

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT AMENDMENT

TO: Volunteers of America Chesapeake, Inc.
7901 Annapolis Road
Lanham, MD 20706

DATE ISSUED: June 17, 2020

CONTRACT NO: 441-10

CONTRACT TITLE: Residential Center
Management

**THIS IS A NOTICE OF CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

The contract term covered by this Notice of Amendment is effective January 1, 2020 through September 30, 2020.

The above referenced contract is amended as follows:

Please see Amendment 16 attached.

The contract documents consist of the terms and conditions of the Agreement dated September 27, 2010 including Amendments 1-15 and any Exhibits and Attachments.

EFFECTIVE DATE: January 1, 2020

EXPIRES: September 30, 2020

RENEWALS: N/A

COMMODITY CODE(S): 95200

LIVING WAGE: N

PROFESSIONAL SERVICES: N

ATTACHMENTS:

441-10 Amendment 16

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: David Greever

TELEPHONE NO.: (301) 459-2020

EMAIL ADDRESS: dgreever@voaches.org

COUNTY CONTACT: Arogya Singh

TELEPHONE NO.: (703) 228-1603

EMAIL ADDRESS: asingh1@arlingtonva.us

PURCHASING DIVISION AUTHORIZATION:

Tomeka D. Price Title: Procurement Officer Date: 6/17/2020

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 441-10
AMENDMENT NUMBER 16**

This Amendment Number 16 is made on June 16, 2020 and amends Agreement Number 441-10 ("Main Agreement") dated September 27, 2010, and as amended by Amendments 1 through 15 between Volunteers of America Chesapeake, Inc. ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the Contract Term, Contract Amount and Exhibit A, Scope of Work called for under the Main Agreement as follows:

1. The Contract Term for Phase I Stabilization and Early Recovery Programs is hereby extended through September 30, 2020.

2. The Contract Amount paragraph is hereby amended to read as follows:

For services rendered by the Contractor and accepted by the Project Officer, the County shall reimburse the Contractor per month of services up to \$118,527 based on supporting documentation confirming actual expenses incurred, not to exceed \$350,580 for the three months of services, in accordance with Attachment 1 (attached) for the amended contract term.

The Affiliate Fee will be paid at \$2,499.00 per month and the Administrative Fees will be paid per the prescribed percentages (15.9% of total cost) without confirmation of actual expenses incurred.

Invoices must be submitted by 15th of each month following the month when expenses were incurred.

3. EXHIBIT A, SCOPE OF WORK, V. Phase I Stabilization Program and Early Recovery Units Operation is hereby replaced with:

I. Stabilization Program

General Program Description:

The Phase I Stabilization Program shall provide a safe, supportive, monitored, and clinically-directed treatment program for up to 14 days for adult men and women who need treatment for alcohol and other drugs.

A. Phase I Stabilization Program Operations:

1. Provide ASAM Level 3.3 Clinically Managed Population Specific High Intensity Residential Treatment. services for individuals who do not require medically monitored withdrawal management services including medicated assisted treatment for reasonable withdrawal discomfort for a period of up to 14 days, unless otherwise agreed upon by the County and the Contractor.
2. Admit all persons requesting admission who are eligible, up to the approved capacity for the Phase I Stabilization Program as prescribed by the County use permit, the Certificate of Occupancy, or other formal approvals of the county and the Virginia Department of Behavioral Health and Developmental Services RPC license. The Contractor shall operate the RPC and allow admittance of persons, within the limits of allowable capacity and admission policies, every day of the year.
3. The Contractor shall ensure that clients admitted meet the following criteria:

