

## McMahon, Mary

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**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Tuesday, April 25, 2017 9:31 AM  
**To:** McMahon, Mary  
**Subject:** RE: Negotiation Issue RE: RFP2000002064  
**Attachments:** PRS, Inc. - 4th Round of Negotiations.doc

Good morning Mary!

Yes PRS interested in a primary award for this service with the understanding that a secondary award will also be made. PRS understands that only if for some reason, PRS is not able to serve additional referrals within the time periods negotiated (PRS response dated March 14, 2017, items numbered 13, 14, and 15), the County will refer individuals to the secondary awardee.

Please confirm receipt.

Thank you for this opportunity.

Wendy Gradison

Wendy Gradison, LCSW  
President and CEO  
**PRS, Inc.**  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)  
[www.prsinc.org](http://www.prsinc.org)

United Way #8466 | CFC #47403



PRS exists so that individuals living with mental illness, substance use disorders, mild intellectual disabilities, autism spectrum disorders, and anyone who faces life crises can achieve safety, personal wellness, recovery and community integration. PRS services are provided throughout northern Virginia and in the District of Columbia.

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**From:** McMahon, Mary [<mailto:Mary.McMahon@fairfaxcounty.gov>]  
**Sent:** Tuesday, April 25, 2017 8:17 AM  
**To:** Wendy Gradison  
**Subject:** Negotiation Issue RE: RFP2000002064

Good morning, Wendy,

Attached please find a letter with a negotiation issue regarding RFP2000002064, for Residential Treatment Services. Your response is requested by 10:00 AM tomorrow, April 26, 2017. Please contact me if you have any questions.

Thank you,  
*Mary*

**Mary R. McMahon, CPPB, Contract Specialist Supervisor** | 703-324-3280 | [mary.mcmahon@fairfaxcounty.gov](mailto:mary.mcmahon@fairfaxcounty.gov)  
**Dept. of Procurement & Material Management** | 12000 Government Center Parkway, Suite 427, Fairfax, VA 22035

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## Williams, Linda

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**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Friday, April 7, 2017 10:16 AM  
**To:** Williams, Linda  
**Subject:** RE: RFP2000002064, Residential Treatment Services/response  
**Attachments:** PRS Appendix B 2000002064 Budget Forms FINAL NEGOTIATED.XLSX

Linda – attached is our revised cost proposal. Please note that there are two tabs.

Below are our proposed performance targets for a) and c):

- a) The percentage in your proposal was “70% of clients use coping skills and behavioral strategies to manage psychiatric symptoms, and/or behavioral challenges”. The County seeks a realistic but higher performance accountability standard of 80%. Is this acceptable?

PRS agrees to the standard of 80% if the county recognizes what PRS assesses as the “contemplation” stage of change to be included in our measurement of this metric.

- c) The County notes that “engage in structured day-time activities” was added by the County to this Performance Accountability Metric. Prior to this addition, your proposal was “25% of clients are employed, volunteer and/or take classes in formal education (e.g. GED, degree coursework, professional development, etc.)”. The County seeks a realistic but higher performance accountability standard. Given the addition of “structured day-time activity”, what percentage does the offeror believe is realistic?

With the additional clarification provided by the County below, which are intended to be examples and not a full list of acceptable day activities, PRS proposes 80% of clients served will engage in structured day time activities.

- Developing and/or engaging in a hobby
- Developing and/or engaging in routine exercise
- Ad hoc volunteering within the local community
- Participating in a day support program for individuals with disabilities
- Participating in social clubs
- Limited or Part-time employment or structured volunteering
- More than Part-time employment

Please confirm receipt.

Many thanks!

Wendy

Wendy Gradison, LCSW  
President and CEO  
PRS, Inc.  
1761 Old Meadow Road  
McLean, VA 22102

(703) 531-6300  
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[www.prsinc.org](http://www.prsinc.org)

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**From:** Williams, Linda [<mailto:Linda.Williams@fairfaxcounty.gov>]  
**Sent:** Thursday, April 06, 2017 11:52 AM  
**To:** Wendy Gradison  
**Subject:** RE: RFP2000002064, Residential Treatment Services

Ms. Gradison,

Attached is the summary of negotiations for your acceptance.

Thank you,

Linda Williams, CPPB  
Contract Specialist II  
Fairfax County  
Dept. of Procurement and Material Management (DPMM)  
12000 Government Center Parkway  
Suite 427  
Fairfax, VA 22035  
Office: 703-324-8427  
Fax: 703-324-3228

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**Budget Form for (Insert Service Level Proposed)**

Provide one budget for each service level proposed

**EXPENSES**

<b>A. DIRECT PERSONNEL COSTS:</b> <i>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.</i>	<b>ESTIMATED HOURS/WEEK</b>	<b>HOURLY RATE</b>	<b>ESTIMATED COST/YEAR</b>
Direct Service Staff	44	\$ 21.60	\$ 49,420.80
Clinical Supervision	2	\$ 26.15	\$ 2,719.60
<b>TOTAL PERSONNEL COSTS</b>			\$ 52,140.40
<b>B. OTHER DIRECT COSTS:</b> <i>Use the categories below as appropriate</i>			<b>ESTIMATED COST/YEAR</b>
Rent/Mortgage			\$
Space Utilities/Maintenance			\$
Program Costs			\$
Financial Services			\$
Consultants			\$
Insurance			\$ 1,042.81
Equipment Purchase/Lease			\$
Supplies			\$
Food			\$
Telecommunications			\$ 565.00
Printing/Copying			\$
Postage			\$
Training			\$
Vehicles (Mileage)			\$ 2,640.00
Vehicle Maintenance			\$
Software Purchase/License			\$
<i>Other (Please specify)</i>			\$
			\$
<b>TOTAL OTHER DIRECT</b>			\$ 4,247.81
<b>C. INDIRECT COSTS:</b> <i>Specify Indirect Cost Categories (fringe benefits, payroll taxes, administrative expenses, etc.)</i>	<b>RATE (%)</b>	<b>X BASE</b>	<b>ESTIMATED COST/YEAR</b>
Fringe Benefits	20.00%	\$ 52,140.40	\$ 10,428.08
Payroll Taxes	7.65%	\$ 52,140.40	\$ 3,988.74
Administrative Expenses	15.00%	\$ 52,140.40	\$ 7,821.06
<b>TOTAL INDIRECT COSTS</b>			\$ 22,237.88
<b>TOTAL EXPENSES (A+B+C)</b>			\$ 78,626.09

**REVENUE**

<b>REVENUE CATEGORIES:</b> <i>Use the categories below as appropriate</i>			<b>ESTIMATED REVENUE/YEAR</b>
Service Contract Payments			\$
Fund Raising/Donations			\$ 10,000.00
Client Fees			\$
Client Benefits			\$
Medicaid/Medicare			\$
Federal/State			\$
<i>Other (Please specify)</i>			\$
			\$
<b>TOTAL REVENUE</b>			\$ 10,000.00

Supplemental Budget Form for Supportive Residential Services - Service Unit Rate & Applicable Start-Up Costs

PROPOSED SERVICE UNIT RATE FOR ALL SUPPORTIVE RESIDENTIAL SERVICES			\$	81.00
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		
	\$			
	\$			
	\$			
	\$			
	\$			
<b>TOTAL START-UP COSTS</b>	\$	-		

## Williams, Linda

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**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Thursday, April 6, 2017 12:01 PM  
**To:** Williams, Linda  
**Subject:** RE: RFP2000002064, Residential Treatment Services  
**Attachments:** SKM\_554e17040611100.pdf

Hi Linda! Thank you very much for the summary. Attached is our signed acceptance of the summary.

Can you confirm receipt? Sorry to always ask this. I do because one time a few years ago we thought we had sent in a proposal that allowed it to be sent electronically – it was in OUR sent emails (this wasn't to Fairfax but to another organization) and they never got it. So now I am super cautious.

Thanks!

Wendy

Wendy Gradison, LCSW  
President and CEO  
PRS, Inc.  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)  
[www.prsinc.org](http://www.prsinc.org)

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**From:** Williams, Linda [mailto:Linda.Williams@fairfaxcounty.gov]  
**Sent:** Thursday, April 06, 2017 11:52 AM  
**To:** Wendy Gradison  
**Subject:** RE: RFP2000002064, Residential Treatment Services

Ms. Gradison,

Attached is the summary of negotiations for your acceptance.

Thank you,

Linda Williams, CPPB  
Contract Specialist II  
Fairfax County  
Dept. of Procurement and Material Management (DPMM)  
12000 Government Center Parkway  
Suite 427  
Fairfax, VA 22035  
Office: 703-324-8427  
Fax: 703-324-3228

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# County of Fairfax, Virginia

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

**SENT VIA EMAIL ON APRIL 6, 2017 TO THE ATTENTION OF WENDY GRADISON**

PRS, Inc.  
1761 Old Meadow Rd.  
Suite 100  
McLean, VA 22102

Attention: Wendy Gradison, President and CEO

Reference: RFP2000002064, Residential Treatment Services

Dear Ms. Gradison:

The following is a summary from the face-to-face negotiation meeting held with your firm on April 5, 2017. Please review this summary and, if acceptable please sign the acceptance portion of this letter and return to my attention. The County and offeror discussed the following negotiation issues:

1. The County acknowledged they received PRS, Inc. proposed rated of \$81.00 per unit.
2. In question #6 of your response dated 3/21/17, you stated: "PRS respectfully requests that the County provide its current baseline data for clients to be served in [Performance Accountability Metrics] a) and c). PRS asks because in our years of experience with the population to be served, we believe that the targets are not realistic for a) and c)."

County Response: a) The percentage in your proposal was "70% of clients use coping skills and behavioral strategies to manage psychiatric symptoms, and/or behavioral challenges". The County seeks a realistic but higher performance accountability standard of 80%. Is this acceptable?

c) The County notes that "engage in structured day-time activities" was added by the County to this Performance Accountability Metric. Prior to this addition, your proposal was "25% of clients are employed, volunteer and/or take classes in formal education (e.g. GED, degree coursework, professional development, etc.)". The County seeks a realistic but higher performance accountability standard. Given the addition of "structured day-time activity", what percentage does the offeror believe is realistic?

Please come prepared on April 5th to address the percentages for a) and c).

---

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

Website: [www.fairfaxcounty.gov/dpmm](http://www.fairfaxcounty.gov/dpmm)  
Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

PRS's Response at the face-to-face meeting: PRS wants the County to tell them how they want these measured.

County's Response at the face-to-face meeting: County will provide PRS additional information for metrics a) and c). See below for County's response:

The County is seeking to track client's engagement in coping skills and participation in meaningful day activities. Engagement in coping skills and meaningful day activities allow individuals the opportunity to achieve a positive presence in the community, and exercise choice in developing healthy structured daily routines. These factors are associated with an increase in life satisfaction and have been shown to reduce other negative symptoms in individuals with mental illness.

The list below is intended to be examples and not a full list of acceptable day activities:

- Developing and/or engaging in a hobby
- Developing and/or engaging in routine exercise
- Ad hoc volunteering within the local community
- Participating in a day support program for individuals with disabilities
- Participating in social clubs
- Limited or Part-time employment or structured volunteering
- More than Part-time employment

3. PRS will submit a revised performance targets for (a) and (c) referenced above.

4. The County would like PRS to submit a revised cost proposal.

Please provide your signed acceptance of this summary of negotiations by 9:00 a.m. April 7, 2017 and a response to questions 3 and 4, by 10:00 a.m. on April 10, 2017. You may e-mail the documents back to me via e-mail at: [linda.williams@fairfaxcounty.gov](mailto:linda.williams@fairfaxcounty.gov) or fax to: 703-324-3228. Should have any questions, please contact me at 703-324-8427.

Sincerely,

Linda Williams, CPPB  
Contract Specialist II

ACCEPTANCE:

BY:

Wendy Gradison  
Signature

President and CEO  
Title

Wendy Gradison  
Printed

4-6-17  
Date



## Williams, Linda

---

**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Thursday, March 30, 2017 2:00 PM  
**To:** Williams, Linda  
**Subject:** RE: 2000002064, Residential Treatment Services/Service Unit Rate

Hi Linda! In response to the following:

**Please propose a new Service Unit Rate by 2:00 p.m. on April 3, 2017.**

PRS proposes a service unit rate of \$81.00 per unit.

Please confirm receipt.

Thanks!

Wendy

Wendy Gradison, LCSW  
President and CEO  
PRS, Inc.  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)  
[www.prsinc.org](http://www.prsinc.org)

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**From:** Williams, Linda [mailto:Linda.Williams@fairfaxcounty.gov]  
**Sent:** Tuesday, March 28, 2017 1:27 PM  
**To:** Wendy Gradison  
**Subject:** RE: 2000002064, Residential Treatment Services

Ms. Gradison,

Attached is letter scheduling face-to-face negotiations and provide a response to one of the issues prior to meeting. If you have any questions, please don't hesitate to contact me.

Thank you,

Linda Williams, CPPB  
Contract Specialist II  
Fairfax County  
Dept. of Procurement and Material Management (DPMM)  
12000 Government Center Parkway  
Suite 427  
Fairfax, VA 22035  
Office: 703-324-8427  
Fax: 703-324-3228

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## Williams, Linda

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**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Tuesday, March 21, 2017 6:57 PM  
**To:** Williams, Linda  
**Subject:** RE: RFP2000002064, Residential Treatment Services - 2nd Round of Negotiations  
**Attachments:** Residential Treatment Services Fairfax CSB Negotiation Issues 032117.docx  
**Importance:** High

Hi Linda! Attached is PRS' response to the negotiation issues outlined today. To increase the efficiency in reviewing our responses, please note that we are in full agreement with all issues, except that we have questions for #1, and #6 a) and #6 c).

In order to meet the Friday morning deadline we appreciate your earliest response. Thank you for your consideration.

Please confirm receipt.

Thanks!

Wendy

Wendy Gradison, LCSW  
President and CEO  
PRS, Inc.  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)  
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**From:** Williams, Linda [mailto:Linda.Williams@fairfaxcounty.gov]  
**Sent:** Tuesday, March 21, 2017 11:52 AM

**To:** Wendy Gradison

**Subject:** RE: RFP2000002064, Residential Treatment Services - 2nd Round of Negotiations

Ms. Gradison,

Attached is a letter with a 2<sup>nd</sup> round of negotiations. Please provide a response by 10:00 a.m. on March 24, 2017. If you have any questions, please don't hesitate to contact me.

Thank you,

Linda Williams, CPPB

Contract Specialist II

Fairfax County

Dept. of Procurement and Material Management (DPMM)

12000 Government Center Parkway

Suite 427

Fairfax, VA 22035

Office: 703-324-8427

Fax: 703-324-3228

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RFP2000002064, Residential Treatment Services  
Negotiations – PRS, Inc.

1. In question #2 of your response dated 3/24/17, you asked: "Is Fairfax County requesting that offeror provide a new proposed unit rate that would represent what we would bill Fairfax County for a unit equal to service duration of between 1.0 to 2.99 hours, regardless of the actual duration of service provided as long as it falls within 1.0 to 2.99 hours?"

County Response: Yes. The County is seeking confirmation from PRS, Inc. that they agree to a Service Unit equaling 1.0 – 2.99 hours and, if PRS, Inc. agrees, the County requests that PRS, Inc. propose a new Service Unit rate based on this agreement.

PRS confirms that we agree to a Service Unit equaling 1.0 – 2.99 hours. However, before PRS can propose a new Service Unit rate that covers our costs, PRS would like to know the following:

- Of the current clients being served in this project, PRS needs a breakdown of the hours of service actually being provided by staff. To that end, what % of services are provided in one hour? What % of services are provided in 1 – 2 hours? What % of services are provided in 2 – 2.99 hours? What % of services are provided in increments greater than 3 hours?
- Does PRS have the authority to determine how many "hours" of service are provided so long as they fall at or below the maximum number outlined (no more than 2 Service Units in a 24-hour period, and no more than 8 Service Units a month per individual)?

2. In question #3 of your response dated 3/24/17, you asked: "Is Fairfax County requesting that offeror provide a new proposed unit rate that would represent what we would bill Fairfax County for two (2) units equal to a service duration of between 3.0 to 5.99 hours?"

County Response: No. If PRS, Inc. agrees that a Unit of Service for billing purposes is equal to 1.0 – 2.99 hours, then the County is asking if PRS, Inc. agrees to a second Unit of Service in the same 24-hour period equaling 3.00 – 5.99 hours. Does PRS, Inc. agree that a second Service Unit in a 24-hour period shall equal 3.00 to 5.99 hours?

PRS agrees that a Unit of Service for billing purposes is equal to 1.0 – 2.99 hours. PRS agrees that a second Unit of Service in the same 24-hour period shall equal 3.00 – 5.99 hours.

3. If more than 5.99 hours of service are needed by a client in a 24-hour period, the county requests that PRS, Inc. assess the level of care and recommend changes in the level of care, as needed. The County appreciates PRS Inc.'s agreement in question #17 in their response dated 3/24/17 to submit a recommendation to the County/NVRPO in writing for a change in level of care within 30 days of determining a change is needed. If more than 5.99 hours of service are consistently needed in a 24-hour period, does the offeror agree to assess the level of care and make recommendations, as needed?

If more than 5.99 hours of service are consistently needed in a 24-hour period, PRS agrees to assess the level of care and make recommendations, as needed.

4. PRS did not note a specific concern/question/clarification with Question #5 in their response dated 3/24/17. The County appreciates PRS, Inc.'s agreement in their response to limit the service provision and bill for no more than eight (8) Service Units in a month per individual.

If more than 8 Service Units in a month are needed by a client, the county requests that PRS, Inc. assess the level of care and recommend changes in the level of care, as needed. The County appreciates PRS Inc.'s agreement in Question #17 in their response dated 3/24/17 to submit a recommendation to the County/NVRPO in writing for a change in level of care within 30 days of determining a change is needed. If more than 8 Service Units are consistently needed in a month, does PRS, Inc. agree to assess the level of care and make recommendations, as needed?

If more than 8 Service Units are consistently needed in a month, PRS agrees to assess the level of care and make recommendations, as needed.

5. PRS did not note a specific concern/question/clarification with Question #29 in their response dated 3/24/17. The County appreciates PRS, Inc.'s agreement in their response to ensure clients have access to all prescribed medications and to exhaust all available options including PAP, generics and samples. The County also appreciates PRS Inc.'s agreement that, as part of the "billable service", access will include coordinating coverage of the cost of the medications with the CSB when medications are not covered by insurance.

Does PRS, Inc. agree that a "billable service" is synonymous with "Supportive Residential Service" and "Mental Health Skill Building" and is billed to the County by the Service Unit measurements agreed to in questions 1-4 above?

PRS agrees that a "billable service" is synonymous with "Supportive Residential Service" and "Mental Health Skill Building" and is billed to the County by the Service Unit measurements agreed to in questions 1-4 above.

6. The County appreciates PRS, Inc.'s agreement to measure the Performance Accountability Metrics (Item #30 in your correspondence dated March 14, 2017). Does PRS, Inc. agree to the following annual performance targets.
  - a. 90% of clients use coping skills and behavioral strategies to manage psychiatric symptoms, and/or behavioral challenges;
  - b. 70% of clients demonstrate ability to complete basic independent living tasks;
  - c. 80% of clients are employed, volunteer, engage in structured day-time activities, and/or take classes in formal education (e.g. GED, degree coursework, professional development, etc.);
  - d. 90% of clients avoided psychiatric hospitalization in the last 12 months;
  - e. 85% of clients with co-existing medical conditions have accessed health care and followed up with recommendations of health care providers in the last 12 months;

- f. 80% of clients worked to improve their physical health and fitness in the last 12 months (by losing weight, participating in regular exercise, etc.).

PRS agrees to the targets outlined in b, d, e and f above. PRS respectfully requests that the County provide its current baseline data for clients to be served in a) and c). PRS asks because in our years of experience with the population to be served, we believe that the targets are not realistic for a) and c).

7. Does PRS, Inc. agree to invoice monthly, by the 5<sup>th</sup> day of the month, for the services provided in the previous month according to the format below?

	<b>CSB Case Manager</b>	<b>CSB Jurisdiction</b>	<b>Date of Service</b>	<b>Start Time/End Time</b>	<b># of Service Units</b>	<b># of Hours</b>
Consumer Name						
Consumer Name						

PRS agrees to invoice monthly, by the 5<sup>th</sup> day of the month, for the services provided in the previous month according to the format above.



## Williams, Linda

---

**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Tuesday, March 14, 2017 2:15 PM  
**To:** Williams, Linda  
**Subject:** PRS Response to: RFP2000002064, Residential Treatment Services - Negotiations  
**Attachments:** Residential Treatment Services Fairfax CSB Negotiation Issues 0317.docx

Hi Linda! Attached is PRS' response to the negotiation issues. To increase the efficiency in reviewing our responses, please note that we are in full agreement with all issues **except** for our concerns/questions/clarifications for # 2, 3, 4, 5 and 29.

Please confirm receipt.

Thanks!

Wendy

Wendy Gradison, LCSW  
President and CEO  
**PRS, Inc.**  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
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**From:** Williams, Linda [mailto:Linda.Williams@fairfaxcounty.gov]  
**Sent:** Monday, March 13, 2017 10:05 AM  
**To:** Wendy Gradison  
**Subject:** RFP2000002064, Residential Treatment Services - Negotiations

Ms. Gradison,

Attached is a letter with negotiation issues that the Selection Advisory Committee would like you to address and provide a response by close of business of March 17, 2017.



If you have any questions, please don't hesitate to contact me.

Thank you,

Linda Williams, CPPB  
Contract Specialist II  
Fairfax County  
Dept. of Procurement and Material Management (DPMM)  
12000 Government Center Parkway  
Suite 427  
Fairfax, VA 22035  
Office: 703-324-8427  
Fax: 703-324-3228

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1. The County accepts your proposal to serve, under contract, clients without insurance or clients for whom Mental Health Skill Building services are non-reimbursable by other third party payor sources. The Northern Virginia Regional Projects Office (NVRPO)/County will act as the payor for these clients. Please confirm your acknowledgement that the resulting contract will serve non-benefit eligible clients.

PRS confirms and acknowledges that the resulting contract will serve non-benefit eligible clients.

2. The RFP stated in Section 5, Tasks to be Performed, Paragraph 5.3.a that each unit of service is equal to one service hour as defined in the Core Taxonomy for Supportive Residential Services. Service hours are required to be reported to DBHDS for State Performance Contract purposes. The Core Taxonomy definition for a unit of service is not consistent, however, with other service unit measurements. For example, the Medicaid definition of a Service Unit equates 1 service unit as 1.0 to 2.99 hours. Does the offeror agree that a Service Unit will equal to 1.0 – 2.99 hours?

Offeror understands that pursuant to the RFP, including Appendix B, all offerors were asked to provide budget information which arrived at a proposed hourly rate. You are now stating that the unit of a service of one (1) hour equaling one (1) unit is not consistent with the taxonomy, and that Fairfax County would like to know if offeror agrees to a service unit definition of one (1) unit equaling 1.0 – 2.99 hours. Offeror cannot agree to this change without further clarification from Fairfax County. Specifically, the County solicited an hourly unit rate which would mean that regardless of the number of hours of service provided, the billing formula would be as follows: hourly rate X duration of service = amount billed. With the proposed change in unit definition and no associated change in the initially proposed hourly rate, if offeror was to provide, for example, 2.0 hours of service (which would equal one (1) unit as defined in the letter of negotiation), it is implied that offeror would only charge for one unit of service at the hourly rate. In our case, this scenario would result in an effective hourly rate of \$28.60/hour (i.e. \$57.19/2 hours) for service duration of two (2) hours. We don't believe Fairfax County would propose this given the significant reduction in the effective reimbursement rate. Therefore, we need further clarification from Fairfax County before we can be fully responsive to your question. Is Fairfax County requesting that offeror provide a new proposed unit rate that would represent what we would bill Fairfax County for a unit equal to service duration of between 1.0 to 2.99 hours, regardless of the actual duration of service provided as long as it falls within 1.0 to 2.99 hours? If Fairfax County is proposing something different, we request that you provide more specific guidance with respect to the impact of the change in service unit definition as it relates to the unit rates submitted in response to the RFP, which were based on an entirely different unit definition.

3. Does the offeror agree that a second Service Unit in a 24-hour period shall equal 3.00 to 5.99 hours?

Offeror understands that pursuant to the RFP, including Appendix B, all offerors were asked to provide budget information which arrived at a proposed hourly rate. You are now stating that the unit of a service of one (1) hour equaling one (1) unit is not consistent with the taxonomy, and that Fairfax County would like to know if offeror agrees to a service unit definition of two (2) units equaling 3.0 – 5.99 hours. Offeror cannot agree to this change without further clarification from Fairfax County. Specifically, the County solicited an hourly unit rate which would mean that regardless of the number of hours of service provided, the billing formula

would be as follows: hourly rate X duration of service = amount billed. With the proposed change in unit definition and no associated change in the initially proposed hourly rate, if offeror was to provide, for example, 4.0 hours of service (which would equal two (2) units as defined in the letter of negotiation), it is implied that offeror would only charge for two (2) units of service at the hourly rate. In our case, this scenario would result in an effective hourly rate of \$28.60/hour (i.e. \$57.19 X 2 units/4 hours) for a service duration of four (4) hours. We don't believe Fairfax County would propose this given the significant reduction in the effective reimbursement rate. Therefore, we need further clarification from Fairfax County before we can be fully responsive to your question. Is Fairfax County requesting that offeror provide a new proposed unit rate that would represent what we would bill Fairfax County for two (2) units equal to a service duration of between 3.0 to 5.99 hours, regardless of the actual duration of service provided as long as it falls within 3.0 to 5.99 hours? If Fairfax County is proposing something different, we request that you provide more specific guidance with respect to the impact of the change in service unit definition as it relates to the unit rates submitted in response to the RFP, which were based on an entirely different unit definition.

4. Does the offeror agree to bill for no more than two (2) Service Units (no more than 5.99 hours) provided in a 24-hour period?

PRS will limit the service provision and bill no more than two (2) Service Units in a 24-hour period.

5. Does the offeror agree to invoice for no more than eight (8) Service Units a month per individual (according to the Service Unit definition in questions 2 and 3 above)?

PRS will limit the service provision and bill no more than eight (8) Service Units in a month per individual.

6. If additional units over eight (8) per month per individual are determined by the Contractor as necessary, the Contractor will submit documentation in writing and request a Treatment Team Meeting with the County/NVRPO. Treatment Team Meetings will be scheduled by the County/NVRPO and will include County/NVRPO representatives and the Contractor's Clinical Supervisor or Assistant Clinical Director. Is this agreeable to the offeror?

PRS agrees that if additional units over eight (8) per month per individual are determined by PRS as necessary, PRS will submit documentation in writing and request a Treatment Team Meeting with the County/NVRPO. Treatment Team Meetings will be scheduled by the County/NVRPO and will include County/NVRPO representatives and PRS' Clinical Supervisor or Assistant Clinical Director.

7. Does the offeror agree to establish a cancellation/no-show policy that includes a client fee and implement that policy independent of the contract?

PRS agrees to establish a cancellation/no-show policy that includes a client fee and implement that policy independent of the contract.

