

Abstract

System Transformation, Excellence and Performance in Virginia (STEP VA) is the Commonwealth's pathway to excellence in behavioral healthcare and to a healthy Virginia. Through the establishment of eight Certified Community Behavioral Health Clinics (CCBHCs), the Department of Behavioral Health and Developmental Services (DBHDS) will serve over 50,000 individuals and improve behavioral health quality, access, and outcomes across all regions, ages and populations in the Commonwealth.

STEP VA represents a bold transformation of the behavioral health service delivery system in Virginia. Despite the fact that the Commonwealth has not expanded Medicaid, Governor Terence R. McAuliffe is unwavering in his commitment to provide the highest quality, most integrated and effective healthcare services to Virginians. STEP VA expands upon his ongoing efforts to strengthen safety net services through the Governor's Access Plan which provides critical services to the uninsured who suffer from serious and persistent mental illness.

Sparked by tragedy, intense public scrutiny and focused attention from the Administration and the General Assembly, Virginians are demanding a more accessible, accountable and responsive behavioral healthcare system. Demand for behavioral health services is high; yet our penetration rates are much too low. Challenges of topography and geography have resulted in inconsistency in both availability and quality of services. An opioid epidemic is currently ravaging the southwestern region of the Commonwealth and some of our other poorest communities. Virginia also has one of the largest and the fastest growing population of veterans that is increasingly relying on the public behavioral health system for their treatment needs and those of their family members.

The objectives of STEP VA include 1) establishment of the CCBHC certification process, 2) implementation of evidence-based practices in all CCBHCs, 3) promotion of bidirectional primary health and behavioral health integration, 4) provision of same day access, 5) reduction in health disparities and 6) establishment of a Prospective Payment System (PPS) providing bonus payments for achieving quality outcomes. The Commonwealth is requesting \$1,999,119 to support STEP VA planning efforts. Leveraging strong and diverse partnerships and a history of commitment to recovery, DBHDS will lead this effort by soliciting the involvement and partnership of consumers, families and behavioral health experts.

As evidence of DBHDS' strong commitment to this effort, not only have the eight CCBHCs already been selected, but DBHDS is contributing \$2 million of its own resources to ensure STEP VA's success. By establishing our pathway to excellence, STEP VA enables the Commonwealth to improve behavioral healthcare systemwide and achieve recovery, health and wellness for all Virginians.

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Introduction: System Transformation, Excellence and Performance in Virginia (STEP VA) is Virginia’s pathway to excellence in behavioral healthcare and to a healthy Virginia. Through this bold project, the Department of Behavioral Health and Developmental Services (DBHDS) will establish eight regional Certified Community Behavioral Health Clinics (CCBHCs), improving behavioral healthcare quality, access, and outcomes statewide, serving over 50,000 consumers across all ages and populations. STEP VA represents the highest level of leadership and commitment by Virginia. DBHDS Commissioner Dr. Debra Ferguson, is driving systems change with the full support of Governor Terence McAuliffe, Secretary of Health and Human Resources William Hazel, M.D. and the Virginia Department of Medical Assistance Services (DMAS, the state Medicaid authority). DBHDS sees STEP VA as critical to its vision and efforts to modernize Virginia’s behavioral health services system. As evidence of this commitment, DBHDS has identified \$2 million of its own resources to help ensure the success of STEP VA.

SECTION A: STATEMENT OF NEED

A-1: State Organization, Funding, and Provision of Behavioral Health Services

State Organization: Virginia’s publicly funded behavioral health services system includes 39 community services boards and one behavioral health authority (CSBs) created by local governments and nine hospitals operated by DBHDS. State statute establishes DBHDS as the state authority for the public behavioral health system. DBHDS provides system leadership, supports the provision of accessible and effective behavioral health services by CSBs and other providers, oversees delivery of state hospital services, protects the human rights of consumers, and licenses public and private providers. DBHDS contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to CSBs.

Funding: In FY 2014, more than \$1.0 billion supported behavioral health services (\$732 million through CSBs and \$305 million for state hospitals). DBHDS funds community services through performance contracts with CSBs with state and federal block grant funds provided CSBs meet contract requirements. Table A-1 shows FY 2014 total community resources by funding source.

Table A-1: FY 2014 Community Funding by Source for Behavioral Health Services			
Sources	Funds	Sources	Funds
State Funds	\$241,266,474	Federal Funds	\$53,573,889
Local Funds	\$161,806,241	Other Funds	\$23,415,355
Fees (incl. Medicaid)	\$251,598,029	<i>Total Funds</i>	<i>\$731,659,988</i>

Provision of Behavioral Health Services: CSBs function as the single point of entry into the publicly funded system. CSBs provide emergency, inpatient, outpatient, case management, day support, employment, residential, prevention, ancillary (e.g., motivational treatment, consumer monitoring, assessment and evaluation, and early intervention), and consumer-run services directly and through contracts with private providers. CSBs also provide preadmission screening and discharge planning for state hospital consumers. In FY 2014, 115,452 unduplicated consumers received mental health services, 33,035 received substance use disorder services, and 63,599 received emergency services from CSBs. Also, 5,001 consumers received treatment in eight state hospitals for adults with serious mental illness (SMI) and one state hospital for children and adolescents with serious emotional disturbance (SED).

A-2: Prevalence Rates of Adults and Children with Mental Illness or Substance Use Disorders

Adults and Children with Mental Illness: According to SAMHSA’s National Survey on Drug Use and Health (NSDUH, revised 2013), 42.5 million adults age 18 or older (18.2%) in the U.S. experienced a mental illness (MI) that year. In Virginia, 17.5% of the adult population experienced a MI within the past year. The Centers for Disease Control reports between 13-20% of children experience a mental disorder in a given year (Mental Health Surveillance Among Children, 2005-2011). Virginia’s 16.5% prevalence rate is consistent with national estimates.

SMI and SED: Among adults age 18 and older, the national rate of SMI was 4% (NSDUH, 2013). An estimated 339,119 Virginia adults have SMI, a rate of 5.4% (NRI/SDICC and SAMHSA, 2014). Based on a population of 933,752 youth aged 9-17, and using the average of the low and high range estimate, 65,362 Virginia youth experience SED (NRI/SDICC for CMHS: 9/2014). Table A-2.a shows the estimated prevalence of MI and SMI for adults and mental disorders and SED for children in the eight CSBs that DBHDS has selected to be certified as CCBHCs (selection is described in section B-3).

CSB/CCBHC	Adults 18 and over	Mental Illness	SMI Estimate	Children <18 Years	Mental Disorder	Children 10-19	7% SED Estimate
Harrisonburg Rockingham CSB	103,261	19,723	4,234	25,875	4,269	19,888	1,392
Rappahannock Area CSB	257,130	49,112	10,542	89,362	14,745	52,597	3,682
Cumberland Mountain CSB	77,496	15,267	4,363	18,468	3,047	10,600	742
Mount Rogers CSB	96,103	18,932	5,411	23,707	3,912	13,739	962
New River Valley Community Services	149,769	29,504	8,432	30,582	5,046	25,713	1,800
Richmond Behavioral Health Authority	174,579	32,297	7,001	39,535	6,523	22,885	1,602
Chesapeake Integrated Behavioral Health	173,692	29,354	7,521	56,879	9,385	32,754	2,293
Colonial Behavioral Health	128,807	21,768	5,577	35,288	5,823	23,437	1,641

Sources: 2013 Census Estimates; Any MI and SMI in the Past Year among Persons Aged 18 or by Substate Region.

Substance Use Disorders (SUD): An estimated 20,000 adolescents in Virginia (5.64%) age 12-17 met criteria for dependence or abuse of alcohol or other drugs in 2013. An estimated 541,000 adults (8.81%) age 18 and older met these criteria (2013 NSDUH). Table A-2.b shows the prevalence for dependence or abuse of alcohol or other drugs in the eight selected CSBs.

CSB/CCBHC	Adults and Children Age 12 +	Dependence or Abuse	Alcohol Dependence	Illicit Drug Dependence
Harrisonburg Rockingham CSB	112,144	10,429	3,942	2,061
Rappahannock Area CSB	289,467	26,920	10,185	5,324
Cumberland Mountain CSB	84,081	7,567	3,011	1,293
Mount Rogers CSB	104,709	9,424	3,777	1,622
New River Valley Community Services	160,157	14,414	5,888	2,528
Richmond Behavioral Health Authority	185,649	12,253	5,235	3,552
Chesapeake Integrated Behavioral Health	194,241	16,510	6,069	4,175
Colonial Behavioral Health	142,362	12,101	4,444	3,057

Sources: 2013 Census Estimates; Alcohol Dependence and Illicit Drug Dependence in the Past Year in Virginia among Persons Age 12 or Older, Based on 2013 NSDUHs

Mental Health (MH) and SUD Service Disparities: Table A-2.c shows the percent of persons who are African American or of Hispanic Origin in the CSB’s service area who received mental health or SUD services from the CSB. Numbers in **bold** indicate percentages **below** the percent of all people in the CSB’s service area who received services from the CSB (column 1).

Col. 1 = % of Total CSB Service Area Population (Pop.) Served by the CSB	% of Total CSB Pop. Served	African American			Hispanic Origin		
		In CSB Area	Served By CSB	% of Col. 2	In CSB Area	Served By CSB	% of Col. 5
CSB MH Services Disparities							
Harrisonburg Rockingham CSB	1.9%	4,828	232	4.8%	13,973	335	2.4%
Rappahannock Area CSB	1.7%	61,062	1,270	2.1%	30,206	369	1.2%
Cumberland Mountain CSB	2.0%	2,433	46	1.9%	792	11	1.4%
Mount Rogers CSB	4.1%	2,762	22	8.0%	3,305	127	3.8%
New River Valley Community Services	3.2%	7,632	441	5.8%	4,400	126	2.9%
Richmond Behavioral Health Authority	1.7%	105,170	2,820	2.7%	13,599	81	0.6%
Chesapeake Integrated Behavioral Health	0.8%	67,474	763	1.1%	11,620	61	0.5%
Colonial Behavioral Health	1.5%	20,201	555	2.7%	8,781	97	1.1%
CSB SUD Service Disparities							
	Col. 1	2	3	4	5	6	7
Harrisonburg Rockingham CSB	0.4%	4,828	48	1.0%	13,973	40	0.3%
Rappahannock Area CSB	0.6%	61,062	532	0.9%	30,206	126	0.4%
Cumberland Mountain CSB	1.5%	2,433	58	2.4%	792	71	9.0%
Mount Rogers CSB	0.6%	2,762	33	1.2%	3,305	44	1.3%
New River Valley Community Services	0.4%	7,632	53	0.7%	4,400	111	2.5%
Richmond Behavioral Health Authority	0.6%	105,170	1,056	1.0%	13,599	58	0.4%
Chesapeake Integrated Behavioral Health	0.3%	67,474	182	0.3%	11,620	35	0.3%
Colonial Behavioral Health	0.5%	20,201	183	0.9%	8,781	73	0.8%

A-3: Capacity of Current Medicaid State Plan

Virginia's Medicaid State Plan currently covers seven of the 10 services listed in Appendix II (see Table A-3 below). Despite the Governor's advocacy and determination, Virginia has not adopted Medicaid expansion. The Governor remains committed to expanding access to people who lack health care. In January 2015, the state implemented the Governor's Access Program (GAP) to provide coverage for individuals with SMI who currently are not eligible for Medicaid. DMAS administers GAP, and 3,248 consumers were enrolled as of June 15, 2015. Consistent with this, DBHDS is working with DMAS to add the last three services below by FY 2017.

Required CCBHC Service	Covered in FY 2016 Under:	
	Virginia State Medicaid Plan	GAP
1. Crisis Behavioral Health Services	X	X
2. Screening, Assessment, and Diagnosis	X	X
3. Person-Centered and Family Centered Treatment Planning	X	X
4. Outpatient Mental Health and Substance Use Services	X	X
5. Outpatient Clinic Primary Care Screening and Monitoring	X	X
6. Targeted Case Management Services	X	X
7. Psychiatric Rehabilitation Services	X	X
8. Peer Supports, Peer Counseling and Family/Caregiver Supports	Not yet covered as a distinct service (coverage expected in FY 2017)	
9. Intensive, Community-Based Mental Health Care for Members of the Armed Services And Veterans	Not yet covered as a distinct service (coverage expected in FY 2017)	
10. Care Coordination	Generally covered as an administrative cost under managed care (capitated arrangement); not currently a distinct procedure code	

A-4: Nature of the Problem

Statement of Need: Virginia’s behavioral health system faces many challenges including: insufficient service capacity coupled with high demand; inconsistent access to best practices; inadequate integration of care for individuals with MI and SUD, complex co-morbid health and behavioral health care needs, and/or behavioral health and criminal justice involvement; lack of peer and family involvement and support; criminalization of individuals with MI and SUD; and fragmentation of services due to lack of care coordination. These challenges are compounded by broader external factors including an aging workforce, inadequate resources, complexities with implementation of EHR technology, and lack of access to critical support services such as transportation, employment, and affordable housing.

Service Gaps: The need for additional services was documented in DBHDS’ Comprehensive State Plan (see Table A-4.a and b). These data demonstrate that 45% of the individuals needing mental health services and 37% of those needing SUD services wait more than four months to receive them. These data indicate that while some consumers received some services while on the waiting list, others received none.

Populations	Received		Totals	Diagnoses		Months Waiting	
	Some Services	No Services				0-3	4+
Adults	2,646	572	3,218	2,361 SMI	734 MI&SUD	1,704	1,491
Children & Adolescents	895	373	1,268	983 SED	29 MI&SUD	747	509
Total or MH Services	3,541	945	4,486			2,451	2,000
Adults	507	514	1,021	495 SD&260 SA	292 SUD&MI	632	386
Adolescents	51	32	83	13 SD& 20 SA	28 SUD&MI	60	23
Total for SUD Services	558	546	1,104			692	409

MI = mental illness; SD = substance dependence; SA= substance abuse; SUD = substance use disorder

Mental Health Services	Adults	Children	Substance Use Disorder Services	Adults	Adolescents
Psychiatric Services	1,152	506	Outpatient Services	468	47
Medication Management	1,107	295	Intensive Outpatient Services	307	17
Counseling & Psychotherapy	1,226	672	Medication Assisted Treatment	150	13
ACT/Intensive In-Home [†]	121	147	Case Management Services	248	16
Case Management Services	770	217	Day Treatment/Partial Hospitalization	59	4
Psychosocial Rehabilitation	368	6	Psychosocial Rehabilitation	27	0
Day Treatment	157	151	Supported Employment	59	0
Supported Employment	356	10	Residential Services	202	14
Residential Services	1,137	136			

[†]ACT is Assertive Community Treatment for adults and Intensive In-Home Services are for children.

Table A-4.c displays the numbers of consumers with SMI, SED, and SUD who received services compared to the estimated prevalence of those disorders in the eight CSB service areas. On average, consumers with SED received the highest rate of service (average of 37%), while consumers with SUD showed the lowest rate (7%). The average SMI penetration rate (22%) is below the national average (64% for males and 73% for females, 2013 NSDUH) and shows that many people in need are not receiving services. Along with the waiting list data in the figures above, these data demonstrate the unmet service needs in the eight selected CSBs.

Table A-4.c: Individuals Served as a Percent of Past Year Prevalence Estimates for 8 CSBs Proposed for CCBHCs Under STEP VA						
CSB	SMI	% of All	SED	% of All	SUD	% of All
	# Served	SMI	# Served	SED	# Served	SUD
Harrisonburg Rockingham CSB	771	18.2%	305	22.0%	482	3.9%
Rappahannock Area CSB	2,568	24.4%	1,045	28.0%	2,189	6.8%
Cumberland Mountain CSB	932	21.4%	425	57.0%	1,481	17.0%
Mount Rogers CSB	2,489	46.0%	1,113	>100%	765	7.0%
New River Valley Community Services	1,428	16.9%	1,237	69.0%	768	4.7%
Richmond Behavioral Health Authority	2,036	29.1%	756	47.0%	1,291	9.2%
Chesapeake Integrated Behavioral Health	678	9.0%	91	4.0%	689	3.5%
Colonial Behavioral Health	702	12.6%	231	14.0%	818	5.8%

Sources: 2010, 2011, and 2012 NSDUH and FY 2014 DBHDS CCS data

Support Services for Children: The Virginia Office of Comprehensive Services conducted its *Service Gap Analysis* from 2008-2011, surveying 131 local community policy and management teams. The analysis demonstrated the lack of a complete array of children’s services in all areas of the state. It identified the following top 10 service gaps: crisis intervention and stabilization, intensive substance abuse services, transportation, psychiatric assessment, career technical and vocational education, emergency shelter care, wraparound services, medication follow-up and psychiatric review, parenting/family skills training, and attendance support.

Services for Veterans: According to a 2012 National Council for Behavioral Health study, Virginia has 10,949 veterans of the Iraq and Afghanistan wars with unmet treatment needs for depression and post traumatic stress disorder (PTSD). In FY 2014, 2,017 veterans served by the Department of Veterans Services’ (DVS) *Virginia Wounded Warrior Program* reported a mental health diagnosis, representing 59% of veterans served by the program.

Smoking: Nationally, it has been estimated that 36% of people with a mental illness smoke cigarettes (35% in Virginia), compared with about 21% nationally of people without mental illness (19% in Virginia). All state hospitals and many CSBs have adopted tobacco free policies. Based on a 2012 DBHDS survey, fewer than 40% of CSBs regularly provided a comprehensive assessment, addressed in treatment planning, or provided counseling for tobacco cessation.

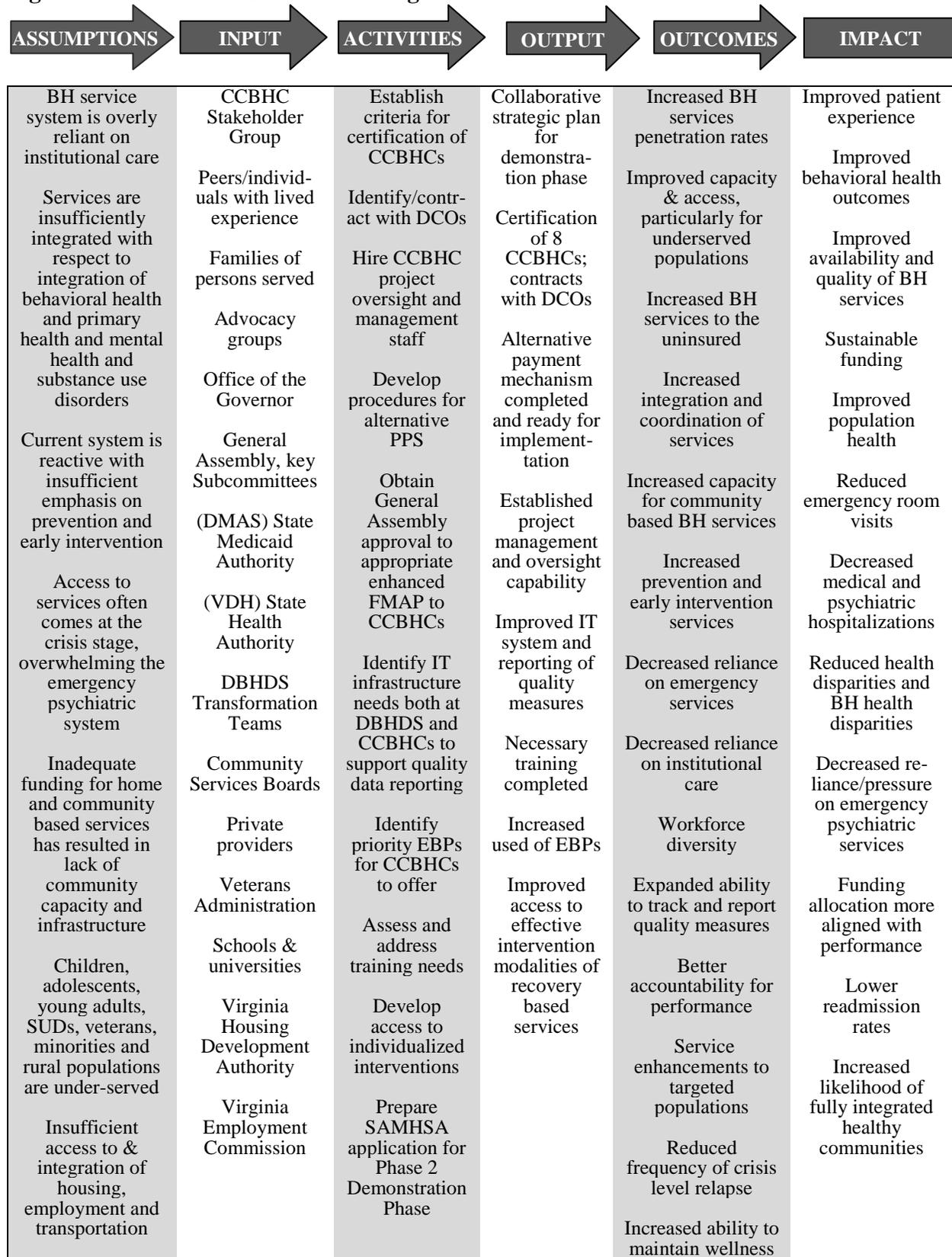
SECTION B: PROPOSED APPROACH

B-1: Expansion of Capacity, Access, and Availability of Services

State Vision & Commitment: As evidence of its commitment, DBHDS has identified \$2 million of its own resources to help ensure the success of STEP VA. This investment demonstrates the critical role of STEP VA in our vision to dramatically transform the funding models and service delivery system to ensure a healthy Virginia. DBHDS has carefully crafted a vision, goals and strategies to guide an implementation plan for STEP VA’s improvement of the behavioral health (mental health and SUD) services system. In Figure B-1 below, assumptions about the current behavioral health system have been outlined along with the input and activities needed to increase capacity, access, and availability of services. These factors have been aligned with the expected outcomes and impacts of the CCBHCs in Virginia.

A Collaborative Approach: STEP VA is Virginia’s pathway to excellence in behavioral and population health. Consistent with our values, DBHDS is advancing a collaborative approach to STEP VA through soliciting input from numerous, diverse stakeholders and by leveraging substantial expertise within DBHDS and community providers.