- a) Residents of Arlington County, as define by:
 - i. Any individual who is currently domiciled in Arlington County; **or**
 - ii. Any individual currently homeless in Arlington County; **and/or**
 - iii. Any Medicaid covered individual choosing to receive services in Arlington County under Medicaid Provider of Choice guidelines; **and/or**
 - iv. Any individual currently residing in an Arlington County institution (jail, hospital) who is choosing to remain in Arlington County after release, **or**
- b) Non-Arlington County residents, who otherwise meet criteria for admission in regard to pattern of substance use, and who need a safe, supportive program for a minimum of 72 hours, during which time shall be connected to services in their home jurisdiction; **and**
- c) Show low-level signs of intoxication and/or withdrawal that do not require medical or skilled nursing services to manage; **or**
- d) An individual referred to the Phase I Stabilization Program by an Arlington County DHS treatment provider for evaluation and assessment for a continued stay in residential treatment; **and**
- e) Are 18 years of age or older; **and**
- f) Are not in need of immediate hospital-based medical or psychiatric treatment; **and**
- g) Agree to cooperate by providing basic identifying information; **and**
- h) Agree to comply with program rules and procedures;
- 4. The Contractor shall implement a process whereby individuals who are unable to access the Phase I Stabilization program due to lack of bed availability are contacted when space becomes available to assist that person with accessing the program
- 5. Ensure that client intake includes collection and recording of the following:
 - a) Client identifying information (i.e., name, address, date of birth, social security number); client biopsychosocial history, age of onset and pattern of substance use behaviors and treatment history, and medical history; and
 - b) Additional assessment and documentation of initial physical condition including measurement of blood alcohol content, respiration rate, pulse rate, blood pressure, body temperature and, if indicated, urinalysis.
 - c) All data elements for licensure by the Virginia Department of Behavioral Health and Developmental Services including physical examination and TB screening.
 - d) Obtain information about the client's referral source, as appropriate, to include name of provider providing the referral, other identified and relevant treatment/medical providers, emergency contacts, and signed releases of information.
 - e) When specialized medical services at intake are performed, the physical and laboratory exams shall comply with the elements specified by DBHDS Rules and Regulations governing substance use disorder treatment and rehabilitation facilities.
- 6. Provide regular evidence to the Department of Human Services that ongoing monitoring and evaluation of client progress is occurring. Such documentation shall include (where relevant):
 - a) Substantiation of weekly case reviews of each client/resident by program staff;

- b) Necessary modifications in individual client Individual Service Plan or resident service plan (original documentation in addition to recommended modifications must be included);
 - c) Recording of linkages with community resources benefit the client;
 - d) Progress reports of clients'/residents' accomplishments related to individual client treatment plan or resident service plan;
 - e) Discharge summary which outlines client/resident progress while in treatment and recommended follow up services;
 - f) Evidence of requesting client feedback regarding the duration, intensity, and quality of the services provided by the Contractor via client engagement survey at discharge;
 - g) Coordinate services on behalf of clients with all service providers who are a part of the interdisciplinary team and other community organizations;
 - h) Before any planned discharge of a client/resident from the facility, devise a continuing care plan tailored to the individual's needs, as well as coordinate all appropriate referrals for support services.
 - i) Utilize the County electronic health record, as they are available and as appropriate, to collect client data, including admission, discharge, and treatment information. Provide data in a format specified by the County in the electronic health record. Take reasonable measures to ensure that only designated employees have access to client information systems.
 - j) Abide by all Federal, State, and Local statutes to ensure the confidentiality of client data.
 - k) Obtain, as part of the intake process, client signatures on a release of information (provided by the County) for the County's Behavioral Healthcare Division allowing the access to information regarding the presenting problem and treatment history leading to the development of the service plan. If the Contractor determines that a client being admitted shows signs of intoxication too acute to provide informed consent, the client may be admitted but the release form shall be signed as soon as the client is capable of doing so. If the person refuses to sign the consent form, the person shall not be admitted.
7. The Contractor shall provide the following minimum levels of direct client services in the Stabilization unit to achieve a combination of counseling, educational and support activities designed to increase clients' knowledge about the impact of alcohol and drugs on their lives, to assist the client in developing a recover plan and to provide clients the opportunity to learn the skills needed to achieve their goals:
- a. Thirty-five (35) hours per week of a combination of evidence-based substance use education, life skills, motivational enhancement or treatment groups.
 - b. Twelve (12) hours per week of individual case management or supportive counseling (minimum of one hour a week per client) in the Detoxification program.
8. The Contractor shall develop a Preliminary Treatment Plan (which focuses on client stabilization) within twenty-four (24) hours following the client's intake and a Comprehensive Treatment Plan within seventy-two (72) hours, unless the individual is incapable of providing informed consent. The Contractor shall be responsible for ensuring