8. When clinically indicated, the Successful Offeror shall be responsible for medication monitoring that includes assistance with obtaining medications and monitoring the filling of pill planners. Does the offeror agree to this monitoring activity?

PRS agrees to, when clinically indicated, medication monitoring that includes assistance with obtaining medications and monitoring the filling of pill planners.

9. Does the offeror agree to make appointment reminders to clients 1-2 days prior to a scheduled service visit with the client?

PRS agrees to make appointment reminders to clients 1-2 days prior to a scheduled service visit with the client.

10. Does the offeror confirm that they will provide appropriate transportation accommodations to ensure transportation is not a barrier to all aspects of the residential service provided?

PRS confirms that we will provide appropriate transportation accommodations to ensure transportation is not a barrier to all aspects of the residential service provided.

11. Does the offeror confirm that they will provide certified interpretation and translation services as needed and consistent with Section 5, Tasks to be Performed, Paragraph 5.10 in the RFP?

PRS confirms that we will provide certified interpretation and translation services as needed and consistent with Section 5, Tasks to be Performed, Paragraph 5.10 in the RFP.

12. Does the offeror agree to serve as the primary link to emergency services, if emergency services are required?

PRS agrees to serve as the primary link to emergency services, if emergency services are required.

13. Does the offeror agree to provide, within 1 business day from receipt of referral, email confirmation that a referral has been received?

PRS agrees to provide, within 1 business day from receipt of referral, email confirmation that a referral has been received.

14. Within 2 business days of the Contractor's confirmation that a referral has been received, does the offeror agree to schedule an Intake Meeting with the client?

Within 2 business days of PRS' confirmation that a referral has been received, PRS agrees to schedule an Intake Meeting with the client.

15. Intake Meetings shall be held according to licensing and Medicaid requirements and shall occur for all referred clients. The Contractor shall gather information to address the client's immediate needs and confirm the level of service authorized by the CSB is appropriate for the client. Within 1 business day of the Intake Meeting being held,

does the offeror agree to provide email confirmation of the client's anticipated service start date?

PRS agrees that Intake Meetings shall be held according to licensing and Medicaid requirements and shall occur for all referred clients. PRS agrees to gather information to address the client's immediate needs and confirm the level of service authorized by the CSB is appropriate for the client. Within 1 business day of the Intake Meeting being held, PRS agrees to provide email confirmation of the client's anticipated service start date.

16. If, as a result of the Intake Meeting, the Contractor determines that the services are not appropriate or that the referred client presents an excessive risk to the Contractor, does the offeror agree to document the determination in writing and request a Treatment Team Meeting with the County/NVRPO? Treatment Team Meetings will be scheduled by the County/NVRPO and will include County/NVRPO representatives and the Contractor's Clinical Supervisor or Assistant Clinical Director.

If, as a result of the Intake Meeting, PRS determines that the services are not appropriate or that the referred client presents an excessive risk to PRS, PRS agrees to document the determination in writing and request a Treatment Team Meeting with the County/NVRPO. PRS agrees that Treatment Team Meetings scheduled by the County/NVRPO will include PRS' Clinical Supervisor or Assistant Clinical Director.

17. Does the offeror agree to submit a recommendation to County/NVRPO in writing for a change in level of care within 30 days of determining a change is needed?

PRS agrees to submit a recommendation to the County/NVRPO in writing for a change in level of care within 30 days of determining a change is needed.

18. Does the offeror agree that the terms "Individual Service Plan (ISP)", "Person Centered Plan" and "Service Plan" are synonymous?

PRS agrees that the terms "Individual Service Plan (ISP)", "Person Centered Plan" and "Service Plan" are synonymous.

19. Does the offeror agree to develop ISPs according to licensing requirements for each client and within 30 days of the service start date?

PRS agrees to develop ISPs according to licensing requirements for each client and within 30 days of the service start date.

20. Does the offeror agree to conduct ISP reviews and updates every 6 months? The first ISP update shall occur 6 months after the service start date and occur at regular six month intervals thereafter.

PRS agrees to conduct ISP reviews and updates every 6 months. PRS agrees that the first ISP update will occur 6 months after the service start date and will occur at regular six month intervals thereafter.

21. Does the offeror agree to include client signatures on all ISPs and updates?



PRS agrees to include client signatures on all ISPs and updates.

22. When clinically indicated and/or desired, does the offeror agree to develop Crisis Plans and Wellness Recovery Action Plans <sup>TM</sup> (WRAP Plans) according to WRAP guidelines (<http://mentalhealthrecovery.com/>)? The Contractor shall send all Crisis Plans and WRAP Plans to the County/NVRPO within 2 business days of development.

PRS agrees that when clinically indicated and/or desired, we will develop Crisis Plans and Wellness Recovery Action Plans <sup>TM</sup> (WRAP Plans) according to WRAP guidelines (<http://mentalhealthrecovery.com/>). Further, PRS agrees to send all Crisis Plans and WRAP Plans to the County/NVRPO within 2 business days of development.

23. Does the offeror agree to conduct Adverse Incident Reporting according to licensing requirements and provide copies of all reports to County/NVRPO within 24 hours of report being completed? Does the offeror agree to notify County/NVRPO of all clinical emergencies requiring external resources within 1 business day?

PRS agrees to conduct Adverse Incident Reporting according to licensing requirements and provide copies of all reports to County/NVRPO within 24 hours of report being completed. Further, PRS agrees to notify the County/NVRPO of all clinical emergencies requiring external resources within 1 business day.

24. Does the offeror agree that it is the offeror's responsibility to ensure all its staff are qualified and trained according to licensing standards? The offeror acknowledges that neither the County nor the Region intend to provide any training to the offeror's staff.

PRS agrees that it is PRS' responsibility to ensure all of our staff are qualified and trained according to licensing standards. Further, PRS acknowledges that neither the County nor the Region intend to provide any training to the offeror's staff.

25. Does the offeror agree to work with the County/NVRPO to expand services as needed?

PRS agrees to work with the County/NVRPO to expand services as needed.

26. Does the offeror agree to provide clinical data quarterly by the 15th day of the month following the quarter for each client served? The data shall include:

- a. Client Name;
- b. Date of Birth;
- c. Gender;
- d. Service Start Date;
- e. CSB of Origin;
- f. Diagnosis;
- g. Medications;
- h. Current Benefits Status;
- i. Presentation;
- j. Stated Goal(s) on ISP;
- k. Adherence to Treatment;

- l. Significant Incidents;
- m. Progress;
- n. Justification for continued service or recommendations for transitions with projected timeline;
- o. Pending changes in income or benefit eligibility.

PRS agrees to provide clinical data as outlined above in items inclusive of a – o quarterly by the 15th day of the month following the quarter for each client served.

27. For clients referred by the County, does the offeror agree to provide clinical data reports to case managers quarterly?

For clients referred by the County, PRS agrees to provide clinical data reports to case managers quarterly.

28. For clients referred by the Region, does the offeror agree to provide the clinical data to the Regional Projects Office quarterly?

For clients referred by the Region, PRS agrees to provide the clinical data to the Regional Projects Office quarterly.

29. Does the offeror agree to ensure clients have access to all prescribed medications and exhaust all available options including PAP, generics and samples? Access shall include coordinating coverage of the cost of the medications with the CSB when medications are not covered by insurance.

As part of the billable service, PRS agrees to ensure clients have access to all prescribed medications and to exhaust all available options including PAP, generics and samples. PRS agrees that, as part of the billable service, access will include coordinating coverage of the cost of the medications with the CSB when medications are not covered by insurance.

30. Does the offeror agree to measure and report annually on July 15th the following Performance Accountability Metrics?

- a. % of clients that use coping skills and behavioral strategies to manage psychiatric symptoms, and/or behavioral challenges;
- b. % of clients that demonstrate ability to complete basic independent living tasks;
- c. % of clients that are employed, volunteer, engage in structured day-time activities, and/or take classes in formal education (e.g. GED, degree coursework, professional development, etc.);
- d. % of clients that avoid psychiatric hospitalization;
- e. % of clients with co-existing medical conditions that access health care and follow up with recommendations of health care providers;
- f. % of clients that worked to improve their physical health and fitness either (losing weight, exercise program enrollment, etc.).

PRS agrees to measure and report annually on July 15th each Performance Accountability Metric outlined above in a – f.

31. Does the offeror agree to ensure Performance Accountability Metrics are evidenced in clinical data reported quarterly and in the ISPs?

PRS agrees to ensure Performance Accountability Metrics are evidenced in clinical data reported quarterly and in the ISPs.

32. Does the offeror agree to provide data monthly to County/NVRPO for State Performance Contract reporting? The data shall be provided by the 5th day of the month or the next business day. The data shall include service hours as defined in the DBHDS Core Taxonomy.

PRS agrees to provide data monthly to the County/NVRPO for State Performance Contract reporting. Further, PRS agrees that the data will be provided by the 5th day of the month or the next business day and that the data will include service hours as defined in the DBHDS Core Taxonomy.

33. Does the offeror agree to meet with County/NVRPO quarterly to include the Contractor's clinical operations director?

PRS agrees to meet with the County/NVRPO quarterly to include PRS' clinical operations director.



## Williams, Linda

---

**From:** Wendy Gradison <WGRADISON@prsinc.org>  
**Sent:** Wednesday, December 21, 2016 11:45 AM  
**To:** Williams, Linda  
**Subject:** Response to clarification questions RFP2000002064 Residential Treatment Services  
**Attachments:** Residential Treatment Services Fairfax CSB response 1216.doc

Hi Linda! Attached is PRS' response to the SAC's clarifying questions.

Please confirm receipt.

Thanks and Happy Holidays Linda!

Wendy

Wendy Gradison, LCSW  
President and CEO  
PRS, Inc.  
1761 Old Meadow Road  
McLean, VA 22102  
(703) 531-6300  
(703) 448-3723 (fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)  
[www.prsinc.org](http://www.prsinc.org)

United Way #8466 | CFC #47403



PRS exists so that individuals living with mental illness, substance use disorders, mild intellectual disabilities, autism spectrum disorders, and anyone who faces life crises can achieve safety, personal wellness, recovery and community integration. PRS services are provided throughout northern Virginia and in the District of Columbia.

This message is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under Federal law. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



# County of Fairfax, Virginia

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

**SENT VIA EMAIL ON DECEMBER 19, 2016, TO THE ATTENTION OF WENDY GRADISON**

PRS, Inc.  
1761 Old Meadow Rd.  
Suite 100  
McLean, VA 22102

Attention: Wendy Gradison, President and CEO

Reference: RFP2000002064, Residential Treatment Services

Dear Ms. Gradison:

The Selection Advisory Committee (SAC) has reviewed your firm's technical proposal regarding the above referenced Request for Proposal, and has the attached list of clarification questions.

Please provide your written response by Noon on January 3, 2017. You may e-mail your response to me at [linda.williams@fairfaxcounty.gov](mailto:linda.williams@fairfaxcounty.gov). If you have any questions, please contact me via email or telephone at 703-324-8427.

Sincerely,

Linda Williams, CPPB  
Contract Specialist II

1. The County is interested in your organization's staffing turnover averages. For staff providing direct consumer support, please provide turnover averages by position for the past three years.

For Community Support Services Specialists (CSS) who will be providing direct consumer support for this project, turnover for FY2015 was 16.6% (2/12 positions turned over) and in FY16 it was exactly the same. Please note that the major reason for turnover in this job classification was involuntary, meaning that the employee was not able to meet PRS high standards/expectations. PRS pays close attention to onboarding the right people to avoid this situation as much as possible.

2. How does your organization fill staff vacancies? Do you use a contracted staffing agency to fill employee vacancies?

PRS does not use a contracted staffing agency to fill CSS positions. We utilize a variety of recruitment resources including employee referrals and on-line recruitment systems, and we post in all the major nationwide job boards. We advertise in the major local newspapers and network in all the major consumer recruitment resources to include industry-related associations, senior and veteran organizations. As a result, throughout PRS we have a diverse workforce to include employees representing many cultures, languages and backgrounds. See below for more detail about PRS' approach to attracting and retaining the right employees to meet the goals of the organization.

3. Please provide your organization's staff retention plan.

PRS is committed to continue being an employer of choice. Retention starts at the recruitment stage which includes multiple interviews, starting with an initial Skype/Facetime interview with senior HR personnel in which we are looking for EQ, coachability and fit. The next step for an applicant is an onsite interview with the hiring manager, job-related exercises including job-shadowing to assess a candidate's fit and skills in the field, and written clinical documentation exercise. Once hired, the New Hire Orientation is a comprehensive 2-days of training, meeting staff and introduction to our policies and procedures. On-boarding is a 6-month process that includes job shadowing of all programs, meeting with the President/CEO to understand our work culture, focus on EQ and our commitment to each other and the community, financial/budget orientation, meeting with the Clinical Director for an in-depth presentation of our services and approach to the work/best practices, phone "pulse checks" of new hires at 30, 60 and 90 day of employment to see how their doing culminating with a face-to-face Entrance Interview at 6 months of service the results of which are shared with the CEO, appropriate Leadership Team staff and management.

Our managers/supervisors conduct bi-weekly face to face supervision with direct reports to discuss employee's workplace performance including quality and productivity, clinical cases in detail, professional development and training needs, career goals and how PRS can assist in reaching his/her goals. This allows real-time communication between employee and supervisor. These meetings are documented and signed by staff and supervisor. All programs have monthly department meetings where training in clinical best

practices are provided. Our annual Employee Survey is conducted by a third-party, Best Companies to Work For. For the past 6 consecutive years, PRS has been recognized as one of the 50 Best Nonprofits to Work for in the US and awarded by the Washington Post as one of the "Top Places to Work" in the local DC metropolitan area for 2016.

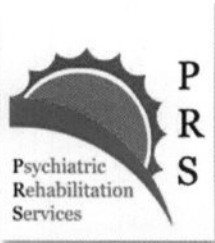
We extend to all employees who work at least 20hrs/week competitive and generous benefits offerings to include Holidays, 403(b) retirement program, separate leave buckets (vacation, sick, personal day, birthday, etc). Staff Appreciation Day is a much anticipated off-site fun filled event with games, prizes and recognition.

CARF surveyed PRS in March 2015 after which PRS received a three-year accreditation, the highest level possible. PRS received a special commendation for its human resources: "...PRS demonstrates exemplary conformance to the standards. With a focus on ensuring that the organization's workforce is optimized to include the best individuals to meet the established outcomes of persons served, the organization has taken deliberate steps toward ensuring that it recruits and hires the most appropriate person for the job. These steps include the implementation of job shadowing for newly hired personnel, entrance and exit interviews to collect feedback and determine ways in which employment can be improved, and an extensive orientation and training program. These efforts have substantially improved staff turnover ratios over the last few years and have resulted in high employee satisfaction..."

**ORIGINAL**

**PRS, Inc.**  
**1761 Old Meadow Road, Suite 100**  
**McLean, VA 22102**  
*Organized in 1963*  
*Incorporated in Virginia, June 11, 1970*  
*EIN: 54-0880899*

**Technical Proposal for RFP2000002064**  
**Fairfax County**  
**Residential Treatment Services –**  
**Supportive Residential Services**



Northern Virginia

Washington, DC

PRS Tysons  
1761 Old Meadow Road  
Suite 100  
McLean, VA 22102  
(P) 703-536-9000  
(F) 703-448-3723

PRS Mt. Vernon  
8794S Sacramento Drive  
Alexandria, VA 22309  
(P) 703-360-8394  
(F) 703-360-5583

PRS DC  
3845 South Capitol Street, SW  
Washington, DC 20032  
(P) 202-373-0800  
(F) 202-373-0898

#### BOARD OF DIRECTORS

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Audrey Goldstein  
U.S. Department of Health and  
Human Services (Retired)

Vice Chair  
Lauren Shields  
BB&T

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JL Ayers Consulting LLC

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Jamie Miller  
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Ellen Pohekailo  
Pohekailo Strategic  
Communications

Angie Wilen  
Freddie Mac

Robert D. Wright  
Fulton Bank

#### STAFF

Wendy Gradison  
President and  
Chief Executive Officer

Mary Brown  
Senior Vice President/Clinical  
Director

Joseph Getch  
Chief Operating Officer

Meredith Hovan  
Director of Resource  
Development

Julia Stephens  
Director of Quality Management

November 21, 2016

Linda Williams, CPPB, Contract Specialist  
Department of Procurement and Material Management  
12000 Government Center Parkway, Suite 427  
Fairfax, Virginia  
22035

RE: RFP2000002064 Residential Treatment Services

Dear Ms. Williams:

PRS, Inc. is pleased to submit our proposal in response to RFP2000002064 Residential Treatment Services and appreciates this opportunity to provide these vital services throughout northern Virginia. PRS, Inc. is applying solely for Supportive Residential Services.

PRS, Inc. has been providing supportive residential services to adults living with serious mental illness and/or co-occurring disorders throughout northern Virginia for many years, integrating care and implementing recovery model practices. We partner and collaborate closely with multiple private and public providers and frequently provide crisis interventions to reduce hospitalizations.

Please do not hesitate to let me know if you need additional information.

Many thanks for your consideration.

Wendy Gradison, LCSW  
President and CEO



[www.prsinc.org](http://www.prsinc.org)

United Way #8466 | CFC #47403

PRS, Inc. is a private non-profit 501 (c)(3) incorporated in the Commonwealth of Virginia



**ORIGINAL**

# FAIRFAX COUNTY

## 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

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

**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:

PRS, Inc.  
1761 Old Meadow Rd.  
Suite 100  
McLean, VA 22102

Telephone/Fax No.:

703-536-9000

E-Mail Address:

info@prsinc.org

Federal Employer Identification No or

54-0880899

Federal Social Security No. (Sole  
Proprietor)

Prompt Payment Discount:

\_\_\_% for payment within \_\_\_ days/net  
\_\_\_ days

State Corporation Commission (SCC)  
Identification No.

0126765-7

By signing this proposal, Offeror certifies, acknowledges, understands, and agrees to be bound by the conditions set forth in the General Conditions and Instructions to Bidders as described in Appendix A, the Certification Regarding Ethics in Public Contracting set forth in Appendix B, and by any other relevant certifications set forth in Appendix B.

**BUSINESS CLASSIFICATION – Described in Appendix B - CHECK ONE:** ☐ LARGE (Y) ☐ SMALL (B)

☐ MINORITY-OWNED SMALL (X) ☐ MINORITY OWNED LARGE (V) ☐ WOMEN-OWNED SMALL (C)

☐ WOMEN OWNED LARGE (A) ☒ NON PROFIT (9)

CHECK ONE: ☐ INDIVIDUAL

☐ PARTNERSHIP

☐ CORPORATION

State in which Incorporated:

VA

*Wendy Gradison*  
Vendor Legally Authorized  
Signature

11-15-16  
Date

Wendy Gradison President and 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)



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**ORIGINAL**

**PRS, Inc.**  
**1761 Old Meadow Road, Suite 100**  
**McLean, VA 22102**

*Organized in 1963*  
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*EIN: 54-0880899*

**Technical Proposal for RFP2000002064**  
**Fairfax County**  
**Residential Treatment Services –**  
**Supportive Residential Services**

## **8.2.a STATEMENT OF QUALIFICATIONS FOR SUPPORTIVE RESIDENTIAL SERVICES**

### **1. Organizational and Staff Experience:**

PRS has over 15 years of experience providing integrated care and implementing recovery model practices for supportive residential services for the serious mentally ill population. PRS transitioned to Mental Health Skill Building Services when Medicaid regulations changed in 2013. PRS, Inc. serves approximately 200 clients per year in our Community Support Services program. PRS, Inc. has submitted applications and received funding from the Fairfax Consolidated Community Funding Pool (CCFP) since 2001 to provide community based services to individuals in need in Fairfax County. The grants funded through CCFP have exceeded capacity and any given year roughly 30-50 residents inquire about services but are not able to access services due to limited funding. While the PRS Community Support Services program started in Fairfax County, our services expanded over the last five years to include the four other CSB jurisdictions in northern Virginia including Prince William County, Arlington County, Loudoun County and the City of Alexandria. Persons living with mental illness, co-occurring substance use disorders and/or mild intellectual disabilities or autism spectrum disorders need and benefit from individualized skills training and support services to change behavior(s) to improve wellness by managing concurrent behavioral/medical conditions, managing responsibilities inherent in sustaining permanent housing and avoiding homelessness, and improving employment outcomes.

PRS's approach to this work is to hire, train, oversee and retain talented staff who demonstrates the ability to collaborate/coordinate with the entire system of care, engage in trusting relationships with clients, provide effective skill training and supports that lead to improved self-sufficiency, improved mental health status and improved physical wellness. Upon hire each staff member completes a background check, fingerprinting, TB test, a series of comprehensive trainings to including ethics, human rights, professional boundaries and health and safety (6.10, 6.11). During biweekly face to face supervision provided by LMHP-R staff, direct service staff is provided ongoing feedback throughout their employment. Each individual is formally evaluated annually based on performance and professional skills. During these evaluation periods training needs are established and provided as appropriate.

As this proposal supports the extension and expansion of an existing program of over 15 years which utilizes recovery model practices, PRS has long-term experience and has demonstrated full capability to coordinate and maintain the project. Mental health supports provided by PRS staff include care coordination, outreach and linkage to community resources, training in community living skills,

assistance with household and money management, crisis intervention and medication monitoring when appropriate. PRS has been a partner in the northern Virginia CSB system of care since this work began, over 15 years ago.

Person-centered planning is the key ingredient to the success that individuals have achieved through PRS supports. Our highly individualized services are solely based on clients' needs and preferences. Person-centered planning is a tool to support staff and individuals served to be recovery-oriented; growth and change is expected and hope is always present.

PRS staff collaborates with referral sources to provide coordinated care. We meet with the individual and referral source(s) if necessary, to engage the client in a basic assessment of needs. Screenings are arranged in the community within a person's home or an alternative location if there are any concerns regarding safety issues. Staff meets with clients in the community at various locations to minimize barriers to services. Community based skills teaching and support services are explained and described to address specific needs raised in the collaboration or treatment team meeting. At this point the initiation of support services is mutually agreed upon with participating individuals and treatment begins with the assessment and treatment planning process.

Individuals identified in this project complete a service specific provider intake/comprehensive assessment that includes identifying needed resources. Staff in the project will make referrals and offer care coordination to help link individuals to established community resources. This may include assisting clients with accessing their local Departments of Family Services to apply for benefits and entitlements for which they may be eligible. Acquiring benefits and entitlements that a person is eligible for increases access to mental health and physical health care. If it is determined during this process that an individual qualifies for Medicaid, he/she will be shifted to that funding stream, shifting from this project funding, opening a spot for another identified individual.

Engagement in services is a critical task that is identified within this population. As many of these individuals have experienced some level of trauma in their lives, trusting new individuals is a barrier for many of them. Our direct service staff takes the time to get to know each individual and meet them where they are in their own personal recovery process. Our staff is trained to help individuals realize their stages of change and help them to establish the appropriate skills to cycle through the stages to obtain maintenance. Through motivational interviewing and engagement activities, staff is able to establish trusting rapport with the individuals served. This process, given the vulnerability of this population, may take several visits. However, the dedicated and quality staff provided by PRS are able to create a safe welcoming environment to allow clients to engage at their own pace, which in our

experience eventually results in participation in the program. In fact, PRS considers its relentless focus on hiring for emotional intelligence and ability to engage as mission critical.

Once rapport is built and an individual is able to participate as desired, staff work with clients to develop decision making skills to help them identify how they are going to reach their goals and their full potential. This task can often be considered challenging by many individuals. However, it can be accomplished in day to day work by incorporating the SODAS Method of making decisions. The SODAS Method is a tool from the evidenced based practice, Transition to Independence Process (TIPS model), for young adults which can be applicable to the population served in this project regardless of age. It is important to provide a tool that will support clients to build decision making skills. The 5 step process is a simple tool to become more self-sufficient and less dependent on care providers over time. WHAT'S UP? is another tool utilized by PRS to help clients increase personal responsibility and accountability and can be used with this population as well. Staff is trained in these models and can reach out to upper management for guidance when appropriate to implement these methods in the services provided. Refer to Attachment A (Stages of Change/SODA).

Addressing physical health care needs is a critical aspect of supportive residential services provided by PRS staff. Due to the serious health issues common among this population this area of focus is critical in promoting positive self-care. 60% of existing clients served in PRS live with concurrent medical problems such as diabetes, high blood pressure, respiratory disorders and cardiovascular disorders. Data shows that persons with serious mental illness die 25 years earlier than the general public. It is essential that staff educate and assist clients with accessing needed medical care in addition to following through with appointments with psychiatrists and therapists for on-going mental health treatment. Skill teaching and intensive supports are provided on the medical conditions and the impact these conditions may have on mental illness and vice versa.

PRS staff meets with clients in the community in places most convenient for them. For services provided in the community and in clients' homes, staff assists clients with seeking technical assistance for any accommodations within a community setting as needed. Direct service staff work with clients to increase and improve their skills to access community resources such as public transportation. As appropriate given clients' needs, staff will transport them to medical and other appointments. Furthermore, staff works with clients to identify resources and accommodations should they need assistance completing tasks such as paying bills on time, budgeting their money and managing their medication. Skills such as these ensure a client remains independent and self-sufficient in the community. There are a series of other skills that may be appropriate for individuals identified in this

program. These skills include but are not limited to: basic living skills; menu planning; food shopping; food storage; cooking healthy meals; medication management; wellness activities; exercising; personal hygiene tasks; handling laundry; social skills; assertiveness; coping strategies; operation of household appliances; proper disposal of wastes; implementing a routine to do household tasks; safety and emergency procedures; pest control; time/appointment management; accessing community resources; using public transportation; planning recreational activities; problem-solving skills and exploring work readiness. Staff creates activities for clients that are developmentally and functionally appropriate. As a result of positive rapport building, staff is able to work directly with clients to assess their level of functioning and ability to participate in various activities on any given day.

Each individual's progress and service plan is reviewed on a quarterly basis and appropriateness for service is assessed annually. Electronic health records are maintained, being made accessible to referral source when applicable. County case managers receive monthly progress notes to support effective collaboration. Please see 5.7, p. 16, Crisis intervention and Stabilization for details about PRS's experience in crisis intervention to reduce hospitalization. Please see 5.3.a Supportive Residential Services, p. 8, for additional detail about PRS's recovery model practices.

Among the staff providing Community Support Services are Qualified Mental Health Professionals (QMHP-A), Licensed Mental Health Professional Residents (LMHP-R) and Licensed Mental Health Professionals (LMHP). Each staff member is provided face to face biweekly supervision by LMHP-R/LMHP staff to ensure appropriate use of clinical skills to aid each individual served in working toward his/her personal recovery. Employees are appraised on their ability to engage with individuals, clinical skills, knowledge and understanding of evidence based practices/best practice and clinical documentation. Upon onboarding, each staff member receives additional training to enhance the use of evidence based practices in the field.

**2. Licensure and Certifications:** see Attachment B. (6.1)

**3. References:**

Arlington County Community Services Board  
Shana Reiter, LPC – Outpatient Therapist  
2120 Washington Blvd., Arlington, VA 22204  
sreiter@arlingtonva.us  
(703) 228-5007

Provides outpatient therapy to the mentally ill population. Work collaboratively as an active member of individual's treatment team to provide wrap-around services for recovery for the population we serve. PRS partners to provide community support services.