Figure B-1: STEP VA Certification Logic Model



Strategic Planning and Program Development: The initial focus of STEP VA’s strategic effort will be on assessing gaps in the current services system of the eight CSBs striving towards certification. Once gaps are detailed, they will be addressed through developing a collaborative and comprehensive plan to ready the CSBs to meet certification criteria. Members of the Project Oversight Committee (POC) will assess each of the eight CSBs on the ability to offer 1) a welcoming environment; 2) cultural sensitivity and diversity of staff; 3) services during evenings and weekends; 4) same day access to screening and assessment services; 5) telemedicine technologies; 6) transportation support and assistance; 7) outreach and engagement efforts, including such efforts for minority and Veteran’s populations; 8) services for individuals with limited English proficiency (LEP); 9) services in non-traditional settings (e.g., schools and primary care clinics); and 10) smoking cessation policies and programs. Based on this assessment, the Regional Project Managers will collaborate with each CSB to develop a specific plan to address gaps, including outreach and engagement activities, developing staff training, and building a diverse workforce. Once the plans have been approved by the POC, implementation and monitoring will begin. Adjustments will be made in response to reviews of program readiness and stakeholder feedback until the requirements for certification are met and sustained.

B-2: Stakeholder Input and Communications on Demonstration Program Development and Implementation

Steering Committee: STEP VA will use several specific convening and communication mechanisms to ensure broad input and impact. The DBHDS Commissioner has already appointed a **STEP VA Steering Committee** to engage a broad array of community stakeholders on the development and implementation of the demonstration program. Included are multiple, ongoing processes for engaging stakeholders in the activities and changes, and obtaining their input and feedback. To date, the STEP VA Steering Committee has met on May 29, 2015 and June 25, 2015. Membership consists of consumers, family members, minority and multicultural group members, advocacy organizations across the life span and service needs, providers, and sister state agencies. Steering Committee members include: Virginia Organization of Consumers Asserting Leadership, Substance Abuse Addiction Recovery Alliance, Family Preservation Services, National Alliance on Mental Health, Voices for Virginia Children, VITAL (Virginia Indian Tribal Alliance for Life), Virginia Commonwealth University (VCU) Department of Family Medicine and Population Health, Virginia Association of Community Service Boards (VACSB), Virginia Department of Health (VDH), DVS, and DMAS. DBHDS is also incorporating input from the Office of Cultural and Linguistic Competency and the newly formed Office of Recovery Support to foster continual engagement of key stakeholders.

Stakeholder Engagement: At its inaugural meeting, the STEP VA Steering Committee members received an introduction to the CCBHC model and discussed preliminary plans. Their contributions have been incorporated into the plan for STEP VA. The Steering Committee will continue to meet monthly throughout the project implementation and demonstration phases, where they will receive updates on the status of the plan, review key deliverables and provide feedback on subjects including consumer satisfaction surveys, performance data and outcomes, and quality improvement measures.

Ongoing Stakeholder Communications: DBHDS will keep stakeholders informed of STEP VA activities, processes, and changes through meetings with teleconferencing capabilities, email surveys, dedicated email address for feedback, and regional meetings to facilitate effective communication among the extensive and diverse number of people on the STEP VA Steering

Committee. Meeting information will also be posted on the DBHDS website and outcomes from the project will be included in the Commissioner’s *All-In* monthly e-newsletter.

B-3: Selection of Community Behavioral Health Clinics

Selection Process: To demonstrate our commitment to seizing this important opportunity for system transformation, DBHDS has selected eight CSBs to be eligible for certification as CCBHCs. This will result in a more efficient implementation process during the planning year. In developing criteria for the initial selection of CSBs, DBHDS sought input from the Steering Committee regarding the elements needed to strengthen Virginia’s community based behavioral health system. This input was considered when developing the criteria listed in Table B-3 which was used to select the agencies that will participate in the planning process to become CCBHCs.

Table B-3: DBHDS Factors for Selecting CSBs for Certification as CCBHCs
Geographic diversity: combination of large and small, urban and rural CSBs
Population diversity representative of Virginia’s population
Capacity to build relationships with Designated Collaborating Organizations (DCOs), e.g., veterans and peer-run organizations and primary care providers
Strong executive and behavioral health clinical leadership
Sophisticated IT capacity with full-time, knowledgeable, and experienced staff
An EHR that includes physical and primary care data as well as behavioral healthcare data
Robust quality assurance and management processes
Capacity to build out or contract for 9+1 required services
Capacity to build employment capability in psychiatric rehabilitation services
Adequate financial resources and strong financial management
Large Medicaid or uninsured population
Accreditation for at least some behavioral health services

DBHDS partnered with the VACSB to facilitate the preliminary selection process. Twenty-one of 40 CSBs submitted a statement of interest and completed a self-assessment of their readiness based on the summary requirements of participation. This assessment included a numerical score and a description of strengths and weaknesses. As a result of applying the criteria in Table B-3 and the self-assessment, DBHDS selected these eight CSBs: Harrisonburg Rockingham CSB, Rappahannock Area CSB, Cumberland Mountain CSB, Mount Rogers CSB, New River Valley Community Services, Richmond Behavioral Health Authority, Chesapeake Integrated Behavioral Health, and Colonial Behavioral Health.

State Collaboration with Proposed CCBHCs: These eight CSBs will serve as regional champions to anchor this new model of service delivery across Virginia. They represent diversity of size, demographics, and service mix in urban and rural communities. STEP VA staff will work with the CSBs to meet the grant requirements including the following activities.

- A **preliminary assessment** of each CSB will examine its current capacity to provide the required services and care coordination and the requirements related to access, cultural competence, and evidence-based practices.
- A **complete on-site assessment** of each CSB using a template containing the required elements for certification and examining the alignment of the CSB’s organizational structure with the goals and requirements for becoming a CCBHC. This assessment also will evaluate: provisions for peer-provided services; gaps related to community partners and DCOs needed to ensure the full complement of services and supports; workforce and training needs related to best and evidence-based practices, clinical services capacity, and

cultural competency; technical capabilities for data collection and analytics; and resource needs for new services or oversight activities.

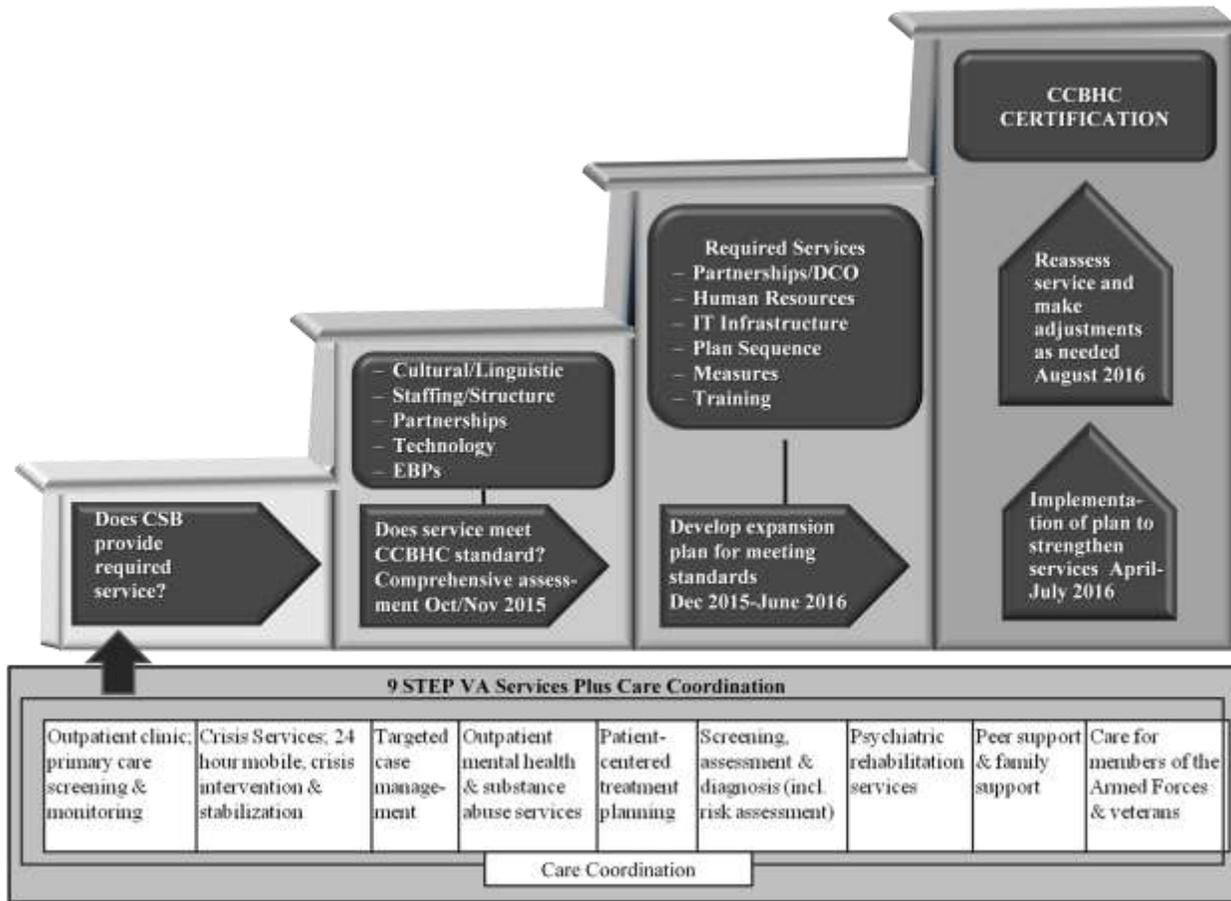
- The Project Manager will work with the leadership of each CSB and DBHDS to develop a **plan to address any service gaps or organizational weaknesses** relative to access, best practices, cultural competency, oversight, and data management. Plans may include specific training, organizational changes, new resources, technical assistance with partnership agreements, provisions for stakeholder involvement, or other initiatives as necessary.
- STEP VA Project Administrator will provide **oversight and monitoring** to ensure that the assessment and planning processes meet established time frames and produce actions to achieve CCBHC certification.
- A **continuous quality improvement (CQI) process** whereby POC routinely aggregates, reviews, and analyzes these data reported by the CSBs and recommends changes/adjustments for improvement. This data-driven, quality improvement process will continue throughout the certification process and into the demonstration phase of STEP VA.

B-4: Provision of Services

Assessment for Service Delivery: STEP VA staff will ensure that each CSB participating in the CCBHC certification process meets the requirements for service provision (all of the services specified in Appendix II) in an outcome-oriented and sustainable fashion during the demonstration period. Building upon the preliminary information collected during the selection process, each CSB will participate in a comprehensive assessment, shown in Figure B-4, to determine specific improvements needed to achieve and sustain certification. STEP VA POC members will assess the participating CSBs relative to the nine required services and care coordination, including the necessary sub-elements of each. For each required service, the assessment will include: 1) the credentials and numbers of staff required for each service, 2) training needs required, 3) the application of relevant best practices, 4) the access to and availability of each required service, including cultural competency, 5) capability for enhanced engagement of less involved individuals and populations, 6) available partnerships needed to provide quality services, e.g. with primary care providers, housing and employment agencies, school systems, and minority, active duty military, and veterans organizations, and 7) overall CSB organizational structure and leadership. The assessment for care coordination, essential to the success of consumers, will include: 1) “no wrong door” provisions, 2) staffing and current knowledge, 3) information systems, 4) partnership among behavioral health and primary care providers, and 5) linkages to essential support agencies such as social services, housing, and employment. For example, VDH has a health opportunity index to identify communities with significant mental health disparities to target services.

Strengthening Service Options: Based on this comprehensive assessment, the STEP VA team will collaborate with each CSB to develop and, if indicated, implement a plan to expand and strengthen capacity to provide the nine required services plus care coordination while addressing identified gaps in services. CSBs vary significantly in terms of geography, budget, population, racial and ethnic diversity, cultural and linguistic competency skills, services provided, use of evidence based and best practices, IT infrastructure, and sophistication of quality management processes, therefore each will require a customized improvement plan. Daniel Herr, Project Administrator, and Stacy Gill, Assistant Project Administrator will work with Project Director Dr. Dawn Adams, the CCBHCs, and other DBHDS staff to ensure that identified gaps in any of the nine required services are met during the planning year.

Figure B-4: STEP VA Plan for Assessment and Strengthening of Services



Plans may include the recruitment or redeployment of staff, staff training, scheduling changes, contracting with other agencies or businesses, engagement with local groups and organizations to address cultural impediments, and/or changes in policies or practices. Determinations will be made regarding the measures to be used to monitor performance, how performance data will be collected and analyzed, and how stakeholders will be kept informed and provide input related to improvements implemented. Integral to the planning process will be the implementation strategy, including the sequencing of necessary recruitment, training, outreach, process changes, data collection, and stakeholder feedback. Plans approved by the STEP VA POC, will be implemented and monitored. The Project Administrator, Assistant Project Administrator and Project Director in collaboration with the CCBHCs will ensure that data analysis and stakeholder feedback drive the implementation and plan adjustments necessary until the provisions for the nine services and care coordination meet and sustain the requirements for certification.

Ensuring Comprehensive Access: The participating CSBs must provide or contract for all core CCBHC services. Please see Figure B-4 above for a listing of the required services. The STEP VA Project Administrator, Assistant Project Administrator, Project Director, and Project Managers will work intensively with CCBHCs on the development, expansion, and quality of

these services to ensure they are fully implemented by the time of certification. These staff will also provide technical assistance, training, or additional resources needed.

B-5: Evidence-Based Practices Provided by CCBHCs

DBHDS is committed to using evidence-based practices (EBPs) to improve the quality and effectiveness of services and outcomes. Individuals with mental health or substance use disorders must have access to the proven interventions of EBPs. Table B-5 identifies the field-recognized EBPs that Virginia’s CCBHCs will be required to provide and justifies the selection of those EBPs. DBHDS recognizes some of these EBPs may have limitations, especially in terms of effectiveness with minority populations. DBHDS will emphasize the necessity of cultural competency in all of the services CCBHCs provide, including EBPs and best practices. DBHDS will continue to review the literature and consult with leading clinicians, technical consultants for the Project, the DBHDS Medical Director, and subject matter experts, to identify additional EBPs throughout the course of this project and beyond it.

Evidence Based Practice	Justification	Target Population
Cognitive Behavioral Therapy	Supports increasing levels of self-determination and independence through symptom management tools.	SMI, SED, SUD, Co-occurring, Adults and Youth
Family Psycho education	Enhances consumer choice, problem-solving, communication, & coping skills, leading to fewer relapses & hospitalizations and improved knowledge for families.	SMI and Co-occurring Adults and family members
Integrated Dual Disorders Treatment	Treating both severe disorders together improves the likelihood of ongoing recovery.	Co-occurring SMI and SUD
Illness Management and Recovery	Supports consumer choice and recovery	SMI and Co-occurring Adults
Long Acting Injectable Psychotropic Medication	Prevention of relapse beginning with first episode is an essential foundation for facilitating the achievement of recovery goals related to education, employment, relationships, and stable housing	Adults with SMI
Medication Assisted Treatment	Medications for treatment of addiction provide neurological stability and reduce risk of relapse. Reduces risk of overdose in Opioid users.	Adults with SUD
Motivational Interviewing Motivational Enhancement Therapy	Assists with engagement of & ambivalence within consumers seeking treatment for both behavioral and physical health .	SMI,SED,SUD, Co-Occurring, Adult and Youth
Recovery After Initial Schizophrenic Episode (RAISE)	Focused system of service delivery addressing needs of those experiencing first symptoms, improving functioning that supports achievement of natural independence.	MH late adolescence or early adulthood
Trauma-focused Cognitive Behavioral Therapy	Trauma is highly associated with the development of mental illness/addiction/physical illness later in life.	Individuals with MH issues/trauma history
Wellness Recovery Action Planning	Supports consumer choice and recovery	SMI and Co-occurring Adults

B-6: Certification of Community Behavioral Health Clinics

Ensuring Standards: STEP VA will partner proactively with the selected CSBs to ensure they meet the standards and will identify all gap areas during the full assessment phase beginning in

October 2015. Of the selected CSBs, four serve urban areas and four serve rural areas, and the same certification process will be followed for each. STEP VA will ensure that rural CSBs are visited at least as often as urban CSBs. Since some issues, e.g., as transportation, are typically more difficult to address in rural areas, there will be a special focus on those issues for the rural CSBs. The Certification Specialist and Quality and Data Specialist will work with the CSBs to identify measures needed to meet all certification requirements and will provide ongoing technical assistance and support. To measure progress, a report card will be developed to highlight performance successes and areas of improvement. It is expected that CCBHCs will be able to provide comprehensive and high quality services that are reflective of selected evidenced-based and best practice standards.

Certification Process: The certification process begins with DBHDS Quality Management staff applying the tool developed for assessing progress in the certification process containing all of the elements in Appendix II of the RFA. This checklist will be used by CSBs as a self-assessment/readiness tool to gauge progress toward certification and by the Certification Specialist hired to work specifically with each CSB to assess and provide technical assistance. Successful completion of the elements listed will result in initial certification. For example, CCBHCs will be reviewed for compliance with such things as 24-hour crisis services being delivered within three hours, clinical services for urgent needs provided within one business day, and services provided for routine needs within 10 business days. CSBs that fail to successfully attain the initial certification will receive intensive technical assistance from the POC and DBHDS to develop a customized enhancement plan to achieve certification. Periodic review for quality and adherence to certification standards will occur on a quarterly basis.

CCBHC Certification Specialist: The DBHDS Divisions of Behavioral Health Services and Quality Management and Development will be enhanced through the hiring of a Certification Specialist who will be part of the STEP VA Central Office Staff. The Specialist's responsibility is to assist CCBHCs with achieving and maintaining certification. The Division of Behavioral Health Services will incorporate the annual review of these newly certified CCBHCs into its CSB review process. These CCBHCs will be reviewed annually for the duration of the demonstration. CCBHCs, as part of their quality improvement efforts, will use the needs assessment and results to develop a plan to address the specific needs of their clinics. DBHDS will assist CCBHCs in meeting these certification requirements based upon their specific needs to ensure cultural and linguistic competence, to recruit and train the workforce, and to help facilitate organizational changes needed going forward. Additionally, because Virginia's vision is for all 40 CSBs to become CCBHCs, DBHDS will rely on lessons learned in the demonstration phase to refine and improve the certification process to inform the certification of the other CSBs as CCBHCs.

B-7: Planning and Transition Activities

Planning Underway: DBHDS has already conducted numerous planning activities and taken multiple steps to prepare for the transition to implement the demonstration program. DBHDS has held two STEP VA Steering Committee meetings, developed CCBHC selection criteria and selected eight CSBs for the STEP VA Project, created outcome and performance indicators, and devised a certification process assessment tool. DBHDS has carefully developed a work plan, shown in Table B-7, with milestones and a timeline for the key planning and transitioning activities that will position STEP VA to succeed as a demonstration project.

Table B-7: STEP VA Year 1 Planning and Transition Work Plan Activities and Timeline															
Activity	Lead	May-Sept	O	N	D	J	F	M	A	M	J	J	A	S	O
A. Solicit stakeholder input															
Develop ongoing steering committee	STEP VA Team	In Progress													
Conduct outreach	STEP VA Team	In Progress													
Coordinate activities	STEP VA Team	In Progress													
B. Certify CSBs as CCBHCs															
Create application process	STEP VA Team	In Progress													
Facilitate/assist CSBs	STEP VA Team														
Recruit/train workforce	STEP VA Team														
	CSBs														
Verify meaningful input to governance board for consumers/family members	STEP VA Team														
Certify CCBHCs	STEP VA Team														
C. Establish a PPS															
Implement alternative PPS methodology	STEP VA Team	In Progress													
	DMAS														
Determine rates	STEP VA Team														
	DMAS														
Prepare cost reports	STEP VA Team														
	DMAS														
Implement billing procedures	STEP VA Team														
	DMAS														
D. Establish capacity															
Assess CSBs	STEP VA Team	In Progress													
Plan to strengthen capacity	STEP VA Team	In Progress													
	CSBs														
Implement plan	STEP VA Team														
	CSBs														
Monitor/improve plan	STEP VA Team														
	CSBs														
E. Data, reporting, improve															
Enhance collection & capacity	STEP VA Team	In Progress													
	CSBs, DMAS														
Design & implement collection	STEP VA Team														
	CSBs, DMAS														
Develop cost report format	STEP VA Team														
	CSBs, DMAS														
CQI	STEP VA Team														
	CSBs, DMAS														
F. Prepare for national evaluation															
	STEP VA Team														
	CSBs, DMAS														
G. Develop & submit SAMHSA demonstration proposal															
	STEP VA Team														
	CSBs, DMAS														

Planning for Each CCBHC: Each of the four Project Managers, in cooperation with Dee Keenan, Assistant Project Administrator for Quality Development and Management, Stacy Gill, Assistant Administrator for Program Development and Management, and Don Darr, Assistant Administrator for Prospective Payment Development and Management, will develop a plan for implementing the demonstration program for each CCBHC in their respective regions. This plan will be based on the community needs assessment for each CCBHC, which includes consumer,

family, and other provider input, population health data, and the needs assessment conducted by each CCBHC. The plans will ensure that all required services are provided by the CCBHC or, as permitted, through formal arrangements with DCOs. The detailed work plan for each CCBHC will contain all of the required elements for certification contained in Appendix II, the activities to be undertaken to progress to demonstration, the criteria for determining whether the required elements have been implemented satisfactorily, the responsible persons, and target dates for completion. The POC will meet weekly to guide and coordinate the planning and implementation activities of the three subcommittees (defined in section C-2) the Office of Integrated Services, and the Project Managers' work with each of the selected CCBHCs and their communities.

B-8: Prospective Payment System (PPS) Rate-setting Methodology

PPS Selection Decision: DBHDS and DMAS collaboratively selected the Certified Clinic Prospective Payment System 2 (CC PPS-2) methodology for Virginia's CCBHC planning and demonstration grants. The majority of the Virginia Medicaid program operates through a managed care delivery system with 900,000 individuals enrolled in managed care plans (out of 1.1 million individuals enrolled in Medicaid). DBHDS and DMAS will incorporate the CC PPS-2 methodology within the service delivery system. Initially, CCBHCs will be providers operating in both fee-for-service and managed care environments, and the CC PPS-2 methodology will "wrap around" the reimbursement that occurs in those environments.

