the following certification is required by all offerors submitting a proposal in response to this Request for Proposal:

- 1. The Offeror certifies, to the best of its knowledge and belief, that neither the Offeror nor its Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or nonprocurement programs, or are listed in the List of Parties Excluded from Federal Procurement and Nonprocurement Programs issued by the General Services Administration.
- "Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).
- The Offeror shall provide immediate written notice to the Fairfax County Purchasing Agent if, at any time prior to award, the Offeror learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the Offeror rendered an erroneous certification, in addition to other remedies available to Fairfax County government, the Fairfax County Purchasing Agent may terminate the contract resulting from this solicitation for default.

Printed Name of Representative: Sylisa Lambert-Woodard, EdD, LCSW, LSATP, MAC

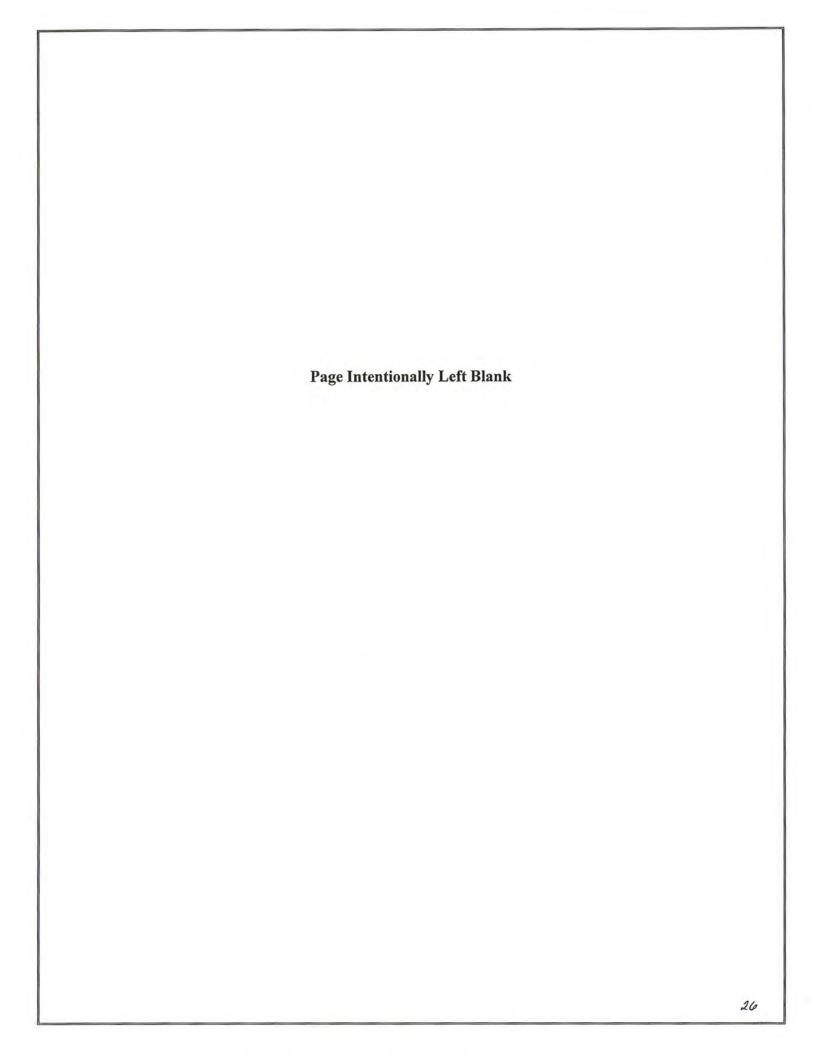
Signature/Date: 11/21/2016

Company Name: Pathway Homes, Inc.

Address: 10201 Fairfax Blvd Ste 200

City/State/Zip: Fairfax, VA 22030-2209

SSN or TIN No: 54-1041459



Listing Of Local Public Bodies

REFERENCE PARAGRAPH 31 OF THE SPECIAL PROVISIONS, "USE OF CONTRACTS BY OTHER PUBLIC BODIES." You may select those public bodies that this contract may be extended to; a "blank" will signify a "NO" response:

	Alexandria Public Schools, VA	Manassas Park, Virginia			
	Alexandria Sanitation Authority	Maryland-National Capital Park & Planning Commission			
	Alexandria, Virginia	Maryland Transit Administration			
	Arlington County, Virginia	Metropolitan Washington Airports Authority			
	Arlington Public Schools, Virginia	Metropolitan Washington Council of Governments			
	Bladensburg, Maryland	Montgomery College			
	Bowie, Maryland	Montgomery County, Maryland			
	Charles County Public Schools, MD	Montgomery County Public Schools			
	College Park, Maryland	Northern Virginia Community College			
	Culpeper County, Virginia	Omni Ride			
	District of Columbia	Potomac & Rappahannock Trans Commission			
	District of Columbia Courts	Prince George's County, Maryland			
	District of Columbia Public Schools	Prince George's County Public Schools			
	DC Water and Sewer Authority	Prince William County, Virginia			
	Fairfax County Water Authority	Prince William County Public Schools, VA			
	Fairfax, Virginia (City)	Prince William County Service Authority			
	Falls Church, Virginia	Rockville, Maryland			
	Fauquier County Government and Schools, Virginia	Spotsylvania County Schools, Virginia			
	Frederick, Maryland	Stafford County, Virginia			
	Frederick County Maryland	Takoma Park, Maryland			
	Gaithersburg, Maryland	Upper Occoquan Sewage Authority			
	Greenbelt, Maryland	Vienna, Virginia			
	Herndon, Virginia	Virginia Railway Express			
	Leesburg, Virginia	Washington Metropolitan Area Transit Authority			
	Loudoun County, Virginia	Washington Suburban Sanitary Commission Winchester, Virginia			
	Loudoun County Public Schools				
	Loudoun County Sanitation Authority	Winchester Public Schools			
	Manassas, Virginia				
- 3	Manassas City Public Schools, Virginia				

Complete and return this form with your proposal.

Pathway Homes, Inc.

Vendor Name





COUNTY OF FAIRFAX DEPARTMENT OF PURCHASING & SUPPLY MANAGEMENT SMALL AND MINORITY BUSINESS ENTERPRISE PROGRAM

12000 Government Center Parkway, Suite 427 Fairfax, Virginia 22035-0013

Fax: 703-324-3228

SUBCONTRACTOR (S) NOTIFICATION FORM

Contract Number/Title:	-					
Prime Contractors Nan	ne:					
Prime Contractor's Cla	ssification:					
You are required to provide subcontractor (ref. paragraph Please check here if you ar	30, Special Provisions).	Please com	s, anticipated aplete this for	d dollar amou m and return it	nt and small/minority classi with your submission.	fication of each first-t
SUBCONTRACTOR(S) NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	ANTICIPATED DOLLAR AMOUNT	VENDOR CLASSIFICATION

Complete and return this form with your proposal.