Carpenter's Shelter

Mary Parker Lamm, Deputy Director  
930 North Henry Street, Alexandria, VA 22314  
maryparkerlamm@carpentersshelter.org  
(703) 548-7500

Runs the operations of one of the City of Alexandria's homeless shelters. Works collaboratively with PRS to identify individuals in need of mental health support services within the homeless population. Makes referrals to PRS when individuals are in mental health crisis and demonstrate the need for mental health intervention. PRS partners to provide community support services.

Fairfax Falls-Church Community Services Board

Darcy Kipp-Kim, Supervisor of Adult Outpatient Behavioral Health  
14150 Parkeast Circle, Suite 200, Chantilly, VA 20151  
Darcy.kim@fairfaxcounty.gov  
(703) 481-4160

Provides outpatient therapy and case management services to the severely mentally ill population. Works collaboratively with treatment team to follow wrap-around services for the individuals. Supervises a team of case managers and therapists that provide outpatient services to other shared clients. PRS partners to provide community support services.

Loudoun County Community Services Board

Alice Welch, Care Coordinator  
906 Trailview Blvd., SE, Leesburg, VA 20175  
alice.welch@loudoun.gov  
(703) 737-8586

Provides care coordination / case management services for the mentally ill population. Works as a collaborative member of the individual's treatment team. Acts as the "hub" for coordinated services through the individual's recovery. PRS partners to provide community support services.

Prince William County Community Services Board

Jamie Edwards, Clinician  
Dr. A. J. Ferlazzo Building, 15941 Donald Curtis Drive, Woodbridge, VA  
jedwards2@pwcgov.org  
(703) 792-4904

Provides outpatient therapy to the mentally ill population. Works collaboratively as an active member of individual's treatment team to provide wrap-around services for recovery for the population we serve. PRS partners to provide community support services.



#### 4. Personnel:

Gillian Gmitter, LPC, NCC, LMHP- Assistant Clinical Director (hired 1/11); Prior to becoming PRS Assistant Clinical Director, Ms. Gmitter served as PRS Clinical Supervisor of Community Supports (since April 2012). Before becoming a Supervisor, she was a Community Support Specialist in PRS Community Support Services. Ms. Gmitter has a Bachelor of Science in Psychology from George Mason University and a Masters in Mental Health Counseling from Walden University.

Kendall Doyal, LMHP-R- Clinical Supervisor (hired 10/14); Prior to becoming a Supervisor, Ms. Doyal was a Community Support Specialist in PRS Community Support Services. As a CSS she was deployed to Carpenter's Shelter in Alexandria to provide in-house mental health services to adult residents with serious mental illness. Prior to joining PRS, Ms. Doyal was a Counseling Intern at St. Vincent's Hospital. Ms. Doyal has a B.S. in Psychology from Louisiana State University A&M and an M.A. in Mental Health Counseling from Iona College.

Kathleen Hammond, NCC, LMHP-R- Clinical Supervisor (hired 10/07); Ms. Hammond has served as an Employment Specialist in PRS Employment Services program as well as a PRS Community Support Specialist. Ms. Hammond is an Autism Spectrum Disorder Specialist with PRS. Ms. Hammond's educational background includes a Bachelor of Arts in Spanish from Grinnell College and a Master of Science in Pastoral Counseling from Loyola University of Maryland.

Alissa Erb, QMHP- CSS (hired 8/16); Prior to joining PRS, Ms. Erb was a Clinical Intern with the Joseph J. Peter's Institute and the Horizon House – Wellness Alliance in Philadelphia. Ms. Erb holds a Bachelor of Science in Psychology – Counseling from East Stroudsburg University of Pennsylvania and an M.S. in Community and Trauma Counseling from Philadelphia University.

Precious Gooding, QMHP- CSS (hired 11/07); Ms. Gooding has served as a PRS Community Support Specialist since 2007. Prior to PRS, she was a Direct Service Specialist for the Mentor Network in Charlotte, NC. In that role, she provided direct home-based care to consumers. Ms. Gooding graduated with a Bachelor of Arts in Criminal Justice from the University of North Carolina Charlotte.

Hillary Cavan, QMHP- CSS (hired 8/16); Prior to joining PRS, Ms. Cavan was a case manager for the Katherine Hanley Family Shelter in Fairfax VA. She has also served as a Workforce Specialist with Linden Resources. She holds a Bachelor of Arts in Elementary / Special Education from Daemen College.

Chris Ragghianti, QMHP- CSS (hired 6/14); Mr. Ragghianti served as a Teacher Counselor for Youth Villages prior to joining PRS. In his role, he assisted the treatment team in developing and implementing treatment plans for emotionally disturbed youth. Mr. Ragghianti graduated with a Bachelors of Arts in Psychology from Christian Brothers University.

Jennifer Lesmes, QMHP- CSS (hired 6/07); Before serving as a Community Support Specialist for PRS, Ms. Lesmes was a Residence Counselor at Queens Community Living Program / Catholic Charities. Ms. Lesmes holds a Bachelor of Arts in Forensic Psychology from John Jay College of Criminal Justice.

The Assistant Clinical Director and Clinical Supervisors provide direct supervision of the Supportive Residential Services provided by Community Support Specialists (CSS). The Assistant Clinical Director is a Licensed Mental Health Professional and the Clinical Supervisors are Licensed Mental Health Professional-Resident. Direct Service staff (CSS) are Qualified Mental Health Professionals. Approximately 20% of each identified CSS's time will be allocated for grant funded services. This is to include direct service, documentation, travel and supervision. The respective supervisor will allocate approximately 5% of her time for supervision and administrative tasks identified for each individual served through Supportive Residential Services. The time spent in each allocation is weekly and can be slightly adjusted based on a client's need. These services will all be provided by PRS staff and will not be contracted out.

**5. Resumes:** see Attachment C.

## **8.2.b TECHNICAL APPROACH FOR SUPPORTIVE RESIDENTIAL SERVICES**

### **1. Scope of Work:**

#### **5.3.a Supportive Residential Services**

PRS will serve a minimum of 10 adults, at approximately 1200 units of service per year dependent on individual level of functioning and needs. PRS is submitting this RFP to provide Supportive Residential Services to individuals referred who reside in their own housing arrangements. Services are individualized and based on client need. On average two face-to-face service hour(s) per week will be provided by Community Support Services staff to support the recovery of individuals served. If a person makes progress in completing activities of daily living more independently, services may be reduced to one hour per week.

PRS Community Support Services program offers psychiatric rehabilitation through recovery-oriented skills building, community integration activities and care coordination to assist individuals living with serious mental illness and/or co-occurring disorders to maximize health and wellness. Services are provided in any safe setting such as a residence, McDonald's, Starbucks, Laundromat, grocery store and/or a doctor's office based on the strengths, preferences and needs of each person served. The focus of work is to provide skills training, support and assistance to individuals with accessing and utilizing services essential to recovery, health and wellness

Psychiatric rehabilitation, defined as skills training and supports and positive behavioral supports are offered to clients to help clients make changes to improve overall functioning. The recovery process is not a linear process. Attention is paid to stages of change and strategies are implemented to help individuals served develop readiness to change when needed to improve self-sufficiency. Assessment of the stage of change is important as goals, objectives and interventions that link to the client's stage of change helps the client take positive steps to achieving identified goals and objectives in his/her Recovery Plan. Stages of change include: pre-contemplation, contemplation, preparation, action, maintenance and relapse. Individuals can be at different levels of readiness to change in various life domains. PRS utilizes various evidence based practices such as motivational interviewing, skills teaching, cognitive and behavioral techniques, cognitive remediation or adaptive strategies, as well as behavioral supports in daily work with individuals served.

Many individuals living with mental illness and co-occurring disorders are unfamiliar with the concept of recovery. Education is provided to help individuals learn about concepts of recovery and how to rebuild a meaningful life, sense of purpose and to move beyond defining themselves as an illness or person with a disability. PRS embraces the SAMHSA definition of recovery for individuals living with mental illness and co-occurring disorders. It is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four dimensions include:

- Health: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.
- Home: A stable and safe place to live.
- Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors, and the independence, income, and resources to participate in society.
- Community: Relationships and social networks that provide support, friendship, love and hope.

SAMSHA, 2011

PRS incorporates the components of Recovery in this diagram into our daily work:



PRS Community Support Specialists partner with clients to make real life changes by developing and practicing life skills to promote recovery. The following list includes a sample of skills that individuals served often need and desire to recover, to increase independent living skills and to improve health and wellness:

Menu planning	Cooking simple, healthy meals	Eating a healthy diet
Budgeting to cover monthly expenses	Paying bills on time	Taking medications as prescribed by doctors
Increasing coping skills to manage symptoms	Scheduling and keeping medical and psychiatric appointments	Reducing substance use
Staying sober	Establishing a daily routine or schedule	Organizing household tasks to complete
Completing hygiene tasks	Reducing blood sugar to manage diabetes	Using public transportation
Engaging in basic conversations	Getting along with family, housemates or co-workers	Tolerating distress and ability to cope with symptoms

To learn, practice and implement life skills, each individual served will participate in regularly scheduled home visits, community integration activities and care coordination meetings when applicable.

Individuals served are encouraged to address physical health care in addition to managing behavioral health conditions. Staff works closely with each individual, primary care practitioners and/or specialty care providers to address health care needs to improve overall health and wellness. It is important that clients with concurrent medical problems or co-occurring disorders address comprehensive needs in order to make lifestyle changes to improve wellness. Services are integrated so that individuals balance needs and develop skills to cope with multiple, complex disorders. All services are based on an individual's needs and desires, are person-centered, recovery oriented and strengths based. Staff collaborate with case managers, psychiatrists, primary care practitioners and specialty providers in order to provide skill teaching to clients on recommendations provided by health care providers. Staff help individuals schedule and keep appointments essential for ongoing healthcare.

A person-centered recovery plan is developed with each client to drive the skill building and support service provided. Outlined in the plan are interventions that staff will provide, as well as what activities the client will do to reach identified goals and objectives. The plan is based on the assessment completed, input from behavioral and health care providers, family and/or others whom the client requests to be involved. The client is in the driver's seat of planning how to use skill building and support services. The process is dynamic and changes over time.

Recovery plans are evaluated quarterly and updated at least annually to ensure that services offered are relevant to client needs and consistent with recommendations outlined within the treatment team working with each client. When changes occur, plans are modified to be responsive to changing needs.

Collaboration with treatment team members is essential to the success of clients served. PRS Community Support Specialists liaison regularly with identified treatment team members as part of care coordination.

Skills training and supports empower individuals served to increase independent living and interpersonal skills to improve self-sufficiency. Staff teach and role model skills, address behavioral



changes required, encourage clients to practice skills, problem solve to help clients gain confidence in performing skills in daily routines and improve the ability to manage symptoms of illnesses. Each component is critical in aiding each individual with reaching his/her full potential, to establish and maintain a level of stability and independence in the community in a least restrictive environment. In order to achieve potential specific skills, resources and supports are needed. Our service provides the opportunity for each individual to partner with staff to learn how to maintain independence in the community.

#### 5.3.b Appropriate Staffing

PRS will provide appropriate staffing to serve clients as needed. The PRS Community Support Services Program currently operates skill building services in Fairfax-Fall Church, Arlington County, The City of Alexandria, Prince William County and Loudoun County. PRS, Inc. is fully prepared to expand the capacity of our current infrastructure to provide Supportive Residential Services to the individuals identified by the Northern Virginia Regional Projects Office (NVRPO) and/or the Fairfax-Falls Church CSB. To be flexible with initial referrals existing staff will absorb referrals and PRS will add Community Support Specialists in the jurisdiction that has increased referrals through this contract as well as our Medicaid funded skill building services. This will limit travel time across jurisdictions to maximize the time to serve clients. Caseloads are reviewed quarterly to ensure that travel time is minimized and that our staff are able to spend time meeting with clients rather than travelling to and from visits.

Expanding our capacity allows PRS to be responsive to the minimum of 10 identified referrals in the RFP and allows PRS to accept more referrals if funding is allocated at a future date. Rather than funding a staff position, services will be provided by staff serving clients in a particular jurisdiction. To streamline reporting for the NVRPO the Assistant Clinical Director will complete a quarterly update and liaison with the Regional Office to address progress clients are making, challenges and/or concerns related to the RFP requirements.

PRS recruits and hires employees who have a commitment to work with the target population served within this RFP. Onboarding includes job shadowing with other Community Support Specialists, Relias training (on-line training modules), as well as in-service training that includes but is not limited to: Motivational Interviewing; Stages of Change and Person-centered Planning; Medicaid Guidelines and Regulation for Mental Health Skill Building; Illness Management and Recovery; Cultural Competency; Supported Employment; and Clinical Documentation requirements to meet Licensure, CARF standards



and Medicaid regulations. In-service training is incorporated into monthly staff meetings and face to face clinical supervision is provided every other week by the Clinical Supervisors of Community Support Services. Each Community Support Specialist completes a safety check to sign out at the end of his/her work day with the supervisor so that the supervisor has daily contact with employees in the field.

Supervisors review and approve clinical documentation of Community Support Specialist weekly. Changes in level of functioning and barriers encountered in working with clients are consistently discussed to ensure that staff are proactive and creative in addressing barriers to minimize the risk of relapse and/or hospitalization.

The Clinical Supervisor or Assistant Clinical Director completes an assessment and/or authorization for Medicaid when applicable at least every six months. During this assessment, a survey is completed with the client to ensure that services are provided as outlined in the Recovery Plan. This allows clients to meet and know who to contact, in addition to staff working directly with them, if they need assistance or if a problem has surfaced in working with assigned staff in the community.

PRS, Inc. has provided psychosocial rehabilitation services and support to individuals living with serious mental illness and substance use disorders in Fairfax County since 1963 and has provided community support services since 2001. PRS is a community-based 501(c)(3) agency incorporated in the Commonwealth of Virginia, and has the highest levels of accreditation by CARF and the American Association of Suicidology (AAS). PRS is licensed by Virginia's Department of Behavioral Health and Developmental Services in Mental Health Community Support Services, is a registered provider organization for Virginia DMAS (Medicaid) and an approved vendor for Virginia Department of Aging and Rehabilitative Services (Employment Services). PRS is committed to and in full compliance with the Americans with Disabilities Act (ADA). PRS uses a secure, HIPAA-compliant, web-based, electronic clinical health record package called Credible, a state-of-the-art management information system designed to allow data entry, and collection and monitoring in an efficient and effective manner. PRS, Inc. adheres to Freedom of Choice under the Medicaid Final Rule (6.3). Each individual served has the right and the choice to participate in our services. Individuals will be educated on their rights upon intake complying with the Virginia Administrative Code, Title 12, Agency 35, Chapter 115 and the Fairfax-Falls Church CSB (6.5). PRS complies with these rights and ensures each individual understands his/her rights and how to report concerns should he/she feel rights are violated. Each staff member is trained upon hire and annually thereafter regarding HIPAA compliance/confidentiality, ethics, human rights and appropriate trainings for professional responsibility and boundaries. Diversity and Health and

Safety trainings are also provided annually to each staff member. Proof of completion can be provided (6.12).

#### 5.4 Not applicable to Supportive Residential Services

#### 5.5 Client Referrals

PRS, Inc. will accept referrals from the Northern Virginia Regional Projects Office (NVRPO) and/or the Fairfax Falls Church Community Services Board for individuals who are in need of Supportive Residential Services. The referral source will be notified of the receipt of the referral within one business day and an intake will be scheduled by the Asst. Clinical Director or Clinical Supervisor of PRS Community Support Services within two business days. A Service Specific Intake (SSPI) will be completed by LMHP/LMHP-R staff. The only exception to this will be if the client is unavailable to meet within two business days. The NVRPO or referral source will be notified if the assessment cannot be scheduled within two business days. The SSPI will be completed to assess the skills, needs and preferences of the individual and identify person-centered goals and objectives that the client wants to address in on-going treatment. Input from the case manager, family, health care providers and/or other treatment team members will be requested to ensure that services are collaborative and that PRS services will be consistent with client needs.

Safety risks will be assessed by reviewing material submitted with the referral; i.e. relevant hospital discharge summaries and/or conditional release plans, if applicable, and in completing the service specific provider intake. While PRS is willing to submit a written summary to the referring agency within two business days of the referral being made that includes a clinical review and a discussion of the rationale used to make the determination, PRS prefers that if for any reason an identified individual is assessed by our team and deemed inappropriate as a result of a safety risk, a treatment team meeting be requested. The treatment team meeting will include but not be limited to the referral source and/or the CSB within 48 hours. PRS will work collaboratively to see if a safety plan can be developed that will address high risk behavior(s) and/or suggest alternative services that may be necessary to increase stability of a client before PRS can initiate 1:1 community-based skill building and support services. Following the treatment team meeting if PRS, Inc. determines that the client is not appropriate for PRS Supportive Residential Services, a written summary will be provided to the referral source as to the reason for not accepting the client and the rationale used to make this determination. PRS will re-

evaluate an individual when and if the referral source is able to provide information that the reason for not accepting a referral is resolved.

PRS will also request a treatment team meeting if and when safety issues are identified that require more intensive services than can be provided during two service hours per week by Community Support Services. If a client is unwilling to engage or meet consistently with CSS staff over a 60 day period of time a team meeting will be requested to determine the need for Community Support Services.

#### 5.6 Individualized Service Plans

PRS will provide Individualized Service Plans as required by DBHDS licensing requirements. PRS Community Support Specialists will partner with each client served to develop an Individual Recovery Plan that will outline goals, objectives and interventions that will be the focus of the 1-2 hour community based visits each week. PRS adheres to person-centered planning and encourages each client to be in the driver's seat of his/her recovery. Input is requested from treatment team members that are involved in providing services to the client as well as behavioral health and physical health care providers when applicable, family and/or other persons a client requests to be involved in his/her recovery plan. All recovery plans meet Licensure requirements, CARF standards and Medicaid Regulations. PRS routinely submits Recovery Plans to Magellan as part of the re-authorization process for skill building services that are Medicaid funded. PRS has received positive feedback from care managers regarding the content of the plans and that each are person-centered and culturally relevant to client needs.

Goals outlined in the Recovery Plan are broad, general statements that express the individual's and/or family's desire for change. Goals are not necessarily measurable. After establishing the Goals, measurable objectives and observable interventions are incorporated into an Individual Recovery Plan.

Objectives define what change is expected as a result of services provided. Objectives need to be measurable, reasonable, culturally appropriate, achievable and relevant to the setting that service is being provided in. The objectives need to be written in language that the client is able to understand.

Interventions are the activities and services to be provided by PRS staff, treatment team members and may include items the client/family is responsible for. Interventions are to be relevant to the stage of change for an individual which might vary in readiness to change in different life domains.

Recovery Plans are developed within 30 days of each client being opened. The plans are reviewed quarterly and updated or modified as needed. An annual update is completed when the annual service specific provider intake is completed. If needs change due to a life crisis or situation that was not anticipated, the recovery plan is updated to be relevant and reflective of current needs prior to the expiration date.

#### 5.7 Crisis Intervention and Stabilization

Community Support Services staff are trained in nonviolent crisis intervention and are well versed in providing crisis intervention, having experience providing this for over 15 years as described below. Safety plans or crisis plans are developed for clients who are in crisis frequently to work toward reducing crisis episodes and minimizing the risk of or preventing re-hospitalization. When it is determined that an emergency evaluation is required, staff collaborate and coordinate with the local CSB Emergency Services, mobile crisis teams and regional crisis stabilization program to determine next steps and options to meet the needs of individuals in crisis. Case managers are notified of the emergency situation and may serve as the primary link to emergency services when appropriate.

Staff work with clients served to identify early warning signs of relapse and encourages clients to develop a Wellness Recovery Action Plan (WRAP) to develop coping tools to minimize crisis episodes. Staff routinely assess and monitor mental status changes of clients at each visit, check use of medications to manage symptoms, reinforce use of coping skills and assist client's with developing strategies to minimize the need for emergency services. Case managers and treatment team members are notified if signs of relapse are observed or concerns identified that might indicate a person is at risk for homelessness or hospitalization. If it is determined an individual is in crisis, Emergency Services is notified and appropriate interventions are coordinated. If there is an imminent risk, 911 is contacted for immediate assistance in the community for safety reasons. All reasonable interventions are exhausted to aid the client in resolving crisis situations to prevent psychiatric hospitalization. PRS CrisisLink hotline and textline are offered as a resource to clients as needed for 24/7 assistance by phone.

Staff receives in-service training on the Collaborative Assessment and Management of Suicidality (CAMS) to manage suicidal ideation. Staff collaborate with CSB case managers if and when the need for a CAMS plan or Crisis Intervention plan is indicated.

#### 5.8 Access Funding Streams



In the initial assessment, information regarding each individual's access to community resources, benefits, entitlements and income is obtained. When it is determined that an individual is eligible for further entitlements/benefits or alternative funding, staff provide guidance and assistance with the application process for entitlements he/she is eligible for. Funding sources include but are not limited to Medicaid, Supplemental Security Income, Social Security Disability Insurance, Supplemental Nutrition Assistance Program (SNAP), Medicare, Medicare Extra Help (Part D medication assistance program), TANF, General Relief, Fuel Assistance and Auxiliary Grants. Each funding source is maximized when applicable. If an individual does not have the means to support out of pocket expenses for prescribed medications staff work with the client to apply for Patient Assistance Programs. Individuals are aided in recertifying housing vouchers when applicable.

Eligibility for entitlements and benefits are reviewed quarterly to determine if any changes have occurred. Renewal dates for various entitlements are identified to avoid the loss of benefits when feasible.

If an individual becomes eligible for mental health skill building through Medicaid, funding will shift to Medicaid vs. this project's resources. Services will be shifted to Medicaid if eligibility requirements are met and once approval of a prior authorization request has been received. An exception to this might be for support services that the NVRPO may request that are not eligible for reimbursement through skill building funded by Medicaid.

#### 5.9 Not applicable to Supportive Residential Services

#### 5.10 Culturally and Linguistically Appropriate Services

PRS provides services that are culturally and linguistically competent, and consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) designed to address health inequities that result in disparities that directly affect the quality of life for all people. Cultural competency is essential for Community Support Specialists who have the privilege of working with clients within their homes. Cultural competency training is addressed while onboarding and is discussed in clinical supervision on a regular basis. PRS recruits and hires bi-lingual staff when feasible. Cultural needs are assessed in the Service Specific Provider Intake and the Recovery Plan.

PRS, Inc. strives to create and maintain an environment that promotes diversity throughout the organization and strengthens the sensitivity and competence of staff as it relates to relationships with

clients, staff, family members of clients, professionals in the community, and the community as a whole.

Cultural competence is defined as an acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of diverse populations.

Cultural competence includes attaining the knowledge, skills, and attitudes to enable all PRS staff to provide effective service and care for diverse populations, i.e. to work within the person's values and reality conditions. Recovery is more likely to occur where systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the background of all stakeholders with whom we work. Culturally competent services provide efficient access to appropriate, flexible, and effective services with the opportunity for improved outcomes.

PRS, Inc. utilizes a language line to assist with interpreters when needed. Materials in relevant languages are accessed to review and discuss human rights. The Community Support Specialists use tools that clients are comfortable with such as Apps that are effective in translating information in a fun, culturally appropriate manner while communicating and working with clients when language is a barrier in daily work in the community.

#### 5.11 End of Contract Transition

If a PRS client needs to end a contract, the Assistant Clinical Director will work closely with NVRPO and treatment teams of clients served to identify and transition clients served to appropriate and needed resources and support. PRS is able to provide clinical documentation needed for alternative providers from the electronic health record. A Transition Plan is developed for each client served so that input and decision-making is shared with the client and relevant parties to ensure that client needs and resources are identified and addressed and a smooth transition occurs.

**2. Preliminary Work Plan:** see Attachment D. Narrative imbedded within the plan.

#### **3. Treatment of the Issues:**

(5.5) PRS prefers that a meeting occurs if we determine that we are unable to meet the needs of the client referred, rather than just submitting a written summary, although PRS is certainly willing to provide a summary.



PRS is able to staff up to serve additional clients beyond the 10 client minimum outlined in the RFP.

PRS proposes that the county develop a mechanism for reimbursement for frequent no shows or cancellations to insure that the offeror is compensated for time spent travelling to a residence. Further, time needs to be allocated when a case is going to be closed per the treatment team.

#### **4. Residential Sites: N/A**

#### **5. Outcomes:**

PRS uses a continuous quality improvement feedback loop to assess performance. For this project, PRS will measure and evaluate services and the quantity of services provided, quality of service delivery and client responses to services and changes in client circumstances after receiving services, i.e. are clients better off and how? The PRS performance accountability process starts with the Board of Directors under the Policy Governance model utilized by PRS. In this model, Board Policy identifies the organizational “Ends” to be achieved. These Ends identify the overall areas of focus in four key domains: Community, Recovery, Wellness, and Safety. For each of these four Ends there are Sub-ends, which are program-specific clinical metrics. These Ends and Sub-ends evaluate, in the aggregate, client responses to services, and answer the over-arching questions: to what end are PRS services provided?; To what degree and in what ways are clients better off now after receiving services from PRS? Additionally, there is a fifth Board End that focuses on growth and quantity of services provided, as well as the resources required to provide these services. The PRS Board of Directors and senior leadership reviews a quarterly report of the results of these goals, and monitors overall progress. The Board also monitors improvement action steps when results do not meet targets and/or benchmarks. PRS utilizes Business Intelligence through Credible to track results whenever possible.

The following outcomes, proposed for this RFP, are included in the above monitoring:

1. 70% of clients use coping skills and behavioral strategies to manage psychiatric symptoms, and/or behavioral challenges.
2. 70% of clients demonstrate ability to complete basic independent living tasks.
3. 25% of clients are employed, volunteer and/or take classes in formal education (e.g. GED, degree coursework, professional development, etc.).
4. 90% of clients avoid psychiatric hospitalization.
5. 85% of CSS clients with co-existing medical conditions access health care and follow up with recommendations of health care providers annually.

6. 80% of CSS clients working to improve their physical health and fitness either lose weight or exercise during the year.

The first two outcomes above rely on the staff-implemented Stages of Change rating scale in order to consistently and reliably report results. Outcomes # 3 and 4 are documented as either 'yes' or 'no'. Outcomes # 5 and 6 are based on each Individual's Service Plan (ISP); if the client has a goal in the specific area, then the results are reported.

In addition to the above aggregate performance measures, individual client outcomes and clinical progress are monitored as well. Quality control and accountability procedures include, but are not limited to:

- LMHP-R/LMHP supervisor review and approval of Initial Assessment, Individual Service Plan, and Quarterly Review of Progress reports. In addition, individual client Outcome results are reported and reviewed on a quarterly basis.
- Bi-weekly individual supervision which addresses client progress and responses to services and new approaches to enhance effectiveness. Reviews also address frequency and/or quantity of services provided and the effectiveness of same.
- Monthly small group supervision of client progress, including discussion and/or training regarding effective approaches or tools.

Finally, overall program efficiency is evaluated on a continuous basis, in order to hold staff accountable and monitor quality. Quality Control measures include, but are not limited to:

- A weekly review of reports provided via our Business Intelligence software. Reports address, for example, timeliness of documentation completion for each staff person for each client. This report indicates if key documents such as the ISP or Initial Assessment is present or not and completed within the required timeframe. Supervisors monitor the results and work with staff, if necessary, to bring their documentation into compliance.
- Quantity of services provided are also monitored via the Business Intelligence software using data inputted into the Electronic Health Record. For example, service authorizations include the amount of services approved; authorizations are compared to actual amount of service provided.