Justification for selection of PPS-2 methodology: The goal of STEP VA is to assist Virginia to develop a mental health and substance abuse services system focused not on units of service but on the quality of services provided. Virginia believes that it can use the CC PPS-2 methodology to reinforce the necessity of evidence-based practices, promote bidirectional primary health and behavioral health integration and reduce existing health disparities. The CC PPS-2 methodology will allow DMAS and DBHDS to more directly link payment to providers with the quality of services the providers provide, e.g., pay for performance. DBHDS and DMAS will develop multiple monthly payment rates that will include a standard population rate and special population rates. DCOs will have contractual agreements with the CCBHC and the costs of these agreements will be considered in our rate setting process. Funding for outlier payments will be withheld from the CC PPS-2 rate calculations, but are accounted for when determining actual costs of CCBHC operations. DBHDS anticipates CC PPS-2 rates will help drive behavioral health system reform. Quality Bonus Payments (QBPs) will be paid to providers who successfully demonstrate the six required quality measures as mandated with the selection of CC PPS-2 payment rates.

To ensure the CCBHCs' sustainability beyond the demonstration period, DBHDS and DMAS will transition to a fully integrated model in which CCBHCs are fully reimbursed for their services delivered to Medicaid enrollees by managed care plans or are risk sharing partners in the health care system.

Base Cost and Data Collection: DBHDS has significant experience collecting cost information from CSBs. DBHDS already provides and calculates payment rate information for multiple Medicaid participating facilities and works closely with DMAS in establishing these payment rates based on allowable Medicaid costs. DMAS will collect existing cost information and pro forma costs related to services or items not incurred during the planning phase but projected to be incurred during the demonstration.

Once a consumer is screened and assessed, a core requirement of the CCBHC, the consumer will be registered into the appropriate standard or special population cost center so that the certified CCBHC can collect monthly service utilization data for each population group. We will call these cost centers “service units.” The CCBHC will create a new DCO cost center to capture CCBHC DCO data required for CC PPS-2 rate setting calculations, cost reporting, and billing. Individual specific data will be transferred by way of a secure electronic environment from the DCO to the CCBHC. In addition to capturing expenditures, consumer-specific data will be allocated to the service units. This will include creating a Health Care Procedure Code (HCPC) to capture an encounter charge by consumer once monthly, which will ultimately be used to calculate the unduplicated monthly visits per year by population. DMAS will create a consumer-specific edit that will exclude any duplicate HCPC encounters in any given month when services are billed. In addition to the monthly encounter charge, each of the required services outlined in the Scope of Services reflected in Requirement 4 of the Appendix II of the RFA will be captured at the service unit level. Lastly, services provided by a DCO, will be directly charged to the DCO cost center and subsequently allocated to the applicable service unit. This process will result in the ability to capture data in order to establish multiple CC PPS-2 rates at the level of specificity required to determine the cost per monthly visit using the chart outlined on pages 11-12 in Appendix III of the RFA.

Risk and Other Complicating Factors: DBHDS will collect data related to consumers’ conditions and complicating circumstances during the assessment process. STEP VA will have a rate for the standard population as well as specific, higher rates for special populations to reflect the complexity of care and cost differentials for effectively serving these individuals. For example: 1) individuals with SMI experience on average a substantially decreased lifespan of up to 25 years and have been associated with higher costs relative to hospitalizations; 2) hypertension, coronary artery disease, diabetes, and asthma and/or chronic obstructive pulmonary disease (COPD) are consistently associated with higher costs due to acute morbidities resulting in emergency room visits and hospitalizations and, when co-morbid with a SUD or SMI, require more intense and well-coordinated integrated care to maintain wellness; 3) smoking and obesity are strongly associated with medical morbidities due to cardiac disease and diabetes, contributing to higher costs and shortened lifespans; 4) services for veterans are associated with non-SMI conditions including anxiety, depression, PTSD, and relational and occupational stresses; 5) the age of onset of schizophrenia, schizoaffective disorder, and bipolar disorder in adolescents and youth produces additional short term risks and implications for work, relationships, and maintaining an effective life trajectory, all of which feature significant costs; and 6) homelessness presents a severe challenge for ongoing well-being and medical and psychiatric care, requiring additional efforts to effectively engage, secure additional supports, and provide integrated treatment. Based on this rationale, risk and complexity increase with the number of applicable conditions and risks, four tiers are proposed in Table B-8 for further consideration as part of the planning process with Tier 1 including the standard rate and Tiers 3-4 addressing special populations rates.

Table B-8: Stratification of Populations	
Tier	Population
1	Standard rate. Non-SMI psychiatric diagnoses, uncomplicated SUD.
2	a) SMI without co-morbid medical conditions, risks, or special circumstances (see list above) b) SUD with up to two co-morbid medical conditions, risks, or special circumstances
3	a) SMI with up to two or more co-morbid medical conditions, risks, or special circumstances b) SUD with three or more co-morbid conditions, risks, or special circumstances
4	SMI with three or more co-morbid conditions, risks, or special circumstances

Outcomes Data: The goal of the CCBHC initiative is not only to implement a different payment reimbursement methodology, but also to improve the care consumers receive and the outcomes achieved. The Quality Bonus Payments (QBP) will allow STEP VA to more directly link payment to providers with the quality of services the providers give individuals. DBHDS will collect the six required quality measures reflected on pages 9-10 in Appendix III of the RFA from CCBHCs to demonstrate this goal as well as substantiate the payment of the QBP. DBHDS surveyed the eight CSBs regarding their readiness to collect and report the QBP clinical quality measures. Those CSBs currently collect and report on several of the measures and are confident with a high degree of certainty of the availability of the data as well as its accuracy. DBHDS will be adding quality measures identified in the CC PPS-2 metrics to the performance contracts DBHDS negotiates with all participating STEP VA CSBs.

CCBHC Base Cost with Supporting Data Collection Methodology: DBHDS will consider direct costs, indirect costs, how overhead costs are appropriately attributed, and how to identify which costs are allowable under the Medicaid Program. DBHDS operates facilities that provide services that are cost-reimbursed by Medicaid under the Virginia Medicaid State Plan and is accustomed to allocating costs such as meals served, time spent, and square footage. In addition, costs are routinely reclassified. All of these principles are completed as required by the Centers for Medicare & Medicaid Services (CMS) Provider Reimbursement Manual (PRM), Part 1.

B-9: Establishment of PPS

DBHDS possesses the institutional knowledge to develop multiple Certified Clinic Prospective Payment System 2 (CC PPS-2) rates, as the agency routinely calculates the daily per diem cost-based Medicaid payment rates used for reimbursement that will easily translate to a monthly rate.

Developing the Standard and Special Population PPS Rates: STEP VA will establish separate Standard and Special Population Service Units to capture all expenditures associated with the applicable consumer populations. As a result, STEP VA will have the ability to use one formula to calculate CC PPS-2 rates. Below is a chart depicting an example of the mathematical calculation DBHDS will use to determine the rates utilizing CMS Principles of Reasonable Cost Reimbursement as outlined in 42 CFR 413.

Table B-9: CC PPS-2 Monthly Rate Calculation for CCBHC Standard and Special Populations	
CCBHC Annual Allowable Costs	\$950,000
Outlier Withhold (5.1%)	(\$48,450)
Adjusted Annual Allowable Cost	\$901,550
Total Unduplicated Monthly Encounters	÷7,560
Adjusted Cost per Encounter	\$119.25

The total allowable costs for each Service Unit in the CC PPS-2 rate calculation comprise:

- **Direct Costs** – These expenditures include direct cost of staff to include salaries and benefits and supplies and materials used in the direct support of a consumer’s care.
- **Indirect Costs (Overhead Costs)** – (1) The CCBHC will include allowable indirect costs as outlined in the Provider Reimbursement Manual (PRM) 15-1. Examples of indirect costs are housekeeping, utilities, and administrative support. (2) The service unit expenditures will be identified based on an appropriate statistical method which will be used to allocate costs using the step-down method of prorating the cost of services to CCBHC service units. This method recognizes indirect costs are used by all CCBHC service units, and allocation of indirect costs will be based on service unit utilization.
- **Other Client Special and DCO Costs** – (1) In addition to capturing expenditures, consumer-specific data will be allocated to the service units. This will include the HCPC created to capture an encounter charge by consumer by month and each of the required services outlined in the Scope of Services in Requirement 4 of Appendix II of the RFA. (2) Costs related to services provided by a DCO, will be directly charged to a DCO cost center and allocated to the applicable service unit.
- **Costs Incurred for Non-CCBHC Services and Costs Excluded by Medicaid** – The CCBHC will have expenses such as costs associated with consumers’ inpatient psychiatric hospitalizations that are excluded in this demonstration which ultimately results in these costs being excluded from Medicaid.
- **Outlier Payments** – (1) DMAS has experience in developing outlier payments for inpatient services. For inpatient services, 5.1% of the total reimbursement is withheld for outlier payments. A threshold is calculated such that the outlier pool will be fully paid out based on current estimates. While the state will use DMAS’ experience with the inpatient outlier methodology, the outlier methodology will be different than the one used for inpatient claims. Virginia intends to develop the specific outlier methodology during the planning phase and may request technical assistance regarding the QBPs. (2) Once all of the above data is collected by service unit, the total will be divided by the total unduplicated service unit monthly visits per year and extrapolated to a monthly rate. This process will result in the ability to establish multiple CC PPS-2 rates at a level of specificity required to determine the cost per monthly visit using the chart as outlined on pages 11-12 in Appendix III of the RFA.

Data Sources: DBHDS and DMAS will modify the Virginia approved Federally Qualified Health Center (FQHC) cost report that is based on the CMS-222 form. The FQHC cost report includes the elements required in the RFA. DMAS also has experience in developing cost reports to collect cost data. STEP VA will use the same cost report for all CCBHCs and will also take advantage of the training offered by the National Council for Behavioral Health on September 23, 2015 in Atlanta, GA.

Managed Care Organization (MCO) Considerations: Section A-3 indicates that the Virginia State Medicaid Plan currently covers most of the services required under the grant. Most covered services are paid on a fee for service (FFS) basis by a vendor under an Administrative Services Only (ASO) contract. Only one of the nine required services, outpatient mental health and substance abuse services, is covered under the MCO contract. Given the limited services that are currently included in managed care contracts and rates, the state does not intend to incorporate the PPS rates into the managed care rates. Instead, the state will implement a wrap-around

reconciliation process, similar to the process DMAS uses for FQHC payments. DBHDS does not believe it is necessary to assign CCBHC enrollees to one managed care plan. In order to collect utilization data and to ensure that at least one service is furnished monthly, CCBHCs will continue to submit claims for individual services to DMAS, the ASO vendor, or the managed care plan as is currently done and these entities will pay CCBHCs at the current FFS or MCO rates. The state will consider additional billing codes for services that are not currently covered. The intent is that DMAS will make quarterly interim wrap-around reconciliation payments based on the monthly CC PPS-2 rates minus estimated claim payments (both FFS and MCO) for enrollees and settle payments at the end of the year on a cost report.

B-10: Outside Organization Participation

Virginia is committed to providing a “Neighborhood of Integrated Services” to meet individuals’ needs across the life span and to establishing a participatory, open, and transparent process to ensure that STEP VA offers genuine, welcoming, and ongoing opportunities to involve outside stakeholder organizations. In order to accomplish this goal DBHDS already is and will continue to expand its partnerships with a diverse range of community based organizations, including the following groups listed with their roles. Each partner will be responsible for informing STEP VA development and implementation activities to ensure attention to their focus population (e.g., veterans or Americans Indians) and/or their service focus (e.g., integrated primary and behavioral healthcare). Letters of Commitment may be found in Attachment 1 of this application.

- **Virginia Community Healthcare Association** representing FQHCs and other primary care providers that will assist in delivery of bi-directional and integrated primary healthcare.
- **Virginia Department of Veterans Services** will assist in engaging returning veterans and their families in designing, developing, and receiving services to meet their needs.
- **National Alliance for Mental Illness-Virginia** and **Substance Abuse Addiction and Recovery Alliance** will assist in establishing peer services fully integrated with the other core services and populations, including those for veterans. Individuals with lived experiences and their families will lead the design and implementation process of peer-run services.
- **The Virginia Departments of Health, Aging and Rehabilitative Services and Social Services**, are members of the STEP VA Steering Committee and active participants in the design of services, coordination of care, data sharing and analytics, and performance measurement processes.
- **Virginia Network of Private Providers, Virginia Association of Community Services Boards, and Virginia Hospital & Healthcare Association** provide services to people who are homeless, supported housing, supported employment, outpatient mental health services, and inpatient medical and psychiatric care and will work closely with DBHDS in developing and providing the full range of services plus care coordination.
- **Virginia Indian Tribal Alliance for Life (VITAL)** is a member of the Steering Committee and will be a valuable partner in ensuring STEP VA meets the needs of underserved populations through planning, outreach, and engagement activities during the planning year.

B-11: Board Governance

Governance: DBHDS has authority over CSB governance including stakeholder inclusion through its existing performance contract. The STEP VA Project Administrator will review CSB board governance practices, identify and address all gaps between existing CSB governance practices and the CCBHC governance requirements, and provide any needed technical assistance

for meeting these requirements. The existing performance contract will be modified to require CCBHCs to develop a process of board governance or other appropriate opportunities for meaningful input by consumers, persons in recovery, and family members to the board of directors about the CCBHC's policies, processes, and services.

Core Elements: While the STEP VA Project Administrator will respect variability in each CCBHC's board governance process, each will be required to meet the core elements. For example, Criteria 6.b.1 of Appendix II of the RFA requires that 51% of the board members to be consumers, persons in recovery, or family members of consumers. At least two of the selected CSBs already meet this requirement. Additionally, CCBHCs will be required to ensure that every board committee includes consumers, persons in recovery, or family members of consumers. Also, each CCBHC will establish an advisory council that includes consumers, persons in recovery, or family members of consumers, even if it already meets the 51% requirement. Further, each CCBHC will ensure that its governing board and advisory council includes members with expertise in health services, community affairs, local government, finance and banking, legal affairs, trade unions, ethnic and faith communities, commercial and industrial concerns, or social services agencies within the communities served. This will provide opportunities for meaningful input and oversight. Finally, CCBHCs will ensure that no more than 50% of the governing board members derive more than 10% of their annual income from the health care industry. Each CCBHC will develop and submit for STEP VA approval a description of its plan and annual adherence attestations for compliance with these governance requirements.

Organizational Authority and Finances: The selected CSBs were established by local governments as the behavioral health authorities for their localities. CSBs are accountable to the city councils or boards of supervisors that established them and appoint their members to the CSB boards of directors, appropriate matching funds to CSBs to obtain state funds from DBHDS, and approve their CSBs' budget requests and performance contracts with DBHDS. The selected CSBs meet criteria 6.a.1 in Appendix II because DBHDS oversees behavioral health services at the local level through its performance contracts with them and uses the CSBs to provide these services directly or contractually. None of the proposed CCBHCs operates under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, so DBHDS will work with CCBHCs that have populations of American Indians in their service areas to ensure they reach out to local tribes. The STEP VA Project Manager will monitor compliance with this requirement through regular site visits, contractually mandated reports, and reviews of audits conducted by independent auditors or the State Auditor of Public Accounts.

SECTION C: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

C-1: Relevant Organizational Experience

DBHDS is committed at the highest leadership levels to deliver a CCBHC network in Virginia that meets the ongoing and often complex needs of consumers. Recognizing that STEP VA leadership and staff are central to success, DBHDS has identified project leaders and other staff participants with decades of experience and a proven track record in developing behavioral health programs in the state.

General Capability and Experience: DBHDS successfully manages SAMHSA Substance Abuse Prevention and Treatment (SAPT) and Mental Health (MH) Block Grant awards of more than \$530 million over the past 10 years. During the same period, DBHDS has successfully

administered a variety of other federal grants exceeding \$147 million. These grants cover a wide array of activities, including infrastructure enhancement and planning, addressing the needs of specific populations such as adolescents with SUD and refugees, and targeted challenges such as employment, disasters, and heroin overdoses. For each grant, DBHDS achieved grant objectives and completed them on time, within budget, and with no fiscal issues. Collectively, these grants demonstrate DBHDS' experience and organizational expertise in managing and executing grant awards and its capacity to successfully execute a CCBHC award. DMAS has extensive experience in paying for services to consumers with MI and SUD and is working closely with DBHDS on the CC PPS-2. The selected CSBs have relevant experience with SAPT and MH Block Grants as sub-recipients, other direct federal grants and grants from other sources.

Recovery-Oriented Capability: DBHDS policy statements emphasize the belief that recovery is achievable by everyone and that this expectation is incorporated in individualized services plan goals. DBHDS is supporting recovery training for staff across the services system, and recovery is reflected in service assessment and outcome measures related to employment, housing status, and social connectedness. The culture of the behavioral health recovery community is also represented by the establishment of the Office of Recovery Support Services in DBHDS. This office enhances the awareness, implementation, and integration of recovery-oriented practices of care in behavioral health services. It also brings the perspective of people with lived experience in recovery to the policy and public affairs level of decision making. For example, individuals in recovery serve as co-chairs of the Commissioner's Transformation Teams.

Peer Provided Services: As further evidence of its experience in providing recovery-oriented services, DBHDS began supporting peer-provided services with SAMHSA MH Block Grant funds in the early 1990s. It currently allocates these funds to eight organizations, seven of which are peer-owned and operated, for delivery of peer support services to consumers with mental health and substance use challenges. DBHDS also uses SAPT Block Grant funds to pay for peer recovery support services to consumers with substance use and co-occurring disorders in partnership with seven CSBs that contract with local peer-run organizations for services or provide peer supports directly.

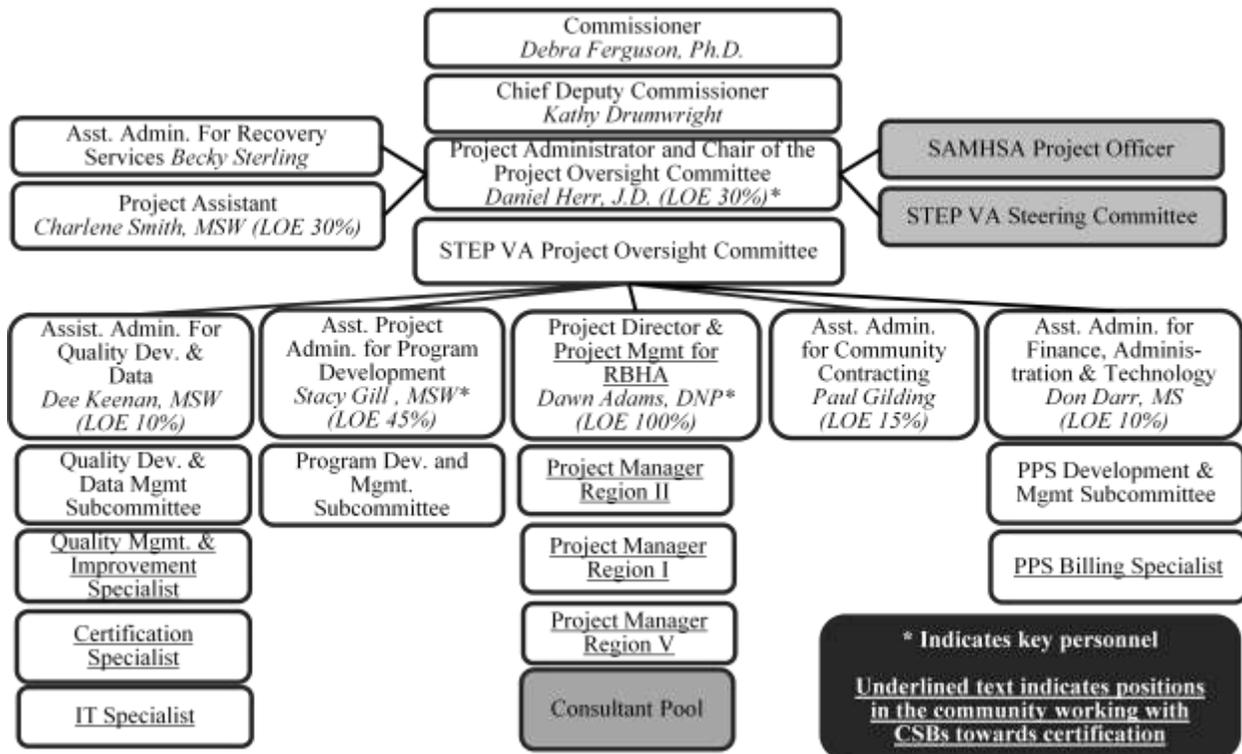
Culturally and Linguistically Competent Capability and Experience: DBHDS's Office of Cultural & Linguistic Competence (OCLC) leads statewide efforts to improve services for all communities in Virginia with a goal of eliminating disparities in care in the behavioral health services system. The Commissioner's Statewide Cultural and Linguistic Competence Steering Committee was created in 2008 to advise DBHDS on best practices, community needs, and culturally informed programming and provide policy recommendations to the Commissioner to increase access to services, increase the quality of services, and support the elimination of disparities in the services system. In 2010, DBHDS adopted the federal Office of Minority Health's Standards for Cultural and Linguistically Appropriate Services as the statewide framework for planning culturally relevant and language access services in Virginia. At a programmatic level, DBHDS develops and implements projects and initiatives that are culturally specific or that address an unmet need for traditionally underserved communities in the state.

C-2: Staff Positions Including Key Personnel

DBHDS has carefully designed, organized, and staffed STEP VA to meet the grant's goals and objectives successfully. DBHDS has aligned current staff with the appropriate levels of expertise and experience to the project roles and activities that optimize their skills. STEP VA staff will be supported by DBHDS leadership, management and supervisors, fiscal resources, and data and

evaluation support needed for success. The project organization is depicted in Figure C-2, which includes names, titles, and level of effort of staff assigned to STEP VA and committee or subcommittee participation. As indicated on the organizational chart and described below, DBHDS has designated three STEP VA project positions as key personnel: (1) Project Administrator; (2) Assistant Project Administrator for Program Development; and (3) Project Director.

Figure C-2: STEP VA Organizational Chart



- **STEP VA Project Administrator** (30% FTE): Daniel J. Herr, J.D., DBHDS, has 31 years of experience providing direct care and administrative oversight of behavioral health services in community, hospital, and correctional settings in urban and rural communities in Virginia. In his current role as Assistant Commissioner for Behavioral Health Services, he has statewide responsibility for all community behavioral health services and state psychiatric hospitals. He will have overall leadership and administrative responsibility for STEP VA’s planning activities and the transition to the demonstration program implementation. In this role, he will supervise the Project Director and Chair the Project Committee.
- **STEP VA Assistant Project Administrator for Program Development** (45% FTE): Stacy Gill, L.C.S.W., DBHDS, has more than 30 years of experience in providing and managing behavioral health services including the implementation and delivery of best practices in urban and rural communities and serving as the clinical director of a statewide managed care organization. She is responsible for monitoring and providing policy and operational guidance and direction, consultation, and technical assistance to all community-based and publicly operated behavioral health services in Virginia. She will have administrative responsibility for

the planning, implementation, certification, and quality oversight of the CCBHC’s required services.