- that all treatment plans are reviewed in accordance with the operations manual. A client Treatment Plan must include, at a minimum:
- a. Statement of client's problem and corresponding treatment needs;
 - b. Statement of goals and a sequence of measurable objectives to meet identified needs;
 - c. Statement of services to be rendered and frequency of services to accomplish clients' goals and objectives;
 - d. Statement of timeline for accomplishing client's goals and objectives;
 - e. Initial in-facility work assignment, if applicable, and rationale for such assignment;
 - f. Recommended level of family involvement, and projected times for implementation;
 - g. Projected ancillary services and plan for accessing them (e.g., medications, adjunct mental health therapy, psychiatric and psychological evaluation, educational and/or vocational development);
 - h. Linkage with job development and/or placement services, as indicated; and
 - i. Designation of a Primary Care Counselor responsible for overall case management.
9. The Contractor shall submit incident reports to the County Project Officer within 24 hours for the following:
- a) Medication administration errors
 - b) Injury to client resulting from falls, accidents, and/or assaults
 - c) Medical/psychiatric emergencies that results in referrals to a higher level of care
 - d) Serious behavioral incidents that threaten the safety and wellbeing of the clients and/or staff in the program
 - e) Any incident in which abuse, neglect, or exploitation of a client is suspected
 - f) Human rights complaints
 - g) Incidents in which potential exposure of infectious disease is present
10. The Contractor shall notify the BHD program liaison to the Phase I Stabilization program of all persons who, upon admission, are currently identified as open to BHD services. Discharge planning in such cases shall be coordinated between the RPC Stabilization unit staff, the BHD program liaison, and the BHD primary therapist.
11. The Contractor shall comply with Federal, State, and Local statutes that govern the operation, licensing, inspection, fiscal, administrative and reporting requirements.
12. The Contractor shall comply with Federal confidentiality regulations at 42 CFR Part 2.
13. The Contractor shall maintain client service records for a minimum of five (5) years after the expiration of this Agreement, unless the County takes possession of the records prior to that date.
14. The Contractor shall ensure that services in the Stabilization unit are provided in the least restrictive environment that is appropriate to meet the client's needs. If a client or a client's advocate petitions the Behavioral Healthcare Division (BHD) alleging that the client service plan is contrary to these expectations, the matter may be appealed to the BHD Division Chief for resolution, however the client may further appeal the resolution in the following order: (1) to the Arlington County Community Services Board Human Rights Committee, and (2) to the Commonwealth of Virginia Human Rights Committee. The Contractor and the BHD will comply with the recommendations of the Human Rights Committee(s).

15. The Contractor shall inform staff of the policies and procedures to ensure individual rights, inform clients of their rights, and post the client complaint/appeal process.

B. Phase I Stabilization Unit Reporting Requirements

The Contractor shall submit the following reports and work products to the Project Officer and/or other County staff, or other bodies designated by the Project Officer:

Report/Product	Date Due/Frequency	To Project Officer	To Other
Stabilization program client intake/discharge packets	Weekly	X	
Client Progress Reports	Weekly		X
Incident Reports	Within 24 hours of the time of the incident	X	
Client discharge and outcome measurement data	Quarterly	X	
Client medical emergencies	Within 24 hours	X	X
Client drug use during treatment	Within 24 hours		X
Client follow-up and outcome measurement data	Quarterly	X	
Policy and Procedures Manual updates	Within 10 working days of revision	X	
Program license renewals	Within 10 working days of renewal	X	
Monthly Reports: Administrative issues— Staffing changes, fundraising efforts; volunteer services/hours. <ul style="list-style-type: none"> • Client utilization and demographics; • Turn-aways (number, reasons, what shift it occurs during, diversion to alternate resources, outreach attempted); • Discharges (numbers, discharge reason, outcomes); • Major programmatic changes or challenges; • Staff training attendance; transfers (to another level of care or to Shelter). 	Ten working days after the end of each month	X	
Annual Report—Overview of accomplishments; identification of needs and trends; summary and review of the monthly report categories; utilization and demographic review; analyses of client/resident outcomes.	30 days after close of the County fiscal year	X	
Financial Expenditure Report by Core Service	Monthly	X	
Annual Financial Audit	Annually	X	

Inspections Report	Upon Request	X	
Areas of Unmet Needs	Monthly	X	
Other reports deemed necessary by the Project Officer	Upon Request	X	

II. Early Recovery Program

The Early Recovery Program shall provide evidence based, supportive, and monitored residential treatment to adult men and women to assist them as they begin their recovery from substance use disorders.