## **6. Policies and Procedures:**

PRS Policies and procedures cover all of the elements required by DBHDS licensure. Please see attachment E for the relevant pages from our Policy and Procedure Manual Table of Contents; required policies are highlighted.

Two documents are not included in this manual, but are integral to the operations of the organization: the PRS, Inc. By-Laws and the PRS, Inc. proof of licensure. These two documents are included in Attachment F and Attachment B respectively.

## **7. Staffing Plan:** see Attachment G

## **8. Contingency Planning:**

PRS is aware that difficulties may be encountered in serving 10 identified clients in Supportive Residential Services that include but are not limited to:

### **1. Transition from an existing provider**

Plan:

- a. If clients are receiving services with an existing provider it is essential that PRS staff meet and collaborate with the existing provider.
- b. Strategies will be developed to assist clients with making a transition in providers.
- c. Joint meetings will be recommended with the existing provider and PRS staff to discuss strengths, needs and challenges, what has worked well in the past to prevent hospitalization and/or crisis episodes.

### **2. Engagement in services**

Plan:

- a. Provide Community Support Handbook, provide education and an orientation to skills building and support services PRS is able to provide with client, family, case manager and/or relevant treatment team members.
- b. Utilize motivational interviewing to engage clients in services and highlight preferences and needs; assist client in having a desire to partner with staff to focus on recovery.
- c. Place phone calls and/or texts reminding clients of scheduled appointments 24 hours in advance and on the morning of the appointment.
- d. Engage case manager, family or significant other in scheduling appointment times.
- e. Liaison with treatment team to collaborate on engagement.
- f. Accompany client to scheduled behavioral health/physical health care appointments and assist client in advocating for his/her needs.

### **3. Safety issues**

Plan:

- a. Work with client and treatment team to implement a crisis management plan where applicable.
- b. Assist client with medication management.
- c. Link with PRS CrisisLink outbound calling CareRing program to have phone calls to remind client to take prescribed medications.

- d. Link to PRS CrisisLink for the hotline or textline if crisis occurs 24/7.
- e. Connect with CSB emergency services and/or the NVRPO Crisis Stabilization Program to prevent hospitalizations or to seek hospitalization if imminent risk is identified.
- f. Complete a suicide assessment and safety plan when applicable.
- g. Staff complete environmental scans to determine safety in community settings.
- h. Text supervisor, Asst. Clinical Director or Clinical Director if an emergency occurs so that help can be summoned.

4. Cyclical nature of mental illness and risks associated with increased substance use

Plan:

- a. Gather information on cycles or periods of time when symptoms are likely to increase.
- b. Develop a plan to address changes that might reduce risks that occur in a cyclical pattern.
- c. Assist clients with medication management; i.e. filling a medication planner with prescribed medications & checking planner each visit.
- d. Address what is working well with medications, teach and support clients with reporting changes in symptoms or stressors to health care providers so that medications can be adjusted when needed.
- e. Teach and work with clients to develop and use coping skills to have multiple tools or options to manage symptoms.
- f. Practice use of coping skills in community settings and role model skills.

5. Missing persons

Plan:

- a. Determination as to whether and when a missing person report is filed with the police, in consultation with PRS Assistant Clinical Director and NVRPO.
- b. Community Support Specialists will collaborate with NVRPO and the police if it is determined that a client is missing.
- c. Adhere to state reporting requirements on missing persons when applicable.

**8.3** Direct supervisors and key personnel named in this proposal will remain assigned to the project throughout the period of the contract. Should a diversion or replacement need to be made, PRS will submit a resume of a proposed replacement and seek final approval from the County Purchasing Agent.

**8.4 FINANCIAL STATEMENTS:** see Attachment H for PRS FY16 audited financial statements. See Attachment I for Certification of Financial Solvency for Nonprofits.

**9. CONSULTATION SERVICES:**

PRS staff will 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.



## Stages of Change

Stage of Change	Characteristics	Strategies/Interventions
<b>Pre-contemplation</b>	No intention to change behavior. A person is not even considering changing. He/she may be in "denial" about his/her health problem, or not consider it serious. A person may have tried unsuccessfully to change so many times that he/she has "given up".	Use Motivational Interviewing (MI) strategies to raise awareness, provide information and raise doubt. i.e.; use of reflective listening, open-ended question, collaborate. Focus on building trust, rapport and engagement in services. Educate on risks vs. benefits and positive outcomes related to change. Encourage re-evaluation of current behavior. Ask permission to give feedback or to provide assistance. Express concern in nonjudgmental manner and keep the door open. Develop safety plan when indicated and provide clear information if safety risks present.
<b>Contemplation</b>	Aware a problem exists. No commitment to action steps. A person is ambivalent about changing. During this stage, the person weighs benefits vs. costs or barriers (e.g. time, expense, bother, fear).	Normalize ambivalence or reluctance to change. Validate lack of readiness. Explore incentive to change. Identify barriers and misconceptions. Gather information about past change attempts and reframe experiences, if applicable. Address concerns. Provide information and encourage change talk by pros/cons of change from the perspective of the client. Identify support systems. Explore decision making skills; use *WHAT's UP? (see below) Elicit and summarize self-motivational statements of intent.
<b>Preparation</b>	The person is prepared to experiment with small changes. Intent upon taking action.	Assist with problem solving and use of *SODAS/Future Planning (see below) Encourage small steps and clarify goals (Futures Planning). Continue to normalize ambivalence about changing behavior. Skills teaching on coping skills to build coping strategies. Develop realistic goals and timeline for change. Define small steps. Provide positive reinforcement. Visualize what change might look like. Reinforce and encourage change talk.



		Identify and enlist natural supports; focus on skills/strengths for behavior change. Negotiate a change or revise recovery plan and expected change.
<b>Action</b>	A person is taking definitive action steps to change behavior.	Provide positive reinforcement and skills building interventions. Focus on successful activity. Build on strengths. Normalize challenges encountered in taking action steps. Reinforce the importance of changing behavior. Reaffirm commitment. Focus on restructuring cues and supports to change behavior. Normalize challenges of putting action (change) into play. Reinforce the importance of changing the behavior(s).
<b>Maintenance &amp; Relapse Prevention</b>	A person strives to maintain new behavior over the long term. Sustained change Relapse – falls back into old behavior.	Provide positive reinforcement and support. Reassess skill teaching needs. Explore precipitating factors or triggers for symptoms or crisis. Discuss coping with relapse and practice new skills. Futures Planning. Provide education/information and feedback about plans. Review long-term plans. Reframe relapse as part of recovery. Normalize relapse. Reinforce internal rewards. Support lifestyle changes. Evaluate triggers to relapse. Reassess motivation and barriers. Plan stronger coping strategies. Increase skill building activities. Provide affirmation statements to validate change and self-efficacy. Focus on vision of hope and belief in possibility of change.

\* Adapted from DiClemente, 1991; Prochaska and Norcross, 1994

Motivational Interviewing Approach: \* TIP Transition to Independence; Stars Behavioral Health Group; See [www.starsinc.com](http://www.starsinc.com)

Contemplative Stage (Prevention Planning/Reduce Harm or Risk) Preparation/Action (Social Problem-Solving Skills)

W	What is your concern?	S	Situation
H	How does the risky behavior or concern fit with your future plan(s)?	O	Options
A	Ask about good/not so good things about the concern or risky behavior	D	Disadvantages



<b>T</b>	Talk about options		A	Advantages
<b>S</b>	See the stage of change		S	Solution
<b>U</b>	Understand ambivalence			
<b>P</b>	Plan for next steps			

# 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*

PRS, INC.  
1761 OLD MEADOW ROAD SUITE 100  
MCLEAN, VA 22102

*to maintain and operate*

SEE ADDENDUM FOR LISTING OF LICENSED SERVICES

LICENSED AS: A PROVIDER OF MENTAL HEALTH AND SUBSTANCE ABUSE  
SERVICES  
STIPULATIONS:

*This TRIENNIAL license is for the period beginning FEBRUARY 01, 2016  
through JANUARY 31, 2019 subject however to revocation for justifiable cause.*

**License Number: 233**

By

*Jack Barber*

**JACK BARBER, M.D.  
INTERIM COMMISSIONER**

*Cleopatra Booker*

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

**WENDY GRADISON, L.C.S.W.**

1408 Whitley Drive  
Vienna, VA 22182

(703) 531-6300 (Business)  
(703) 448-3723 (Fax)  
[wgradison@prsinc.org](mailto:wgradison@prsinc.org)

(703) 757-9744 (Home)  
(703) 624-0222 (Cell)  
[wgradison@gmail.com](mailto:wgradison@gmail.com)

**SUMMARY:** Senior behavioral healthcare executive. Demonstrated success as a leader, team builder, and facilitator. Areas of expertise include:

Leadership/Program Management  
Systems Change  
Psychosocial Rehabilitation  
Supported Employment  
Training and Development  
Program Design and Implementation  
Recovery Services for Adults living with Serious Mental Illness, Substance Use Disorders, Mild Intellectual Disabilities and Autism Spectrum Disorders

**PROFESSIONAL**

**EXPERIENCE:** *PRS, INC. (PSYCHIATRIC REHABILITATION SERVICES)*  
**McLean, VA 1997 - Present**

**President and Chief Executive Officer (8/98 to Present)**

Provide leadership and direction to all aspects of PRS, Inc. Insure Board Ends/results are met. Develop and implement effective strategies for recovery-focused psychiatric rehabilitation (community-based skill training and supports) treatment through day programming, employment services, community housing and residential services. Provide strategic direction and operational management of the organization. Develop partnerships to maximize services and outcomes. Maintain relationship with governmental agencies. Promote organization in the local community and statewide. Develop additional sources of funding. Support activities of the Board of Directors.

Selected Accomplishments:

Expanded organizational funding streams and revenues three-fold.  
Numbers of clients served has increased from 599 to over 1000.  
Increased collaborations and partnerships, leading to increased services.  
Managed a merger with CrisisLink.  
Transitioned organization under leadership of Policy Governance Board.  
Accredited by CARE/The Rehabilitation Accreditation Commission.  
Expanded services into northern Virginia and the District of Columbia.  
Named one of 50 Best Non Profits to Work For in the United States five years in a row.

**Center Director, Reston Faraday Clubhouse (7/97 - 7/98)**

Manage clinical, programmatic, and administrative services and operations. Direct the development, implementation, and oversight of state-of-the-art rehabilitation services for adults with serious mental illness. Manage budget. As a member of the Leadership Team, set direction and develop strategies for the accomplishment of organizational goals and priorities.

**PRINCE WILLIAM COUNTY COMMUNITY SERVICES BOARD**

**Manassas, VA 1981 - 1997**

**Program Manager (1989 - 1997)**

Managed various behavioral healthcare programs. Recruited, hired, trained, and supervised managerial and direct service staff. Prioritized budget. Designed and implemented policies and procedures, developed, and implemented programs for adults with serious mental illness, oversaw daily operation, provided administrative and clinical supervision. Provided facilitation for groups within agency, county government, and State of Virginia. Implemented and monitored procedures for compliance with Medicaid, Licensure, and Department of Rehabilitative Services' standards.

Selected Accomplishments:

Chaired agency-wide intake workgroup, resulting in re-engineering intake system, increased productivity, and significantly improved customer service.

Facilitated strategic planning for Economic Development/Quality Growth Task Force for Prince William County. Recipient 1996 County Executive's Award for same.

Designed, implemented, and maintained PSR program which enhanced client usage by 100%.

Created and operated program elements which expanded funding through Medicaid and Department of Rehabilitative Services by over \$300,000 in final year.

Recruited, trained, and molded effective, pro-active management team.

Trained local community leaders to facilitate effective collaboration as member of state training team for local leadership development in the area of services to at-risk youth.

**Program Coordinator (1986 - 1989)**

Managed assigned programs. Recruited, hired, trained, and supervised staff. Designed and implemented policies and procedures for program, provided administrative and clinical supervision, authored and was awarded two grants, organized conferences, and coordinated daily program operation for adults with serious mental illness. Advocated for clients.

Selected Accomplishments:

Started supported employment program to help clients choose, get and keep competitive jobs.

Wrote successful grant application which funded new program element.

Organized regional conference, which brought together mental health professionals to explore cutting-edge technologies.

Served as oral examiner for candidates applying to become Licensed Clinical Social Workers for the commonwealth of Virginia Board of Social Work.

**Mental Health Therapist I, II, III (1981 - 1986)**

Supervised therapists and graduate students. Provided individual, group, couples, and family therapy. Managed program providing day support to adults with serious mental illness.

**WORKPLACE SOLUTIONS, INC.**

**McLean, VA 1996 - 1998**

Provide facilitation, training, and consultation to increase organizational effectiveness.

**PRIVATE PRACTICE**

**Manassas, VA 1985 - 1988**

**Licensed Clinical Social Worker**

Individual, couples, family, and group therapy.

**CHILDREN'S HOSPITAL MEDICAL CENTER**  
**Cincinnati, OH 1980**  
**Student Social Worker (paid position)**

Member, Interdisciplinary Child Abuse Team

**U.S. SENATE**  
**Washington, D.C. 1979**  
**Assistant to Senator William Cohen, Maine**

Prepared daily news summary, edited legislative correspondence, handled job and intern applications.

**LIZ ROBBINS, CONSULTANT**  
**Washington, D.C. 1978 - 1979**  
**Assistant**

Assisted legislative consultant (lobbyist) to New York City and State of Michigan on federal tax, unemployment, health and welfare issues.

**CORNELL UNIVERSITY**  
**Ithaca, NY 1977**  
**Senior Editorial Assistant to Dr. Carl Sagan**

Contributed to Voyager Interstellar Record Project.

**FAMILY PLANNING COUNCIL OF WESTERN MASSACHUSETTS**  
**Northampton, MA 1975 - 1977**  
**Counselor**

Individual, group, and couples counseling on birth control and problem pregnancies.

**EDUCATION: Masters, Social Work**, National Catholic School of Social Service  
Catholic University; Washington, D.C. 1981

**B.A., Psychology (Cum Laude)**  
Williams College; Williamstown, MA 1975

**HONORS/APPOINTMENTS/AFFILIATIONS/MEMBERSHIPS:**

**Member, Virginia Rehabilitation Association Board of Directors**, January 2013 - present

**Member, Credible Partner Advisory Board**, November 2011 to present

**Winner of the Center for Nonprofit Advancement's regional Gelman, Rosenberg & Freedman 2011 EXCEL Award for outstanding nonprofit leadership**

**Recipient of the Fairfax County Mental Health Consumer Award for Service Provider Excellence 2011**



**Member, State Employment Leadership Network, August 2011 to present**

**Co-convenor, Implementation Action Team for the strategic initiative to create employment opportunities for individuals with mental health or substance use disorders appointed by the Commissioner of the Virginia Department of Behavioral Health and Developmental Services, July 2010**

**Member, Advisory Council for the Regional Community Support Center, Northern Virginia Mental Health Institute, 2007-2011**

**Chair, Supported Education/Supported Employment Workgroup for Fairfax County Beeman Commission Implementation Steering Committee, 2009**

**Implementation Committee Member for the Strategic Directions: the Plan to Prevent and End Homelessness in the Fairfax-Falls Church Community, 2007**

**Co-Chair, Regional Recovery Workgroup, 2006-2007**

**Member, Laurie Mitchell Employment Center Advisory Committee, 2005-2006**

**Member, Mental Health Systems Transformation Steering Committee and Supported Employment Workgroup, Virginia Department of Mental Health, Mental Retardation, Substance Abuse Services, (Real Choice Systems Change Grant) 2004-2005**

**Member, Board of Directors, Virginia Association of Community Rehabilitation Programs, 2004 – 2010. Director-at-large member of Executive Committee, 2006-2010.**

**Chair, Leadership Fairfax's Program Day Experience Committee, 2006-2007.**

**Member, Leadership Fairfax's Program Committee, 2005-2006**

**Member, Leadership Fairfax's Emerging Leaders Mentoring Committee, 2004-2005**

**Past-Chair, Human Services Coalition, Non-Profit Agencies Serving Northern Virginia, 2003-2004  
Chair, Human Services Coalition, Non-Profit Agencies Serving Northern Virginia, 2001-2003**

**Member, Executive Committee, Board of the International Association of Psychiatric Rehabilitation Practitioners (IAPSRS), 2002-2004**

**Co-Chair Practice Guidelines Subcommittee (IAPSRS) 2003-2004**

**Member, Leadership Fairfax, Inc. Class of 2004**

**Williams College Alumni Fund Associate Agent 2001-2004, 2010, 2012**

**Member, Virginia Department of Rehabilitative Services' Employment Services Organizations Advisory Committee 2001-2009**

**Member, Board of the Virginia Chapter of the International Association of Psychosocial Rehabilitation Programs 2000 – 2002**



**Chair, Mental Illness Awareness Week Event**

October 2002

September 2005

September 2008

**President, Board of Directors, Tuckahoe Recreation Club, 1994 - 1996**

Past President, 1996 - 1997

Member, National Association of Social Workers

Member, NAMI - NOVA

Member, Northern Virginia Mental Health Foundation

**Mary B. Brown, PMHCNS-BC, CPRP**  
**7329 Hooking Rd.**  
**McLean, VA 22101**  
**(703) 288-3185 – Home    (703) 531-6302 - Work**

**Education:**

M.S. in Psychiatric-Community Mental Health Nursing, June 1985  
Boston College, Chestnut Hill, Massachusetts 02167  
Bachelor of Science degree in Nursing, May 1977  
University of Iowa, Iowa City, Iowa 52240  
Honors: Sigma Theta Tau

**Certification:**

Clinical Specialist, American Nurses Association, January 1987 to present  
Adult Psychiatric Mental Health Nursing; Board Certified as Advanced Practice Clinical Nursing Specialist  
ID# 102109 (Board Certified)  
Certified Psychiatric Rehabilitation Practitioner (CPRP), May 1997 to present  
United State Psychiatric Rehabilitation Association  
601 North Hammonds Ferry Rd., Suite A, Linthicum, MD 21090-2416  
Certified Instructor for Crisis Prevention Institute – January 2002 to present  
International Association of Nonviolent Crisis Intervention  
ID# 275366

**Licensed in Virginia & District of Columbia:**

Clinical Nursing Specialist in Virginia: #0015000768  
R.N. License in Virginia: # 0001108010  
Clinical Nurse Specialist in the District of Columbia: #1029203  
R.N. License in the District of Columbia: #1029203

**Professional Affiliations:**

Sigma Theta Tau  
American Nurses Association  
Virginia Nurses Association  
American Psychiatric Nurses Association  
Psychiatric Rehabilitation Association (PRA)  
American Psychiatric Association  
National Rehabilitation Association  
APSE – Advancing Employment... Connecting People  
National Council for Community Behavioral Healthcare

**Professional Experience:**

**Senior Vice President/Clinical Services: January 1999 to present**  
**PRS, Inc.**  
**1761 Old Meadow Rd.**  
**McLean, VA 2212**

Responsible for the overall development and implementation of an array of clinical and rehabilitation services provided by PRS, Inc. Provides supervision to the Program Directors of the Recovery Academy, Community Services and Program Manager for an Intensive Supported Housing Program. Designs, evaluates and recommends programmatic and/or resource configuration to meet cross-organizational clinical and rehabilitation needs. Designs and implements staff in-service training for day, employment

and community support services to ensure use of evidenced based practices within PRS. Monitors and evaluates outcome measures for each core program area and institutes organizational changes to improve outcomes. Ensures that each program complies with federal and state regulations, licensure, CARF and Medicaid requirements; defines and administers clinical policies and procedures; provides liaison/consultation to other community agencies/organizations; and conducts professional seminars. Serves on Federal, County and State work groups or committees.

**Selected Professional Presentations:**

- ✓ Use of Mental Health Support Services to Enhance Recovery for Persons with Serious mental Illness, 2014
- ✓ Treatment Planning for Person-Centered Care, 2014
- ✓ Safety Practices in Providing Community Support Services and Supports, 2014
- ✓ Nonviolent Crisis Intervention: Including video "Effective Limit-Setting", 2014
- ✓ An Overview of Atypical Antipsychotic Medications: Advances in Treatment and Recovery for Persons with Psychiatric Disabilities, 2014
- ✓ Practical Information of Mood Stabilizing and Antidepressant Medications for Persons with Psychiatric Disabilities, 2013
- ✓ Drug Interactions and Cross-Cultural Issues in Rehabilitation, 2012
- ✓ Psychosocial Strategies to Manage Weight Gain, Diabetes, & Mental Illness, 2013
- ✓ Cultural Competence in Health Care, 2013
- ✓ Integrating Outcomes into Clinical and Rehabilitation Services, 2013

**Center Director: September 1987 to 1999**

**Psychiatric Rehabilitation Services, Inc.  
2810 Dorr Ave.  
Fairfax, Virginia 22031**

Responsible for the screening/intake of clients referred to psychosocial rehabilitation program; develops and implements psychiatric rehabilitation plans with clients; provides case management and counseling to adults with a serious mental illness and dual diagnosis (mental illness and substance abuse); ensures that program complies with state licensure and Medicaid requirements; provides supervision of clinical staff and has oversight of program development, implementation, and evaluation of services; defines and administers Agency clinical policies and procedures; provides liaison/consultation to other community agencies; and conducts staff training/professional seminars.

**Clinical Coordinator for Aftercare Services: August 1986 - August 1987**

**Valley Adult Counseling Service, Inc.  
115 Water St.  
Milford, MA 01757**

Clinical Supervisor for new outpatient program developed to meet the needs of adults with serious mental illness; psychoeducational groups, individual/group counseling, medication assessment and monitoring provided. A family psychoeducation group was developed and emphasis placed on coordinating services to facilitate transition from hospital treatment to community-based services.

**Head Nurse/Adult Outpatient Unit: June 1981 - August 1986**

**Valley Adult Counseling Services, Inc.  
16 North St.  
Bellingham, MA 02019**

Primary responsibilities included monitoring/adjusting psychotropic medications for adults with serious mental illness under the supervision of a psychiatrist; diagnostic evaluations; providing crisis intervention services; individual, group or family psychotherapy; case management; and consultation to group

homes/local community hospitals. Specialized in treatment of PTSD for Vietnam Veterans.

**Psychiatric Nurse/Adult Continuing Treatment Unit: July 1975-July 1981**

**Providence Mental Health Center**

**Providence, RI 02906**

Responsibilities included administering/monitoring psychotropic medications; diagnostic assessments; crisis intervention; individual, group and/or family therapy for adults with serious mental illness. Provided support group for substance abusing mentally ill and case management services.

**Gillian Gmitter, LPC, NCC, LMHP**

2991 S Columbus St B2  
Arlington, VA 22206  
Gdesantis@prsinc.org  
(732) 687-5339

A talented professional looking to utilize my skills, education, and life experiences in a career in the psychiatric rehabilitation field.

**Education:**

<b>2007-2010</b>	<b>Walden University</b>	<b>Minnesota, MN</b>
Masters Degree in Mental Health Counseling		
<b>2000-2005</b>	<b>George Mason University</b>	<b>Fairfax, VA</b>
Bachelors of Science in Psychology		

**Experience:**

<b>04/2012-present</b>	<b>PRS, Inc</b>	<b>McLean, VA</b>
Clinical Supervisor of Community Supports		
Provide clinical supervision to direct service staff		

- Provide direct clinical services.
- Complete assessment to establish DSM-IV-TR diagnosis to determine eligibility of clients for services.
- Assess and evaluate skill strengths and deficits of clients to determine clinical necessity and complete initial authorization for services.
- Coordinate intake process for clients entering services with referral sources, significant others and/or other health care providers.
- Complete Needs Assessments for individuals in the program
- Develop person-centered Individual Recovery Plans for each person on caseload.
- Use motivational interviewing to engage clients in making a commitment to change and increase readiness to make behavioral changes needed to improve functioning and overall wellness.
- Provide individual counseling to include use of cognitive behavioral techniques such as breathing retraining, identifying negative thoughts and feelings, cognitive distortions and teach skills to change thought pattern and behavior.
- Provide psycho-education on signs/symptoms and teach coping skills to improve functioning.
- Provide direct skill teaching to improve interpersonal skills and independent living skills.
- Provide family psycho-education and counseling.
- Provide crisis intervention, safety risk assessments and develop safety plans. Refer for emergency evaluation if risk issues warrant a more intensive level of care.
- Liaison and collaborate with other health care-providers and/or treatment team on a routine basis. .
- Provide individual/group supervision for Community Support Specialists
- Review and approve Needs Assessments, Individual Recovery Plans and Quarterly Reports for all clients served by CSS team. Document supervision provided and recommendations in the clinical record of each client reviewed quarterly.
- Provide training to new staff and/or students and be the point of contact for employees to job shadow to learn how to provide effective services in a community setting.
- Maintain clinical documentation as required by CARF, Licensure and Medicaid.
- Meet billing targets as set by the organization.
- Demonstrate flexibility in performance of duties and/or other duties as assigned.
- Represent staff in agency and/or community-based workgroups to enhance services provided within PRS

**01/2011-04/2012**

**PRS, Inc**

**McLean, VA**

**Community Support Specialist**

- Assess stage of treatment, stage of change, skills and abilities of clients to utilize mental health supports.
- Carries caseload for mental health support services as determined by program needs.
- Complete Needs Assessment and develops person-centered Individual Recovery Plans for each person on caseload.
- Provide individualized education and skills teaching to include Illness Management, supportive counseling, and crisis intervention to persons served.
- Assist clients to make informed decisions about recovery from mental illnesses and co-occurring disorders.
- Routinely liaison and collaborate with other care-providers and/or treatment team.
- Maintain clinical records as required by CARF, Licensure and Medicaid.
- Meet billing targets as set by the organization.
- Demonstrate flexibility in performance of duties and/or other duties as assigned.
- Represent staff in agency and/or community-based workgroups to enhance services provided within, and related to, mental health support services for target population, as designated by supervisor

**12/2009-8/2010**

**Northern Virginia Community College**

**Annandale, VA**

**Intern**

- Counseled students experiencing mental health issues such as but not limited to Bi-polar disorder, schizophrenia, major depression, social anxiety, ADHD, mood disorders, and obsessive compulsive disorder and refer them to appropriate outreach programs
- Provide intake services to students with disabilities
- Supported counseling center operations
- Assisted student population in academic advising
- Assisted Coordinator of Center for Academic and Counselors with daily operations
- Provided services to students experiencing personal distress
- Created and implemented services of The Center for Academic Assistance such as course permission, transfer guidance, program requirements, reenrollment, and academic advising
- Evaluated International and US education transcripts
- Managed Academic Advising Week programs and events
- Participated in New Student Orientation
- International Office affairs
- Facilitated Student Development classes
- Provided program information to continuing, transferring, and otherwise transitioning students

**5/2006-1/2010**

**KinderCare Learning Center**

**Burke, VA**

**Center Director**

- Built and maintained a professional rapport with both staff, parents, and corporate professionals
- Opened and closed the building according to standard operating procedures
- Kept a center budget and maintained center financial records
- Supported children who demonstrated emotional distress and mental illnesses such as conduct disorder, ADD, ADHD, anxiety disorders, and depressions
- Worked with community services to provide support for disability students who exhibited signs and symptoms of both physical and mental disorders such as Down's Syndrome, muscular disorders, conduct disorders, ADD, ADHD, anxiety disorders, obsessive compulsive disorder
- Upheld development and treatment plans and completed quarterly assessments



- Maintained state regulated licensing procedures
- Trained center staff
- Organized parent events
- Organized Fall and Summer registrations
- Consistently maintained company standards, budget requirements, and professionalism

**9/2005-5/2006**

**KinderCare Learning Center**

**Reston, VA**

*Assistant Director*

- Managed business finances, responsible for center deposits and closing books weekly
- Developed and implemented employee scheduling system
- Marketed for enrollment of the center
- Oversaw the well being of the children, staff, and parents
- Opened and closed the building according to standard operation procedures

**8/2002-5/2004**

**George Mason University, Student Activities Office**

**Fairfax, VA**

*Recruitment Counselor*

- Selected by peers to serve as a campus peer counselor for two years to advise incoming freshman regarding important college life decisions
- Worked with different organizations to resolve conflict
- Planned recruitment events

**11/1999-8/2003**

**KinderCare**

**Millstone, NJ**

*Head Teacher*

- Educated Children from the ages of six weeks to twelve years old
- Wrote and implemented weekly lesson plans
- Maintained well being of the children
- Documented student progress and behavior on a daily basis
- Implemented early childhood development for infants, toddlers, preschoolers, and school age children

**Volunteer Work:**

- Fundraising for March of Dimes, an organization supporting premature birth
- Fundraising for local organization, CPKids, supporting children with Cerebral Palsy
- Four year involvement with Alpha Phi Foundation for Cardiac Care. Twice a year I organized and participated in two different events set up to raise money for cardiac care
- Vice President of Alpha Phi Fraternity. Responsibilities included fund-raising and recruiting. Also, served as facilitator for conflict resolution within the group and among the campus community.
- Created a position within Alpha Phi Fraternity focusing on facilitating and resolving conflicts within our organization as well as with the rest of the student body
- KinderCares for our Heroes- event held for children to make cards and selected art work to send to our troops overseas for the holidays

**Achievements:**

- National Certified Counselor-
- Inductee into founding chapter of Chi Sigma Iota- Counseling Honor Society
- Direct Operating Income Achievement- Financial achievement award (2007 and 2009)
- Leadership Achievement Award 2007 and 2008- award given to one Director in the district who

exemplifies leadership and teamwork

- Alpha Phi Lady - An award given to one senior that displays good moral values and citizenship throughout the community
- Proficient in Microsoft Office Word, Excel, Outlook, People Soft, Credible

## Kendall Doyal

Alexandria, VA 22315; (318)-572-3595 ; kendall.doyal@gmail.com

### Profile

- LPC-Resident with experience conducting assessments and providing individual and group counseling to adults with severe mental illness and co-occurring substance abuse disorders. Management experience providing group and individual supervision.