- **STEP VA Project Director (100% FTE):** Dawn Adams, DNP, ANP-BC, CHC, DBHDS, will be responsible for the overall coordination and management of the project to include continuity of effort in performing operational assessments. She will supervise the three Regional Project Managers (each 100% FTE) and also perform the duties and responsibility of a Project Manager in coordinating efforts at Richmond Behavioral Health Authority.

In addition to the full-time project staff, the POC and its three subcommittees shown on the organization chart will have oversight responsibility for all aspects of the project during the planning and demonstration phases. The POC’s membership will include the STEP VA staff identified above and the executive director of each CSB/CCBHC.

C-3. Key Personnel Experience and Qualifications

Education, experience, and qualifications for the STEP VA Project Administrator, Assistant Project Administrator, and Project Director are presented below in Table C-3.

Table C-3: STEP VA Key Personnel Experience and Qualifications	
Name	Daniel J. Herr, J.D
STEP VA Role	Project Administrator (30% FTE)
DBHDS Role	Assistant Commissioner for Behavioral Health Services
Education	Eastern Mennonite University, B.S. Social Work (1984) Georgetown University Law Center, J.D. (1996)
Experience and Qualifications	31 years of progressively responsible experience in providing services to individuals with serious mental illness, addictions, and co-occurring medical conditions in community, hospital, and correctional settings; responsibilities have included CEO of a community service agency, Director of a state hospital, and oversight of all public behavioral health services in Virginia. Project management experience with multi-year, multi-million dollar projects including implementing a DOJ consent decree for a \$60 million dollar, 400 bed state hospital and a \$13 million dollar renovation project of an occupied maximum security hospital over a three year period. Administratively responsible for \$84,722,441 in annual federal funds including \$41,862,781 in SAPT Block Grants, \$11,406,542 in Mental Health Block Grants, \$10,569,881 in Part C Funds, and \$7,725,446 in Strategic Prevention Funds.
Cultural and Linguistic Competency	31 years of experience in providing services to populations with disparate health outcomes (low socioeconomic status in both urban and rural communities, minority populations including African Americans, Hispanic, and Asians, individuals with LEP and veterans) accompanied by ongoing training in cultural and linguistic competency and a demonstrated commitment to caring for underserved individuals.
Name	Stacy Gill, L.C.S.W.
STEP VA Role	Assistant Project Administrator for Program Development (45% FTE)
DBHDS Role	Director of Community Services
Education	West Chester University, B.S. Social Work (1984) Virginia Commonwealth University, M.S.W. (1989)
Experience and Qualifications	Thirty-one years’ experience with Virginia’s behavioral health system through direct service and management positions with three different CSBs. Positions held include mental health case manager with adult SMI population; outpatient mental health and SUD clinician with adults and children; PACT team leader, crisis services clinician; clinical supervisor; manager for MH/SUD jail services, adult MH/SUD outpatient services, and court evaluation services. Responsible for the clinical oversight and management of \$84,722,441 in annual federal funds including such things as \$41,862,781 in SAPT Block Grants, \$11,406,542 in Mental Health Block Grants, \$10,569,881 in Part C Funds, and \$7,725,446 in Strategic Prevention Funds.
Cultural and Linguistic Competency	31 years of experience in providing services to populations with disparate health outcomes (low socioeconomic status in both urban and rural communities, minority populations including African Americans, Hispanic, and Asians, individuals with LEP and veterans) accompanied by ongoing training in cultural and linguistic competency and a demonstrated commitment to caring for underserved individuals.

Name	Dawn Adams, DNP, ANP-BC, CHC
STEP VA Role	Project Director (100% FTE)
DBHDS Role	Director of Health Services
Education	Old Dominion University, DNP, Nursing (2013) Columbia Teacher's College, Health Counseling (2008) Virginia Commonwealth University, Post Master's ANP, Nursing (1999) University of Virginia, MSN, Nursing, (1989) James Madison University, BSN, Nursing, (1986)
Experience and Qualifications	30 years of progressively responsible experience and direct patient management in acute care, primary care, and community care settings. Includes six years of medical management of acute detoxification services, medical management of acute SMI/SED with co-occurring medical Conditions; supervisory management of nursing staff and policy development for private partnership with Portsmouth Naval Hospital; management, supervision and budget development for surgical critical care and step-down units; multiple clinical program and role development initiatives for clinical practices in private and university-based hospitals and clinics. As DBHDS director of health services, she works with public and private Virginia community providers to develop an infrastructure of health supports for individuals with intellectual and developmental disabilities (IDD); administrative oversight of Hiram Davis Medical Center and clinical oversight of Virginia's training centers; oversees the Preadmission Screening and Resident Review process for individuals with IDD; and ensures that institutionalized individuals in nursing facilities transition into their respective communities. She is an adjunct professor at Old Dominion University, teaching health policy to doctoral nursing students.
Cultural and Linguistic Competency	30 years of experience in providing services to populations with disparate health outcomes (low socioeconomic status in both urban and rural communities, minority populations including African Americans, Hispanic, and Asians, individuals with LEP and veterans) accompanied by ongoing training in cultural and linguistic competency and a demonstrated commitment to caring for underserved individuals.

SECTION D: DATA COLLECTION AND PERFORMANCE MEASUREMENT

D.1: Ability to Collect and Report Required Performance Measures

Previous sections of this application have documented the need for the grant to further Virginia's goal of ensuring the well-being of the most vulnerable individuals by increasing capacity, access to care, and availability of services through the creation of CCBHCs. The plan for designing and managing the processes required for the certification of CCBHCs, development of a PPS, and preparation for the two-year demonstration grant has been described above, and the individuals who will staff, manage, and lead the project have been introduced. The data collection plan described below completes our project approach and affirms DBHDS' recognition of the importance of data collection and accountability and its commitment to gather the data required to assess progress toward grant goals and demonstrate impact.

DBHDS recognizes the critical importance of data and evaluation for monitoring progress and determining success, maintaining transparency and accountability, and advancing systems with CQI. DBHDS has long-established data collection processes with its provider partners, including CSBs through the Community Consumer Submission (CCS 3) application, Mental Health Statistics Improvement Program (MHSIP) consumer and family surveys, and the Community Automated Reporting System (CARS) as well as the state hospitals' database (Avatar) for consumer data. DBHDS and its data providers are committed to continuously improving the quality of the data collected and the use of information for planning, program evaluation, and measuring outcomes. Under STEP VA, DBDHS will leverage these existing data collection, analysis, reporting, and improvement processes with a particular focus on the measures required in section I.2.2 of the RFA and described below.

Data Collection Plan: DBHDS will engage the CSBs to create a customized data collection system to fully address the specific measurements required to ensure effective assessment of the

program. DBHDS has reserved \$2 million of its own resources that will be allocated toward developing the infrastructure needed for data collection. The data collection plan, to be led by Dee Keenan, STEP VA Assistant Project Administrator for Quality Development and Data Management, will specifically ensure the following are collected:

- Number of organizations or communities implementing grant-related training programs,
- Number of newly credentialed or certified staff offering grant-related practices or activities,
- Number of grant-related financing policy changes,
- Number of communities establishing management information or information technology system linkages across multiple agencies to share grant-related population and service data,
- Number and percent of work group, advisory council, and governing board members who are consumers or family members,
- Number of grant-related non-financial policy changes,
- Number of organizational changes made to support grant-related practices and activities, and
- Number of organizations collaborating, coordinating, or sharing resources related to the grant.

In addition, DBHDS will modify the CARS application used by CSBs to address any other related data collection requirements that may be more appropriately collected and integrated via CARS. Grant funding will support an independent consultant dedicated to monitoring data collection, reporting, and analysis. This consultant will have access to and be supported by other experienced evaluators within DBHDS familiar with federal grant reporting requirements. Project staff will participate in SAMHSA-required training in the uniform data collection tools and the use of the common data platform.

Data Management: Dee Keenan will manage the collection of performance measures through SAMHSA's uniform data collection tool. CCBHC staff with responsibilities for services provided under STEP VA will be trained on how to administer the tools and other outcome assessments related to the project. Supporting data will be loaded into a relational database management system where it will be assessed for data quality by Dee Keenan and then structured to meet the specified reporting requirements. STEP VA project staff will upload the data into the common data platform system. Quarterly reporting will be fully supported across all analyses.

Data Analysis: Quantitative data analysis will include use of descriptive statistics and frequencies to reflect the treatment population characteristics. Variances will be analyzed to examine comparative treatment effects across CCBHCs and comparison sites and the impact of individual and program factors on service outcomes. Thematic analysis will be used to examine the qualitative data through focus groups and interviews by creating a coding dictionary of categories related to the project's implementation (e.g., implementation problems, facilitators, solutions), placing all relevant text within these categories, and cataloguing patterns into sub-themes (e.g., training). Quarterly performance assessment reports addressing these themes will be provided to STEP VA POC for the purpose of CQI.

Reporting: Performance measurement data will be uploaded quarterly into the common data platform. STEP VA staff will track all data entered into the system to provide detailed reports to monitor project activities. STEP VA evaluation staff will review Government Performance and Results Modernization Act data monthly to inform adjustments needed within the project. The data review will ensure STEP VA meets the established goals, objectives, and outcomes intended. As part of a monthly review process, STEP VA staff and other stakeholders will use qualitative and quantitative data to make management adjustments to ensure the success of the project. STEP VA will review the implementation plan regularly to ensure milestones are met.

STEP VA also will review the strategies and approaches that resulted in obtaining key outcomes. Finally, STEP VA will report progress, barriers, challenges, and successes. **Additional Measures:** Dee Keenan will develop a progress and performance report in collaboration with STEP VA's consultants. The report will be provided quarterly to STEP VA staff, committee members, CCBHCs, DBHDS leadership, SAMHSA, and other key stakeholders. CCBHC performance-specific reporting will include an outcomes and impacts assessment. Additional measures will be assessed and may be developed around issues to include disparities in care and veterans' access to services. These additional measures of performance data from current CSBs may offer insight into the efficacy of the project. Additionally, CSBs may be able to readily adopt some of what is learned while the project is being implemented. Reports will be created using common industry standard software tools. Reports will be delivered using current industry delivery modalities such as internet, email, and data shares.

D-2: State Support of CCBHCs

DBHDS will support CCBHCs as they build the performance measurement infrastructure and implement a CQI processes. DBHDS has developed performance and outcome measures in collaboration with CSBs over the past several years using data produced by CSBs through the CCS 3 application and other sources. CCS 3 extracts individual demographic and clinical data about each consumer who receives services from each CSB and detailed data about the services they receive. The performance contract between DBHDS and CSBs contains CQI requirements and expectations and measures that have been developed in consultation with CSBs. CSBs also report service cost data to DBHDS through CARS. DBHDS staff will participate in a monthly data management meeting with STEP VA staff and relevant staff from each of the CSBs to review data issues and definitions and ensure processes that impact data are consistent across all providers. DBHDS' new data warehouse now enables comparison of records of consumers from multiple providers across multiple source systems, including Avatar and CCS 3, CARS, and others applications, leading to more consistency in reporting. Finally, DBHDS has developed quality improvement tools, guidance, and training and made these available to CSBs. DBHDS will build on this foundation to support each CCBHC as it builds or modifies its performance measurement infrastructure and implements or adapts CQI processes through the following:

- **Data:** Dee Keenan will work with DBHDS evaluation staff to analyze current Avatar, CCS 3, CARS, and other data received from each CCBHC and other partners that will be used in performance measures and CQI efforts, provide ongoing feedback on its quality and completeness, and identify needed corrections or changes to improve the quality of the data.
- **Electronic Health Record (EHR):** DBHDS business analysts will work with each CCBHC to ensure that its EHR contains and produces or is capable of producing necessary behavioral health, primary care, and other information through interfaces with other EHRs. This includes meeting the quality measure and reporting requirements in Appendix A of the RFA and exchanging behavioral health and primary care information about consumers with DCOs, other partners, and DBHDS.
- **Continuous Quality Improvement (CQI):** The STEP VA Quality Improvement Team will be comprised of the STEP VA Quality Management and Improvement Specialist and DBHDS quality improvement staff. The team will work with the quality improvement committee at each CCBHC to review and make any necessary modifications to its existing CQI policies and procedures so it is able to meet the CQI requirements for the demonstration. In addition, the team will provide technical assistance, training, and consultation to CCBHCs

to support them in developing and implementing the comprehensive CCBHC-wide CQI plan required for the demonstration. The CQI plan developed by each CCBHC will be reviewed and approved by the STEP VA Quality Improvement Team during the certification process. Further, the STEP VA Quality Management and Improvement Specialist and DBHDS data steward will work with CCBHCs to develop a CQI dashboard that will be distributed at least quarterly to CCBHCs to support their required CQI planning and activities during the demonstration. This dashboard will include key indicators that CCBHCs are required to address in their CQI plan such as suicide attempts and suicide deaths by CCBHC consumers and 30-day readmissions for psychiatric or substance use reasons. The Quality Management and Improvement Specialist will solicit input from CCBHCs during the planning year to identify any additional quality measures it would be helpful to include in the dashboards to support CQI projects that multiple CCBHCs plan to implement.

- **Performance Measurement:** DBHDS evaluation staff will lead the development and implementation of performance measures in collaboration with the CCBHCs, including those in the RFA's Program Requirement 5 of Appendix II and Appendix A; analyze and report on these measures; provide feedback to each CCBHC about its performance; and work with the CCBHC to address any concerns about that performance.

D-3: Performance Assessment Plan

Performance assessment that leads to performance management is key to achieving successful system and behavioral outcomes. DBHDS possesses extensive domain expertise in evaluating CSB performance that will be leveraged in the development of the goals, outcomes, and objectives that will be developed collaboratively with the other STEP VA project stakeholders. Prior to the initiation of the demonstration grant data collection, DBHDS evaluation staff will develop data collection protocols, practices, and appropriate training to ensure valid and reliable data is used. Using data based on needs stated in section A, STEP VA, in collaboration with stakeholders, will develop a logic model which will include statewide and local performance goals, objectives, and outcome measures with baseline scores from which it will measure progress. This logic model will serve as an action plan as well as roadmap to track progress and will be updated based on data gathered from periodic needs assessments. In addition, DBHDS will offer extensive domain expertise in facilitating discussions to develop a set of metrics to address project impacts on behavioral health disparities. Lastly, using a combination of the minimum required reporting, relevant CSB metrics, and other performance metrics, an overall 'single pane' dashboard will be developed.

The initial performance assessment plan includes periodic review of the performance data reported to SAMHSA. The data will be reviewed for improvement opportunities over time, achievement of grant goals, achievement of CCBHC goals, and performance opportunities offered during open discussions brokered between SAMHSA and the CCBHCs. To integrate project performance feedback, these brokered discussions will be leveraged. DBHDS will facilitate collecting performance optimization opportunities and summarize these for prioritization by project stakeholders. During performance discussions with project stakeholders, any potential or actual barriers will be identified and cataloged. Cataloged barriers will be ranked by severity and impact as agreed by all project stakeholders. All cataloged barriers will be noted with agreed-upon strategies to overcome these barriers. An owner responsible for overcoming these barriers will be assigned.

DBHDS has developed data collection protocols and practices in numerous previous projects such as the Virginia Services Integration Program CSB/BHA Workforce Survey, Assessment of Virginia's Emergency Evaluators Qualifications, Training and Oversight, and the System of Care Expansion Implementation Grant. This past experience demonstrates skills and ability to conduct performance assessments. DBHDS maintains a staff of highly qualified professionals including program evaluators and analytical and quality improvement staff.

D-4: Potential Project Challenges and Mitigation Strategies

Several potential challenges may arise in the collection of the national evaluation data, particularly where it must be obtained from external partner agencies. These challenges may include barriers to collection such as privacy and security concerns, laws, or policies that limit access and the related lengthy approval process for data sharing, poor data quality, insufficient staff and IT resources, and changing requirements.

Legal and Regulatory Compliance Challenge: The privacy issues surrounding data sharing may be real or perceived as a result of interpretation of state and federal regulations such as HIPAA, 42-CFR Part 2, and Family Education Rights and Privacy Act (FERPA) and a lack of understanding about security processes already in place.

Mitigation Strategy: DBHDS staff, including its privacy officer, information security officer, communications director, and data steward, will develop a plan to mitigate potential for privacy concerns through collaborative efforts with CCBHCs such as design of informed consent materials that help consumers understand how their personal data and health information are protected. Additional mitigation strategies might include the education programs to train staff on how to properly request consent and respond to the concerns or questions of consumers or family members. To minimize concerns about security, DBHDS IT security staff will ensure that adequate protections exist for how data is managed, stored, and reported, including encryption of consumer-level data at rest and in transit, storage in a system with controlled access logging and monitoring access, periodic audits, and maintenance of data according to retention and destruction policies. To facilitate data sharing among agencies, an Enhanced Memorandum of Understanding (E-MOU) has been developed recently for use in the state's Health and Human Resources Secretariat, and it is expected to be expanded to other agencies in state government. The E-MOU and the training that accompanies its use will reduce or eliminate misunderstandings about data sharing and will also expedite the legal review process.

Master Data Management Challenge: Concomitant with data sharing are data matching issues. Integration of data from MCOs, CCBHCs, DBHDS, the VDH Death Registry, DVS and DMAS to obtain linked cost, utilization, clinical, and outcomes data will require the construction of a unique identifier.

Mitigation Strategy: DBHDS uses a probabilistic matching algorithm to join together consumer records from unaligned source systems based on parts of the consumer's name, social security number, date of birth, and gender. This methodology may introduce some false matches, particularly in records that are missing key elements. Data quality standards for completeness and accuracy and incentives or penalties will result in better match rates.

Data Quality Challenge: Ensure that data extracted from sources such as EHR systems is correctly mapped to achieve consistency of clinical processes, definitions, and coding, so that data is comparable across different entities.

Mitigation Strategy: The DBHDS data steward will lead efforts to improve data quality and continue to engage CCBHC IT, quality improvement, and clinical staffs to develop, monitor, and

adhere to standards and create data quality dashboards and training programs that emphasize the importance of good data. Potential vehicles for the standards include the CSB performance contract, Core Services Taxonomy and CCS 3 Extract Specifications. Other strategies to enhance data quality will include participation in monthly data management meetings; regular review of processes and data for consistency, completeness, timeliness, and validity; on-site process reviews; and possible use of incentives for meeting high quality data standards. All data collected to support the evaluation will be subject to routine quality checks, including checks for consistency across the CCBHCs and the comparison sites. Data quality reports will be produced on two levels. The first layer of reports is the data status (missing but expected, incomplete but expected, complete as expected). The second layer, the data discrepancy report, checks for missing, illogical, or invalid values and for inconsistencies across all data fields. The STEP VA Quality Management and Improvement Specialist and DBHDS data steward will work closely with CCBHCs to address data discrepancies.

Process Maturity Challenge: Collection, storage, monitoring, and evaluation of new data for the national evaluation project will require enhancement or development of information systems. As indicated in the RFA Appendix A, the data and quality measures may change. Modifications in data collection can be costly and lengthy to implement.

Mitigation Strategy: DBHDS will put due diligence into planning and constructing data systems for maximum granularity and flexibility. DBHDS surveyed the selected CSBs in early July 2015 to assess their capabilities and identify significant gaps. The survey selected seven measures from the RFA to get an indication of the potential capacity of their EHR and data collection systems, five measures related to developing the selected PPS rate and two measures required in CQI plans. During the planning year, DBHDS will complete a detailed survey on all 17 CCBHC-level measures. The \$2 million DBHDS has committed to STEP VA will be earmarked for CCBHCs as needed for hardware, software, contract staff, and clinical assessment tools to enable them to successfully complete planning requirements of the grant.

D-5: Selection of Comparison Group

DBHDS established criteria, included in Table B.3 for selecting the eight CSBs eligible for certification as CCBHCs. To establish a comparison group, DBHDS will identify six to eight CSBs that at baseline are comparable to the eight CSBs in terms of the selection criteria listed in Table B.3. DBHDS will be able to match comparison group CSBs on the payer mix of consumers as measured by the distribution of Medicaid and uninsured individuals; the scope of services and internal processes as measured by the strength of executive and clinical leadership, scope of services, EHR use, quality improvement capability, and possessing adequate financial resources; and community context as measured by the urban or rural nature of the CSB service area. Based on their pre-qualification according to the CCBHC certification criteria, CSBs that participate may be well-positioned for future expansion of the CCBHC network.

D-6: Data Collection for National Evaluation

DBHDS currently collects consumer, service, funding, expenditure, cost, and administrative data from the CSBs via in-house developed automated data collection platforms, including CCS 3, CARS, and biennial staffing and waitlist surveys. Also, multiple flat files are collected from a variety of sources via secure file transfer protocol (FTP). DBHDS annually conducts adult and family satisfaction surveys. DBHDS is also developing middleware objects to promote transactional and batch data movement for future data collection. Consumer and service data is

extracted from CSB EHR systems in a common format and uploaded via secure FTP to DBHDS. To meet the national evaluation criteria, additional changes will be needed in the EHRs, extract programs, CCS 3 and DBHDS systems in which the data are loaded. Table D-6 summarizes the capacity of CSBs/CCBHCs and DBHDS to collect the data elements required in Table 1 of Appendix A in Appendix II to inform the national evaluation of the demonstration.