A. Early Recovery Program Operations:

1. Provide ASAM 3.3 Level Clinically Managed, Population Specific High-Intensity Residential Services to adults with diagnosed substance use disorders to enable them to begin their recovery.
2. Maintain 24-hour a day, awake supervision on site. The staffing plan must be in accordance with all DBHDS staffing plan regulations.
3. Admit all persons requesting admission who are eligible, up to the approved capacity for the Early Recovery program as prescribed by the County use permit, the Certificate of Occupancy, or other formal approvals of the county and the Virginia Department of Behavioral Health and Developmental Services RPC license. The Contractor shall operate the RPC and allow admittance of persons, within the limits of allowable capacity and admission policies, every day of the year.
4. The Contractor shall ensure that clients admitted meet the following criteria:
 - a) Residents of Arlington County, as define by:
 - i. Any individual who is currently domiciled in Arlington County; *or*
 - ii. Any individual currently homeless in Arlington County; *and/or*
 - iii. Any Medicaid covered individual choosing to receive services in Arlington County under Medicaid Provider of Choice guidelines; *and/or*
 - iv. Any individual currently residing in an Arlington County institution (jail, hospital) who is choosing to remain in Arlington County after release, *or*
 - b) Are 18 years of age or older; *and*
 - c) Are not in need of immediate hospital-based medical or psychiatric treatment; *and*
 - d) Agree to cooperate by providing basic identifying information; *and*
 - e) Agree to comply with program rules and procedures; *and*
 - f) Have not been admitted to the Early Recovery Program previously within the last twelve (12) months, unless otherwise clinically indicated and agreed upon by the County and the Contractor.
5. Ensure that client intake includes collection and recording of the following:
 - a) Client identifying information (i.e., name, address, date of birth, social security number); client biopsychosocial history, age of onset and pattern of substance use behaviors and treatment history, and medical history; and
 - b) Additional assessment and documentation of initial physical condition including measurement of blood alcohol content, respiration rate, pulse rate, blood pressure, body temperature and, if indicated, urinalysis.

- c) All data elements for licensure by the Virginia Department of Behavioral Health and Developmental Services including physical examination and TB screening.
 - d) Obtain information about the client's referral source, as appropriate, to include name of provider providing the referral, other identified and relevant treatment/medical providers, emergency contacts, and signed releases of information.
 - e) When specialized medical services at intake are performed, the physical and laboratory exams shall comply with the elements specified by DBHDS Rules and Regulations governing substance use disorder treatment and rehabilitation facilities.
6. Provide regular evidence to the Department of Human Services that ongoing monitoring and evaluation of client progress is occurring. Such documentation shall include (where relevant):
- a) Substantiation of weekly case reviews of each client/resident by program staff;
 - b) Necessary modifications in individual client Individual Service Plan or resident service plan (original documentation in addition to recommended modifications must be included);
 - c) Recording of linkages with community resources benefit the client;
 - d) Progress reports of clients'/residents' accomplishments related to individual client treatment plan or resident service plan;
 - e) Discharge summary which outlines client/resident progress while in treatment and recommended follow up services;
 - f) Evidence of requesting client feedback regarding the duration, intensity, and quality of the services provided by the Contractor via client engagement survey at discharge;
 - g) Coordinate services on behalf of clients with all service providers who are a part of the interdisciplinary team and other community organizations;
 - h) Before any planned discharge of a client/resident from the facility, devise a continuing care plan tailored to the individual's needs, as well as coordinate all appropriate referrals for support services.
 - i) Utilize the County electronic health record, as they are available and as appropriate, to collect client data, including admission, discharge, and treatment information. Provide data in a format specified by the County in the electronic health record. Take reasonable measures to ensure that only designated employees have access to client information systems.
 - j) Abide by all Federal, State, and Local statutes to ensure the confidentiality of client data.
 - k) Obtain, as part of the intake process, client signatures on a release of information (provided by the County) for the County's Behavioral Healthcare Division allowing the access to information regarding the presenting problem and treatment history leading to the development of the service plan. If the Contractor determines that a client being admitted shows signs of intoxication too acute to provide informed consent, the client may be admitted but the release form shall be signed as soon as the client is capable of doing so. If the person refuses to sign the consent form, the person shall not be admitted.
7. The Contractor shall provide the following minimum levels of direct client services in the Early Recovery Program unit to achieve a combination of counseling, educational and