### Education

**Iona College, New Rochelle, NY**  
M.A., Mental Health Counseling

December 2013

**Louisiana State University A&M, Baton Rouge, LA**  
B.S., Psychology, Minor: Sociology

December 2009

### Clinical Experience

**PRS Inc., Clinical Supervisor of Community Supports, Alexandria, VA**

April 2016 to Present

- Promoted to Supervisor of Community Support Services in April, 2016.
- Continue to provide direct clinical services as stated in Community Support Specialist I and II.
- Serve as point of contact and coordinate intake process for clients entering services with referral sources, significant others and/or other health care providers.
- Provide individual counseling to include use of cognitive behavioral techniques, person-centered therapy, motivational interviewing, and solution-focused counseling.
- Conduct crisis interventions, safety risk assessments and develop safety plans. Refer for emergency evaluation if risk issues warrant a more intensive level of care.
- Train new staff and/or students and teach how to provide effective services in a community setting.
- Provide individual and group supervision to team of four individuals.
- Represent staff in agency and/or community-based workgroups to enhance services provided within PRS.

**PRS Inc., Community Support Specialist I & II, Alexandria, VA**

October 2014 to April 2016

- Assisted clients with serious mental illness in building coping skills, independent living skills, and supports to increase independence, promote recovery and avoid hospitalization.
- Met with clients in the home or community to provide services in the best-suited environment.
- Taught client skills to improve areas in areas such as communication, activities of daily living, finances, nutrition, physical health, and medication compliance. Monitored client progress, developing and changing strategies as needed.
- Provided psychoeducation, supportive counseling, and crisis intervention to clients served.
- Provided case management, linking clients to services and resources in the community.
- Completed needs based assessments and developed Individual Recovery Plans to establish goals.
- Completed all paperwork in a timely manner following Medicaid and CARF standards.
- Promoted to Community Support Specialist II, License Eligible, in July 2015:
  - Conducted initial assessments to establish DSM diagnosis and determined eligibility for services.
  - Assessed and evaluated skill strengths and deficits of clients to determine clinical necessity and completed Medicaid authorizations for services.
  - Approved all paperwork for team to include daily notes, weekly notes, quarterly reviews, and treatment plans according to Medicaid and CARF standards.

- Filled new position within Carpenter's Shelter providing in-house mental health services to adult residents with serious mental illness, substance abuse issues, and emotional difficulties.
- Completed mental health assessments to determine level of care needed and make appropriate referral to outside mental health agencies if necessary.
- Conducted crisis and suicide assessments, determining need for emergency services and providing crisis intervention counseling.
- Provided individual, supportive counseling with an emphasis on symptom management and coping skills.
- Monitored clients for decompensation and medication compliance.
- Provided psychoeducation to clients and training to Carpenter's Shelter staff.
- Conducted mental health outreach with drop-in clients. Assessed clients for stages of change and refer to CSB when ready to engage in treatment.

- Completed 600 hour student counseling internship at St. Vincent's Partial Hospitalization Program.
- Received training in Cognitive Behavior Therapy, Dialectical Behavior Therapy, and Person-Centered Therapy.
- Provided individual and group counseling to patients with severe mental illness and co-occurring substance abuse.
- Planned and facilitated 1-hour group counseling sessions at least 4 times per week. Conducted individual counseling sessions with 2-4 clients weekly.
- Completed initial assessments for new clients, determining diagnosis and initial course of treatment.
- Collaborated with patients in developing individualized, person-centered treatment plans.
- Wrote daily progress notes for individual patients and group progress notes for Medicare patients.
- Consulted with psychiatrists and other therapists as needed regarding patient's progress in program.
- Conducted discharge planning for individual patients and wrote discharge summaries.
- Attended weekly case conferences to gain knowledge about unusual and/or difficult cases.

### **Professional Development and Training**

- **CPR and First Aid Certification**, American Heart Association, November 2014
- **Nonviolent Crisis Intervention Training**, Crisis Prevention Institute, October 2014
- **Identifying and Reporting Child Abuse and Maltreatment Certificate**, NY State Office of Children and Family, December 2013
- **Inter Professional Internship Orientation**, Center for Practice Innovations at Columbia Psychiatry, September 2013
- **Trauma Focus CBT Web Certificate**, Medical University of South Carolina, December 2012.
- 60 Hours of **CEU credits** to include in-person and online trainings.

### **Additional Recent Work Experience**

- Worked the front desk at a luxury boutique hotel, catering to affluent individuals and private group events.
- Answered all incoming calls, inputting hotel reservations, spa reservations, & restaurant reservations.
- Registered guests upon arrival, personally showing them around the property and to their room.
- Researched and arranged a wide variety requests, including tickets, offsite dining, car rentals, out-of-town drives, golf tee times, flowers, gifts, entertainment, and private requests.
- Acted as hostess for private events and parties, acknowledging guests upon arrival and departure.
- Ensured customer satisfaction by monitoring guest needs and filling all special requests.
- Created and designed e-mails for hotel newsletter, promotions, and advertising purposes.
- Completed reports, projects, clerical work, and managerial duties as assigned.

## Kathleen F. Hammond

1324 S St, NW • Unit A • Washington DC, 20009 • (402) 202-1636 • [kathy.fairchild@gmail.com](mailto:kathy.fairchild@gmail.com)

### Education

Loyola University of Maryland, Columbia, MD Master of Science, Pastoral Counseling	2011 - 2016
Wesley Theological Seminary, Washington D.C. Master of Theological Studies, <i>summa cum laude</i>	2004 - 2007
American University, Washington D.C. Master of Arts, International Peace and Conflict Resolution	2004 - 2007
Grinnell College, Grinnell, IA Bachelor of Arts, Spanish, (with Honors) Concentration: Latin American Studies	1998 - 2002

### Work Experience

Clinical Supervisor of Community Supports, PRS, Inc October 2016 – Present  
Gathers assessment information to establish DSM V diagnosis and determine eligibility of clients referred for services. Authorizations and reauthorizations are completed as required by third party payers, completes needs assessments, develops individual recovery plans, provides direct skill teaching/psych education, individual counseling, family psychoeducation, family counseling and crisis intervention. Provides individual/group supervision to community support specialists. Provides training, support and mentoring to new employees and coordinates students and volunteers as needed. Provide direct clinical services, including individual counseling, independent living skills training, crisis intervention and case management to individuals with psychiatric disabilities in residential and community settings

Autism Spectrum Disorder Specialist, PRS, Inc November 2010 – Present  
Provide behavior supports, develop behavior support plans and coordinate treatment teams and provide case management services for individuals with Autism Spectrum Disorders (ASD). Conduct training sessions for PRS staff and community partners on providing behavioral supports for adults with ASD. Liaison with advocacy groups and committees and promote PRS services as necessary.

- Received "Vera Mellen Award," a peer-nominated award for recognition of efforts in developing new programming and services to meet client's needs and promote PRS, 2011

Community Support Specialist II, PRS, Inc February 2014- October 2016  
Provided independent living skills training, crisis intervention and case management to individuals with psychiatric disabilities in residential and community settings. Responsible for developing and implementing treatment plans to facilitate clients' attainment of rehabilitation goals and providing supportive counseling, as well as collaborating with community providers and maintaining appropriate clinical records.

Community Support Specialist, PRS, Inc. – December 2008 – November 2010

- Received "Recovery Award," a peer-nominated award for recognition of efforts in direct service to consistently promote greater client independence, April 2010



- Received "Our Clients Award," a client-nominated award for recognition of efforts on behalf of client recovery, April 2009

**Employment Specialist, PRS, Inc. – October 2007 - December 2008**

Provided supported employment services to clients with psychiatric disabilities. Provided crisis intervention, monitored clinical status, evaluated work performance and negotiate workplace accommodations as needed. Liaisoned with community employers, mental health providers and state rehabilitation agency staff. Maintained client clinical records, requested and managed appropriated funds and processed monthly billing invoices.

**Independent Research Contractor, Primary Care Coalition – August 2007-October 2007**

Assisted the Principal Investigator and the Project Manager by helping to organize outreach related to a community-sponsored Latino Health Fair, facilitated follow-up to patients scheduled for appointments, assisted with focus groups, collected research information and managed data.

**Research Associate, Editorial Assistant, Institute for Global Engagement – August-December 2006**

Performed daily Internet news research and compiled monthly news summaries for use in promotional materials and publications, edited articles for publication in the *Review of Faith and International Affairs* and presentation at international conferences. Researched individual church international mission trends and compiled a summary packet of information and a recommendation memo for the organization president to use in meetings with church leaders and performed various administrative duties.

**Graduate Assistant, School of International Service, American University, August 2004-May 2006**

Coordinated speakers, designed and maintained informational website, and managed an internet listserv. Assisted Professors with class preparation, research activities, and created archives and datasets for use in research and publications.

**Bilingual Customer Care Supervisor, ZC Sterling Corporation, January-July, 2004**

Supervised team of 7 to 14 customer service representatives, prepared weekly, monthly and quarterly quality reviews, provided oral and written feedback, managed employee development plans and provided client specific information for multiple mortgage lending institutions. Managed outbound customer service program for 5,000 to 7,000 loans

**Bilingual Customer Care Representative, ZC Sterling Corporation, 2002-2003**

**Internship Experience**

**Clinical Intern, Wendt Center for Loss and Healing**

September 2014 – May 2015

Provided outpatient grief counseling to adults for a caseload of 3-4 individual clients on a weekly basis. Conducted intake assessments and evaluations for new clients, including provisional diagnosis and determination of readiness for individual and group counseling. Provided crisis intervention services and supportive counseling to adults and families attending the DC Medical Examiners office to complete decedent identification procedures.

**Clinical Intern, Anchor Mental Health**

September 2013 – May 2014

Provided outpatient counseling to adults with serious mental illness for a caseload of 2-4 individual clients on a weekly basis. Co-facilitated two weekly therapy groups for adults based



on Interactive Behavioral Training for social skills and mindfulness models. Completed intake evaluation and assessments for new clients, including provisional diagnosis.

*Alissa A. Erb*  
2000 N. Adams St. Apt 305 Arlington, VA 22201  
Telephone: (484) 374-0399 ~ Email: *erbalissa@gmail.com*

**EDUCATION:**

M.S. Community and Trauma Counseling  
Philadelphia University  
GPA: 4.0

May 2016

License Eligible

Bachelor of Science  
East Stroudsburg University of Pennsylvania  
Major: Psychology - Counseling  
GPA: 3.28

May 2010

**CLINICAL EXPERIENCE:**

Joseph J. Peter's Institute

June 2015-April 2016

**Clinical Intern**

Philadelphia, PA

- Specialized therapeutic assessment, diagnostic evaluation, recommendations for treatment and safety/relapse prevention planning. Correspond with the needs of the clientele during times of crisis intervention and supportive counseling.
- Provide weekly individual and group therapy sessions with adults convicted of sexual offenses.
- Develop and write treatment plans and DAP progress summaries.

Horizon House – Wellness Alliance

September 2014 – May 2015

**Clinical Intern**

Philadelphia, PA

- Educated program members on client rights and the concept of choice and self-determination.
- Services provided through outpatient, case management and group processes are guided by principles of psycho-social rehabilitation and the recovery model. Encouraged program members to establish or reestablish roles in community, develop personal support networks and improve overall quality of life.
- Monitored and evaluated the program members' progression of recovery goals, medication management and daily activities through biopsychosocial model, clinical treatment notes and daily progress notes.

**PROFESSIONAL EXPERIENCE:**

PRS, INC.

Alexandria, VA

**Community Support Specialist I**

August 2016 - present

- Conducted assessment and evaluation of client's skills strengths and deficits to determine clinical necessity to advocate VA Medicaid authorization for skill building services.
- Collaboration with client, their health care providers and family based on client's stage of treatment, stage of change, skills/abilities of the clients that focus on recovery, community integration and wellness.
- Complete 21 units of billable services on a weekly basis. Capture service provided by documented Log notes, Weekly Progress notes and a Quarterly Review of barriers encountered and/or progress made on objectives embedded in the person-centered Recovery Plan for each person on caseload. Modification of objectives and/or interventions conducted in a timely manner.

RG2 Claims

Philadelphia, PA

**Part Time Clinical Interviewer**

November 2015 – June 2016

- Interviewed and conducted initial assessment of sexual abuse and other personal injuries suffered by former patients of OB/GYN in connection with class action lawsuit. Project conducted under and remains subject to strict Confidentiality and Protective Order.

Horizon House

Philadelphia, PA

**Tenant Service Coordinator**

November 2013 – November 2015

- Coordinated communication and issue resolution between service provider, individual tenant and the related landlord, and the Clearinghouse Permanent Supportive Housing program.
- Managed caseload of 115 - 150 participants. Served as a point of contact for Clearinghouse Tenant Services Liaison (TSL) for all tenants served by the provider agency and involvement with Section 8 subsidies.

ADDITIONAL EXPERIENCE, CERTIFICATION & REFERENCES ON BACK

Resources for Human Development – Fasst Connections

Philadelphia, PA

**Resource Coordinator**

July 2011 – November 2013

- Worked with the homeless population in efforts to provide linkage to community resources for management of mental health or drug and alcohol treatment. Empowering the client to establish an informal support system to ease their transition and adaptation during times of crisis intervention and extraneous stressors.
- Offered support, guidance and direction while assisting the client to build personal goals and skills essential for independence and self-sufficiency in the community.

**MEMBERSHIPS & CERTIFICATIONS:**

- National Counseling Exam
- American Psychological Association
- American Counseling Association

Successfully Achieved April 2016

Spring 2006 - Present

September 2014 – Present

**REFERENCES**

- Astra B. Czerny, PhD., LPC., NCC., DCC  
Assistant Professor  
Philadelphia University  
4201 Henry Ave.  
Philadelphia, PA 19144

Tel: 215-951-2857

Email: [czerbya@philau.edu](mailto:czerbya@philau.edu)

- Matthew Schaffer Psy.D., L.P.C.  
Coordinator of Safety and Responsibility Services  
Joseph J. Peters Institute  
1211 Chestnut Street - 5<sup>th</sup> Floor  
Philadelphia, PA 19107

Tel: 215-665-8670 ext. 5143

Email: [mschaffer@jjp.org](mailto:mschaffer@jjp.org)

- Darryl Parker  
Director of Philadelphia Behavioral Health Residential Services  
Horizon House  
120 S. 30<sup>th</sup> St.  
Philadelphia, PA 19104

Tel: 215-386-3838 ext. 365

Email: [Darryl.parker@hhinc.org](mailto:Darryl.parker@hhinc.org)

**Precious Gooding**

14590 Earlham Court  
Woodbridge, VA 22193  
571.235.5961  
precious.gooding@yahoo.com

**EDUCATION**

University of North Carolina Charlotte – Charlotte, NC  
Bachelor of Arts Criminal Justice /Minor Sociology

Northern Virginia Community College- Woodbridge, VA  
Associates of Administration Justice

**SUMMARY**

- Over 8 years of experience in mental health, counseling and case management
- Team player with outstanding interpersonal and problem-solving skills
- Proven ability to manage multiple projects simultaneously while meeting inflexible deadlines
- Exceptional communicator with excellent writing skills
- Profound ability to develop positive and supportive relationships with colleagues and community partners
- Awarded Recovery reward 2015, for excellent service rendered

**EXPERIENCE**

**PRS, INC – ALEXANDRIA, VA (NOVEMBER 2007 to PRESENT)**  
**Community Support Specialist**

- Assess stage of treatment, stage of change, skills and abilities of clients to utilize mental health supports.
- Carries caseload for mental health support services as determined by program needs.
- Provide input for prior authorizations for skill building services, the annual Needs Assessment and develops a person-centered Individual Recovery Plan for each person on caseload.
- Complete Log notes, Weekly Progress notes and Quarterly Review of barriers encountered and/or progress made on objectives embedded in the person-centered Recovery Plan for each person on caseload and modifies objectives and/or interventions in a timely manner.
- Provide individualized education and skills teaching to include Illness Management, supportive counseling, and crisis intervention to persons served.
- Educate clients to make informed decisions about recovery from mental illnesses and co-occurring disorders.
- Complete clinical documentation within 24 hours as required by CARF, Licensure and Medicaid.
- Meet billing targets as set by the organization.
- Demonstrate flexibility in performance of duties and/or other duties as assigned.
- Represent staff in agency and/or community-based workgroups to enhance services provided within, and related to, mental health support services for target population, as designated by supervisor.

**THE MENTOR NETWORK- CHARLOTTE, NC (SEPTEMBER 2005 to MARCH 2006)**  
**Direct Service Specialist**

- Provided direct home based care to consumers
- Maintained accurate clinical documentation of all services provided
- Developed skills training for consumers (i.e anger management techniques, self esteem and social skills)
- Educated and assisted parents with skills to effectively manage behaviors of the consumer
- Monitored and supported the family as they access community resources
- Maintained strict adherence to Medicaid guidelines

# HILLARY CAVAN

5121 Travis Edward Way #K Centreville, VA 20120 C: 813-494-5675 hillarycavan@gmail.com

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## PROFESSIONAL SUMMARY

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Human service worker with 10 years of professional experience. Specialty areas include education, children and adults with a variety of disabilities, mental illness, the homeless and clients from multi-cultural backgrounds. Strong case management and direct service skills.

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## SKILLS

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Well organized and efficient  
Self-starting and goal oriented  
Quickly learns procedures and methods

Able to work effectively with clients  
Strong written and verbal communication skills  
Works well in a high pressured environment

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## WORK HISTORY

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### **Community Support Specialist, 08/2016-current**

#### **PRS-McLean, VA**

- Teach clients how to implement daily living skills, like menu planning, food shopping, budgeting, public transportation, laundry, coping strategies, and medication management, in order to maintain self-sufficiency
- Model social skills for clients to reduce isolation and integrate into the community
- Attend appointments with client and their therapists, psychiatrist, primary care and specialty doctors to ensure best standard of care for client

### **Case Manager, 09/2013 to 08/2016**

#### **Katherine Hanley Family Shelter – Fairfax, VA**

- Completed community based referrals for services such as daycare, mental health treatment, child abuse/protection, transportation assistance, transitional housing, and employment services based on client need
- Met as part of multi-disciplinary team with family members, staff members and supervisors, county staff, and other community based organization members on a weekly basis to ensure best services were being offered to clients
- Responsible for documentation of client file by inputting data into Homeless Management Information System (HMIS) and collecting emails, bank statements, housing and employment applications, etc. for hard copy

### **Workforce Specialist, 08/2012 to 09/2013**

#### **Linden Resources – Arlington, VA**

- Developed curriculum for adults with disabilities to teach computer skills, social skills, vocational skills, and community and independent living skills using hands-on activities, role playing, board and card games, whole group discussions and guests speakers
- Met deadlines for client orders (presentation binders, shipping packages, folding a newsletter) by teaching specific skills to adults
- Provided direct support services to individuals with disabilities including coordination, development, and implementation of individual's service plan based on person centered planning principles

**Elementary/Special Education Teacher, 08/2009 to 06/2012**

**Fairfax County Public School – Fairfax, VA**

- Worked with children of varying disabilities including Autism, emotional disabilities, behavioral challenges, hearing disabilities, learning disabilities, speech/language impairment, and ADD/ADHD
- Analyzed data, planned curriculum, and discussed student needs with teammates, administration, reading and writing coaches, English Language Learning coach, technology coach, and other staff members on a weekly basis
- Wrote Individual Educational Plans (IEP) and kept data towards progress on each goal for caseload of 10-12 students; also was responsible for classroom and testing modifications and implementation for each student

**Special Education Teacher, 08/2005 to 06/2009**

**Hillsborough County Schools – Hillsborough County, FL**

- Worked with students of varying disabilities, including Autism, speech/language impairment, behavioral disabilities, and learning disabilities, in both the self-contained and general education classroom
- Completed 300 hours of training specific to teaching English Language Learners
- Taught at two Title 1 Schools, where majority of students came from low-income, non-English speaking families

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**EDUCATION**

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**Bachelor of Arts: Elementary (1-6)/Special Education (K-12) Education, 2005**

**Daemen College - Amherst, NY**

Cum Laude

National Honorary Society for Special Education

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**CERTIFICATIONS**

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First Aid/CPR, National Safety Council/American Heart Association, September 2016

Medication Administration, State of Virginia, March 2013

Person Center Planning, The Learning Community/Partnership for People with Disabilities/VCU, February 2013



# Christopher R. Ragghianti

5720 Fenwick Drive Alexandria, VA 22303 | (901) 484-2585 | CRagghianti@gmail.com

## Experience

### PRS Inc.

#### Community Support Specialist

June 2014- Present

- Planned and implemented person centered treatment plans for adults with mental illness, substance use disorders, mild intellectual disabilities, autism spectrum disorders in order to achieve safety, personal wellness, recovery and community integration.
- Provided coaching and education on Everyday Living Skills through supportive counseling and psycho-education in an effort to encourage Client to live as independently as possible.
- Attended treatment teams and coordinated services with Community Services Board case managers and psychiatric team.
- Completed accurate and timely documentation of all services provided to a large diverse case load.

### Youth Villages

#### Teacher Counselor

September 2010 - May 2013

- Assisted treatment team in developing and implementing treatment plans for emotionally disturbed youth
- Ensured appropriate implementation of organization policies and procedures
- Provided for the safety of youth through direct supervision
- Assured accurate and timely entry of nightly and weekly documentation
- Planned and implemented weekly life skill groups on topics including: relaxation skills, community involvement, self-esteem, positive body image, drug awareness, bullying and anger management
- Intervened in crisis situations utilizing fast-paced decision making and an empathized reaction plan

### Residence Inn by Marriott

#### Customer Service Representative

January 2010 - September 2010

- Responded to customer service requests
- Aided sales team in ensuring hotel operation capacity
- Ensured accurate and complete guest reservations
- Managed complex database across four different locations (in-house reservations, group sales office, central reservations, and third party reservations)
- Coordinated with maintenance crew to ensure proper operation of hotel

### Exchange Club Family Center

#### Undergraduate Summer Intern

May 2009 - August 2009

- Monitored court ordered supervised visitation
- Acted as operator at the domestic violence victim call center, providing interventions for victims and performed interviews for court appearances.
- Coordinated Comprehensive Anger Management Program (CAMP) for boys, ages 13 to 19
- Held informational session on methods to manage anger and confrontation within the family setting
- Assisted graduate students in planning intervention programs for victim and

# Christopher R. Ragghianti

5720 Fenwick Drive Alexandria, VA 22303 | (901) 484-2585 | CRagghianti@gmail.com

families of domestic violence utilizing local community agencies

- Performed intake interviews for CAMP participants including psychological and safety assessments

## **Memphis City Schools Campaign for Literacy**

Literacy Tutor, Third to Fifth Grade

January 2009 - May 2009

- Performed intake test for program
- Implemented researched based tutoring strategy
- Modified tutoring experience based on advancement of student
- Performed low student-teacher ratio tutoring regimen
- Advanced reading level of selected students from 1st to 5th grade level over four month period
- Coordinated with teachers and administrative team to perform in-school tutoring

## **Education**

### **Christian Brothers University**

Bachelors of Arts in Psychology

August 2006 - May 2010

GPA: 3.2

- Founding member of Alpha Zeta Eta chapter of Alpha Psi Omega
- Montesi Scholarship
- Tennessee Hope Scholarship
- Psychology Club member

## **Skills**

Technical Writing

- APA Writing Style

Database Management

- Statistical Package for the Social Sciences
- Microsoft Access
- R Statistical Package

Basic knowledge of German

Microsoft Office Suite

## **Hobbies and Interests**

Home Brewing

Competition Steak Cooking

Camping

Hiking

Marathon Running

## JENNIFER LESMES

3901 Penderview Dr. Apt. 1523  
Fairfax VA. 22033  
E-Mail: jlesmes@prsinc.org  
(347) 840-2554

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**Objective** To establish a position that will provide growth and stability for both the company and myself.

**Experience** 2007- Present PRS Inc. Fairfax, VA.

**Community Support Specialist**

- Create and maintain data entries of all records regarding clients' activities and progress made in relation to set goals
- Responsible for creating and modifying client objectives
- Provision of individualized education and skills teaching
- Maintaining up to date clients mental and health records electronically
- Provide crisis intervention, and generate referrals to other agencies to include other external mental health providers
- Aid clients with the logistics associated with medical appointments
- Serve as liaison for clients and other providers
- Ensure compliance and management of medications
- Meet specific targets set forth by the organization
- Perform other duties as requested

2005-2007 Queens Community Living Program/Catholic Charities Queens, NY.