Table D-6: CCBHC Quality Measure Required Reporting	
Measure or Other Reporting Requirement	Source and Capacity to Collect Data
Claims and Encounter Data	
Number/percent of consumers requesting services who were determined to need routine care	Present in CCBHC EHR Collected through next iteration of CCS
Number/percent of new consumers with initial evaluation provided within 10 business days and mean number of days until initial evaluation for new consumers	Present in CCBHC EHR Collected through next iteration of CCS
Mean number of days before the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is performed for new consumers	Present in CCBHC EHR Collected through next iteration of CCS
Patient Records/Registry Data	
Number of suicide deaths by consumers engaged in behavioral health (CCBHC) treatment	Present in CCBHC EHR Collected through CHRIS ⁺
Documentation of current medications in the medical record	Present in CCBHC EHR Collected through next iteration of CCS
Preventive care and screening: adult body mass index (BMI) screening and follow-up	Will be added to CCBHC EHR Collected through next iteration of CCS
Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC) (Medicaid Child Core Set)	Will be added to CCBHC EHR Collected through next iteration of CCS
Controlling high blood pressure (Medicaid Adult Core Set)	Will be added to CCBHC EHR Collected through next iteration of CCS
Preventive care and screening: tobacco use: screening and cessation intervention	May be in or added to CCBHC EHR Collected through next iteration of CCS
Preventive care and screening: unhealthy alcohol use: screening and brief counseling	Present in CCBHC EHR Collected through next iteration of CCS
Initiation and engagement of alcohol and other drug dependence treatment (Medicaid Adult Core Set)	Present in CCBHC EHR Collected through next iteration of CCS
Child and adolescent major depressive disorder (MDD): suicide risk assessment (Medicaid Child Core Set)	Present in CCBHC EHR Collected through next iteration of CCS
Adult major depressive disorder (MDD): suicide risk assessment (use EHR Incentive Program version of measure)	Present in CCBHC EHR Collected through next iteration of CCS
Screening for clinical depression and follow-up plan (Medicaid Adult Core Set)	Present in CCBHC EHR Collected through next iteration of CCS
Depression remission at 12 months	Present in CCBHC EHR Collected through next iteration of CCS
Consumer Experience Data	
Consumer experience of care survey	CCBHCs and DBHDS now participate in the MHSIP Consumer Survey
Family experience of care survey	CCBHCs and DBHDS now participate in the MHSIP Family Survey
⁺ CHRIS = Comprehensive Human Rights Information System	

Much of the data required for Appendix A Table 2 state level reporting will come from DMAS reports on plan-level performance on the Healthcare Effectiveness Data and Information Set measures (including 9 out of the 15 required state measures) to DMAS where it is stored in

Medicaid Management Information System (MMIS). DBHDS and DMAS will meet monthly during the planning year to plan any necessary enhancements to the MMIS required to report the CCBHC-level, consumer-level, and service-level data annually through the MMIS.

Plan to Enhance CCBHC Reporting Capacity: At the beginning of the planning year, the DBHDS data steward will send out a survey to the selected CSBs to assess their capacity to report on the 17 required CCBHC measures. This survey will assess if the CSB collects this data, how frequently the data is collected, if significant data quality issues exist, how the data is used, and where the data is captured in the EHR. STEP VA will use survey responses to inform a comprehensive analysis that will identify specific gaps in domains, such as data quality issues and a CCBHC's ability to collect and extract data from consumer records. These identified gaps will inform the development of a comprehensive array of technical assistance activities, training, and consultation that STEP VA will provide to meet the specific needs of CCBHCs during the planning year. CCBHCs also will receive support from STEP VA to implement any enhancements or upgrades to their EHRs needed to report the required measures.

Plan to Enhance State Reporting Capacity: To support the national evaluation, DBHDS will work with other state agencies to expand existing agreements. These include agreements with DMAS to collect necessary claims and encounter data from the Medicaid MCOs, VDH for data related to suicides, and DVS for baseline data on veterans. It may be necessary to obtain encounter or registry data from other sources. Additional sources will be handled on an as-needed basis. A relational database management service will likely be used for new data required for the national evaluation. Data will be modeled and transformed as needed to support the evaluation. To avoid bias, consumer experience data will be collected independently of the program data and subsequently integrated and assessed.

DBHDS and DMAS will work to enhance capacity to report on required state measures using Medicaid claims/encounter data by taking the following steps:

- Partner with sister agencies and private entities to address data collection challenges and ensure that all required data is captured. To generate some of the reports, the state will need data that is not easily available such as emergency data, hospitalization data, and clinical data from state and private entities.
- Develop a technical solution to organize and store data and fully support ongoing data collection and reporting. Also, the data linkage methodology for disparate data sources will have to be established.
- Create or modify data sharing agreements and clearly define roles and responsibilities. Ownership and stewardship of data sources also will need to be defined in advance.
- Require additional guidance and direction about reporting on the Treatment Episode Data Set.

Appendix F: Budget Narrative

PROJECT SUMMARY

The Department of Behavioral Health and Development Services (DBHDS) will implement the Planning Phase of the Substance Abuse and Mental Health Service's Administration (SAMHSA) Certified Community Behavioral Health Clinic (CCBHC) Grant program in eight of Virginia's Community Services Boards/Behavioral Health Authority (CSBs), known as STEP VA (System Transformation, Excellence, and Performance in Virginia). Grant funding for the Planning Phase of STEP VA will be efficiently utilized to accurately assess the selected CSBs operational readiness to implement the Demonstration Program. DBHDS and CSBs' staff will work together to evaluate the clinical, operational, financial, and technological needs of the pilot CCBHCs in order to most effectively pinpoint the scope and evaluative goals of the Demonstration Program of the SAMHSA CCBHC Grant program. DBHDS is seeking funds totaling \$1,999,119 primarily to address essential staff resources necessary to further plan, successfully implement, accurately assess, and report comprehensively on operational readiness of the selected pilot sites across the Commonwealth to become CCBHCs and to achieve our vision of a Healthy Virginia.

The Governor and DBHDS are so committed to transforming VA's system in this manner that the Department has designated two million additional dollars to ensure the success of STEP VA.

Proposed Project Period

- a. Start Date: October 1, 2015 b. End Date: September 30, 2016

BUDGET SUMMARY

Category	DBHDS Staff	CSBs	Total
Personnel	\$341,008	\$783,645	\$1,124,653
Fringe	\$136,493	\$248,566	\$385,059
Travel	\$70,699	\$34,007	\$104,706
Equipment	\$11,284	\$47,964	\$59,248
Supplies	\$2,742	\$6,042	\$8,784
Contractual	\$170,000	\$146,670	\$316,670
Other	\$0	\$0	\$0
Total Direct Charges	\$0	\$0	\$0
Indirect Charges	\$0	\$0	\$0
Total Project Costs	\$732,226	\$1,266,893	\$1,999,119

A. Personnel

FEDERAL REQUEST: \$1,124,653

A.1. DBHDS Staff

*Project Director is a total of 100% FTE and will spend 50% of time with Richmond Behavioral Health Authority (RBHA) as their project manager and 50% as overall Project Director.

Position	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Project Director (Richmond Area)*	Dawn Adams	\$45,000	100% (50% with Area)	\$61,344
Certification Specialist	To be Selected	\$61,320	100%	\$87,214
Quality Management and Improvement Specialist	To be Selected	\$65,575	100%	\$92,479
PPS Billing Specialist	To be Selected	\$59,125	100%	\$84,502
IT Specialist	To be Selected	\$85,897	100%	\$117,616
STEP VA Project Assistant	Charlene Smith	\$10,675	30%	\$16,047
Data Steward	Adrienne Ferriss	\$13,416	15%	\$18,299
STEP VA Assistant Project Administrator for Program Development	Stacey Gill	In-Kind	45%	\$0
STEP VA Project Administrator	Daniel Herr	In-Kind	30%	\$0
Reimbursement Manager	Florence Wells	In-Kind	30%	\$0
Reimbursement Specialist	Debbie Bender	In-Kind	30%	\$0
Data Architect	Allen Wass	In-Kind	25%	\$0
STEP VA Project Administrator for Community Contracting	Paul Gilding	In-Kind	15%	\$0

Position	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
STEP VA Assistant Project Administrator for Quality Development	Dee Keenan	In-Kind	10%	\$0
STEP VA Assistant Project Administrator for Finance, Admin, and Technology	Don Darr	In-Kind	10%	\$0
STEP VA Assistant Project Administrator for Recovery Services	Becky Sterling	In-Kind	10%	\$0
Budget Analyst	Cherice Jackson	In-Kind	10%	\$0
TOTAL		\$341,008		\$477,501

JUSTIFICATION – DBHDS Personnel:

Key Personnel: Project Director (100% total; 50% level of effort at DBHDS)

The Project Director will be responsible for the overall coordination and management of the project, to include continuity of effort in performing operational assessments. This individual will also perform the duties and responsibilities of a project manager, as listed below, in coordinating efforts at RBHA.

Certification Specialist

The Certification Specialist will make frequent visits to each of the CCBHCs in order to effectively gauge their standards for compliance necessary to operate as a Certified Community Behavioral Health Clinic during the Demonstration Phase of the grant. The Certification Specialist will ensure that all required certifications and accreditations are obtained by each of the eight CCBHCs before the conclusion of the Planning Phase of STEP VA.

Quality Management and Improvement Specialist

The Quality Management and Improvement Specialist will make frequent visits to each of the CCBHCs in order to effectively assess their best practices and establish standards for performance management. This individual will help each Project Manager, as well as CCBHC staff collect and report on the performance measures, collaborate with data analytics to analyze and interpret data, and partner with the CCBHCs to develop performance improvement plans based on resulting data analyses. The Quality Management and Improvement Specialist will also ensure CCBHCs have ongoing processes for adjusting their work based upon these feedback mechanisms.

PPS Billing Specialist

The Prospective Payment System (PPS) Specialist will make frequent visits to each of the CCBHCs in order to ensure that infrastructure is in place to implement established billing rates during the Demonstration Phase of the grant program.

IT Specialist

The Information Technology (IT) Specialist will make frequent visits to each of the CCBHCs in order to accurately gauge the technological systems and services that will be required to prepare the CCBHCs for the Demonstration Phase of the grant program.

Data Steward

The Data Steward will provide technical oversight and assessments for the processes, data, and metadata created during this initiative. In addition, this position will comment on compliance, legal, and policy issues in the data domain. The steward will provide practical guidelines on governance and usability for the participating business entities. The steward will map data collection needs to ensure process consistency and efficiency. In specific support of privacy and security, the steward will define usage policies to limit the unnecessary collection and dissemination of data. Lastly, the Data Steward will ensure that the data can be interpreted very broadly as well as within the specific context of the evaluation process.

STEP VA Project Assistant

The STEP VA Project Assistant provides administrative support for staff involved with the CCBHC planning, Implementation Program, and Demonstration Program.

Key Personnel: STEP VA Assistant Project Administrator for Program Development

The Assistant Project Administrator for Program Development is responsible for assisting the CCBHCs in planning and implementation of the nine services as referenced in the main grant application plus care coordination including use of Evidence Based Practice Models, Trauma Informed Care, and Person and Family Centered Planning Approaches. The Assistant Project Administrator chairs the Program Development and Management Committee and serves as liaison to the CCBHCs for technical assistance from DBHDS as well as problem solving related to issues of capacity, availability, and access.

Key Personnel: STEP VA Project Administrator

The Project Administrator is responsible for the strategic direction and administrative oversight of the Project, including all aspects of planning, resource and staffing allocation, implementation, operations, deliverables, and performance evaluation. The Project Administrator chairs the Project Oversight Committee which directs the planning activities and transition to implementation of the demonstration program. The Project Administrator also supervises the chairs of the Quality Development and Management, Program Development and Management, and Prospective Payment Development and Management subcommittees.

Reimbursement Manager

This Reimbursement Manager Position is responsible for working closely with the PPS Billing Specialist in order to establish the various rates across eight CCBHCs. This will entail acquiring an understanding of the services rendered, working closely with the staff at each of the CCBHCs to establish the statistics to be used for the allocation of costs as well as training staff on cost reporting principles and preparation.

Reimbursement Specialist

This Reimbursement Specialist Position will be responsible for establishing the billing process as well as the proper policies and procedures to be followed at each of the eight (8) CCBHCs. This will involve working closely with the PPS Billing Specialist as well as the staff at each of the CCBHCs. This position may also be needed to monitor the billing to ensure that any technical issues are resolved in a timely manner.

Data Architect

The Data Architect will provide oversight for the implementation and fulfillment of data requirements for STEP VA. The architect's scope includes data management, data brokering, customer data integration, and organizational consistency of data processes, standards, and usage. The architect will ensure exchanges and usage are precise and consistent between systems and that maximum reuse of data-related resources is achieved. The architect will also ensure that consideration is given for future use and broader adoption.

STEP VA Project Administrator for Community Contracting

The Assistant Project Administrator for Community Contracting is responsible for the oversight of the performance contract with the CCBHCs and key members of the Quality Development and Data Management Committee and the Prospective Payment Development and Management Committee.

STEP VA Assistant Project Administrator for Quality Development and Data Management

The Assistant Project Administrator will guide the development of the data collection, performance measurement, data analysis, and quality improvement processes for the CCBHCs. The Assistant Project Administrator will chair of the Quality Development and Data Management Committee and supervise the Certification Specialist, Quality Management and Improvement Specialist, and the IT Specialist.

STEP VA Assistant Project Administrator for Finance, Administration, and Technology

The Assistant Project Administrator is responsible for assisting the CCBHCs in implementing the PPS. The Assistant Administrator will Chair of the Prospective Payment Development and Management Committee which will implement the rate-setting methodology and plan for the PPS.

STEP VA Assistant Project Administrator for Recovery Services

The Assistant Project Administrator is responsible for assisting the CCBHCs fully integrate recovery oriented principles of care and peer specialists in every required service. The Assistant Administrator will Chair of the Recovery Services Committee.

Budget Analyst

The Budget Analyst is responsible for overseeing CCBHC the budget process including preparation and ongoing analysis, ensuring compliance with government regulations, and acting as primary liaison between program staff and the agency's fiscal office. Additionally, the analyst will facilitate the coordination of efforts between DBHDS and DMAS to ensure that all appropriate processes are followed as it relates to any new system requirements and the execution of a Federal advance planning document.

*Project Manager will spend 50% of time with RBHA and 50% as overall Project Director

A.2. CSB Staff Participating in STEP VA

Position	CSBs	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Project Manager (Richmond Behavioral Health Authority)*	Richmond	Dawn Adams	\$45,000	100% total (50% with region)	\$61,344
Project Manager (Harrisonburg & Rappahannock Area)	To be Selected	To be Selected	\$75,000	100%	\$104,136
Project Manager (Cumberland Mountain, Mount Rogers, & New River Valley)	To be Selected	To be Selected	\$75,000	100%	\$104,136
Project Manager (Colonial & Chesapeake)	To be Selected	To be Selected	\$75,000	100%	\$104,136
Care Coordinator	Richmond	To be Selected	\$52,389	100%	\$67,178

Position	CSBs	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Informatics Technician II (0.725 FTE - Part Time)	Richmond	To be Selected	\$36,192	100%	\$40,883
Project Analyst	Harrisonburg	To be Selected	\$46,000	100%	\$61,908
Quality Coordinator	Harrisonburg	To be Selected	\$45,000	100%	\$48,465
Project Clinical Coordinator (0.2 FTE - Part Time)	Cumberland Mountain	To be Selected	\$17,435	100%	\$24,057
Project Programmer and Data Manager (0.2 FTE - Part Time)	Cumberland Mountain	To be Selected	\$17,256	100%	\$23,848
Project Compliance Specialist (0.2 FTE - Part Time)	Cumberland Mountain	To be Selected	\$11,556	100%	\$16,021
Project Manager (0.5 FTE - Part Time)	Mount Rogers	To be Selected	\$34,850	100%	\$48,313
Data Systems Manager (0.5 FTE - Part Time)	Mount Rogers	To be Selected	\$11,025	100%	\$15,284
Medical Director (0.5 FTE - Part Time)	Mount Rogers	To be Selected	\$51,750	100%	\$60,884
Clinical Project Manager (0.75 FTE - Part Time)	New River Valley	To be Selected	\$42,398	100%	\$55,718
Medical Director (0.5 FTE - Part Time)	New River Valley	To be Selected	\$31,600	100%	\$34,100
Client Technologies Analyst I, Class 122	Colonial	To be Selected	\$56,194	100%	\$79,800

Position	CSBs	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Quality Management Coordinator	Chesapeake	To be Selected	\$60,000	100%	\$82,000
Fiscal Director	Cumberland Mountain	Robby Adams	In Kind	5%	\$0
Executive Director	Cumberland Mountain	Mary Cole	In Kind	5%	\$0
Administrative Staff	Cumberland Mountain	Heather Stinson, Felicia Helton, Lisa Hale	In Kind	5 %	\$0
Executive Director	Mount Rogers	Lisa Moore	In Kind	5%	\$0
Director of Adult Behavioral Health Services	Mount Rogers	Mark Larsen	In Kind	10%	\$0
Director of Youth and Family Services	Mount Rogers	Anna Chase	In Kind	10%	\$0
Director of Finance and Administration	Mount Rogers	Sarah Beamer	In Kind	5%	\$0
Executive Director	New River Valley	Rosemary Sullivan	In Kind	10%	\$0
Fiscal Director	New River Valley	Deborah Whitten-Williams	In Kind	10%	\$0
Quality Assurance Administrator	New River Valley	Heather Rupe	In Kind	25%	\$0
Data Development Manager	New River Valley	Chip Tarbutton	In Kind	10%	\$0
Executive Director	Rappahannock	Ronald W. Branscome	In-Kind	5%	\$0

Position	CSBs	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Deputy Executive Director	Rappahannock	Jane Yaun	In-Kind	10%	\$0
Clinical Services Director	Rappahannock	Sharon Killian	In-Kind	5%	\$0
Community Support Services Director	Rappahannock	James Gillespie	In-Kind	5%	\$0
Finance and Administration Director	Rappahannock	Robert Nuzum	In-Kind	5%	\$0
Quality Assurance Coordinator	Rappahannock	Stephanie Terrell	In-Kind	10%	\$0
Prevention and Public Information Coordinator	Rappahannock	Michelle Wagaman	In-Kind	5%	\$0
Human Resources Manager	Rappahannock	Terry Moore	In-Kind	5%	\$0
CEO	Richmond	Dr. John Lindstrom	In Kind	5%	\$0
MH Director	Richmond	Shenee McCray	In Kind	5%	\$0
Planning and SUD Director	Richmond	Dr. Jim May	In Kind	5%	\$0
Grants, Planning, and Evaluation Director	Richmond	Dawn Farrell-Moore	In Kind	5%	\$0
SUD Director	Richmond	Karen Redford	In Kind	5%	\$0
Q & S Director	Richmond	Susan Hoover	In Kind	5%	\$0
Finance Director	Richmond	Ed Dalton	In Kind	5%	\$0

Position	CSBs	Name	Annual Salary/Rate	Level of Effort	Cost with Fringe Benefits
Data Coordinator	Richmond	Travis Tucker	In Kind	10%	\$0
TOTAL			\$783,645		\$1,032,211

JUSTIFICATION – CSB Personnel:

Project Managers (four positions)

The four Project Managers will operate out of the CCBHCs and will be responsible for coordinating the operational assessment of the CCBHCs with DBHDS staff. The project managers will work directly with the Certification Specialist in order to ensure proper compliance standards are met in the Planning Phase of STEP VA. These individuals will also consult with the IT Specialist in order to accurately gauge the technological systems and services that will require updates or implementation in order for the CCBHCs to prepare for the Demonstration Phase of the grant program. The project manager will consult with the PPS Billing Specialist to ensure that infrastructure is in place in order to implement established billing rates during the Demonstration Phase of the grant program. Finally, the Project Managers will interface with the Quality Management and Improvement Specialist to implement performance measurement standards as well as implement evidence-based practices based on the resulting performance analyses. The following table shows a breakout of assignment for each of the four managers.

Project Director/Manager 1	Richmond
Manager 2	Harrisonburg and Rappahannock
Manager 3	Cumberland Mountain, Mount Rogers, and New River Valley
Manager 4	Colonial and Chesapeake

The Certification Specialist, Quality Management and Improvement Specialist, PPS Billing Specialist and the IT Specialist at DBHDS will all serve as liaisons to the Project Director and the three Project Managers.

Care Coordinator

This position is responsible for interagency coordination with Designated Care Organizations in collecting and analyzing data, participating in discharge planning, developing and maintaining records, preparing reports, and related work as assigned.

Informatics Technician II

This position develops and designs systems for collecting, organizing and entering data such that data can be extracted, manipulated and analyzed; analyzes large and small datasets; designs, implements and assesses capacity to access, download, or link information from the RBHA's Electronic Health Record (EHR) with planned data analyses and program evaluations; develops and conducts surveys and focus groups; and related work as assigned.

Project Analyst

Position provides logistical and technical support to the Project Manager, and ensures effective coordination with existing CSB business systems (i.e., quality management, data/technology/reporting, billing infrastructure) to achieve project goals. This position requires technical and administrative expertise, plus ability to track and analyze project functions.

Quality Management Coordinator

This position will provide quality assessment oversight of grant requirements and conduct planning associated with implementing clinical requirements and standards.

Project Clinical Coordinator

This position will evaluate current clinical services against grant requirements and develop/implement clinical services to meet grant requirements. This position will also determine additional training needs for staff.

Project Programmer & Data Manager

This position will oversee the technological systems and services that will require updates or implementation. This position will also develop new programs and coordinate with the Project Compliance Specialist.

Project Compliance Specialist

This position will collect and report on the performance measures, collaborate with the Project Programmer and Data Manager to analyze and interpret data, and develop performance improvement plans based on resulting data analyses

Project Manager

Position will coordinate all of the aspects of the project and will serve as a liaison to DBHDS project staff and will coordinate with other CCBHCs in the region. This position will be the

internal leader responsible for coordinating all outcomes with leadership staff within Mount Rogers CSBs and for producing procedures and protocols.

Data Systems Manager

Position will coordinate and enter necessary data to monitor and track information/requirements of the project. The position will also liaise with the Electronic Medical Record (EMR) provider to negotiate necessary changes in data management in regard to the project.

Medical Director

This position will develop integration protocols internally, working with other medical staff and others to accomplish goals of the project. The position will also develop relationships with primary care providers to create protocols and agreements for coordinated service delivery. This position will have a key role in developing and monitoring outcomes and taking a leadership role with CQI. This position is a required criterion for becoming a CCBHC. It is essential to include a Medical Director from the outset since so many of the criteria of becoming a CCBHC involves psychiatric services, primary care and their integration. This position will play a key role in furthering progress towards becoming fully integrated.

Clinical Project Manager

This position provides oversight of the implementation program to ensure that the New River Valley CSB is meeting established criteria towards becoming a CCBHC. The individual will work with staff to develop a plan which includes identifying barriers and solutions and monitoring progress.

Client Technologies Analyst

This position will be responsible for designing, testing, training, and implementing enhancements to the Credible EMR System. The position is needed to make required changes to processes, forms, triggers, reports, and clinical tools in Credible EMR.