- support activities designed to increase clients' knowledge about the impact of alcohol and drugs on their lives, to assist the client in developing a recovery plan and to provide clients the opportunity to learn the skills needed to achieve their goals:
- a. Forty-six (46) hours per week of a combination of evidence-based substance use education, life skills, group therapy (including family therapy), and relapse prevention.
 - b. Twelve (12) hours per week of individual case management or supportive counseling (minimum of one hour a week per client) in the Early Recovery Program.
8. The Contractor shall develop a Comprehensive Individualized Treatment Plan within seven (7) days of admission. The Contractor shall be responsible for ensuring that all treatment plans are reviewed in accordance with the operations manual. A client Treatment Plan must include, at a minimum:
- a) Statement of client's problem and corresponding treatment needs;
 - b) Statement of goals and a sequence of measurable objectives to meet identified needs;
 - c) Statement of services to be rendered and frequency of services to accomplish clients' goals and objectives;
 - d) Statement of timeline for accomplishing client's goals and objectives;
 - e) Initial in-facility work assignment, if applicable, and rationale for such assignment;
 - f) Recommended level of family involvement, and projected times for implementation;
 - g) Projected ancillary services and plan for accessing them (e.g., medications, adjunct mental health therapy, psychiatric and psychological evaluation, educational and/or vocational development);
 - h) Linkage with job development and/or placement services, as indicated; and
 - i) Designation of a Primary Care Counselor responsible for overall case management.
9. The Contractor shall submit incident reports to the County Project Officer within 24 hours for the following:
- a) Medication administration errors
 - b) Injury to client resulting from falls, accidents, and/or assault
 - c) Medical/psychiatric emergencies that results in referrals to a higher level of care
 - d) Serious behavioral incidents that threaten the safety and wellbeing of the clients and/or staff in the program
 - e) Any incident in which abuse, neglect, or exploitation of a client is suspected
 - f) Human rights complaints
 - g) Incidents in which potential exposure of infectious disease is present
10. The Contractor shall comply with Federal, State, and Local statutes that govern the operation, licensing, inspection, fiscal, administrative and reporting requirements.
11. The Contractor shall comply with Federal confidentiality regulations at 42 CFR Part 2.
12. The Contractor shall maintain client service records for a minimum of five (5) years after the expiration of this Agreement, unless the County takes possession of the records prior to that date.
13. The Contractor shall ensure that services in the Early Recovery Program are provided in the least restrictive environment that is appropriate to meet the client's needs. If a client or a client's advocate petitions the Behavioral Healthcare Division (BHD) alleging that the

client service plan is contrary to these expectations, the matter may be appealed to the BHD Division Chief for resolution, however the client may further appeal the resolution in the following order: (1) to the Arlington County Community Services Board Human Rights Committee, and (2) to the Commonwealth of Virginia Human Rights Committee. The Contractor and the BHD will comply with the recommendations of the Human Rights Committee(s).

14. The Contractor shall inform staff of the policies and procedures to ensure individual rights, inform clients of their rights, and post the client complaint/appeal process.