**Residence Counselor**

- Originate and implement service plans through the delivery of restorative services
- Help to improve and maintain daily living skills in order for the clients to move onto independent living programs
- Responsible for completing log notes, progress notes, and reviews in a timely and efficient manner
- Aid clients in managing medications, benefits, and reminded them of any medical and/or psychiatric appointments
- Participate in an on call service that provides 24-hour emergency coverage for clients
- Involved in clients' intake interviews, which allowed for evaluation of mental status and behavior
- Assessed client's stability prior to discharge from hospitals

2005-2005 Elmhurst Hospital

Queens, NY.

**Inpatient Female Forensic unit/Internship**

- Assist medical, and nursing staff in assessing patients with suicidal ideations from Rykers Island, Correctional Facility.

2004-2004 Elmhurst Hospital

Queens, NY.

**Outpatient Child and Adolescent Psychiatric Unit/Internship**

- Provide children and adolescents one to one academic remediation. Served as a Spanish interpreter for patient/doctor during screening process.

2003-2005 Gap Inc.

New York, NY.

**Sales Associate/Cashier/Fitting room Specialist**

- Provide customer service.
- Responsible for making the store look appealing and presentable to the consumer.
- Replenish merchandise and provided customer with what they wanted in a timely matter.
- Utilize all resources (registers, radios, electronic reports) available in a professional manner.

1999-2002 CVS/Pharmacy

Queens, NY

**Pharmacy Technician**

- Assist pharmacist in filling prescriptions, such as counting, pouring, weighing, measuring, and mixing medications as needed.
- Maintained stock kept an accurate inventory of medications
- Assist Patients in maintaining personal profile up to date.

**Education**

2000-2005 John Jay College of Criminal Justice  
B.A. Forensic Psychology

New York, NY.

**Skills**

Completed numerous training courses within the field of mental health  
Clinical knowledge: problem solving, analytical, and assessment skills  
First Aid, CPR, and AED Certified  
Computer Knowledge: Microsoft Word and Works  
Extensive knowledge and skills with internal behavioral healthcare software system (Credible)  
Research knowledge using electronic resources  
Strong interpersonal skills,  
Ability to prioritize tasks and meet deadlines  
Bilingual

**\*References Furnished Upon Request\***

PRS, Inc. Work Plan for Supportive Residential Services

8.2.b Preliminary Work Plan NOTE: PRS does not need to start up this service; it has been providing it for over 15 years.

Assistant Clinical Director	Tasks	Activities/Deliverables/Milestones	Timeline
	Develop plan to screen and initiate service to 10 identified clients in need of Residential Support Services	<p>Meet with NVRPO to gather and prioritize referrals</p> <p>Identify the jurisdiction the client is residing in to determine which PRS Community Support Team member will pick up the referral</p> <p>Review role and expectations of the Community Support Specialist and existing treatment team and schedule introduction of CSS to the team</p>	Date of award – 6/30/17
	Provide a monthly update to the NVRPO on status of referrals and engagement in Community Support Program	<p>Collect data required by NVRPO and submit by due date</p> <p>Schedule a liaison meeting if preferred by the office with identified point of contact.</p>	Date of award – 6/30/17
	Review high risk clients and individuals who no-show or cancel scheduled meetings with CSS	<p>Ensure treatment team meetings are scheduled with individuals who are high risk or who no-show or cancel 3-6 appointments or go 30 days without keeping scheduled appointments.</p>	<p>Clients that have a high no-show or cancellation rate will need to be reviewed to determine relevance of service and/or determine whether NVRPO will allow billing for indirect service to monitor functioning of a client.</p>

Clinical Supervisors of Community Support Services	Ensure that in-service training is offered to employees either through internal trainings and/or external conferences, workshops or webinars	Review Evidenced based practices that need to be incorporated into services provided to clients served within Community Support Services  Collaborate with Clinical Director and Clinical Supervisors to schedule and organize training offered	Quarterly
	Responsible for data collection and submission of data	Meet with NVRPO to determine State Performance Reporting Requirements and timelines for reports to be submitted	Date of award to 6/30/17 Designated reporting requirements and timelines TBD
	Schedule Service Specific Provider Intake (SSPI) of 6 clients	Complete Service Specific Provider Intake and collaborate with identified treatment team  Determine whether client is eligible for entitlements or benefits this he/she is not receiving  Assign client once accepted into the Community Support Program to a Community Support Specialist.	7/1/17 – 7/30/17  Upon intake and ensure that a quarterly review is completed  Upon acceptance into the program
		Provide every other week clinical supervision to CSS working with client(s)	7/1/17 & ongoing



Clinical Supervisors of Community Support Services	Schedule SSPI for additional 4 clients	Review and approve clinical documentation; including the Individual Recovery Plan developed within 30 days of admission to the service	Weekly
		Complete Service Specific Provider Intake and collaborate with identified treatment team	8/1/17 – 8/31/17
		Determine whether client is eligible for entitlements or benefits this he/she is not receiving	Upon intake and ensure that a quarterly review is completed
		Assign client once accepted into the Community Support Program to a Community Support Specialist.	Upon acceptance into the program
Assistant Clinical Director Clinical Supervisors	Recruit , hire and onboard additional CSS staff in geographic area that has the most referrals  Expand capacity to serve individuals in need of Community	Provide every other week clinical supervision to CSS working with client(s)	8/1/17 & ongoing
		Review and approve clinical documentation; including the Individual Recovery Plan developed within 30 days of admission to the service	Weekly
		Identify applicable candidate with Director of Human Resources	7/15/17 – 9/1/17
		Schedule job shadowing  Organize onboarding training	

Community Support Specialists	Support Services.		
	Establish meetings with client referred 1-2 hours per week	Engagement and outreach with client and family, if applicable	Upon case assignment 7/1/17 – 7/30/17
	Complete Individual Recovery Plan (IRP)	Review person centered planning and explore interests, preferences and needs. Review SSPI and develop IRP in language meaningful to the client.	Within 30 days of admission to the program
	Skill building activities, community integration activities and care coordination	Provided as outlined in the Recovery Plan for 1-2 hours per week based on client need.	Provided 1-2 service hours per month
	Crisis Intervention	Clients will be encouraged to develop a Wellness Recovery Action Plan (WRAP) or Crisis Management plan to minimize crisis episodes. Collaboration with treatment team re: a crisis plan as needed to assist the client in remaining out of a hospital Assess need for an emergency evaluation and duty to warn when applicable; assist client with accessing resources needed to stabilize crisis.	Care coordination as needed
	Assist clients with completing and submitting applications for benefits and entitlements they are eligible for	Acquire applications and information needed to support the application(s) upon intake or whenever it is evident that the individual is eligible for	Upon completion of intake and reviewed at least quarterly

		entitlements.	
Clinical Supervisors	<p>Submit prior authorization requests for Medicaid funding if a client served meets criteria to have skill building funded through Medicaid</p> <p>Change billing stream</p>	<p>Complete updated SSPI and submit authorization request to Magellan or the responsible MCO for review and approval of authorization requests.</p> <p>Once the authorization is approved billing for services will be shifted to Medicaid</p> <p>Collaborate with NVRPO</p> <p>Arrange treatment team meetings and ensure that transition plans are developed for each individual served to address what alternative services or providers will be working with clients and timeline for this change to occur</p>	<p>Medicaid eligibility is approved</p> <p>Approval of prior authorization request</p> <p>Upon notification that the contract is ended</p>
Assistant Clinical Director	<p>Responsible for overseeing a transition of services if the contract to provide Supportive Residential Services is ended (Close-out activities)</p>		

# PRS, Inc. Policy & Procedures Manual

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**AMENDED AND RESTATED BYLAWS  
OF  
PRS, INC.  
(as amended August 1, 2014)**

**ARTICLE I  
Name and Location**

**Section 1.01 Name**

The name of the organization shall be “PRS, Inc.” (hereinafter referred to as “the Corporation”).

**Section 1.02 Location**

The headquarters of the Corporation shall be located in Northern Virginia at a site designated from time to time by the Board of Directors (hereinafter sometimes referred to as “the Board”). The books of account and records shall be kept in such office. The Corporation also may maintain additional offices at such other places as the Board of Directors may designate.

**ARTICLE II  
Purpose and Powers of the Corporation**

**Section 2.01 Purpose**

The Corporation has been formed to aid individuals with mental illness, substance use disorders, mild intellectual disabilities and autism spectrum disorders, and individuals who face life crises, so that they may achieve safety, personal wellness, recovery, and community integration.

**Section 2.02 Powers**

The Corporation shall possess and exercise all rights, benefits, privileges, and powers pursuant to the Virginia Nonstock Corporation Act (the Act) to effectuate the above purposes, to execute such instruments, and to perform such undertakings as may be required by the Act, the laws of the Commonwealth of Virginia, or any rule or regulation of any agency or political subdivision thereof. The Corporation also shall have the power, either directly or indirectly, and either alone or in conjunction and cooperation with others, to perform any and all lawful acts and to engage in any and all lawful activities which may be necessary, useful, suitable, desirable, or proper for the furtherance, accomplishment, fostering, or attainment of any or all of the purposes for which the Corporation has been organized, and to aid or assist other organizations whose activities are such as to further, accomplish, foster, or attain any of such purposes.

**Section 2.03 Non-Profit Corporation**

No part of the net earnings of the Corporation from any source whatsoever shall inure to the benefit of any incorporator, director, member or private individual except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and expenses incurred. The Corporation may not engage in any activity other than those necessary to carry out its purpose in a manner consistent with the requirements of Section 501(c)(3) of the Internal Revenue Code, as the same may be amended from time to time.

**Section 2.04 Prohibited Activities**

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

**ARTICLE III**



## **Board of Directors**

### **Section 3.01 Power of Board of Directors**

All corporate powers shall be exercised by, or under the authority of the Board of Directors, and the business, property, affairs and policies of the Corporation shall be governed under the direction of the Board of Directors in accordance with the Corporation's Articles of Incorporation and these Bylaws. The Board of Directors may establish, from time to time, governing policies to supplement the rights, responsibilities and duties of the members of the Board (the "Governing Policies"), which Governing Policies shall not be inconsistent with the Articles of Incorporation or these Bylaws.

### **Section 3.02 Number of Directors**

The Board of Directors of the Corporation shall consist of not fewer than nine (9) nor more than nineteen (19) members.

### **Section 3.03 Election and Term of Office**

Directors shall be elected for two-year terms, and shall serve for the term to which elected or until their successors are elected. No person shall serve as a Director for more than three consecutive two-year terms, with exception made for Directors elected to Officer positions, who may continue as Directors through the expiration of their term of office. Election of new Directors and second and third-term Directors will be by a majority vote of the Board members.

### **Section 3.04 Expiration of Term**

In addition to expiration pursuant to Section 3.03 hereof, the term of a Director also shall expire upon his or her resignation, death or removal in accordance with these Bylaws.

### **Section 3.05 Capacity and Legal Authority**

Each Director will serve as an individual and not as a representative of any other organization to which the Director may belong. A Board member as an individual has no official or legal authority to take any action on behalf of the Board unless explicitly delegated by an official resolution of the Board.

### **Section 3.06 Vacancies and Interim Elections**

Any vacancy on the Board of Directors, including, without limitation, any vacancy resulting from the expiration of the term of a Director or from an increase in the number of Directors may be filled by election of a replacement or new Director, as the case may be, by the Board of Directors at any regular meeting of the Board of Directors, at any special meeting of the Board of Directors called for that purpose in accordance with Section 3.09 hereof, or without a meeting in accordance with Section 3.11 below. Any new members so elected to replace former members will complete the two-year term of the member who was replaced. The Chair may direct the Board Development Committee (as defined in Section 4.03 hereof) to nominate replacement Directors. If the vacancy causes the number of Board members to drop to less than nine (9), a mandatory election of a replacement Director shall occur at a special meeting of the Board of Directors called for that purpose, or without a meeting in accordance with Section 3.11 below, within two (2) months of the creation of such vacancy. The term of a Director elected to fill a vacancy shall not be counted as part of a term for the purposes of Section 3.03 hereof.

### **Section 3.07 Removal of Directors**

- a. **Removal of Directors Due to Absences.** The Board shall, in its Governing Policies, establish a requirement for attendance at its regularly scheduled board meetings. A board member's failure to attend the required number of meetings in a board planning year or board term may be construed as that board member's resignation from the Board of Directors. The board may choose, depending on circumstances, not to accept such resignation.

- b. **Removal of Directors Generally.** Any Director may be removed for cause by a two-thirds (2/3) vote of the entire Board of Directors at any meeting of the Board of Directors, or without a meeting in accordance with Section 3.11 below. Cause for removal shall be defined as that Director's failure to adhere to these Bylaws and/or the Governing Policies then in effect. Notice of such removal shall be provided by the Secretary, in writing, to such Director within ten (10) days of such action.

**Section 3.08 Resignation**

A Director may resign at any time by giving notice of such resignation in writing to the Chair. Such resignation shall take effect when such notice is delivered, unless such notice specifies a later date, in which case the resignation shall take effect on such later date.

**Section 3.09 Meetings of the Board**

- a. **Annual Meetings.** The Board of Directors shall meet annually in February for the purpose of electing Directors and Officers of the Corporation.
- b. **Regular Meetings.** In addition, there shall be at least four regular meetings of the Board of Directors held at regular intervals during the year. The Board, at the February annual meeting, shall establish the planned schedule for regular meetings. Board members shall be provided with written notice of the regular meeting at least five (5) days, but not more than sixty (60) days, prior to that scheduled meeting. Such notice shall include an agenda and relevant background materials as available.
- c. **Special Meetings.** Special meetings of the Board of Directors may be called by the Chair for any purpose, and shall be called by the Chair upon the written request of one-third of the members of the Board of Directors. Each member of the Board shall be provided with notice at least three (3) days prior to the special meeting. Such notice shall set forth the purpose(s), time, and place of the special meeting.
- d. **Waiver of Notice.** Notice of a meeting of the Board of Directors required by this Section 3.09 need not be provided to any Director entitled to such notice who submits a signed, written waiver of notice.
- e. **Parliamentary Authority.** Robert's Rules of Order, latest edition, may be invoked as parliamentary authority by the Chair or by majority vote of those present at a Board meeting

**Section 3.10 Quorum**

The presence of a majority of the Board of Directors shall constitute a quorum at a Board meeting. If Board members leave a meeting at which a quorum has been established, the Board may continue to act if resolutions are supported by a majority of the quorum which was present earlier in the meeting. All questions except amendments to the Articles of Incorporation and Bylaws (which shall be governed by Article VI of these Bylaws), and removal of Directors (which shall be governed by Article III of these Bylaws), shall be decided by vote of the majority of the Board of Directors present. A Board member shall be considered present when his attendance permits him to engage in communications, physically or electronically, during the meeting.

**Section 3.11 Action Without a Meeting of the Board of Directors**

- a. **Unanimous Written Consent.** Any action required or permitted to be taken at any meeting of the Board of Directors may be taken without a meeting or a formal vote if the Board unanimously consents in writing to such action. Such action shall be evidenced by a signed written consent, signed and dated by all of the Directors. The Chair of the Board of Directors may, at his or her discretion, permit the members of the Board of Directors to provide such consent through electronic mail on all matters for which unanimous

written consent of the Board of Directors is sought. In such event, the Chair shall instruct the Secretary of the Corporation to send an e-mail to all of the members of the Board of Directors, simultaneously, at their e-mail addresses on file with the Corporation, containing the questions to be voted upon and a ballot to be signed by the Director. In order for such a vote to constitute a valid vote of a member of the Board of Directors, a signed ballot must be received by the Secretary from the e-mail address to which the notice was delivered by the Secretary. In all instances of board action by unanimous written consent, whether through electronic or other writing, the board action shall become effective when the Secretary receives the last director's duly signed and dated written consent. The signed written consent shall be entered into the record at the subsequent meeting of the Board of Directors.

- b. **Electronic Votes for Urgent Matters.** Notwithstanding the provisions of Section 3.11(a) above, the Chair of the Board of Directors may, with the oral or written consent of all of the Officers of the Corporation, call a vote of the Board of Directors on any urgent matter (other than Excluded Matters) by e-mailing written notice of the question to be voted upon, together with a ballot, to all of the members of the Board of Directors, simultaneously, at their e-mail addresses on file with the Corporation. The notice shall specify the date and time by which the ballot must be returned to the Chair in order to be counted, which shall be no more than ninety six (96) hours and no less than twenty four (24) hours from the date and time such notice is e-mailed to the members. Any ballot returned to the Chair after such specified deadline shall not be counted in the vote. Furthermore, in order for such a vote to constitute a valid vote of the Board of Directors, at least a majority of the Directors must return a signed ballot to the Chair, prior to the deadline specified in the notice, from the e-mail address to which the notice was delivered by the Chair. Provided that at least a majority of the Directors return a signed ballot to the Chair as set forth above, all questions except amendments to the Articles of Incorporation and Bylaws (which shall be governed by Article VI of these Bylaws), and removal of Directors (which shall be governed by Article III of these Bylaws) (collectively, "Excluded Matters"), shall be decided by vote of the majority of the Directors that return signed ballots to the Chair, prior to the deadline specified in the notice, from the e-mail address to which the notice was delivered by the Chair.

#### **Section 3.12 Participation by Conference Call**

Any one or more members of the Board may participate in a regular or special meeting of the Board by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting may simultaneously hear each other during the meeting. A Director participating in such meeting by such means shall be deemed to be present in person at such meeting.

#### **Section 3.13 Compensation.**

The members of the Board of Directors, including its elected Officers, shall serve without pay, but the Board may authorize the reimbursement of reasonable and necessary expenses incurred by Directors in the performance of their duties.

#### **Section 3.14 Proxies**

Proxies shall not be permitted as a form of voting.

### **ARTICLE IV Committees**

#### **Section 4.01 General**

The Board of Directors may establish, from time to time, such committees as it may deem necessary to assist it in its work. The resolution establishing such committees shall state the purpose, timeline, and authority of each committee. Unless stipulated otherwise within these Bylaws or the Board of Directors' Governing Policies, the Chair is authorized to appoint a chairperson and members of each committee.

#### **Section 4.02 Board Development Committee**

- a. **Composition and Tenure.** The Board Development Committee shall consist of no fewer than three (3) Board members. No person shall be a member of the Board Development Committee for more than three successive years.
- b. **Responsibilities.** The Board Development Committee shall serve as the Nominating Committee of the Board and shall assist the Board in building its governance capabilities. As to nominations, the Board Development Committee shall, pursuant to these Bylaws and then in effect Governing Policies of the Board, prepare for the Board of Directors' consideration and approval, slates of candidates for officer positions and for Board membership.
- c. **Quorum.** A majority of the Board Development Committee shall constitute a quorum and all questions presented shall be decided by the vote of a majority of its members present.

### **ARTICLE V Officers**

#### **Section 5.01 General**

The elected Officers of the Corporation shall consist of a Chair, a Vice-Chair, and a Secretary, all of whom shall be members of the Board of Directors. The Board of Directors may vest any Officer with any power and charge such Officer with any duty not contrary to law nor inconsistent with these Bylaws.

#### **Section 5.02 Terms of Office**

Officers shall take office immediately following their election and shall serve until the next Annual Meeting of the Board of Directors or until their successors have been elected. No person shall hold the same office for more than two (2) consecutive full years.

#### **Section 5.03 Removal**

Any Officer may be removed by action of the Board of Directors at any time with or without cause.

#### **Section 5.04 Resignation**

Any Officer may resign at any time by delivery of a notice of resignation to the Board. The resignation shall take effect upon the delivery of such notice, unless such notice specifies a later date, in which case the resignation shall take effect upon such later date.

#### **Section 5.05 Vacancies**

Any vacancy in an office held by an Officer shall be filled for the remaining portion of the relevant term by vote of the Board of Directors. The term of an Officer so elected shall not be counted as part of a term for purpose of Section 5.02 hereof.

#### **Section 5.06 Powers and Duties of Officers**

- a. **Chair.** The Chair shall be chairperson of the Board of Directors and shall be the official representative and official spokesperson of the Board on matters of agreed-upon Board policy and action, unless the Board designates another person for such purpose. The Chair shall be an ex-officio member of all committees except the Board Development Committee. The Chair shall preside at all meetings of the Board of Directors. The Chair shall also have other duties and obligations as set forth in the Board's then in effect Governing Policies.

- b. **Vice-Chair.** The Vice-Chair shall serve as chairperson of the Board in the absence of the Chair and shall have all powers of the Chair in his or her absence or inability to serve. The Vice-Chair shall perform other such duties as the Board may establish in its Governing Policies.
- c. **Secretary.** The Secretary shall: keep or cause to be kept custody of the minutes of all meetings of the Board of Directors; authenticate the records of the Corporation; provide and serve (or cause to be provided and served) all notices in accordance with these Bylaws or as required by law; and assure that the Board's Governing Policies are accurately maintained.

#### **Section 5.07 President and Chief Executive Officer**

The Board of Directors shall employ a professional manager who will be known as the President & CEO, with such duties, for such a length of time, and at such compensation as may be determined by the Board of Directors. The President & CEO serves as the chief executive officer (CEO) of the corporation and shall administer its affairs in accordance with these Bylaws, the Board of Directors' Governing Policies, and an employment contract if such contract has been executed with the approval of the Board of Directors. The President & CEO shall be a non-voting, ex officio member of all board committees. The President & CEO shall be responsible for the employment of all additional staff in a manner consistent with the Board of Directors' Governing Policies. The President & CEO shall have the authority to execute contracts on behalf of the Corporation as is necessary to administer the Corporation's day-to-day affairs.

### **ARTICLE VI Amendments to Bylaws**

#### **Section 6.01 Amendments and Other Actions Regarding Bylaws**

Subject to the limitations in the Articles of Incorporation, these Bylaws may be altered, amended, or repealed by a two-third (2/3) majority vote of the Board of Directors who attend a properly constituted meeting of the Board of Directors. In order to be considered a properly constituted meeting, there must have been proper notice, which notice includes the full text of the proposed amendment.

### **ARTICLE VII Contracts, Checks and Deposits of Funds**

#### **Section 7.01 Contracts**

The Board of Directors may authorize any Officers or agents of the Corporation, in addition to the Officers so authorized by these Bylaws, to enter into any contract or to execute and deliver any instrument in the name or on behalf of the Corporation. Such authority may be general or limited to specific instances.

#### **Section 7.02 Checks and Drafts**

All checks, drafts or orders for the payment of money or other evidence of indebtedness issued in the name of the Corporation shall be approved and signed by such Officers and in such manner as set forth in these Bylaws or as otherwise determined by resolution of the Board of Directors.

#### **Section 7.03 Deposits**

All funds of the Corporation shall be deposited in a timely manner to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors may select.

### **ARTICLE VIII Miscellaneous**



**Section 8.01 Fiscal Year**

The fiscal year of the Corporation shall begin on July 1 and end on June 30. The Board of Directors shall cause the Corporation's financial statements to be audited annually and to be certified by a certified public accountant or independent public accountant to be designated by the Board. A report of the annual audit of such accountant shall be submitted to the Board of Directors within thirty (30) days of its completion.

**Section 8.02 Corporate Seal**

The Secretary shall assure the security of the corporate seal, and shall have the authority to affix the same to any instrument requiring it. When so affixed, the corporate seal may be attested by the signature of the Secretary. The Board also may give general authority to any Officer to affix the seal of the Corporation and to attest to the affixing thereof by his or her signature.

**Section 8.03 Books and Records**

The Corporation shall keep correct books and records of accounts, records of attendance and minutes of the proceedings of the meetings of the Board of Directors. The Corporation shall keep an accurate record of the names and addresses of the members of the Board of Directors.

**Section 8.04 Insurance**

The Corporation shall have the power to provide liability insurance coverage for volunteers engaged in the activities of the Corporation, by itself or in conjunction with other organizations. The Board of Directors also shall see that staff and Board members who handle funds of the Corporation are bonded.

**Section 8.05 Distribution of Corporation Assets Upon Liquidation or Dissolution**

In the event of liquidation or dissolution of the Corporation, none of the property of the Corporation shall be distributed in liquidation to any incorporator, director, member or private individual, but the net assets of the Corporation remaining after payment and satisfaction of its proper debts and liabilities shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are operated exclusively for such purposes.

**Section 8.06 Indemnification**

The Corporation intends to indemnify the Officers and the members of the Board of Directors to the fullest extent permitted by Article 9 of the Act.



## PRS Supervised Residential Services Staffing Plan

Primary Person: Who is the person responsible for this function now?	Function: [Ex. Marketing; Office Management; Fundraising; Outreach; communications; etc.]	Hours/Week / staff members: [Low-High]	Relative Importance: Of task to organization	Estimated Cost: (\$/year) for this function.
<b>Assistant Clinical Director</b>	Oversight of the Community Support Services Program, Administrative link with NVRPO, Outreach, Clinical Supervision	1 hour per week	Critical to mission	
<b>Description:</b> The Assistant Clinical Director oversees the operations and clinical functioning of the Community Support Services Program (Supportive Residential Services). Areas of oversight include direct supervision of Clinical Supervisors, initial screening and collaboration with NVRPO regarding referrals. Ensure that service specific provider intakes are completed and that recovery plans are developed in a timely manner. Monitoring data, outcomes achieved and ensure that the region has state performance data. Oversees all services provided under all funding streams of this program and deploys staff for coverage as needed. Other key areas of function under the Assistant Clinical Director are quality control, accreditation and contract compliance, direct service delivery when applicable, screening and hiring of direct service staff, in-service training, submitting quarterly reports, management of external and internal communication and adherence to state licensure expectations.				
<b>Clinical Supervisor of Community Supports</b>	Complete Service Specific Intakes and provide clinical supervision to Community Support Specialists working with clients referred for this project; crisis intervention and collaboration with referral sources	2 hours per week for each clinical supervisor	Critical to mission	
<b>Description:</b> Manages the day-to-day operations of the Community Support Program. Areas of management include, but are not limited to, clinical				

<p>supervision of Community Support Specialists, review and approval of daily/weekly/quarterly clinical documentation, initial assessments and completion of service specific provider intakes, direct service, collaboration with referral sources, screening and hiring new staff and on boarding training, provide crisis intervention, and ensure compliance with County contracts, licensure and accreditation bodies. Key areas of management include data, supervision of staff, provides coverage of direct service needs in the absence of assigned Community Support Specialists. This position operates in support of the Assistant Clinical Director position when the Assistant Clinical Director is out of the office, in the community or providing trainings.</p>			
<p><b>Community Support Specialist (CSS-Direct Service Staff)</b></p>	<p>Provides skills building, supportive counseling, community integration activities and ongoing care coordination with treatment team members.</p>	<p>44 hours per week spread across 5 different Community Support Specialists</p>	<p>Critical to mission</p>
<p><b>Description:</b> The Community Support Specialist (CSS) is mission critical. This position supports the daily/weekly operation of providing skill building and support, community integration activities and care coordination to individuals served. Services include but not limited to assisting clients with scheduling and keeping mental health and medical appointments, medication management, teaching and role modelling social skills, skills teaching to increase independent living skills, supportive counseling, teaching independent and basic living skills, engaging client in following through with health care provider recommended treatment and collaboration with treatment team members and health care providers. In addition, the CSS is responsible for the daily/weekly/quarterly clinical documentation, crisis intervention and duty to report, if applicable. Each CSS carries a case load of 10-15 individuals in specified geographic locations.</p>			

**PRS, INC.**

(a nonprofit organization)

**FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for June 30, 2015)**

**Renner  
&  
Company**  
Certified  
Public  
Accountants

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors  
PRS, Inc.  
McLean, Virginia

### **Report on the Financial Statements**

We have audited the accompanying financial statements of PRS, Inc. (PRS), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the 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 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 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 financial statements referred to above present fairly, in all material respects, the financial position of PRS 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.