Quality Management Coordinator

This position provides leadership and technical expertise to raise agency quality management capabilities to a level required for CCBHC compliance. The individual will develop and implement quality measures, coordinate CCBHC planning and implementing the program,.

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CSB Fiscal Directors (five positions)

The fiscal director will provide fiscal oversight of grant revenues, work to ensure that all necessary financial criteria for becoming a CCHBC are being met, and provide supervision to Data Development staff.

CSB Executive Directors/CEO (five positions)

The executive directors will provide supervision of clinical program manager and other key leadership positions such as the Quality Assurance Administrator and Finance Director who will be integral to the success of this project.

Cumberland Mountain Administrative Staff

The staff will be responsible for coordinating and organizing meetings and materials.

Mount Rogers Director of Adult Behavioral Services

This position will work closely with the Project Manager to deploy responsibilities within the Adult Behavioral Health Division and will continually inform and direct staff within the service division to accomplish the responsibilities of the project.

Mount Rogers Director of Youth and Family Services

This position will work closely with the Project Manager to deploy responsibilities within the Youth and Family Services Division and will continually inform and direct staff within the service division to accomplish the responsibilities of the project.

CSB Quality Assurance (QA) Administrator (two positions)

The Quality Assurance Administrators will work jointly with the clinical program managers to meet all regulatory requirements including DBHDS, DMAS, and CMS. The administrators will act as clinical liaisons to data development staff to provide required reporting activities as well as monitor data collection and trends for accuracy. The Quality Assurance Administrators work to develop and implement policies and procedures relevant to the requirements of CCBHCs.

New River Valley Data Development Manager

This position provides support for development and implementation of data from a technical perspective. The individual will work with EHR vendor and other needed resources to implement reporting mechanisms for data collection.

Rappahannock Deputy Executive Director

This position oversees quality improvement, compliance, planning, health and safety, human rights/consumer affairs, and informatics. This position will take the lead in assisting programs in preparing for certification.

Rappahannock Clinical Services Director

This position directs the clinical and treatment services of the agency. This position will assist with operationalizing the CCBHC criteria.

Rappahannock Community Support Services Director

This position directs community support services programs serving individuals who have long term mental illnesses and/or intellectual disabilities. This position will assist with operationalizing the CCBHC criteria.

Rappahannock Prevention and Public Information Coordinator

This position oversees all marketing and communication-related activities for RACSB and serves as a liaison with community partnership groups.

Rappahannock Human Resources Manager

This position will assist in the recruitment and retention of the positions needed to qualify as CCBHC. This position oversees the orientation program for new employees, and maintains accurate on-going training information and information regarding staff qualifications.

Richmond Area Mental Health Director

This position provides oversight and coordination for all mental health services and participates on the planning team.

Richmond Area Planning and SUD Director

This position provides oversight and coordination for all substance use disorder services and grants management activities and participates on the planning team.

Richmond Grants, Planning, and Evaluation Director

This position provides oversight and coordination for grants management activities, ensuring compliance with all grant requirements and participates on the planning team.

Richmond SUD Director

This position provides oversight and coordination for all substance use disorders service and participates on the planning team.

Richmond Quality Director

This position provides oversight and coordination to ensure quality and standards requirements are met and participates on the planning team.

Richmond Data Coordinator

This position maintains, coordinates and implements all changes to electronic health records and IT implementation related to the project, is responsible for staff training related to EHR and participates on the planning team.

FEDERAL REQUEST

B. Fringe Benefits:

FEDERAL REQUEST : \$385,059

B.1. DBHDS Staff

Component	Rate	Wage	Cost
VRS (Virginia Retirement Service)	0.1233	\$341,008	\$42,046.29
FICA	0.0765	\$341,008	\$26,087.11
Group Life	0.0199	\$341,008	\$6,786.06
Retiree Insurance	0.0105	\$341,008	\$3,580.58
VSDP	0.0066	\$341,008	\$2,250.65
Health Insurance	\$11,376 Per Employee	N/A	\$55,742.40
		TOTAL	\$136,493

B.2. CSB Staff

Each CSB establishes its own rate for employee fringe benefits. Each CSB independently calculated the included benefits at their individual rates for each of the additional staff that they requested to meet the standards of the CCBHC planning phase. The total fringe benefit costs for all of the participating CSBs in STEP VA is **\$248,566**.

JUSTIFICATION:

Fringe benefit rates are based on current premium rates for Virginia state employees. Health insurance estimate were based on the Single+ One option of COVA Care as a mid-point between various selectable plans.

C. Travel:

FEDERAL REQUEST \$104,706

C.1. DBHDS Staff

Purpose of Travel	Location	Item	Rate	Cost
(1)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	Reimbursement for Mileage	.4/Rate per Mile	\$4,000
(2)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	Fuel for state vehicle	.086/Cost Per Mile	\$860
(3)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	State Vehicle	\$307/month	\$3,684
(4)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	Lodging	\$91.30/Per Night	\$31,955
(5)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	Meals	\$56/Per Day	\$19,600
(6)IT/Fiscal staff travel to and from Richmond and project sites	Travel to CCBHCs and Richmond	Parking for state vehicles	\$50/Per Parking Space	\$600
(7) Consultant Travel Fees	Consultants cost travel for potential travel to CCBHCs and Richmond	Travel Budget for consultants to include potential per diem, air travel, and lodging costs	Unknown	\$10,000
			TOTAL	\$70,699

C.2. Community Services Board staff

Purpose of Travel	Location	Item	Rate	Cost
Overnight Leadership and Management Meetings	Travel to Richmond)from Cumberland Mountain)	Mileage Reimbursement	\$0.46 per mile	\$6,481

Overnight Leadership and Management Meetings	Travel to Richmond)from Cumberland Mountain)	Lodging	\$99 per night	\$3,564
Overnight Leadership and Management Meetings	Travel to Richmond)from Cumberland Mountain)	Per Diem (Meals)	\$40.25 per day	\$2,174
Overnight Leadership and Management Meetings	Travel to Richmond (from New River Valley)	Mileage Reimbursement	\$0.48 per mile	\$2,208
Overnight Leadership and Management Meetings	Travel to Richmond (from New River Valley)	Lodging	\$91 per night	\$1,092
Overnight Leadership and Management Meetings	Travel to Richmond (from New River Valley)	Per Diem (Meals)	\$44 per day	\$1,056
Overnight Leadership and Management Meetings	Travel to Richmond (from Chesapeake)	Mileage Reimbursement	\$0.56 per mile	\$1,568
Overnight Leadership and Management Meetings	Travel to Richmond (from Chesapeake)	Lodging	\$110 per night	\$2,640
Overnight Leadership and Management Meetings	Travel to Richmond (from Chesapeake)	Per Diem (Meals)	\$56 per day	\$1,344
Overnight Leadership and Management Meetings	Travel to Richmond (from Colonial)	Mileage Reimbursement	\$0.56 per mile	\$1,736
Overnight Leadership and Management Meetings	Travel to Richmond (from Colonial)	Lodging	\$114 per night	\$2,922
Overnight Leadership and Management Meetings	Travel to Richmond (from Colonial)	Per Diem (Meals)	\$56 per day	\$1,120

Overnight Leadership and Management Meetings	Travel to Richmond (from Harrisonburg)	Mileage Reimbursement	\$0.58 per mile	\$1,667
Overnight Leadership and Management Meetings	Travel to Richmond (from Harrisonburg)	Lodging	\$100 per night	\$1,200
Overnight Leadership and Management Meetings	Travel to Richmond (from Harrisonburg)	Per Diem (Meals)	\$55 per day	\$1,485
Project Managers travel to and from project sites to Richmond	Travel to Richmond from CCBHCs	Parking Per Day	\$5/Day	\$1,750
			TOTAL	\$34,007

JUSTIFICATION:

IT staff, financial staff, the Certification Specialist, and the Quality Management and Improvement Specialist will be required to travel from Richmond to the various eight pilot sites. Additionally it is anticipated that the four Project Managers will be traveling from their regions for occasional meetings in Richmond. Required travel expenses include mileage reimbursement, state vehicles, lodging and per diems.

The following assumptions are made:

Reimbursement for Mileage - A projected need for approximately 40,000 miles of travel is anticipated among all the identified personnel. This projection is based off of trends of staff with similar needs of visiting multiple locations across Virginia. The VA reimbursement rate depends on the amount of miles driven on the trip. This analysis assumed a 50% of the miles at the low rate (.24 per mile) and 50% at the higher rate of (.56 per mile). The CSBs have their own rates set by their boards.

State Vehicle – It is anticipated that one state vehicle should be leased from Virginia’s Department of General Services for duration of the planning work for the four employees which will be working out of the DBHDS in Richmond. This vehicle is necessary due to the expected high level of travel these individuals will have as they meet with and coordinate with the eight CCBHCs. For those requiring significant travel, leasing is the less expensive option.

Lodging- This funding is for overnight stays for employees housed in DBHDS as they work at the eight CCBHCs as well as some overnight stays for project managers coming to Richmond for meetings. This estimate was based off of a projected total need of approximately 500 overnight stays. This estimate was based off of the four employees in DBHDS working in the field 50

percent of the time as well as overnight stays for individuals as they come to meetings at DBHDS.

Per Diem- This funding is for per diem as all the identified positions will be traveling some of the time. This estimate was based off of approximately 500 days traveling. This estimate was based off of the four employees in DBHDS working in the field 50 percent of the time as well as per diem for individuals as they come to meetings at DBHDS from the pilot sites. The VA per diem rate is \$91.30 per night. The CSBs have their own rates set by their boards.

D. Equipment:

FEDERAL REQUEST : \$59,248

D.1. DBHDS Staff

Item(s)	Rate	Cost
Laptop rentals	\$105.08/Month (4 FTE)	\$5,043.80
Cell Phone Charges	\$130.00/Month Per Person	\$6,240.00
	TOTAL	\$11,283.80

D.2. Community Services Boards

Item(s)	Rate	Cost
Laptop	\$105.08/Month Per Person (4 FTE)	\$5,043.80
Cell Phone Charges	\$130.00/Month Per Person (4 FTE)	\$6,240.00
Cell Phone (New River Valley)	\$65.00/Month	\$780.00
Laptop (New River Valley)		\$1,050.00
Desktop computer (New River Valley)		\$650.00

Laptop (Chesapeake)		\$1,500.00
Laptop (Colonial)		\$1,500.00
Enlightened Analytics – Electronic Health Record software (Rappahannock CSB)		\$31,200.00
	TOTAL	\$47,963.80

JUSTIFICATION:

Each of the four STEP VA full time positions at DBHDS will require a laptop and cell phone to fulfill their assigned roles and duties. Without this equipment communication and productivity will greatly decline. All of these rates are the FY 2016 monthly rates set by the Virginia Information Technologies Agency (VITA) for Commonwealth IT equipment and services. The cell phone charge is an average of plans with unlimited minutes.

DBHDS and the CSBs will provide in kind support for office space, some phones computers and other office supplies.

E. Supplies:

FEDERAL REQUEST: \$8,784

E.1. DBHDS Staff

Item(s)	Rate	Cost
Email Box	\$14.51/Month Per (4 FTE)	\$696.50
MIFI (Internet)	\$42.61/Month Per Person (4 FTE)	\$2,045.30
Office Space	254 sq ft per Employee (1270 Total)	In Kind
	TOTAL	\$2,741.80

E.2. Community Services Board staff

Item(s)	Rate	Cost
Email Box	\$14.51/Month Per Person (4 FTE)	\$696.50
MIFI (Internet)	\$42.61/Month Per Person (4 FTE)	\$2,045.30
Office Space	254 sq ft per Employee (1270 Total)	In Kind
SQL Server (Cumberland Mountain)		\$1,500.00
Phone (Colonial)		\$800.00
MiFi Internet (Colonial)		\$800.00
Supplies (Chesapeake)		\$200.00
	TOTAL	\$6,042.00

JUSTIFICATION:

Each of the four identified full time positions at DBHDS will require Internet access and an email box to fulfill their assigned roles and duties. Without this equipment communication and productivity will greatly decline. All of these rates are the FY 2016 monthly rates set by VITA for Commonwealth IT equipment and services. The CSBs have identified additional supplies required based on their own rates.

DBHDS and the CSBs will provide in kind support for office space, some phones computers and other office supplies.

F. Contract:

FEDERAL REQUEST: \$316,670

F.1. DBHDS

Name	Service	Rate	Other	Cost
CCBHC Evaluator	Consulting			\$50,000

Name	Service	Rate	Other	Cost
PPS Consultant	Consulting			\$120,000
			TOTAL	\$170,000

F.2. CSBs

Name	Service	Rate	Other	Cost
<i>Medical Services Coordinator (Cumberland Mountain)</i>	<i>Consulting</i>			\$50,050
<i>IT Services (New River Valley)</i>	<i>Consulting</i>			\$29,500
<i>Consultant – CCBHC (Chesapeake)</i>	<i>Consulting</i>			\$12,000
<i>Consultant – Credible (Chesapeake)</i>	<i>Consulting</i>			\$10,000
<i>Credible Training (Chesapeake)</i>	<i>Consulting</i>			\$6,000
<i>IT Services (Colonial)</i>	<i>Consulting</i>			\$24,120
			TOTAL	\$146,670

JUSTIFICATION:

CCBHC Evaluator

Funding is required to support an independent external analysis of our performance data. A CCBHC evaluator will help to ensure the objectivity and sufficiency of the data collection and assessment process; one of the most critical goals of the grant is to provide national data on the efficacy of CCBHCs.

PPS Consultant

Funding is required to support an independent external analysis of our billing systems. A PPS Consultant would work with the CSBs to establish cost allocation requirements, billing procedures and reporting requirements associated with Medicaid reimbursement.

Medical Services Coordinator

Funding is required to help with the more complex aspects of planning for medical services at Cumberland Mountain.

IT Services Consultants

Three CSBs have indicated the need for consulting relating to EHR modifications, IT training, and data gathering.

FEDERAL REQUEST

FEDERAL REQUEST – \$ 0

Indirect Cost Rate: DBHDS did not include any type of indirect costs in this proposal.

FEDERAL REQUEST - \$ 0

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – \$ 1,999,119

INDIRECT CHARGES:

FEDERAL REQUEST – \$ 0

TOTAL: \$ 1,999,119

FEDERAL REQUEST – \$ 1,999,119

=====

Section E: Biographical Sketches and Job Descriptions

BIOGRAPHICAL SKETCH

<p>Daniel L. Herr STEP VA Project Administrator</p>				
<p>EDUCATION/TRAINING</p>				
INSTITUTION AND LOCATION	DATES ATTENDED	DEGREE	MM/YY	FIELD OF STUDY
Eastern Mennonite University Harrisonburg, VA	1979-1984	B.S.	05/84	Social Work
Georgetown University Law Center Washington, D.C.	1992-1996	J.D.	05/96	Juris Doctor

Professional Experience

Years	Description of Experience
31	31 years of progressively responsible experience in providing services to individuals with serious mental illness and addictions in community, hospital, and correctional settings; responsibilities have included CEO of community service agency, Director of a State Hospital, and oversight of all public sector behavioral health services in Virginia at the Department of Behavioral Health and Developmental Services (DBHDS).
Including 16 years as Project Manager	Project management experience with multi-year, multi-million dollar projects including such things as implementing a DOJ consent decree for a 60 million dollar, 400 bed state hospital, 30 million dollar renovation project of an occupied maximum security hospital over a three year period, and designing, implementing, licensing, and sustaining integrated community services for underserved and minority individuals with serious and persistent mental illness and co-occurring substance use disorders and chronic medical conditions in both urban and rural settings in Virginia.

1.1 Honors/Professional Licensure
None

1.2 Recent Relevant Publications

- Co-author, Senate Bill 260 2014 Annual Legislative Report regarding the *Impact of the Civil Commitment Laws*
- Co-author, Senate Bill 261 and House Bill 1216 2014 Legislative Report regarding the *Assessment of Virginia’s Emergency Evaluators Qualifications, Training and Oversight*

1.3 Other Relevant Sources of Support

DBHDS will provide \$57,528 in funding support for this position.

Stacy H. Gill STEP VA Project, Assistant Project Administrator for Program Development				
EDUCATION/TRAINING				
INSTITUTION AND LOCATION	DATES ATTENDED	DEGREE	MM/YY	FIELD OF STUDY
West Chester University, West Chester, PA	1980-1984	BSW	05/84	Social Work
Virginia Commonwealth University Richmond, VA	1987-1989	MSW	05/89	Social Work

Professional Experience

<u>Years</u>	<u>Description of Experience</u>
31 years	Extensive experience with the Community Mental Health System in Virginia through direct service and management positions with three different Community Mental Health Centers. Positions held include Mental Health Case Manager with Adult SPMI population; Outpatient Mental Health and Substance Abuse Clinician with adults and children; PACT Team Leader, Crisis Services Clinician; DBT Clinician and Clinical Supervisor; Manager for MH/SA Jail Services, Adult MH/SA Outpatient Services, and Court Evaluation Services.
25+ years Direct Service Clinical Work	Additional experience includes medical social work with the Medical College of Virginia in Richmond, VA; Managed Care experience as the Clinical Director with Magellan of Virginia DMAS Behavioral Health Program; Private Practice Clinician; Adjunct Professor at Virginia Commonwealth University's Social Work Program.
24+ Supervisory and Management positions	Current position: Behavioral Health Community Services Director for the Virginia Department of Behavioral Health and Developmental Services working with all Virginia Community providers both public and private.

1.1 Honors/Professional Licensure

1991: Virginia Licensed Clinical Social Worker

Recent Relevant Publications

None

1.2 Other Relevant Sources of Support

DBHDS will provide \$67,253 in funding support for this position.

Dawn M. Adams STEP VA Project Director				
EDUCATION/TRAINING				
INSTITUTION AND LOCATION	DATES ATTENDED	DEGREE	MM/YY	FIELD OF STUDY
Old Dominion University Norfolk, VA	2012-2013	DNP	05/13	Nursing
Columbia Teacher's College Manhattan, NY	2007-2008	CHC	06/08	Health Counseling
Virginia Commonwealth University Richmond, VA	1998-1999	Post Master's ANP	12/99	Nursing
University of Virginia Charlottesville, VA	1989-1989	MSN	06/89	Nursing
James Madison University	1982-1986	BSN	05/86	Nursing

Professional Experience

Years	Description of Experience
30	<p>30 years of progressively responsible experience and direct patient management in acute care, primary care, and community care settings.. Includes six years medical management of acute detox management for individuals with SA, medical management of acute SMI/SED with co-occurring medical conditions. Supervisory management of nursing staff and policy development for SOP manuals for private partnership with Portsmouth Naval Hospital. Management; supervisory management and budget development for Surgical Critical Care and Step-down units. Multiple clinical program and role development initiatives for clinical practices within private and university based hospitals and clinics. National and local speaker, author, and adjunct professor.</p> <p>Current positions: Director of Health Services, Virginia Department of Behavioral Health and Developmental Services working with all Virginia Community providers both public and private to develop an infrastructure of health supports for individuals with intellectual and developmental disabilities (IDD). Administrative oversight of Hiram Davis Medical Center and clinical oversight of Virginia's closing training centers. Oversees the PASRR process for individuals with IDD and charged with ensuring that institutionalized individuals in NF's transition into their respective communities. Adjunct Professor, Old Dominion University, teaches Health Policy to doctorate nursing students.</p>

1.1 Honors/Professional Licensure

- 2014: Virginia Nurse Advocate Health Policy Fellowship, Richmond, VA
- 2013: Scholar Award, Old Dominion University School of Nursing
- 1986: Clinical Excellence Award, James Madison University/ Rockingham Memorial Hospital
- 2000: Virginia Nurse Practitioner, #0024164452
- 2000: ANCC NP Certification, # 30178881
- 2000: VA Authorization to prescribe, #0017137069
- 2000: Federal DEA, #MA0867498
- 1986: Virginia Registered Nurse, #0001-104626

Recent Relevant Publications

None

1.2 Other Relevant Sources of Support

DBHDS will provide \$122,688 in funding support for this position

JOB DESCRIPTIONS

Position	STEP VA Project Administrator
Duties	The Project Administrator: is responsible for the strategic direction and administrative oversight of the Project, including all aspects of planning, resource and staffing allocation, implementation, operations, deliverables, and performance evaluation; chairs the Project Oversight Committee which directs the planning activities and transition to implementation of the demonstration program; supervises the Assistant Administrators for Finance, Administration and Technology, Quality Development and Data Management, Program Development, Community Contracting, Project Director, Project Assistant, and chairs of the Quality Development and Management, Program Development and Management, and Prospective Payment Development and Management subcommittees.
Qualifications and Experience	Experience in providing services to individuals with serious mental illness, substance use disorders, and chronic health conditions in community, hospital, and correctional settings; Oversight of public sector behavioral health services; Project management experience with complex multi-year initiatives. Experience in designing, implementing, and operating integrated community services with an emphasis on underserved and minority individuals with serious and persistent mental illness and co-occurring substance use disorders and chronic medical conditions in both urban and rural settings in Virginia.
Supervisory Responsibilities	Report to the Chief Deputy Commissioner for DBHDS; supervise STEP VA Project, Assistant Project Administrator. Oversee staffing for Quality Development and Management, Program Development and Management, and Prospective Payment Development and Management subcommittees.
Knowledge, Skills and Abilities	Working skills and knowledge in best practices for mental health, substance abuse practice; in-depth knowledge of and experience in the mental health, substance abuse, and criminal justice systems; Ability to target services to veterans, minorities, and underserved populations with disparate health outcomes.
Personal Qualities	Demonstrated track record of innovative, collaborative, and values-based leadership which delivers cost-effective, evidence-based, recovery focused, person centered, and trauma informed behavioral health services to underserved individuals with disparate health outcomes.
Travel/Special Conditions	Monthly travel to CCBHCs
Salary Range	\$72,731-160,972
Hours	12 hours per week

Position	STEP VA Assistant Project Administrator for Program Development
Duties	The Assistant Project Administrator for Program Development is responsible for assisting the CCBHCs in planning and implementation of the nine services plus care coordination including use of Evidence Based Practice Models, Trauma informed Care, and Person and Family Centered Planning approaches. The Assistant Project Administrator chairs the Program Development and Management Committee and serves as liaison to the CCBHCs for technical assistance from DBHDS as well as problem solving related to issues arising related to capacity, availability, and access.
Qualifications	Master's degree or higher in a behavioral health or integrated health field of study plus a minimum of five years of direct practice experience with SMI/SED/SA population and a minimum of five years in a management and leadership role in health care. Community based behavioral health services delivery experience required.
Supervisory Relationships and Responsibilities	This position reports to the STEP VA Project Administrator and provides day-to-day operational oversight of the eight CCBHCs clinical programs.
Knowledge Skills and Abilities	Knowledge of community based behavioral health in Virginia including bi-directional integrated health care with the SMI/SED/SA population. Expertise in implementing and evaluation evidence based practices including trauma informed care, person and family centered planning and recovery systems of care. Demonstration of use of data in planning and decision making in health care. Ability to develop and maintain strong relationships with community and agency partners. Demonstration of effective leadership and management skills.
Personal Qualities	High level of integrity, personal accountability, dependability, and strong interpersonal skills. Demonstrated commitment to developing a strong system of care in Virginia for those citizens needing behavioral and physical health care.
Travel/Special Conditions	Travel required in the state of Virginia
Salary Range	\$72,731-\$160,972
Hours	18 hours per week

Position	STEP VA Project Director/Regional Project Manager
Duties	STEP VA Project Director will be responsible for the overall coordination and management of the project, to include operational system assessment and performance management. The Project Director will supervise the three Regional Project Managers and also perform the duties and responsibility of a Regional Project Manager in coordinating efforts at one of the CSBs working towards certification.
Qualifications	Minimum of a Master's degree or equivalent Bachelor's degree and experience in behavioral health related field or integrated health field. Five or more years of service delivery with the SMI/SED/SA population plus five years in a management and leadership role in health care. Community based behavioral health services delivery experience required. Experience with service delivery to individuals with complex physical and behavioral health needs strongly preferred.
Supervisory Relationships and Responsibilities	This position reports to the STEP VA Project Administrator and supervises the three regional project managers.
Knowledge Skills and Abilities	Knowledge of community based behavioral health in Virginia including bi-directional integrated health care with the SMI/SED/SA population. Expertise in implementing and evaluation evidence based practices including trauma informed care, person and family centered planning and recovery systems of care. Demonstration of use of data in planning and decision making in health care. Ability to develop and maintain strong relationships with community and agency partners. Demonstration of effective leadership and management skills. Demonstration of strong project management skills.
Personal Qualities	High level of integrity, personal accountability, dependability, and strong interpersonal skills. Demonstrated commitment to developing a strong system of care in Virginia for those citizens needing behavioral and physical health care.
Travel/Special Conditions	Travel required in the state of Virginia
Salary Range	\$72,731-\$160,972
Hours	40 hours per week

Section F: Confidentiality and SAMHSA Participant Protection

1. Protect Consumers and Staff from Potential Risks

All consumers will be educated about and monitored for side effects resulting from the use of any prescribed medications. Consumers will be given choice and will participate in decisions regarding which medications and treatment modalities are preferred. Other forms of nonmedical treatment will be offered and provided if the consumer wishes.