B. Early Recovery Program Reporting Requirements

The Contractor shall submit the following reports and work products to the Project Officer and/or other County staff, or other bodies designated by the Project Officer:

Report/Product	Date Due/Frequency	To Project Officer	To Other
Client Progress Reports	Monthly		X
Discharge Summaries	Within 7 calendar days of discharge		X
Incident Reports	Within 24 hours of the time of the incident	X	
Client discharge and outcome measurement data	Quarterly	X	
Client medical emergencies	Within 24 hours	X	X
Client drug use during treatment	Within 24 hours		X
Client follow-up and outcome measurement data	Quarterly	X	
Policy and Procedures Manual updates	Within 10 working days of revision	X	
Program license renewals	Within 10 working days of renewal	X	
Monthly Reports: <ul style="list-style-type: none"> • Administrative issues—Staffing changes, fundraising efforts; volunteer services/hours. • Client utilization and demographics; • Discharges (numbers, discharge reason, outcomes); • Major programmatic changes or challenges; • Staff training attendance; transfers (to another level of care or to Shelter). 	Ten working days after the end of each month	X	

Annual Report—Overview of accomplishments; identification of needs and trends; summary and review of the monthly report categories; utilization and demographic review; analyses of client/resident outcomes.	30 days after close of the County fiscal year	X	
Financial Expenditure Report by Core Service	Monthly	X	
Annual Financial Audit	Annually	X	
Inspections Report	Upon Request	X	
Areas of Unmet Needs	Monthly	X	
Other reports deemed necessary by the Project Officer	Upon Request	X	

III. Staffing Requirements for Both Programs:

Providers shall meet these staff requirements:

1. Consult with the County on appointment of the Director of the Substance Use Disorder Treatment Programs.
 - a) The Substance Use Disorder Director shall be responsible for day-to-day operations of their unit and for ensuring 24-hour per day staff coverage. In the event that this position becomes vacant, the Contractor shall appoint a trained staff person to serve in an acting capacity until the position is filled on a permanent basis.
 - b) The Substance Use Disorder Director shall be required to possess active professional licensure in good standing in the Commonwealth of Virginia (i.e., Licensed Clinical Social Worker, Licensed Professional Counselor, etc.).
 - c) Maintain 24-hour a day coverage for both programs. Staff hired should have training and/or work experience in substance use disorder treatment. All hiring shall be done in accordance with local, state, and federal equal opportunity regulations.
2. The Contractor shall ensure that program staff are aware of their responsibilities relative to the tasks to be accomplished and the operational roles and responsibilities of the Substance Use Disorder Director.
3. The Contractor shall ensure that program staff are provided adequate clinical supervision, to include: day to day oversight of performance, education and coaching about best clinical practices, staff training and development plans, and disciplinary actions taken, as indicated.
4. Clinical staff shall be able to provide a planned regimen of 24-hours per day professionally-directed evaluation, care, and treatment including the administration of prescribed medication.
5. All staff shall have experience and training in identifying the signs and symptoms of mental illness and be able to provide education to the individual on the interactions of substance use and psychotropic medications.
6. Clinical staff shall possess specialized training in behavior management techniques including, but not limited to: cognitive-behavioral therapy, contingency contracting, contingency management, token economy, motivational enhancement therapy, crisis prevention, and behavioral de-escalation techniques.
7. The Contractor shall have in place, and operate in accordance with, a personnel system which includes, at a minimum:

- a) Written personnel policies and procedures which address: benefits, classification and compensation, discipline (standards of conduct), employee performance evaluation, equal employment opportunity, grievance process, hours of work, leave, outside employment, recruitment and selection, transfer and promotion, termination and layoff, and travel and on-the-job expenses.
 - b) Written job descriptions with explicit responsibilities and qualification statements for all positions, and system for documentation of employees' work-related education and training.
- 8. Any changes to staffing such as the number of positions within each classification, or job titles, within the limits of the total approved personnel budget, shall be made only by mutual agreement between the Contractor and the County.
 - 9. The Contractor shall ensure that the programs employ bilingual (English/Spanish) staff as listed in the budget, ensuring that there are bilingual staff available to clients on a daily basis.
 - 10. The Contractor shall ensure that appropriate staff have adequate knowledge regarding: client rights; client and record confidentiality; admission criteria; intake procedures; available treatment options and modalities; preparation of individual treatment plans; documentation of service provision in the client files; information on external resources; and policies on discharge or termination or referral of clients to such resources; aftercare and follow-up procedures; and/or all applicable objectives under terms of the approved services contract.
 - 11. Clinical staff shall be experienced in and knowledgeable about the biopsychosocial dimensions of treatment of substance use disorders and be able to identify and diagnose acute psychiatric conditions and decompensation. Clinical staff shall have specialized training in relevant behavior management techniques and evidence-based best practices in working with individuals experiencing addiction.
 - 12. Substance use disorder case management shall be provided in this level of care to coordinate all services offered to each client.
 - 13. All clinical staff shall possess specialized training in behavior management techniques that are intended to bring about positive behavior change including, but not limited to: cognitive behavioral therapy, contingency contracting, contingency management, token economy, motivational enhancement therapy, and crisis prevention and de-escalation.
 - 14. The Contractor shall manage the facility in such a manner as to assure that it is physically and programmatically structured to receive clients and be adequate for the provision of services in both units, including:
 - a) Habitable and sanitary living quarters, female and male clients housed separately;
 - b) Laundry facilities and linen services;
 - c) Appropriate clothing, as required;
 - d) Recreational and educational activities;
 - e) Food service (meals are delivered to the facility three times daily by the County's food service vendor. The food service vendor is under a separate contract with the County, and all costs of that contract are paid directly by the County). The Contractor shall work cooperatively with the vendor (i.e., provide accurate count of meals needed twice daily, have staff available at food delivery times, have food trays ready for pick up, notify food service vendor of food quality problems.
 - f) Pest management prevention