As explained in Note 14 to the financial statements, amounts for unrestricted net assets and temporarily restricted net assets have been restated in the 2015 financial statements now presented. Our opinion is not modified with respect to this matter.

## **Report on Summarized Comparative Information**

We have previously audited PRS' 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 1, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Renner and Company, CPA, P.C.*

Alexandria, Virginia  
September 23, 2016



PRS, INC.

STATEMENT OF FINANCIAL POSITION

June 30, 2016

(with summarized comparative information as of June 30, 2015)

ASSETS				
	2016			2015
	Unrestricted	Temporarily Restricted	Total	Total
<b>CURRENT ASSETS</b>				
Cash	\$ 13,982	\$ -	\$ 13,982	\$ 22,039
Investments	1,028	-	1,028	135,962
Accounts receivable, net of allowance	703,060	-	703,060	717,147
Promises to give	-	116,250	116,250	15,300
Prepaid expenses	198,614	-	198,614	65,659
<b>TOTAL CURRENT ASSETS</b>	<u>916,684</u>	<u>116,250</u>	<u>1,032,934</u>	<u>956,107</u>
<b>PROPERTY AND EQUIPMENT, net</b>	<u>514,136</u>	<u>-</u>	<u>514,136</u>	<u>531,937</u>
<b>OTHER ASSETS</b>				
Investments	1,598,266	202,942	1,801,208	1,920,299
Long-term promises to give, net of discount	-	297,025	297,025	-
Security deposit	35,119	-	35,119	35,119
<b>TOTAL OTHER ASSETS</b>	<u>1,633,385</u>	<u>499,967</u>	<u>2,133,352</u>	<u>1,955,418</u>
<b>TOTAL ASSETS</b>	<u>\$ 3,064,205</u>	<u>\$ 616,217</u>	<u>\$ 3,680,422</u>	<u>\$ 3,443,462</u>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
Accounts payable	\$ 107,523	\$ -	\$ 107,523	\$ 147,347
Line of credit	115,000	-	115,000	-
Accrued expenses	488,029	-	488,029	406,000
Deferred revenue	18,691	-	18,691	15,173
Custodial accounts	5,430	-	5,430	7,658
Deferred rent	10,985	-	10,985	10,985
Obligations under capital lease	5,679	-	5,679	8,740
<b>TOTAL CURRENT LIABILITIES</b>	<u>751,337</u>	<u>-</u>	<u>751,337</u>	<u>595,903</u>
<b>LONG-TERM LIABILITIES</b>				
Obligations under capital lease, net of current portion	-	-	-	5,679
Deferred rent, net of current portion	24,717	-	24,717	35,702
<b>TOTAL LONG-TERM LIABILITIES</b>	<u>24,717</u>	<u>-</u>	<u>24,717</u>	<u>41,381</u>
<b>TOTAL LIABILITIES</b>	<u>776,054</u>	<u>-</u>	<u>776,054</u>	<u>637,284</u>
<b>COMMITMENTS AND CONTINGENCIES</b>				
<b>NET ASSETS</b>	<u>2,288,151</u>	<u>616,217</u>	<u>2,904,368</u>	<u>2,806,178</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 3,064,205</u>	<u>\$ 616,217</u>	<u>\$ 3,680,422</u>	<u>\$ 3,443,462</u>

See Notes to Financial Statements.

PRS, INC.

STATEMENT OF ACTIVITIES

Year ended June 30, 2016

(with summarized comparative information for the year ended June 30, 2015)

	2016			2015
	Unrestricted	Temporarily Restricted	Total	Total
<b>SUPPORT AND REVENUE</b>				
Government contracts and grants	\$ 5,673,565	\$ -	\$ 5,673,565	\$ 5,518,940
Donated facilities and services	713,166	-	713,166	651,108
Contributions and other grants	214,077	594,220	808,297	505,101
Investment (loss) income	(19,032)	-	(19,032)	50,224
Consumer fees	53,978	-	53,978	50,609
Miscellaneous	16,577	-	16,577	10,150
Net assets released from restrictions	232,680	(232,680)	-	-
<b>TOTAL SUPPORT AND REVENUE</b>	<b>6,885,011</b>	<b>361,540</b>	<b>7,246,551</b>	<b>6,786,132</b>
<b>EXPENSES</b>				
Program	5,944,507	-	5,944,507	5,546,004
Management and general	1,000,758	-	1,000,758	1,148,702
Fundraising	203,096	-	203,096	321,236
<b>TOTAL EXPENSES</b>	<b>7,148,361</b>	<b>-</b>	<b>7,148,361</b>	<b>7,015,942</b>
<b>CHANGE IN NET ASSETS BEFORE EXCESS OF CONSIDERATION TRANSFERRED OVER NET ASSETS ACQUIRED IN ACQUISITION OF CRISISLINK</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(229,810)</b>
<b>EXCESS OF CONSIDERATION TRANSFERRED OVER NET ASSETS ACQUIRED IN ACQUISITION OF CRISISLINK</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(85,384)</b>
<b>CHANGE IN NET ASSETS</b>	<b>(263,350)</b>	<b>361,540</b>	<b>98,190</b>	<b>(315,194)</b>
<b>NET ASSETS, beginning of year, restated</b>	<b>2,551,501</b>	<b>254,677</b>	<b>2,806,178</b>	<b>3,121,372</b>
<b>NET ASSETS, end of year</b>	<b>\$ 2,288,151</b>	<b>\$ 616,217</b>	<b>\$ 2,904,368</b>	<b>\$ 2,806,178</b>

See Notes to Financial Statements.

PRS, INC.

STATEMENT OF FUNCTIONAL EXPENSES

Year ended June 30, 2016

(with summarized comparative information for the year ended June 30, 2015)

	2016							2015			
	Psychosocial Rehabilitation	Community Housing	Community Services	Community Services	CrisisLink Hotline	Other Program Services	Total Program	Management and General	Fundraising	Total	Total
	\$ 1,072,781	\$ 235,196	\$ 1,254,653	\$ 337,821	\$ 469,193	\$ 3,369,644	\$ 617,509	\$ 119,329	\$ 4,106,482	\$ 4,033,672	
Salaries and wages	132,001	26,835	173,780	26,710	50,185	409,511	74,773	8,380	492,664	456,102	
Fringe benefits	77,818	16,977	92,601	26,040	36,657	250,093	46,647	9,060	305,800	299,625	
Payroll taxes											
TOTAL PERSONNEL EXPENSES	1,282,600	279,008	1,521,034	390,571	556,035	4,029,248	738,929	136,769	4,904,946	4,789,399	
Occupancy	694,161	63,211	31,268	159,021	-	947,661	126,054	-	1,073,715	1,089,213	
Professional fees	55,424	8,754	44,748	35,447	3,840	148,213	22,326	18,648	189,187	159,430	
Depreciation and amortization	18,698	37,755	9,606	6,655	-	72,714	4,322	-	77,036	67,826	
Rental and maintenance	48,823	-	4,953	11,279	-	65,055	4,329	-	69,384	73,247	
Other expenses	96,662	6,659	2,109	885	327	106,642	3,575	33,003	143,220	129,670	
Office supplies	38,106	14,280	22,130	27,986	4,895	107,397	34,847	8,595	150,839	147,842	
Travel	12,451	3,865	71,244	266	10,429	98,255	2,960	86	101,301	114,124	
Communications	38,082	-	23,985	15,911	2,040	80,018	12,495	95	92,608	90,994	
Insurance	14,522	5,971	5,448	1,303	145	27,389	9,656	59	37,104	39,564	
Conference and training	10,275	35	1,482	2,802	1,084	15,678	5,158	-	20,836	57,180	
Accounting	-	-	-	-	-	-	23,200	-	23,200	29,800	
Legal services	1,217	2,083	-	-	-	3,300	7,226	-	10,526	13,810	
Advertising	3,828	-	760	50	825	5,463	651	5,841	11,955	11,830	
Donated Services	-	-	-	217,759	-	217,759	-	-	217,759	175,217	
Interest	649	-	-	-	-	649	5,009	-	5,658	9,922	
Bad debt expense	15,661	455	2,950	-	-	19,066	21	-	19,087	16,874	
OTHER EXPENSES	1,048,559	143,068	220,683	479,364	23,585	1,915,259	261,829	66,327	2,243,415	2,226,543	
TOTAL EXPENSES	\$ 2,331,159	\$ 422,076	\$ 1,741,717	\$ 869,935	\$ 579,620	\$ 5,944,507	\$ 1,000,758	\$ 203,096	\$ 7,148,361	\$ 7,015,942	

See Notes to Financial Statements.

**PRS, INC.**

**STATEMENT OF CASH FLOWS**

**Year ended June 30, 2016**

**(with comparative information for the year ended June 30, 2015)**

	<u>2016</u>	<u>2015</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from operations		
Support and revenue	\$ 6,172,047	\$ 5,941,746
Investment income	<u>80,732</u>	<u>117,102</u>
Total cash received from operations	<u>6,252,779</u>	<u>6,058,848</u>
Cash used in operations		
Payments to employees and suppliers	6,452,430	6,238,132
Interest paid	<u>5,658</u>	<u>9,922</u>
Total cash disbursed by operations	<u>6,458,088</u>	<u>6,248,054</u>
<b>NET CASH USED BY OPERATING ACTIVITIES</b>	<u>(205,309)</u>	<u>(189,206)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of investments	292,767	814,000
Purchase of investments	(138,506)	(566,892)
Purchase of property	(61,041)	(48,295)
Payment of CrisisLink notes payable, net of cash required	-	(59,650)
Amounts received for member funds	2,064	5,899
Amounts paid out for member funds	<u>(4,292)</u>	<u>(9,595)</u>
<b>NET CASH PROVIDED BY INVESTING ACTIVITIES</b>	<u>90,992</u>	<u>135,467</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Borrowing from line of credit	3,890,000	2,799,000
Repayment of line of credit	(3,775,000)	(2,799,000)
Payment of capital lease obligations	<u>(8,740)</u>	<u>(7,621)</u>
<b>NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES</b>	<u>106,260</u>	<u>(7,621)</u>
<b>NET DECREASE IN CASH</b>	<u>(8,057)</u>	<u>(61,360)</u>
<b>CASH, beginning of year</b>	<u>22,039</u>	<u>83,399</u>
<b>CASH, end of year</b>	<u>\$ 13,982</u>	<u>\$ 22,039</u>
<b>NON-CASH INVESTING ACTIVITIES</b>		
Unrealized loss in market value of investments	\$ 110,218	\$ 66,878
Decrease in investment value	<u>(110,218)</u>	<u>(66,878)</u>
	<u>\$ -</u>	<u>\$ -</u>

See Notes to Financial Statements.

**PRS, INC.**

**STATEMENT OF CASH FLOWS**

**Year ended June 30, 2016**

**(with comparative information for the year ended June 30, 2015)**

<b>RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH USED BY OPERATING ACTIVITIES</b>	<u>2016</u>	<u>2015</u>
<b>CHANGE IN NET ASSETS</b>	<u>\$ 98,190</u>	<u>\$ (315,194)</u>
<b>ADJUSTMENTS TO RECONCILE CHANGE IN NET ASSETS TO NET CASH USED BY OPERATING ACTIVITIES</b>		
Depreciation and amortization	77,036	67,827
Non-cash occupancy costs	(10,985)	(10,986)
Realized and unrealized loss on investments	99,764	66,878
Loss on acquisition of CrisisLink	-	85,384
Loss on disposal of assets	<u>1,806</u>	<u>-</u>
<b>NET ADJUSTMENTS</b>	<u>167,621</u>	<u>209,103</u>
<b>CHANGES IN ASSETS AND LIABILITIES AFFECTING OPERATIONS PROVIDING (USING) CASH</b>		
<b>ASSETS</b>		
Accounts receivable	29,387	(133,861)
Promises to give, net of discount	(413,275)	-
Prepaid expense	<u>(132,955)</u>	<u>7,059</u>
	<u>(516,843)</u>	<u>(126,802)</u>
<b>LIABILITIES</b>		
Accounts payable	(39,824)	(31,899)
Accrued expenses	82,029	92,173
Deferred revenue	<u>3,518</u>	<u>(16,587)</u>
	<u>45,723</u>	<u>43,687</u>
<b>NET CHANGES IN ASSETS AND LIABILITIES</b>	<u>(471,120)</u>	<u>(83,115)</u>
<b>NET CASH USED BY OPERATING ACTIVITIES</b>	<u>\$ (205,309)</u>	<u>\$ (189,206)</u>
<b>SUPPLEMENTAL SCHEDULE OF INVESTING AND FINANCING ACTIVITIES - ACQUISITION OF CRISISLINK</b>		
Fair Value of assets received - CrisisLink	\$ -	\$ 58,007
Cash payment of Crisislink notes payable	-	(94,910)
Liabilities assumed	<u>-</u>	<u>(48,481)</u>
Contribution paid in acquisition of CrisisLink	<u>\$ -</u>	<u>\$ (85,384)</u>

See Notes to Financial Statements.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES**

**Organization and Purpose**

PRS, Inc. (PRS) is a Virginia nonprofit corporation established in 1963 to provide vocational and social rehabilitation programs for persons with serious mental illness in the DC Metropolitan area.

On August 1, 2014, PRS acquired CrisisLink, a Virginia nonstock corporation. The purpose of the acquisition was to expand PRS' services with a 24 hour hotline and textline aiming to provide crisis prevention and intervention services and to afford all individuals the necessary support to cope with life challenges, trauma and suicide.

A brief description of major programs include:

The Psychosocial Rehabilitation program, also known as the Recovery Academy program, provides a curriculum-based day program that promotes movement out of PRS' facility-based programming and into meaningful community alternatives such as work, volunteering and school. Co-occurring disorder services and assistance with transition to community-based activities are also offered.

The Community Housing program provides non-time-limited housing and support to help clients live as independently as possible. Residents live in one of five supported housing residences operated by PRS. These supported housing residences provide 20 beds.

The Community Services Program includes Employment Services and Mental Health Skills-Building Services (MHSS). Employment Services provides support and training for clients who want to be competitively employed in the community to help them choose, get and keep jobs. MHSS provides individually tailored, community-based intensive skill building and support services to meet each client's unique needs, abilities and goals; helps clients maintain their housing and maximize their stability.

The CrisisLink program brings immediate help, hope and healing to empower individuals facing serious life challenges, suicidal thoughts, and emotional or situational problems through programs including: 24/7 Crisis & Suicide Prevention hotline, crisis textline, CareRing (outbound calling support program), and community training and community education.



**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Significant Accounting Policies (Continued)**

**Organization and Purpose (Continued)**

In addition to PRS' four key program areas, PRS staff work collaboratively, through contract, with key community partners to provide other critical community services. Among these programs are Coordinated Specialty Care Services (CSC), recovery-oriented treatment programs for youth and young adults with first episode psychosis. CSC offers skill teaching, case management, supported employment, supported education, family education and support, peer support and psychiatric services. Be Well, another collaborative program, integrates primary health care into behavioral health settings with the goal of improving physical health of adults living with serious mental illnesses.

**Basis of Accounting**

PRS prepares its financial statements on the accrual basis of accounting. Revenues are recognized in the period in which they are earned; expenses are recognized in the period in which they are incurred.

The financial statements include certain prior-year summarized comparative information in total not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles accepted in the United States of America (U.S. GAAP). Accordingly, such information should be read in conjunction with PRS' financial statements for the year ended June 30, 2015, from which the summarized information was derived.

**Cash and Cash Equivalents**

For the purpose of reporting on the statement of cash flows, cash includes interest bearing and non-interest bearing demand deposit accounts. PRS does not consider the short-term investments contained in its investment portfolio to be cash equivalents. There are no cash equivalents as of June 30, 2016 and 2015.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Significant Accounting Policies (Continued)**

**Promises to Give**

Unconditional promises to give are recognized as support in the period the promise is made. Promises to give are expected to be fully collectible, and as of June 30, 2016, no allowance for doubtful promises to give has been established. Discounts on these amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Donor-restricted support is reported as an increase in temporarily restricted net assets. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

**Accounts Receivable**

Accounts receivable consists principally of amounts due to PRS for government and private contracts and services performed. No interest is accrued on receivables. A provision for doubtful accounts has been established using the allowance method based on management's evaluation of the collectability of receivables. Management records an allowance based on the history of collectability and its efforts to collect outstanding balances. Management believes the allowance for doubtful accounts of \$11,307 and \$10,996 as of June 30, 2016 and 2015, respectively, are adequate.

**Property**

Property and equipment are reflected in the financial statements at cost. PRS capitalizes all fixed assets with a purchase price of \$1,000 or greater. Depreciation is computed using the straight line method over the estimated useful lives of the assets. Routine repairs and maintenance are expensed as incurred.

**Investments**

Investments are recorded at fair value. Unrealized gains and losses are included in investment income in the statement of activities.

PRS invests in a professionally managed portfolio that contains money market funds and mutual funds. Such investments are exposed to various risks such as market and credit risk. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amounts reported in the financial statements.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Significant Accounting Policies (Continued)**

**Investments (Continued)**

Money market funds held in PRS' investment portfolio are available for the PRS' short term cash needs which may arise from time to time.

**Custodial Accounts**

Custodial accounts are consumer funds held in a custodial capacity to be disbursed in accordance with consumer instructions.

**Deferred Revenue**

Revenues billed or collected for which the services or function have not been fulfilled are reflected as deferred revenue.

**Classes of Assets**

In accordance with U.S. GAAP, net assets are classified into three categories: unrestricted, temporarily restricted, and permanently restricted net assets.

**Unrestricted net assets** include operating net assets which are available for the general operations of PRS, as well as Board designated Capital Expenditure and Emergency Fund with net assets set aside for capital expenditures or emergency use.

**Temporarily Restricted net assets** include net assets which are subject to donor-imposed restrictions for support of a particular program activity. Temporarily restricted net assets consist of amounts contributed to fund various programs and projects.

**Permanently Restricted Net Assets** represent contributions received from donors to be held in perpetuity. There are no permanently restricted net assets in PRS as of June 30, 2016 and 2015.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Revenue Recognition**

Contributions are recorded as unrestricted, temporarily restricted or permanently restricted support. Categorization is based upon the existence and/or nature of donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the nature of the restrictions is met within the reporting period. All other donor-restricted support is reported as an increase in temporarily restricted net assets and then reclassified to unrestricted net assets when the restrictions expire.

Revenue from cost-type grants and contracts is recognized on the basis of reimbursable costs incurred during the period. Revenue from services is recognized as the services are performed.

Donated materials and services represent the estimated fair value of materials and services provided. The contributions of services are recognized if the services received create non-financial assets or require specialized skills provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

**Income Taxes**

PRS is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC), and has been classified by the Internal Revenue Service (IRS) as other than a private foundation within the meaning of Section 509(a)(1) of the IRC. The organization is, however, subject to income taxes on net profits generated by activities defined as unrelated business activities under applicable tax law. PRS has not engaged in any such activities during the years ended June 30, 2016 and 2015.

PRS' Federal Exempt Organization Business Income Tax Returns (Form 990) for the fiscal years 2014, 2015 and 2016 are subject to examination by the Internal Revenue Service (IRS), generally for three years after they are filed.

**Estimates**

The preparation of financial statements in conformity with U.S. GAAP 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 financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

PRS participates in a number of federally assisted programs which are subject to financial and compliance audits by the federal agencies or their representatives. As such, there is a possibility that questioned costs might result from such an audit in the future.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**1. ORGANIZATION, PURPOSE AND SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Functional Expense Allocation**

Expenses are charged directly to programs in general categories based on specific identification. Indirect expenses have been allocated to programs, general and administrative, and fundraising expenses based on level of effort.

**Reclassification**

Certain amounts in the Statement of Functional Expense and Statement of Cash Flows for the year ended June 30, 2015 have been reclassified to conform with the June 30, 2016 presentation. This reclassification has no effect on previously reported decrease in net assets.

**2. CASH**

Cash as of June 30, 2016 and 2015 consisted of the following:

	2016	2015
Checking	\$ 13,482	\$ 21,239
Petty cash	500	800
	<u>\$ 13,982</u>	<u>\$ 22,039</u>

The bank balances were fully insured within the Federal Deposit Insurance Corporation deposit insurance limits as of June 30, 2016 and 2015.

**3. ACCOUNTS RECEIVABLE**

Receivables at June 30, 2016 and 2015 consisted of the following:

	2016	2015
Government contracts and grants	\$ 56,762	\$ 42,808
Individuals for services performed	646,298	674,339
	<u>\$ 703,060</u>	<u>\$ 717,147</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**4. PROMISES TO GIVE**

Promises to give as of June 30, 2016 and 2015 consisted of unconditional pledges and are due as follows:

	2016		
	Receivable in		
	Less than one year	One to five years	Total
Promises to give	\$ 116,250	\$ 300,000	\$ 416,250
Less: discount to present value at 1%	-	(2,975)	(2,975)
Total	<u>\$ 116,250</u>	<u>\$ 297,025</u>	<u>\$ 413,275</u>
	2015		
	Receivable in		
	Less than one year	One to five years	Total
Promises to give	<u>\$ 15,300</u>	<u>\$ -</u>	<u>\$ 15,300</u>



**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**5. PROPERTY AND EQUIPMENT**

A summary of information related to property and depreciation for the years ended June 30, 2016 and 2015 is as follows:

June 30, 2016					
	Estimated useful life (years)	Cost	Accumulated depreciation	Depreciation expense	Book Value
Land	-	\$ 57,660	\$ -	\$ -	\$ 57,660
Vehicles	3 - 5	134,356	(134,356)	-	-
Furniture and equipment	3 - 10	218,425	(194,753)	17,573	23,672
Equipment under capital lease	3 - 5	24,920	(19,382)	8,307	5,538
Building	40	326,738	(138,338)	8,170	188,400
Building improvements	3 - 20	411,387	(242,572)	22,284	168,815
Computer equipment and software	3 - 5	126,101	(96,143)	12,248	29,958
Leasehold improvements	5 - 10	275,103	(235,010)	8,454	40,093
		<u>\$ 1,574,690</u>	<u>\$ (1,060,554)</u>	<u>\$ 77,036</u>	<u>\$ 514,136</u>

June 30, 2015					
	Estimated useful life (years)	Cost	Accumulated depreciation	Depreciation expense	Book Value
Land	-	\$ 57,660	\$ -	\$ -	\$ 57,660
Vehicles	3 - 5	158,074	(158,074)	-	-
Furniture and equipment	3 - 10	291,982	(254,558)	24,737	37,424
Equipment under capital lease	3 - 5	24,920	(11,076)	2,469	13,844
Building	40	326,738	(128,892)	8,170	197,846
Building improvements	3 - 20	411,387	(221,521)	21,778	189,866
Computer equipment and software	3 - 5	97,868	(90,661)	3,769	7,207
Leasehold improvements	5 - 10	261,981	(233,891)	6,904	28,090
		<u>\$ 1,630,610</u>	<u>\$ (1,098,673)</u>	<u>\$ 67,827</u>	<u>\$ 531,937</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**6. INVESTMENTS**

Investments are recorded at fair value and consist of the following as of June 30, 2016 and 2015:

	2016		
	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Money market funds	\$ 1,028	\$ 1,028	\$ -
Mutual funds			
World stock	108,393	134,642	26,249
Foreign large growth	172,634	191,351	18,717
Large cap blend	115,781	145,289	29,508
Large growth	101,732	121,705	19,973
High yield bond	200,048	179,756	(20,292)
Large value	109,457	140,327	30,870
Emerging markets	111,539	110,243	(1,296)
Small cap	207,183	232,546	25,363
Global bond	184,918	182,488	(2,430)
Inflation protected bond	122,348	114,876	(7,472)
Short-term bond	145,628	143,244	(2,384)
Intermediate term bond	114,321	104,741	(9,580)
	<u>\$ 1,695,010</u>	<u>\$ 1,802,236</u>	<u>\$ 107,226</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**6. INVESTMENTS (Continued)**

	2015		
	Cost	Fair Market Value	Unrealized Appreciation (Depreciation)
Money market funds	\$ 135,962	\$ 135,962	\$ -
Mutual funds			
World stock	109,018	147,443	38,425
Foreign large growth	158,225	203,535	45,310
Large cap blend	120,502	156,760	36,258
Large growth	97,121	128,543	31,422
High yield bond	203,297	193,028	(10,269)
Large value	101,706	135,381	33,675
Emerging markets	116,120	123,074	6,954
Small cap	185,946	248,834	62,888
Global bond	198,183	194,217	(3,966)
Inflation protected bond	137,773	127,124	(10,649)
Short-term bond	162,191	161,514	(677)
Intermediate term bond	107,919	100,846	(7,073)
	<u>\$ 1,833,963</u>	<u>\$ 2,056,261</u>	<u>\$ 222,298</u>

The board has designated and set aside some a portion of its investment portfolio for capital expenditures and emergency fund use. For the years ended June 30, 2016 and 2015, board designated funds were \$1,534,736 and \$1,801,584, respectively.

Investment income consisted of the following for the years ended June 30, 2016 and 2015:

	2016	2015
Interest and dividends	\$ 80,732	\$ 117,102
Unrealized loss on investments	(110,218)	(158,057)
Realized gain on sale of investments	10,454	91,179
	<u>\$ (19,032)</u>	<u>\$ 50,224</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**7. FAIR VALUE MEASUREMENTS**

PRS records investments based on fair value on a recurring basis. Financial accounting and reporting standards define fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. The standards emphasize that fair value is a market-based measurement, not an entity specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, the standards established a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent from the reporting entity (observable inputs that are classified within level 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within level 3 of the hierarchy).

Level 1 inputs utilize unadjusted quoted prices in active markets for identical assets or liabilities that PRS has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the assets or liabilities, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets or liabilities in active markets, as well as inputs that are observable for the assets or liabilities (other than quoted prices), such as interest rates, foreign exchange rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs for the assets or liabilities, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

The determination of the fair value level within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. PRS' assessment of the significance of the particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the assets or liabilities.

PRS, INC.