All staff handling human samples such as urine or blood specimens will use the OSHA Globally Harmonized System (universal precautions). All sites will utilize Virginia's Prescription Monitoring Program for each participant at admission, for cause, and routinely throughout consumer's engagement with the CCBHC.

All provider organizations participating in this project comply with HIPAA, 42 CFR Part II, and other federal or state confidentiality and privacy protection statutes and regulations. All providers require staff to receive training in 42 CFR Part II and HIPAA on an annual basis. Critical communication between CCBHC health care providers and a consumer's family and friends may occur as long the consumer is amenable, has the capacity to make health care decisions, and consents or does not object. The Project Director and Project Coordinator will carefully monitor compliance with these laws and regulations.

All providers must comply with statutory and regulatory requirements protecting the human right of consumers, including the Human Rights Regulations adopted by the State Board of Behavioral Health and Developmental Services. All providers must belong to and submit their human rights policies to a local human rights committee. DBHDS employs regional human rights advocates across the state to investigate human rights complaints.

2. Fair Selection of Participants

Populations to be served are adults with serious mental illness, children with serious emotional disturbance, consumers with substance use disorders (SUD), and consumers with co-occurring mental health (MH) and substance use disorders. Returning veterans and their families will be prioritized for receiving services and provided with opportunities for designing and developing their involvement with the CCBHC

CCBHCs will serve homeless youth, foster children, children of individuals with SUD, and pregnant women. Pregnant women are included because CCBHCs recognize the need to the meet this standard of care. Individuals with co-occurring disorders are included because the incidence of co-occurring disorders is significant, and lack of appropriate treatment compromises the individual's ability to recover.

Outreach and engagement activities such as same day access will create a welcoming environment for the focus populations. Interpretation and translation services are provided

that are appropriate and timely for the size and needs of the limited English proficiency CCBHC consumer population (e.g., bilingual providers, onsite interpreters, or language telephone lines). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting. Outpatient clinical services are offered during times that enhance accessibility including some nights and weekends.

3. Absence of Coercion

All participation in treatment is voluntary unless a legal emergency custody or temporary detention order or an involuntary civil commitment order is issued by the judicial system. Every available methodology and best practice will be examined in order to return a consumer to a voluntary status as quickly as possible.

Participants will not be compensated for participation.

All consumers will be informed as a part of intake and assessment about choices and services available to them, their rights, complaint protocols, and protections available to them, including their ability to receive services even if they do not participate in the data collection component of the project. Psychiatric advance directives will be honored at all phases of engagement with the behavioral health care delivery system.

4. Data Collection

Data will be collected from consumers by CCBHC staff. Data will be collected on paper, verbally, and electronically via interviews, the DBHDS community consumer submission (CCS 3), private provider databases, and standardized and nonstandardized screening and assessment instruments. Data collection will be performed at service provider locations, CCBHC offices, and other mutually-agreed upon, appropriate settings where the consumer's privacy can be protected.

Oral fluid, urine, and blood will be drawn for the purposes of toxicology screenings to ensure that the appropriate and safe level of care is provided to consumers. All draws will be performed by appropriate staff in appropriate locations to ensure consumer safety using the OSHA Globally Harmonized System (universal precautions).

All links and data collection instruments and interview protocols are provided in Attachment 2.

5. Privacy and Confidentiality

Data will be collected from consumers and staff appropriate to their participation in providing or receiving services. All personnel receive training about HIPAA as a routine part of employment by the CCBHC.

All providers in this project routinely train all staff in 42 CFR Part II. All individuals receiving substance abuse treatment services from these providers are protected by 42 CFR Part II, regardless of whether they are participants in this project.

The privacy of consumers will be maintained by limiting access to records and complying with applicable federal and state statutes, regulations, and policies including HIPAA and 42 CFR Part II.

Data collection instruments will be used to provide a standard protocol for participation, such as GPRA collection. In some cases, data may be self-administered. If poor literacy prevents self-administration, the instrument will be read to the participant by the evaluator. If language is a barrier, the instrument will be translated to the appropriate language.

All data will be stored in locked cabinets in secure areas or in secure electronic environments. Only approved staff and their direct supervisors will have access to the information.

6. Adequate Consent Procedures

Consumers who participate in the project will be given information about:

- Risks and benefits of treatments recommended,
- Their rights and responsibilities,
- The benefits of evidence-based interventions, psycho-social therapies and supports, and other treatment services that are part of the project such as integrated medical care,
- An explanation of 42 CFR Part II and HIPAA and how treatment modalities comply with these laws and regulations, and
- Their ability to decline services.

All consumers will be given the right to informed consent and where legally required their agent or guardian will be informed on their behalf.

All consumers who participate in the project will receive a consent form that conforms to 42 CFR Part II and HIPAA to permit coordination of care with primary health care providers for them to sign.

If poor literacy presents a risk, information will be read to the consumer in a private location that complies with HIPAA requirements. If language is a barrier, the consent form will be translated to the appropriate language.

If the project poses potential physical, medical, psychological, legal, social or other risks, written informed consent will be obtained. Consumers will be given copies of signed consent documents. Consumers will not waive or appear to waive any legal rights available to them.

Individuals who do not consent to having protected health or individually identifiable information collected by the project may continue to receive legally allowable services and interventions.

Sample Consent Forms are provided in Attachment 3.

7. Risk/Benefit Discussion

This project does not remarkably increase risk above the risks inherent in the provision of behavioral health care services. It does provide the opportunity for Virginia to further its move towards a strong and viable recovery-oriented system of care that rewards positive outcomes while utilizing public dollars efficiently with maximum benefit. Virginians gain enhanced probability of living health satisfying and recovered lives.

Protection of Human Subjects Regulations

The Virginia Administrative Code (12VAC35-115-30) excludes this type of project from the definition of “human research” that would be subject to Institutional Review Board approval.

Attachment 1: Provider Organization and Letters of Commitment

MEMORANDUM OF AGREEMENT BETWEEN
THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL
SERVICES
AND
THE VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

This Memorandum of Agreement (MOA) is made as of the date subscribed below between the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Medical Assistance Services (DMAS) for collaboration to fulfill the requirements for the Certified Community Behavioral Health Clinics (CCBHCs) Excellence in Mental Health Act Planning and Demonstration Grant (Grant).

WHEREAS, DBHDS is the Virginia State Mental Health Authority and Single State Agency for Substance Abuse Services and the Grant applicant; and

WHEREAS, DMAS is the Single State Agency designated to administer the Virginia Medicaid program with authority to administer the Medicaid State Plan and waivers for all Medicaid-funded services; and

WHEREAS, DBHDS licenses public Community Services Boards and private facilities that provide behavioral health services; and

WHEREAS, DMAS administers Medicaid and the State Children's Health Insurance Program (CHIP) in Virginia, and as such, provides reimbursement for Medicaid and CHIP funded behavioral health services;

NOW THEREFORE, DBHDS and DMAS agree as follows:

I. MUTUAL RESPONSIBILITIES

DBHDS and DMAS shall:

- A. Establish a leadership team among both agencies to collaborate on a regular basis to ensure the smooth communication among the agencies regarding Demonstration development, funding, implementation, oversight and evaluation processes.
- B. Work collaboratively with stakeholders to shape the scope of services within the CCBHCs to meet Demonstration requirements and other federal and state laws and regulations.
- C. Support the national evaluation requirements of the planning grant by expanding the current DBHDS-DMAS data sharing agreements to collect the necessary claims data specific to this Demonstration. All data requests shall follow the procedures set forth in Modification No. 7 to the primary MOU (No. 137-09) between the parties.
- D. Work closely among the agencies and their contractors, as appropriate, to establish payment rates for the CCBHCs based on allowable Medicaid costs.
- E. If Virginia receives a Demonstration grant, work together to transition to a CC PPS-2 reimbursement methodology in accordance with guidance from CMS, and, if determined to be sustainable and authorized, establish the best Medicaid authority for ensuring long-term sustained funding through the Medicaid program during the time frame that the demonstration ends in 2019 until the report to Congress is due in 2021.

II. DBHDS RESPONSIBILITIES:

DBHDS shall:

- A. Ensure CCBHCs provide services as defined in the Demonstration and the Virginia State Plan for Medical Assistance, including crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring of key health indicators and health risk; peer supports, targeted case management; and psychiatric rehabilitation services through an addendum to the existing Performance Contract for the selected CCBHCs.
- B. Work with DMAS and CCBHCs related to Medicaid reimbursement rates, policies, and regulations. Ensure cost principles are completed in accordance with 45 CFR §75 Subpart E as required by the CMS Provider Reimbursement Manual (PRM), Part 1.
- C. Assist the CCBHCs in instituting a cost accounting process to collect data to support statistics required for the accurate completion of the yearly Medicaid cost reports.
- D. In collaboration with DMAS, provide contractual guidance as well as guidance regarding reimbursement to the CCBHCs in order to effectively support operations of providing appropriate care to clients.
- E. Work with the CCBHCs to meet the grant requirements by providing consultation, technical assistance and resources to the extent available to build needed infrastructure, a holistic “neighborhood” approach to service delivery, and the support necessary to ensure quality and consistency of services, application of evidenced based and best practices fully infused with the principles of recovery, person and family centered and trauma informed care, and shaped by cultural and linguistic needs of the individual.
- F. Assist CCBHCs in identifying appropriate training for staff in person-centered, family-centered, trauma-informed, culturally-competent and recovery-oriented care.
- G. Convene and support the Steering Project Committee and provide reports to its members.
- H. Coordinate all data collection for performance measurement and required reports.
- I. Collaborate with DMAS in working with DMAS vendors to determine operational processes and payment.

III. DMAS RESPONSIBILITIES:

As further clarified in writing between the parties, DMAS shall:

- A. Serve on the Steering Committee for the CCBHC grant.
- B. Ensure DBHDS has copies of current Medicaid billing regulations and policies to provide to CCBHCs, and provide policy and billing guidance in these areas.
- C. Collaborate with DBHDS to identify and provide CCBHC-level Medicaid claims or encounter data to the evaluators of the program annually. All data requests shall follow the procedures set forth in Modification No. 7 to the primary MOU (No. 137-09) between the parties.
- C. Assist DBHDS to ensure CCBHC staff includes Medicaid-enrolled providers with appropriate credentials and certifications.
- D. Serve as the point of contact for DMAS contracted vendors, including the behavioral health services administrator and the managed care organizations.

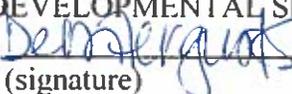
IV. GENERAL PROVISIONS

- A. The term of this MOA shall be for eighteen (18) months effective as of the date subscribed below to December 31, 2017. The term of this MOA assumes the Commonwealth will be successful in being selected to participate beyond the planning grant process. If the Commonwealth is not successful, the MOA shall terminate on the effective date the planning grant ends.
- B. Any written communication or notice pursuant to this MOA shall be made to the following representatives of the respective Parties at the following addresses:

<u>For DBHDS:</u> Daniel Herr 1220 Bank Street Richmond, VA, 23219	<u>For DMAS:</u> Karen Kimsey 600 East Broad Street Richmond, Virginia 23219
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- C. This MOA contains the entire understanding of the Parties and shall not be altered, amended, or modified, except by a Modification document in writing, executed by the duly authorized officials of both DBHDS and DMAS.
- D. Neither Party shall assign any of its rights or obligations under this MOA without the prior consent of the other Party.
- E. Each paragraph or subparagraph of this MOA is severable from all other paragraphs, and if a paragraph or subparagraph of this MOA is invalid or unenforceable for any reason, all remaining paragraphs or subparagraphs will remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this MOA to be duly executed intending to be bound thereby.

DEPARTMENT OF BEHAVIORAL HEALTH
AND DEVELOPMENTAL SERVICES

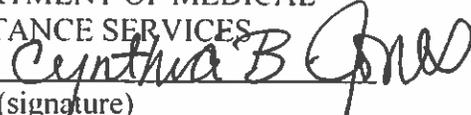
By: 
(signature)

Print Name: Debra Ferguson

Title: Commissioner

Date: 7/20/15

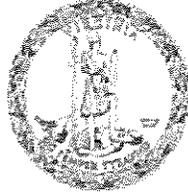
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

By: 
(signature)

Print Name: Cynthia B. Jones

Title: Director

Date: 7/29/15



COMMONWEALTH of VIRGINIA

Debra Ferguson, PhD
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

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

July 28, 2015

David Morrissette, Ph.D., LCSW
CAPT, US Public Health Services
Center for Mental Health Services, SAMHSA
1 Choke Cherry Road Room 6-1011
Rockville, MD 20857

Dear Dr. Morrissette:

This letter is to certify that pursuant to Chapter 3 of Title 37.2 of the code of Virginia, as amended, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) serves as the Single State Agency for Substance Abuse Services and the State Mental Health Authority for the Commonwealth of Virginia.

If you have questions about this information, please contact me at 804-786-3921.

Sincerely,

A handwritten signature in black ink that reads "Debra Ferguson".

Debra Ferguson, Ph.D.
Commissioner

C: Daniel Herr
Stacy Gill

United States Senate

WASHINGTON, DC 20510-4606

July 28, 2015

The Honorable Pamela Hyde
Administrator
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
1 Choke Cherry Road
Rockville, MD 20850-4084

Dear Administrator Hyde,

I write today in support for the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

Over the past two years, Virginia has initiated a number of programs with goals closely aligned with the goals and requirements of the CCBHCs. Last fall, a two year full scale transformation program was implemented, aimed at expanding access, bolstering community services while decreasing reliance on institutional care and dramatically improving both the quality and accountability of our behavioral health services system. Additionally, Governor Terry McAuliffe's administration launched a program called the Governor's Access Program (GAP) aimed at treating thousands of Virginians suffering from serious and persistent mental illness. A Governor's Task Force on Heroin and Opioid Abuse was also initiated in an effort to curb the recent opioid epidemic that has ravaged several communities. Although Virginia has weathered these recent tragedies, they serve to underscore the profound need for improvement in the Virginian system. The CCBHC model is an excellent way to meet the needs of the undeserved population while at the same time improving patient experiences and outcomes.

I ask that you give this proposal every appropriate consideration. Should you or your staff need additional information, please contact Sam Louis Taylor at 804-775-2314 or samlouis_taylor@warner.senate.gov.

Thank you for your continued service to my constituents.

Sincerely,



MARK R. WARNER
United States Senator

73

MRW/st
180 WEST MAIN STREET
ABINGDON, VA 24210
PHONE: (276) 628-8158
FAX: (276) 628-1036

101 WEST MAIN STREET
SUITE 4900
NORFOLK, VA 23510
PHONE: (757) 441-3079
FAX: (757) 441-6250

919 EAST MAIN STREET
SUITE 630
RICHMOND, VA 23219
PHONE: (804) 775-2314
FAX: (804) 775-2319

129B SALEM AVENUE, SW
ROANOKE, VA 24011
PHONE: (540) 857-2676
FAX: (540) 857-2800

8000 TOWERS CRESCENT DRIVE
SUITE 200
VIENNA, VA 22182
PHONE: (703) 442-0670
FAX: (703) 442-0408

COMMITTEE ON
ARMED SERVICES

COMMITTEE ON
FOREIGN RELATIONS

COMMITTEE ON
THE BUDGET

SPECIAL COMMITTEE
ON AGING

United States Senate

WASHINGTON, DC 20510-4607

July 29, 2015

Ms. Pamela S. Hyde
Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd
Rockville, MD 20850-4084

Dear Ms. Hyde:

I write to express support for the grant application by Virginia's Department of Behavioral Health and Developmental Services for funding opportunity number SM-16-001.

The Virginia Department of Behavioral Health and Developmental Services is seeking support for the Phase 1 planning grant in which states are eligible for up to \$2 million for Certified Community Behavioral Health Clinics (CCBHC's). Created by Section 223 of the Protecting Access to Medicare Act of 2014, CCBHC's are an unprecedented opportunity for Virginia to strengthen and improve its community-based behavioral health services and delivery system.

I believe the Commonwealth is in a strong position to organize CCBHC's in a way that will improve quality of care for behavioral health and substance abuse within the scope of the existing Medicaid plan and serving the needs of enrollees. While it is important to note that CCBHC's will provide services to all who seek help, we must recognize that it often the Medicaid population with serious emotional disturbances and other mental, substance, or physical health disorders that need help the most.

Please give full and fair evaluation to this project. Should you have any questions regarding this project, kindly contact my Regional Director, Gwen_Mason@kaine.senate.gov. Thank you.

Sincerely,



Tim Kaine



COMMONWEALTH of VIRGINIA

Department of Veterans Services

John L. Newby II
Commissioner

Telephone: (804) 786-0286
Fax: (804) 786-0302

July 1, 2015

Via U.S. Mail and Email

Debra Ferguson, Ph.D.
Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Re: SAMHSA Planning Grant Letter of Support

Dear Commissioner ~~Ferguson~~ *Debra*:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). The Virginia Department of Veterans Services (DVS) believes the CCBHC approach will offer a greater opportunity for comprehensive care for Veterans and other citizens of the Commonwealth. Specifically, the grant will spearhead improved access to community treatment and supportive resources for military service members and veterans in rural areas.

DVS would be more than happy to serve on this project's Steering Committee throughout the grant period. I believe we can offer insight into the needs of Veterans and their families who often face unique behavioral health challenges, especially those returning from combat, coping with a difficult military transition and/or the impact of military service. I appreciate the opportunity to have input into the planning phase as well as the Phase 2 Demonstration Grant application.

We look forward to partnering with you on this project and connecting the CCBHCs to the resources in DVS's Virginia Wounded Warrior Program, Benefits, and Education & Training offices throughout the Commonwealth. Please let me know if there are other ways we can support this effort.

Sincerely,

A handwritten signature in blue ink, appearing to read "John L. Newby II".

John L. Newby II
Commissioner

AN EQUAL OPPORTUNITY EMPLOYER
900 East Main Street, Richmond, Virginia 23219
www.dvs.virginia.gov



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). As Commissioner for the Virginia Department of Health (VDH), I am excited about this model to improve behavioral health services while providing comprehensive collaborative care for Virginians.

As you are aware, VDH is working on a Population Health Plan for the state that includes behavioral health as a key element. The CCBHC approach allows behavioral health and primary care providers to integrate and coordinate care at a higher level. This will result in better outcomes for our citizens. We value the opportunity to be involved in the project as it will also help ensure the Population Health Plan incorporates best practices for behavioral health, including policies to support smoking cessation and improved care for chronic disease.

We are committed to serving on the Steering Committee throughout the grant period to provide expertise related to public health. Additionally, our local health districts can collaborate with the CCBHCs in the project to enhance community engagement from public and primary healthcare providers.

This grant opportunity supports our ongoing system transformation efforts in the Commonwealth, and I look forward to our continued partnership for the benefit of the state's population. We are very enthused to participate in the CCBHC project.

Sincerely,

A handwritten signature in blue ink that reads "Marissa J. Levine MD MPH".

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

CYNTHIA B. JONES
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

July 6, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the grant will focus on enhancing access and services for people with behavioral health needs and commend you for applying.

As the administrator of behavioral health services for members enrolled in Virginia's Medicaid and FAMIS (Virginia's CHIP) programs we ensure quality behavioral health services are delivered to Virginia Medicaid enrollees. We will represent our members and stakeholders by providing input into the CCBHC process and reviewing Medicaid coverage for services in this model and the Demonstration Grant application. The Department of Medical Assistance Services (DMAS) supports the work of your department and the Steering Committee on this grant.