15. The Contractor shall comply with the Building Maintenance Plan to provide custodial, building maintenance, and minor repairs to the building (major systems repair-HVAC, plumbing, electrical, security, and fire suppression-will be the responsibility of the County). The Contractor must abide by the County regulations regarding property protection, safety, insurance, and energy conservation.
16. The Contractor shall cooperate with the County in providing records and other materials and staff needed for the County's annual program operations review. All program records, including client files, revert to the County at the point of contract termination.
17. The Contractor shall work with neighborhood and businesses to address concerns as they arise; keep the County apprised of issues or concerns in a timely manner.
18. The Contractor shall comply with the following statutes, regulations, standards, policies and procedures in the operation of both programs:
 - a) All applicable Federal and State laws and regulations for the assurance of the individual rights of clients served in the program;
 - b) Title VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1972, the Age Discrimination Act of 1975, Uniform Guidelines on Employee Selection and other Federal and State mandates, subsequent amendments and regulations developed pursuant thereto, to the effect that no person shall, on the grounds of race, color, religion, national origin, political affiliation, handicap, sex or age, be subject to discrimination in the provision of any services;
 - c) Provision of the Americans with Disabilities Act which prohibits discrimination against individuals with disabilities in employment and mandates their full participation in both publicly and privately provided services and activities.
 - d) Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

IV. Budget and Finance

1. The County will pay the Contractor only for the expenses incurred in the operation of the Phase I Stabilization and Early Recovery Program operations.
2. The Contractor shall maintain an accounting system which operates in such a way as to provide financial reporting in accordance with Generally Accepted Accounting Principles (GAAP). It will include the necessary personnel and financial records and a fixed assets system. It will provide for the practice of funds accounting and will be adaptable to the needs of cost accounting.
3. The Contractor shall develop a system of retention of accounting records for a minimum period of five (5) years after the expiration of the contract period.
4. An annual audit will be conducted by an independent Certified Public Accountant (s). Copies of the audit and accompanying management letter will be provided in whole to the County no later than November 1.
5. The Contractor shall permit authorized representatives of the County or the State to review all records of the Contractor, as deemed necessary. All accounts of the Contractor are subject to such audit and financial review, regardless of whether the funds are used exclusively for specific program activities or mingled with funds for other Contractor activities.
6. The Contractor shall submit financial reports at the request of the County at any time during the period of service covered by this or any preceding contractual agreements.
7. The Contractor shall secure an independent certified public accountant's audit of its finances and program operations after the close of each fiscal year and forward to the County no later

than November 1 following the end of each such year the findings of such audit in whole, including the management letter or other ancillary audit components, and permit authorized representatives of the County or the State to make such review of the records of the Contractor as may be deemed necessary to satisfy the audit purposes. In instances where a management letter was not prepared as an audit function, the Contractor must so certify in writing to the County at the time the audit report is submitted. All accounts of the Contractor are subject to such audit, regardless whether the funds are used exclusively for specific program activities or mingled with funds for other agency activities.