NOTES TO FINANCIAL STATEMENTS

Year ended June 30, 2016

(with summarized comparative information for the year ended June 30, 2015)

7. FAIR VALUE MEASUREMENTS (Continued)

	2016			
	Fair Value	Level 1	Level 2	Level 3
Money market funds	\$ 1,028	\$ 1,028	\$ -	\$ -
Mutual funds				
World stock	134,642	134,642	-	-
Foreign large growth	191,351	191,351	-	-
Large cap blend	145,289	145,289	-	-
Large growth	121,705	121,705	-	-
High yield bond	179,756	179,756	-	-
Large value	140,327	140,327	-	-
Emerging markets	110,243	110,243	-	-
Small cap	232,546	232,546	-	-
Global bond	182,488	182,488	-	-
Inflation protected bond	114,876	114,876	-	-
Short-term bond	143,244	143,244	-	-
Intermediate term bond	104,741	104,741	-	-
	<u>\$ 1,802,236</u>	<u>\$ 1,802,236</u>	<u>\$ -</u>	<u>\$ -</u>
	2015			
	Fair Value	Level 1	Level 2	Level 3
Money market funds	\$ 135,962	\$ 135,962	\$ -	\$ -
Mutual funds				
World stock	147,443	147,443	-	-
Foreign large growth	203,535	203,535	-	-
Large cap blend	156,760	156,760	-	-
Large growth	128,543	128,543	-	-
High yield bond	193,028	193,028	-	-
Large value	135,381	135,381	-	-
Emerging markets	123,074	123,074	-	-
Small cap	248,834	248,834	-	-
Global bond	194,217	194,217	-	-
Inflation protected bond	127,124	127,124	-	-
Short-term bond	161,514	161,514	-	-
Intermediate term bond	100,846	100,846	-	-
	<u>\$ 2,056,261</u>	<u>\$ 2,056,261</u>	<u>\$ -</u>	<u>\$ -</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**8. TEMPORARILY RESTRICTED NET ASSETS**

A summary of temporarily restricted net assets for the years ended June 30, 2016 and 2015 are as follows:

	2016		
	Balance at July 1, 2015	Revenue and Support	Balance at June 30, 2016
Hope fund	\$ 194,736	\$ 46,560	\$ 201,439
ExxonMobil - Intern	776	-	-
Hunt Grant scholarships	1,955	-	130
Morrison & Forester Foundation	573	-	-
Washington Forest Foundation	2,291	20,000	9,620
D.C. DBH Peer Grant	4,918	20,000	1,741
Wibel Foundation	1,375	-	-
Graham Fund	40,000	-	-
Dominion Guild	1,146	-	-
St. Luke's scholarship	-	2,000	1,525
McLean Rotary for equipment	2,518	-	572
Arlington County Medical Society	1,717	-	190
Kiwanis Foundation - Arlington	1,142	2,000	-
Individual Donations - CrisisLink	530	1,660	-
Edison Booster Club	-	2,000	-
Shenny Tomato pledge	-	500,000	400,000
PTG	1,000	-	1,000
Total	<u>\$ 254,677</u>	<u>\$ 594,220</u>	<u>\$ 616,217</u>



**PRS, INC.****NOTES TO FINANCIAL STATEMENTS****Year ended June 30, 2016****(with summarized comparative information for the year ended June 30, 2015)****8. TEMPORARILY RESTRICTED NET ASSETS (Continued)**

	2015		
	Balance at July 1, 2014	Revenue and Support	Balance at June 30, 2015
Residential Renovation Project	\$ 131,883	\$ -	\$ (131,883)
Hope fund	191,301	49,435	(46,000)
ExxonMobil - Intern	1,306	2,750	(3,280)
Tysons Fitness Room Project	76	-	(76)
Hunt Grant scholarships	3,873	-	(1,918)
Morrison & Forester Foundation	-	5,000	(4,427)
Washington Forest Foundation	-	20,000	(17,709)
D.C. DBH Peer Grant	-	20,000	(15,082)
Wibel Foundation	-	12,000	(10,625)
Graham Fund	-	40,000	-
Dominion Guild	-	10,000	(8,854)
St. Luke's Scholarship	1,809	3,000	(4,809)
McLean Rotary for equipment	826	2,500	(808)
Arlington County Medical Society	-	4,500	(2,783)
Kiwanis Foundation - Arlington	-	2,000	(858)
Wright Memory	-	530	-
PTG	1,000	-	-
	<u>\$ 332,074</u>	<u>\$ 171,715</u>	<u>\$ (249,112)</u>
			<u>\$ 254,677</u>

**9. DONATED FACILITIES AND SERVICES**

Fairfax County and Virginia Hospital Center provide free rent for program service sites in Mt. Vernon and Arlington, Virginia on behalf of PRS. As required by U.S. GAAP, PRS recorded donated facilities support in the amount of \$495,408 and \$475,891 for the years ended June 30, 2016 and 2015, respectively.

The CrisisLink Hotline and textline is a 24 hour service and depends on the support of individuals who donate their time. As required by U.S. GAAP, PRS recorded donated services in the amount of \$217,759 and \$175,217 for the years ended June 30, 2016 and 2015, respectively.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**9. DONATED FACILITIES AND SERVICES (Continued)**

Many volunteers have donated significant amounts of their time to PRS program services. The value of these contributions has not been reflected in the financial statements, as they did not meet the criteria for recognition, nor is a practical estimate available.

**10. GOVERNMENT CONTRACTS AND GRANTS**

Government contracts and grants revenue is as follows for the years ended June 30, 2016 and 2015:

	2016	2015
Fairfax County	\$ 2,330,140	\$ 1,919,542
Medicaid	1,832,162	1,989,123
Arlington Community Services Board	409,866	432,040
United States Department of Housing and Urban Development	351,601	379,391
Virginia Department for Aging and Rehabilitative Services	330,832	357,106
Loudoun County	147,197	-
Regional DAD Program	34,275	151,715
DC Department of Behavioral Health	89,490	121,021
CCFP Grant	70,000	70,000
United States Department of Agriculture	63,002	64,232
City of Alexandria	15,000	31,251
City of Falls Church	-	3,000
Other	-	519
	<u>\$ 5,673,565</u>	<u>\$ 5,518,940</u>

**11. EMPLOYEE BENEFIT PLAN**

PRS offers a deferred annuity plan for eligible employees. All employees are eligible to participate and make contributions to the plan as of the first day of employment. However, employees must work a minimum of one year and contribute a minimum of 3% to the plan in order to be eligible for employer matching funds. PRS matches employee contributions of 3% up to a maximum of 5% of eligible compensation. For the years ended June 30, 2016 and 2015, PRS contributed \$122,607 and \$116,464, respectively.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**12. OBLIGATIONS UNDER CAPITAL LEASE**

The organization leases copier machines under a capital lease that expires January 2017. The assets and liability under capital lease are recorded at lower of the present value of the minimum lease payments or the market value of the asset. The assets are amortized over their estimated useful lives. Capital leases are secured by the leased assets. Total payments made relating to this lease during the year ended June 30, 2016 were \$10,188 including interest payments of \$1,448. Total payments related to this lease for the year ended June 30, 2015 were \$10,188 including interest payments of \$2,567. Future minimum lease payments under this capital lease at June 30, 2016 are \$5,679 including interest of \$264 for the fiscal year ended 2017.

**13. CONCENTRATIONS - REVENUE**

For the years ended June 30, 2016 and 2015, PRS received \$4,162,302 and \$3,552,107, respectively, of total support and revenue from two sources. Consequently, any material declines in funding from these sources could have a significant negative impact on PRS' financial condition.

**14. PRIOR PERIOD ADJUSTMENT**

The balance of net assets as of June 30, 2015 has been restated to reclassify temporarily restricted net assets as unrestricted net assets.

Prior period adjustments as of June 30, 2015 are as follows:

	As Originally Presented	Prior Period Adjustment	As Restated
Temporarily Restricted Net Assets	\$ 375,104	\$ (120,427)	\$ 254,677
Unrestricted Net Assets	2,431,074	120,427	2,551,501
Total	<u>\$ 2,806,178</u>	<u>\$ -</u>	<u>\$ 2,806,178</u>

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**15. COMMITMENTS AND CONTINGENCIES**

**Revolving Line of Credit**

PRS has a \$500,000 line of credit with BB&T bank at a variable interest rate of 4.25% that will mature on August 5, 2017. The line of credit is secured by PRS' contract with Fairfax - Falls Church Community Services Board and by a priority interest in PRS' accounts receivable. As of June 30, 2016 and 2015, the outstanding balance on the line of credit was \$115,000 and \$0, respectively. Interest expense related to this line of credit for the years ended June 30, 2016 and 2015 were \$4,210 and \$3,227, respectively.

**Office Lease**

PRS has a operating lease agreement for office space located in McLean, Virginia. The term for the lease agreement is from July 1, 2009 through September 30, 2019. Rent expense was \$394,119 and \$398,813 for the years ended June 30, 2016 and 2015, respectively.

The estimated future minimum lease payments under the lease agreement as of June 30, 2016 are as follows:

For the fiscal years ended:

2017	\$ 423,277
2018	423,277
2019	423,277
2020	<u>105,819</u>
	<u>\$ 1,375,650</u>

**Office Lease - District of Columbia**

PRS has an operating lease agreement for space at the Covenant Baptist Church School in the District of Columbia. The term of this lease originally expired in August 2013 but was subsequently extended on a month to month basis through October 31, 2016. Rent expense was \$64,000 and \$64,000 for the years ended June 30, 2016, and 2015, respectively. The estimated future minimum lease payments under this lease agreement as of June 30, 2016 are \$21,333.

**Employment Agreement**

PRS has entered into an employment agreement which includes a severance package. Under the terms of the agreement the organization could be required to pay severance of up to \$83,409 under circumstances of termination without cause.

**PRS, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Year ended June 30, 2016**

**(with summarized comparative information for the year ended June 30, 2015)**

**16. SUBSEQUENT EVENTS**

In preparing these financial statements, the organization has evaluated events and transactions for potential recognition or disclosure through September 23, 2016, the date the financial statements were available to be issued.

RFP2000002064  
Appendix D

### 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 Chair: Audrey Goldstein

Signature/Date: Audrey Goldstein / 11-15-2016

Printed Name of Executive Director: Wendy Gradison

Signature/Date: Wendy Gradison / 11-15-16

Company Name: PRS, Inc.

Address: 1761 Old Meadow Rd. Suite 100

City/State/Zip: McLean, VA 22102

SSN or TIN: 54-0880899



**PRS, INC.****Licensed Services**

1. *Licensed As: A mental health and substance abuse supervised living residential service for adults.*

*Stipulations:*

Service License Number	Type of License	Effective Date	Expiration Date
233-01-012	Triennial	02/01/2016	01/31/2019

**Locations:**

- 1 Supported Residential Program  
3013 Kings Village Road  
Alexandria, VA 22306  
Bed Capacity: 0 Child/Adol. Beds: 0
- 2 Supported Residential Program  
7818 Mount Woodley Place  
Alexandria, VA 22306  
Bed Capacity: 0 Child/Adol. Beds: 0
- 3 Supported Residential Program  
7534 Willow Lane  
Falls Church, VA 22042  
Bed Capacity: 0 Child/Adol. Beds: 0
- 4 Supported Residential Program  
8757 Village Green Court  
Alexandria, VA 22309  
Bed Capacity: 0 Child/Adol. Beds: 0
- 5 Supported Residential Program  
2726 Sherwood Hall Lane  
Alexandria, VA 22306  
Bed Capacity: 0 Child/Adol. Beds: 0

2. *Licensed As: A mental health psychosocial rehabilitation service for adults.*

*Stipulations:*

Service License Number	Type of License	Effective Date	Expiration Date
233-02-011	Triennial	02/01/2016	01/31/2019

**Locations:**

- 1 PRS Mount Vernon (12/03-new location)  
8794 Sacramento Drive  
Alexandria, VA 22309  
Bed Capacity: 0 Child/Adol. Beds: 0
- 2 PRS Tysons  
1761 Old Meadow Road Suite 100  
McLean, VA 22102

# PRS, INC.

Bed Capacity: 0 Child/Adol. Beds: 0  
Effective Date: 07/01/2009

3. 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
233-03-001	Triennial	02/01/2016	01/31/2019

**Locations:**

1

MHSS  
1761 Old Meadow Road  
Suite 100  
McLean, VA 22102

Bed Capacity: 0 Child/Adol. Beds: 0

4. Licensed As: A mental health and substance abuse outpatient service for adults.

Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
233-07-004	Triennial	02/01/2016	01/31/2019

**Locations:**

1

Outpatient- Tysons  
1761 Old Meadow Road  
Suite 100  
McLean, VA 22102

Bed Capacity: 0 Child/Adol. Beds: 0  
Effective Date: 09/06/2011



Northern Virginia

Washington, DC

PRS Tysons  
1761 Old Meadow Road  
Suite 100  
McLean, VA 22102  
(P) 703-536-9000  
(F) 703-448-3723

PRS Mt. Vernon  
8794S Sacramento Drive  
Alexandria, VA 22309  
(P) 703-360-8394  
(F) 703-360-5583

PRS DC  
3845 South Capitol Street, SW  
Washington, DC 20032  
(P) 202-373-0800  
(F) 202-373-0898

**BOARD OF DIRECTORS**

Board Chair  
Audrey Goldstein  
U.S. Department of Health and  
Human Services (Retired)

Vice Chair  
Lauren Shields  
BB&T

Secretary  
Jennifer Ayers  
JL Ayers Consulting LLC

Marilyn Aldrich  
Georgetown University Hospital  
(Retired)

Liz Barnes  
U.S. Department of Defense  
Defense Suicide Prevention Office

Paul Di Vito  
Marketing Consultant

Donald A. Kniffen, Jr.  
Dominion Hospital, HCA

Danni Leifer  
CSRA, Inc.

Timothy Long  
Rotary Club of Tysons Corner

Jamie Miller  
Freddie Mac

Ellen Pochekailo  
Pochekailo Strategic  
Communications

Angie Wilen  
Freddie Mac

Robert D. Wright  
Fulton Bank

**STAFF**

Wendy Gradison  
President and  
Chief Executive Officer

Mary Brown  
Senior Vice President/Clinical  
Director

Joseph Getch  
Chief Operating Officer

Meredith Hovan  
Director of Resource  
Development

Julia Stephens  
Director of Quality Management

November 16, 2016

PRS certifies that the enclosed USB Drives with our Technical Proposal and Cost Proposal, in response to the CSB's RFP2000002064, is a true copy of the enclosed printed versions.

Sincerely,

Wendy Gradison, LCSW  
PRS President & CEO

**Certificate of Acknowledgement of Individual**City / County of FairfaxCommonwealth / State of VirginiaAcknowledged before me this 16 day of November, year 2016  
**Notary Public Signature**768 9347  
**Notary Number**My Commission Expires: 10/31/2020

**LAUREN P. PADGETT**  
**NOTARY PUBLIC**  
**REG. #7689347**  
**COMMONWEALTH OF VIRGINIA**  
**MY COMMISSION EXPIRES OCT. 31, 2020**

[www.prsinc.org](http://www.prsinc.org)

United Way #8466 | CFC #47403

PRS, Inc. is a private non-profit 501 (c)(3) incorporated in the Commonwealth of Virginia

**ORIGINAL**

**PRS, Inc.**

**1761 Old Meadow Road, Suite 100  
McLean, VA 22102  
(703) 536-9000**

**Cost Proposal for RFP 2000002064**

**Proposed Services: Supportive Residential Services**

**ORIGINAL**

**PRS, Inc.**

1761 Old Meadow Road, Suite 100  
McLean, VA 22102  
(703) 536-9000

**Cost Proposal for RFP 2000002064**

**Proposed Services: Supportive Residential Services**



## PRS Cost Proposal Narrative

This cost proposal narrative provides additional information to support the cost and revenue figures included in "Appendix B – Budget Form" of RFP2000002064, which is included as Attachment 1 of this cost proposal.

### **Proposed Service Hour Rate and Service Rate Definition**

PRS' proposed service hour rate is **\$59.36**

The service definition for Supportive Residential Services is defined in Core Services Taxonomy 7.3. **A service unit is equal to one-hour, or any fraction or multiple thereof**, where a service meeting the definition of Supportive Residential Services is provided to any client served under a contract awarded through this RFP.

Pursuant to Section 5.3 of the RFP, we anticipate providing a minimum of 1200 hours of direct, face-to-face service under this contract. Because services are delivered by a number of staff, versus one designated individual, PRS has the ability to scale up to meet increased service demand over the duration of the contract.

PRS understands that some of the individuals identified to be served under this contract may have Medicaid. In those cases, where individuals can successfully meet medical necessity and other requirements to qualify for Mental Health Skills Building Services under Medicaid, PRS will bill those services directly to Medicaid and will **not** bill Fairfax County for any services successfully paid by Medicaid.

Determination of the hourly rate is outlined in the Budget Form and Supplemental Budget Form for Supportive Residential Services contained in Appendix B of the RFP (Attachment 1), the elements of which are further clarified in the narrative that follows below:

### **Expenses**

#### Direct Personnel Costs

Pursuant to Section 5.3 of the RFP, PRS will provide appropriate staffing to serve a minimum of 10 adults, or approximately 1200 units of service per year, dependent on the individual level of functioning and needs of those served. This translates to approximately 23 hours of direct (1200 units/52 weeks), face-to-face service each week. Based on our experience of providing this service; taking into account transportation time to and from visits as well as completion of required clinical documentation and clinical supervision, we estimate it will require Direct Service Staff work effort of 44 hours per week to meet the minimum service delivery requirement stated in the RFP. We estimate oversight of project activities and clinical supervision of an additional two (2) hours per week by a Clinical Supervisor and one (1) hour per week by the Assistant Clinical Director. The average hourly rate of our Community Support Specialists, which are the



staff responsible for delivery of Supportive Residential Services, is \$21.60/hour. The average hourly rate of a Clinical Supervisor of Community Support Specialists is \$26.15/hour. The average hourly rate of an Assistant Clinical Director is \$35.10/hour.

#### Other Direct Costs

Insurance: The cost of \$1,042.81 reflects workers compensation coverage at \$2.00 per \$100.00 of direct wages.

Telecommunications: The cost of \$565.00 reflects the annual cost of a cell phone and telephone and data service. A cell phone is required to ensure the safety of staff, as well as for providing data service for access to the electronic health record.

Mileage: The mileage cost of \$2,640 reflects annual expected direct service related miles of 6,000. PRS' current mileage reimbursement rate is \$0.44/mile.

#### Indirect Costs

Fringe Benefits: Fringe benefit costs are equal to 20% of direct wages, and include health insurance, dental insurance, life and long-term disability insurance, and 403(b) retirement contribution.

Payroll Taxes: Payroll taxes are established by the IRS and are calculated at 7.65% of direct wages.

Administrative Expenses (overhead): Administrative expenses are calculated at 15% of direct wages. Administrative expenses are the contract's share of ordinary business expenses incurred by any organization during the course of business operations, and include such things as accounting and payroll processing expenses, human resources expenses, information technology support, executive management, quality assurance staff and activities, etc.

#### **Revenue**

PRS has committed \$10,000 in support of this contract through our fundraising activities, which resulted in a reduction in the hourly service rate being charged to Fairfax County. This represents leverage of 12.3 percent. These funds are already secured and are committed to this contract.

#### **Start-up Costs**

The only start-up item being requested is the cost of one (1) iPad at the cost of \$599. This is needed for use by direct service staff for completion of collaborative clinical documentation. Because PRS will be expanding the number of staff providing Supportive Residential Services in order to meet the service demands of this contract, we will need to cover the cost of this equipment.

## Attachment 1 – “Appendix B”

**Budget Form for Supportive Residential Services***Provide one budget for each service level proposed***EXPENSES**

<b>A. DIRECT PERSONNEL COSTS:</b> <i>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</i>	<b>ESTIMATED HOURS/WEEK</b>	<b>HOURLY RATE</b>	<b>ESTIMATED COST/YEAR</b>
Direct Service Staff	44	\$ 21.60	\$ 49,420.80
Clinical Supervision	2	\$ 26.15	\$ 2,719.60
Assistant Clinical Director	1	\$ 35.10	\$ 1,825.20
<b>TOTAL PERSONNEL COSTS</b>			\$ 53,965.60
<b>B. OTHER DIRECT COSTS: Use the categories below as appropriate</b>			<b>ESTIMATED COST/YEAR</b>
Rent/Mortgage			\$
Space Utilities/Maintenance			\$
Program Costs			\$
Financial Services			\$
Consultants			\$
Insurance			\$ 1,042.81
Equipment Purchase/Lease			\$
Supplies			\$
Food			\$
Telecommunications			\$ 565.00
Printing/Copying			\$
Postage			\$
Training			\$
Vehicles (Mileage)			\$ 2,640.00
Vehicle Maintenance			\$
Software Purchase/License			\$
Other (Please specify)			\$
			\$
<b>TOTAL OTHER DIRECT</b>			\$ 4,247.81
<b>C. INDIRECT COSTS: Specify Indirect Cost Categories (fringe benefits, payroll taxes, administrative expenses, etc.)</b>	<b>RATE (%)</b>	<b>X BASE</b>	<b>ESTIMATED COST/YEAR</b>
Fringe Benefits	20.00%	\$ 53,965.60	\$ 10,793.12
Payroll Taxes	7.65%	\$ 53,965.60	\$ 4,128.37
Administrative Expenses	15.00%	\$ 53,965.60	\$ 8,094.84
<b>TOTAL INDIRECT COSTS</b>			\$ 23,016.33
<b>TOTAL EXPENSES (A+B+C)</b>			\$ 81,229.74

**REVENUE**

<b>REVENUE CATEGORIES: Use the categories below as appropriate</b>		<b>ESTIMATED REVENUE/YEAR</b>
Service Contract Payments		\$
Fund Raising/Donations		\$ 10,000.00
Client Fees		\$
Client Benefits		\$
Medicaid/Medicare		\$
Federal/State		\$
Other (Please specify)		\$
		\$
<b>TOTAL REVENUE</b>		\$ 10,000.00

Supplemental Budget Form for *Supportive Residential Services* - Service Hour Rate & Applicable Start-Up Costs

PROPOSED SERVICE HOUR RATE FOR ALL SUPPORTIVE RESIDENTIAL SERVICES				\$	59.36
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		
Equipment (iPad)	\$	599.00	Needed for completion of collaborative clinical documentation at time of service		
	\$				
	\$				
	\$				
	\$				
	\$				
<b>TOTAL START-UP COSTS</b>	\$	599.00			

OFFEROR DATA SHEET

NAME OF OFFEROR: PRS, Inc.

ADDRESS: 1761 Old Meadow Rd. Suite 100  
McLean, VA 22102

DUNS NUMBER: 09-238-9865

E-MAIL ADDRESS: info@prsinc.org

Name and e-mail addresses of both service and fiscal representatives (Key Personnel) who would handle this account.

Service Representative: Wendy Gradison  
Telephone Number: (703) 531-6300  
E-Mail Address: wgradison@prsinc.org

Fiscal Representative: Joseph Getch  
Telephone Number: (703) 531-6306  
E-Mail Address: jgetch@prsinc.org

Payment Address, if different from above:

N/A

**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:

☒

1. 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.

☐

2. 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, please 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: Wendy Gradison

Signature/Date: Wendy Gradison 111-15-16

Company Name: PRS, Inc.

Company Address: 1761 Old Meadow Rd. Suite 100

City/State/Zip: McLean, VA 22102

***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 a corporation or other business entity with the following SCC identification number:  
0126765-7 -OR-

☐ 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 those 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:

- If you currently have a Fairfax County business license, please submit a copy with your proposal.
- Do you have an office in:      Virginia      ☒ Yes      ☐ No  
   Fairfax County      ☒ Yes      ☐ No
- Date business began/will begin work in Fairfax County : 06/1970

A detailed description of the business activity that will take place in Fairfax County. If business is located outside of Fairfax County, give the percentage of work actually to be done in the County

PRS, Inc. will 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 under contract with the Fairfax Falls Church Community Services Board.

Wendy Indson  
Signature

11-15-16  
Date

**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.
2. "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).
3. 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:

Wendy Gradison

Signature/Date:

Wendy Gradison, 11-15-16

Company Name: PRS, Inc.

Address: 1761 Old Meadow Rd. Suite 100

City/State/Zip: McLean, VA 22102

SSN or TIN No: 64-0880899

**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 Name: \_\_\_\_\_

Prime Contractor's Classification: \_\_\_\_\_

You are required to provide the County with names, addresses, anticipated dollar amount and small/minority classification of each first-tier subcontractor (ref. paragraph 30, Special Provisions). Please complete this form and return it with your submission.

**Please check here if you are not using a subcontractor:** ☒

SUBCONTRACTOR(S) NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	ANTICIPATED DOLLAR AMOUNT	VENDOR CLASSIFICATION

**Complete and return this form with your proposal.**

RFP2000002064  
Appendix D

### 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 Chair: Audrey Goldstein  
Signature/Date: Audrey Goldstein / 11-15-2016

Printed Name of Executive Director: Wendy Gradison  
Signature/Date: Wendy Gradison / 11-15-16

Company Name: PRS, Inc.  
Address: 1741 Old Meadow Rd. Suite 100  
City/State/Zip: McLean, VA 22102  
SSN or TIN: 54-0880899



## County of Fairfax, Virginia

### Fairfax-Falls Church Community Services Board Qualified Service Organization Agreement

This Qualified Service Organization Agreement ("Agreement"), effective as of Nov. 15, 2016 ("Effective Date") is made by and between the Fairfax-Falls Church Community Services Board (CSB), and PRS, Inc. (Contractor).

Contractor: (1) acknowledges that in receiving, storing, processing, or otherwise dealing with any information from Fairfax County and the CSB, he is fully bound by the provisions of the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records, 42 C.F.R. Part 2; and (2) undertakes to resist in judicial proceedings any effort to obtain access to information pertaining to clients otherwise than as expressly provided for in the Federal Confidentiality Regulations, 42 C.F.R. Part 2.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives, effective upon the date first set forth above.

Fairfax-Falls Church Community Services Board:

By: \_\_\_\_\_

Name: Tisha Deeghan

Title: Executive Director

Date: \_\_\_\_\_

Contractor: PRS, Inc.

By: Wendy Gradison

Name: Wendy Gradison

Title: President and CEO

Date: 11-15-16





# 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:

Supervised Residential Services – 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.

3. 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.

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**Department of Procurement & Material Management**

12000 Government Center Parkway, Suite 427

Fairfax, VA 22035-0013

Website: [www.fairfaxcounty.gov/dpmm](http://www.fairfaxcounty.gov/dpmm)

Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

5. 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.

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

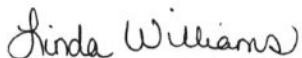
Ensure nutritional meals and nutritional snacks are available daily and encourage client participation in the development of menus and meals.

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.

8. 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.

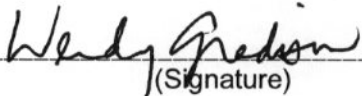


Linda Williams, CPPB  
Contract Specialist II

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

PRS, Inc.

Name of Firm

  
(Signature)

11-15-16

(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-occurring behavioral health diagnoses. There may be a small percentage of co-occurring 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?
- A6. 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 Offeror 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:

1. 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:

1. 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.

*Linda Williams*

Linda Williams, CPPB  
Contract Specialist II

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

*PRS, Inc.*

\_\_\_\_\_  
Name of Firm

*Wendy Madison*  
\_\_\_\_\_  
(Signature)

*11-15-16*

\_\_\_\_\_  
(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. 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 contracts 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.

*Linda Williams*

Linda Williams, CPPB  
Contract Specialist II

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

*PRS, Inc.*

Name of Firm

*Wendy Madison*  
(Signature)

*11-15-16*

(Date)

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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 NVPRO 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.

- 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.