8. The Contractor shall provide written notification to the County of existing or proposed subcontracts for services which total individually or in aggregate for the same service, greater than five thousand dollars (\$5,000) for the fiscal year. Such subcontracts shall be subject to the approval of the County.

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

AUTHORIZED DocuSigned by:
SIGNATURE: Tomeka D. Price
5950D4E0ACC0472...

NAME: TOMEKA D. PRICE

TITLE: PROCUREMENT OFFICER

DATE: 6/17/2020

VOLUNTEERS OF AMERICA CHESAPEAKE, INC.

AUTHORIZED DocuSigned by:
SIGNATURE: Russell Snyder
EB01E0AA9B18450...

NAME: Russell Snyder

TITLE: Chief Executive Officer

DATE: 6/17/2020

ATTACHMENT 1**FY 2021 Budget for Early Recovery Services, for 3 months (July, August, September 2020)****Contract 441-10**

	<i>ER</i>	<i>Total for 3 months</i>
Direct Expenses		
Professional Salaries		
Salaries & Wages	\$66,978	\$200,934
Overtime Wages	\$4,050	\$12,150
Vacation Wages	\$2,648	\$7,944
Sick Wages	\$1,324	\$3,972
Regular Holiday Wages	\$2,882	\$8,646
Total	\$77,882	\$233,646
Employee Benefits		
403(b) Employer Contributions	\$1,130	\$3,390
Life & AD&D Insurance	\$181	\$543
Health & Dental Insurance	\$4,525	\$13,575
Disability Insurance	\$860	\$2,580
Worker Compensation	\$1,441	\$4,323
FMLA	\$8	\$24
Employee Recognition	\$156	\$468
Total	\$8,301	\$24,903
Payroll Tax Expense		
FICA Taxes	\$5,958	\$14,874
Total	\$5,958	\$14,874
Recruitment Expenses		
Drug Testing	\$117	\$351
Background Checks	\$273	\$819
Total	\$390	\$1,170
Professional Fees		
Other Professional Fees		
Nurse Training	\$2,500	\$2,500
Total	\$2,500	\$2,500
Supplies		
Medicine Drugs & Med Supplies	\$450	\$1,350
Educational Supplies	\$10	\$30
Recreational & Craft Supplies	\$10	\$30
Food & Beverage Supplies	\$450	\$1,350
Laundry, Linen & Housekeeping Supp	\$1,000	\$3,000
Office Supplies & Expenses	\$250	\$750
Total	\$2,170	\$6,510

	<i>ER</i>	<i>Total for 3 months</i>
Communication & Internet		
Cellular Phone	\$140	\$420
Total	\$140	\$420
Postage & Shipping		
USPS	\$10	\$30
Total	\$10	\$30
Occupancy Expenses		
Building Repair & Maint	\$100	\$300
Pest Control	\$325	\$975
Total	\$415	\$1,275
Equipment Rental & Maintenance		
Equipment Rental		
Copier	\$475	\$1,425
Water	\$30	\$90
Total	\$505	\$1,515
Equipment Maintenance	\$125	\$375
Total	\$630	\$1,890
Printing & Publications		
Outside Printing	\$10	\$30
Total	\$10	\$30
Travel & Transportation		
Vehicle Lease	\$575	\$1,525
Vehicle Fuel	\$125	\$375
Vehicle Repairs & Maint	\$200	\$600
Mileage, Parking & Tolls	\$25	\$75
Total	\$925	\$2,775
Conferences & Meetings		
Business Meals	\$50	\$150
Total	\$50	\$150
Specific Assistance to Clients		
Transportation	\$10	\$30
Food	\$30	\$90
Total	\$40	\$120
Insurance		
General & Professional Liability	\$235	\$705
Property	\$30	\$90
Automobile	\$310	\$930
Umbrella	\$10	\$30
Total	\$585	\$1,755

	<i>ER</i>	<i>Total for 3 months</i>
Affiliate Fee	\$2,499	\$7,497
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TOTAL DIRECT EXPENSES	\$102,495	\$302,485
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Non-Operating Expenses		
Administrative Allocation (at 15.9%)	\$16,032	\$48,095
Total	\$16,032	\$48,095
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TOTAL EXPENSES	\$118,527	\$350,580
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