DMAS shares your commitment to building a community-driven behavioral health system in the state that is focused on recovery and resilience and is accountable for superior program outcomes. We look forward to partnering with the other committee members, providers and stakeholders to improve the overall health and well-being of Virginians.

Sincerely,

A handwritten signature in blue ink that reads "Cynthia B. Jones".

Cynthia B. Jones



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Margaret Ross Schultze
Commissioner

June 30, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). The Virginia Department of Social Services (VDSS) supports the CCBHC model to integrate services to improve behavioral health outcomes.

VDSS is committed to supporting the work of DBHDS and the Steering Committee for this effort to provide insight regarding the needs of Virginia's most vulnerable citizens. Our local offices throughout the state will serve as resources to the CCBHC's to connect individuals to the services and benefits we offer such as Temporary Assistance to Needy Families and the Supplemental Nutrition Assistance Program. These programs will complement the behavioral and primary care services for those in need to help them achieve their highest level of mental and physical health and self-sufficiency.

We look forward to partnering with you to enhance services for our citizens. I believe this project will lead to better outcomes and am pleased to offer our full support of this grant opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Ross Schultze".

Margaret Ross Schultze



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

JAMES A. ROTHROCK
Commissioner

8004 Franklin Farms Drive
Henrico, VA 23229

Office (804) 662-7000
Toll free (800) 552-5019
TTY Toll free (800) 464-9950
Fax (804) 662-9532

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Dr. Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand that the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

The Virginia Department for Aging and Rehabilitative Services (DARS) supports efforts to secure independence and employment for older adults and people with disabilities. Strengthening the connection between behavioral health and primary care will benefit these individuals by enhancing their ability to be healthy and independent.

DARS is committed to supporting the work of DBHDS and the Steering Committee for this effort, which has already held two meetings in June. We will provide our expertise regarding the emotional and behavioral health needs of the vulnerable populations we serve. We are also happy to connect CCBHCs with Area Agencies on Aging and Employment Service Organizations in the Commonwealth to serve as community resources.

We look forward to partnering with you to provide services for Virginians throughout their lifespan. We firmly believe this project will lead to better outcomes for the people of Virginia.

Please let me know if we can participate in other activities in support of this grant opportunity.

With high expectations for this opportunity and best regards, I am

Sincerely,

A handwritten signature in blue ink, appearing to read "James A. Rothrock", written over a large blue circular scribble.

James A. Rothrock



COMMONWEALTH OF VIRGINIA
Virginia Board for People with Disabilities

Charles Meacham
Chair
Angela Sadsad
Vice Chair
Stephen Joseph
Secretary
Heidi L. Lawyer
Executive Director

*Washington Building, Capitol Square
1100 Bank Street, 7th Floor
Richmond, Virginia 23219*

804-786-0016 (TTY/Voice)
1-800-846-4464 (TTY/ Voice)
804-786-1118 (Fax)
info@vbpd.virginia.gov
www.vaboard.org

June 30, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to DBHDS for its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand that the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

The Board excited about supporting the work of DBHDS and the Steering Committee in this effort. One area of focus at VBPD is developing new approaches, services, and supports to community-based service delivery and the CCBHC model offers the opportunity to do this.

We see our role in this project as providing a greater understanding about the needs of individuals with developmental and other disabilities. Developmental disabilities are attributable to a mental, emotional, sensory, and/or physical impairment that is apparent before the age of twenty-two. People with developmental disabilities often need a combination of special services, support, and other assistance that is likely to continue indefinitely. Coordinating and integrating physical and behavioral health care in the CCBHCs will add value to these individuals and enhance their outcomes.

We look forward to partnering with you on this project. Please let me know if we can participate in other ways to support the grant efforts.

Sincerely,

A handwritten signature in blue ink, appearing to read "Heidi Lawyer".

Heidi L. Lawyer



COMMONWEALTH of VIRGINIA

Ronald L. Lanier
Director

Department for the Deaf and Hard of Hearing

RATCLIFFE BUILDING, SUITE 203
1602 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5012

(804)662-9502 V/TTY
1-800-552-7917

July 14, 2015

David Morrissette, Ph.D., LCSW
CAPT, US Public Health Service
Center for Mental Health Services, SAMHSA
1 Choke Cherry Road Room 6-1011
Rockville, MD. 20857

Dear Dr. Morrissette:

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) promotes accessible communication so that persons who are Deaf and hard of hearing may fully participate in programs, services and opportunities throughout the Commonwealth. In working to meet this mission, VDDHH has a long-standing relationship with the Department of Behavioral Health and Disability Services (DBHDS), from training and awareness activities to technical assistance to the coordination of sign language interpreter services at the state and local level. Through these contacts and through contacts with consumers who are deaf or hard of hearing, VDDHH is keenly aware of the need for improved access to community based behavioral health services for these consumers. So many times, consumers who are deaf bounce back and forth between the criminal justice system and the behavioral health system, often because of a lack of effective communication in receiving services in their communities.

We are looking forward to working closely with DBHDS during the planning period for Certified Community Behavioral Health Clinics. We envision a several ways in which we may collaborate during this time. We are willing to support their planning work by participating on various steering committees that are to be developed which will help guide the design and delivery of services. We will provide community information that helps to assess and heighten the impact of all policies, programs, processes, and resource decisions to reduce health disparities. And over time, we are prepared to participate as a referral partner. We believe this is a wonderful opportunity to reshape the way that behavioral health services are delivered to subpopulations that may have disparate access to, use of, or outcomes from provided services.

Sincerely,

A handwritten signature in blue ink that reads "Ronald L. Lanier".

Ronald L. Lanier



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Interim Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand that the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs. The Office of Children's Services (OCS) administers the Children's Services Act and is committed to meeting the needs of at-risk youth and their families. We are excited about this grant opportunity and believe it fits well in our mission to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the state.

The OCS is committed to supporting the work of DBHDS and the Steering Committee for this effort, which has already held two meetings as of June 25, 2015. We will provide our expertise regarding children, youth and families with severe emotional or behavioral health needs. Furthermore, we will continue to participate in any activities in support of this grant opportunity.

We applaud these efforts to improve services and their delivery for Virginians throughout the lifespan. If successful, the services developed and lessons learned through this planning phase will be invaluable to best position the Commonwealth to receive a Phase 2 Demonstration Grant that would ultimately lead to better outcomes for the people of Virginia.

Sincerely,

A handwritten signature in blue ink that reads "Scott Reiner".

Scott Reiner
Interim Executive Director



COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION

P.O. BOX 2120

RICHMOND, VA 23218-2120

July 2, 2015

Dr. Debra Ferguson
Commissioner
Department of Behavioral Health and
Developmental Services
1220 Bank Street
Richmond, Virginia 23219

Dear Dr. Ferguson:

It is my pleasure to offer this letter of support and commitment for the project proposed in the Virginia Department of Behavioral Health and Developmental Service's application for the Center for Health Care Strategies, Inc. Advancing Adoption of Trauma-Informed Approaches to Care Pilot Demonstration. I understand that the purpose of the grant is to (1) increase awareness and understanding of the impact of trauma and the importance of trauma-informed approaches to care and; (2) identify and disseminate best practices for implementing trauma-informed approaches across a diverse array of health care settings.

Our agency participates on the Virginia Trauma Informed Network Task Force that provides oversight for the development of trauma informed community networks within the children's System of Care statewide. A primary strategy identified by the Task Force is to organize and support strategic planning and technical assistance for targeted Community Services Boards and their partnering children's services stakeholders for developing trauma informed networks. Currently funding from the Department of Behavioral Health and Developmental Service's System of Care Expansion Implementation Grant supports this effort. However, this funding will expire September 30, 2016. If Virginia receives funding, it would be used to support a larger number of targeted Community Services Boards for up to two years with strategic planning, as well as training on trauma informed approaches to care, data collection, project management, and incorporation of trauma informed approaches to both behavioral and physical health care.

We commend the Virginia Department of Behavioral Health and Developmental Services for their vision and leadership, and are pleased to be a part of this opportunity to continue the

Dr. Debra Ferguson

July 2, 2015

Page 2

development of trauma informed community networks statewide. I sincerely hope that you are successful with this proposal so that we can continue to build a better service system and improve outcomes for youth with serious emotional disturbances and their families. We look forward to continuing to collaborate with you through the Virginia Trauma Informed Network Task Force.

Sincerely,



Jo Ann Burkholder
Director, Office of Student Services

JB/rt



Board of Directors

Wayne Adkins
President
(Chickahominy)

Dean Branham
Vice-President
(Monacan)

Reeva Tilley
Secretary
(Rappahannock)

Gene Adkins
Treasurer
(Eastern Chickahominy)

Earl Bass
(Nansemond)

Ken Adams
(Upper Mattaponi)

VITAL is an independent research and education organization dedicated to creating a wider understanding of and deeper appreciation for the social, economic and political realities of the American Indians indigenous to Virginia.

VITAL is a 501(c)(4) non-profit organization [54-2037243] that supports strong representation in the Virginia General Assembly and in the United States Congress.

Mission Statement: VITAL provides government leaders, policy makers and the public with accurate information about the legal and political history of the American Indian nations of Virginia. By providing knowledge and education, we hope to foster better-informed and culturally-sensitive responses to the challenges faced by contemporary Virginia Indian communities.

July 25, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to send this letter on behalf of the Tribes of the Virginia Indian Tribal Alliance for Life: Chickahominy, Chickahominy - Eastern Division, Monacan, Nansemond, Rappahannock and Upper Mattaponi. Our total tribal population is over 4,000 enrolled members.

This letter offers our support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under SAMHSA’s Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

American Indians generally have notable health disparities compared to other racial and ethnic groups across the United States. Virginia Indians will benefit from the care provided by the CCBHCs, ultimately leading to better health. Indeed, the CCBHC model is an excellent way to meet the needs of all Virginians by expanding access to care and improving patient experiences and outcomes.

I am optimistic that SAMHSA will select DBHDS for an award and we look forward to working with you throughout the grant period. We are excited to discuss approaches to improve mental health services for the Virginia Indian community, as well as other stakeholders.

Sincerely,

Wayne Adkins (Chickahominy)
President



P. O. Box Hampton, VA 23666

July 30, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

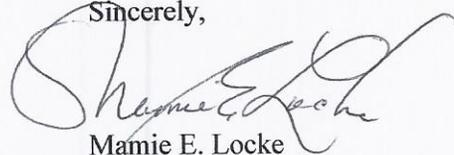
It is our pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). We understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

The Virginia Legislative Black Caucus is a group of state legislators who work to bridge gaps and build partnerships in order to develop a better quality of life for all. We are excited about the opportunity the EMHA offers to eliminate health disparities for the African American community across our region. Access to adequate behavioral and physical health is a key component of overall wellness and participation in society at every level.

There are several characteristics that distinguish Virginia as an ideal candidate. Last fall, you convened a two year, full scale transformation initiative aimed at expanding access, bolstering community services (while decreasing reliance on institutional care) and dramatically improving the quality and accountability of our behavioral health services system. The first round of recommendations from the stakeholder transformation teams submitted in March 2015, have been in direct alignment with the goals and requirements of the CCBHCs. Also this year, the Governor's administration launched a program called the Governor's Access Program (GAP) to treat thousands of Virginian's with serious and persistent mental illness, and created a Governor's Task Force on Heroin and Opioid Abuse, to address the opioid epidemic that has ravaged several of our communities. Virginia has endured several tragedies that underscore the profound need for improvement in our system, and despite the lack of Medicaid Expansion in Virginia, there has been a bold and unwavering effort to provide services to underserved and uninsured populations.

The CCBHC model is an excellent way to meet the needs of Virginians by targeting underserved communities, expanding access to care and improving patient experiences and outcomes. DBHDS' commitment to improve services and delivery for Virginians will ultimately lead to improved population health and better outcomes for the people of Virginia. We whole heartedly support DBHDS' application and know they will prove an excellent candidate for the Phase II Demonstration grant.

Sincerely,

A handwritten signature in black ink, appearing to read "Mamie E. Locke". The signature is fluid and cursive, with a large initial "M" and "L".

Mamie E. Locke
Chair, VLBC
Member, Senate of Virginia



Virginia Asian Chamber of Commerce

"Your Gateway to Economic Opportunity."

VIRGINIA ASIAN CHAMBER OF COMMERCE

Headquarter Office: 14214 Washington Hwy, Ashland, Virginia 23005, USA

Tel: 804-798-3975 * Fax: 804-798-1164 *

July 14, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

The Virginia Asian Chamber of Commerce (VACC) is pleased to support DBDHS' work in this effort. The VACC's mission is to promote and facilitate the success of our members, the Asian American Pacific American businesses, other diverse businesses and the communities they serve through networking, outreach, advocacy, and education. We are the voice of Asian American and all those who serve them. We have partnered with the Department of Behavioral Health & Developmental Services for behavioral health conferences, and are excited about the opportunity the EMHA offers to eliminate health disparities across our region. Access to adequate behavioral and physical health is a key component of overall wellness and participation in society at every level. Increased access to high quality behavioral health services aligns directly with our vision of building a stronger and productive business network for the competitive future of the Commonwealth of Virginia in the competitive global economy.

VACC believes in supporting our members in their effort to achieve and promote maximum health and wellness through their homes, families, and businesses. The CCBHC model is an excellent way to meet the needs of Virginians by expanding access



Virginia Asian Chamber of Commerce

"Your Gateway to Economic Opportunity."

to care and improving patient experiences and outcomes. DBHDS' commitment to improve services and delivery for Virginians will ultimately lead to improved population health and better outcomes for the people of Virginia. I am optimistic that SAMHSA will select DBHDS for an award and look forward to working with you throughout the grant period.

Sincerely,

Tinh duc Phan
Chairman

July 10, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, Virginia 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under the Substance Abuse and Mental Health Services Administration's Planning Grant for Certified Community Behavioral Health Clinics (CCBHCs). The Virginia Hospital & Healthcare Association (VHHA) is a membership organization comprised of 30 organizations, operating 107 community, psychiatric, rehabilitation and specialty hospitals throughout the Commonwealth. VHHA recognizes the value of coordinated and integrated care and is confident that the proposed CCBHC model will improve behavioral health outcomes for individuals and families throughout Virginia.

As the association of hospitals and health systems in Virginia, we are committed to working with community leaders and partners to improve the health status of communities and make Virginia the healthiest state in the nation. With our Association's representation on the CCBHC Steering Committee we will be able to assist DBHDS with connecting the eight CCBHCs to VHHA member hospitals and health systems in order to improve access to timely health care.

We look forward to working with DBHDS and the local CCBHCs. This coordinated effort will ensure that individuals achieve optimal physical and behavioral health.

Sincerely,



Sean T. Connaughton
President and CEO



June 30, 2015

Debra Ferguson, Ph.D.
Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

The Virginia Community Healthcare Association (Association) is pleased to participate as a member of the Steering Committee for this effort. The Association is comprised of Federally Qualified Health Centers (FQHCs) in the state and is committed to assisting the CCBHCs in connecting with the FQHCs in their respective regions. We can also provide our perspectives about best practices for integrated primary and behavioral health care.

The CCBHC model is an excellent way to meet the needs of Virginians by expanding access to care and improving patient experiences and outcomes. The Association is excited about participating in the planning process as well as the development of an application for the Phase 2 Demonstration Grant.

I applaud the commitment of DBDHS to improve services and delivery for Virginians which will ultimately lead to improved population health and better outcomes for the people of Virginia. I am optimistic that SAMHSA will select DBDHS for an award and look forward to working with you throughout the grant period.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Neal Graham", is written over a light blue circular scribble.

R. Neal Graham
Chief Executive Officer



701 East Franklin Street
Suite 807
Richmond, Virginia 23219
804.649.0184

www.vakids.org

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I understand the purpose of the proposed project is to improve community-based behavioral health care through the establishment and support of CCBHCs.

Voices for Virginia's Children is excited to participate as a member of the Steering Committee for the Planning Grant. Our mission is to champion public policies that improve the lives of Virginia's children, and we have had a long-time focus on the area of improving access to mental health care for children. We will be able to provide policy insight during the process as well as promote recommendations to policy makers that result from the grant work.

We are committed to continuing our efforts with you as part of our Campaign for Children's Mental Health. The CCBHC model is an excellent approach that will enhance services for children and adults. We are optimistic about an award from SAMHSA and look forward to working with you on the planning grant and the development of the Phase 2 Demonstration Grant application.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret", written over a light blue circular stamp.

Margaret Nimmo Crowe
Executive Director

Board of Directors

Chairperson

John C. Purnell, Jr.

Vice Chairperson

Jamie Dyke Clancey

Treasurer

James C. Wilson

Secretary

Leslie S. Kaplan, EdD

Stacy Hawkins Adams

Huey J. Battle

The Honorable Sandra D. Bowen

The Honorable Laura Fornash

Keith Hare

Margaret Keightley

The Rev. J. Fletcher Lowe, Jr.

Julie D. McClellan, Esq.

The Honorable Carolyn J. Moss

William L. Murray, PhD

The Honorable Javid Siddiqi, PhD

Jeffrey L. Wilt

Executive Director

Margaret Nimmo Crowe

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

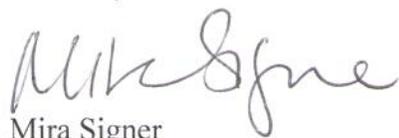
Dear Commissioner Ferguson:

On behalf of NAMI Virginia, it is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC approach can improve community-based behavioral health care, and I appreciate the opportunity to participate with you in this project.

Our organization, the National Alliance on Mental Illness Virginia, is focused on promoting recovery and improving the quality of life for Virginians with serious mental illness. During the first two meetings of the Steering Committee for the grant you have demonstrated that you have strong partnerships to ensure the CCBHCs will have success.

We are committed to serving on the Steering Committee throughout the grant period to provide expertise related to education, support groups and peer programs. We will also continue to advocate for changes to improve behavioral health care.

Sincerely,



Mira Signer
Executive Director

July 6, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). The Virginia Association of Community Services Boards (VACSB) is excited about the opportunity to be involved in this project.

As you know, the VACSB provides support and technical assistance to the forty community services boards/behavioral health authorities (CSBs/BHAs) in the state as well as advocacy on behalf of the individuals those organizations serve. We support DBHDS' efforts and activities surrounding this grant application and look forward to working in partnership with DBHDS and the local behavioral health providers on this effort.

Additionally, this grant opportunity will also allow us to identify future training needs for our annual conference that features skill building, innovative practices and unique models, which will benefit the CCBHCs as well as the other CSBs/BHAs.

We look forward to working with you, those CSBs selected to participate in the planning grant and numerous community partners throughout the grant period to make this a highly successful effort. This model will benefit people with mental health, intellectual disability and substance use disorder needs throughout the state.

Sincerely,



Jennifer Faison
Executive Director

VACSB Officers

Chair: Al Collins, Rappahannock Area Community Services Board
1st Vice Chair: F. Gibbons Sloan, Chesterfield Community Services Board
2nd Vice Chair: David Coe, Colonial Behavioral Health
Secretary: Linda R. Drage, Piedmont Community Services Board
Treasurer: James F. Bebeau, Danville-Pittsylvania Community Services Board
Executive Director: Jennifer Faison



Community. Recovery. *Unlimited* Potential.

July 1, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

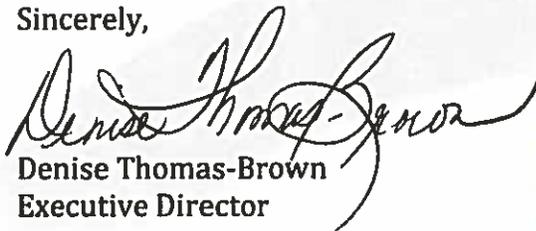
Dear Commissioner Ferguson:

It is my pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBDHS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). I believe the project will improve community-based behavioral health care through the establishment and support of CCBHCs.

The Substance Abuse and Addiction Recovery Alliance (SAARA) is a recovery community membership organization committed to prevention, education, treatment, advocacy, empowerment, collaboration and service. One of our priorities is expanding recovery support services. The CCBHC model supports this purpose; therefore, we are pleased to serve on the Steering Committee in the planning grant.

We work statewide and believe we can contribute as a member of the Steering Committee by providing expertise on the needs of youth, family members, businesses and treatment providers as it relates to recovery. We have participated in the initial meetings of the Steering Committee and look forward to continuing as a member throughout the grant period.

Sincerely,



Denise Thomas-Brown
Executive Director

:dtb



Virginia Network of Private Providers, Inc.

Building Meaningful Lives for Extraordinary People

<http://vnppinc.org>

Board of Directors

Andrew Gyourko
Nancy Hopkins-
Garriss
Susan Merryfield
Elisabeth Poe
Gene Rodgers
Brenda Sasser
Scott Worley

Executive Director

Jennifer Fidura

An association for persons or organizations with an interest in or that provide support for persons who have mental illness, developmental delay or substance use disorder, and who are licensed by or funded by the Department of Behavioral Health and Developmental Services.

A State Association
Member of ANCOR

July 6, 2015

Debra Ferguson, Ph.D., Commissioner
Virginia Department of Behavioral Health and Developmental Services
P. O. Box 1797
Richmond, VA 23218-1797

Dear Commissioner Ferguson:

It is our pleasure to offer this letter of support and commitment to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in its application for funding under SAMHSA's Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs). The Virginia Network of Private Providers (VNPP) fully supports this effort to provide enhanced care for people who have serious mental illness, children with serious emotional disturbance or those with long term substance use disorders.

VNPP is pleased to be represented on the Steering Committee for the planning grant as it provides an opportunity to provide the perspective of our members in the planning process. We are a membership association with more than 90 organizational members throughout the state, allowing us to connect these organizations and individuals with Virginia's Community Services Boards (CSBs). Our members value the opportunity to provide behavioral health care in conjunction with CSBs and believe the CCBHC model will increase coordination and integration of care.

We look forward to our continued work with DBHDS on both the Transformation Plan and this CCBHC planning grant. We believe DBHDS is positioned to be highly successful in developing a Phase 2 Demonstration Grant by building strong partnerships throughout Virginia. We commend you for your ongoing commitment to improve services for people experiencing behavioral health disorders.

Sincerely,

Jennifer Fidura
Executive Director

cc Board of Directors

Attachment 2: Data Collection Instruments and Interview Protocols

Section D-6 discusses data collection for the national evaluation. Table D-6 indicates that CCS 3 collects some of the quality measures in Appendix A of the RFA and other measures may be collected through the next iteration of the CCS. CCS 3 is an application that extracts individual consumer data and service data from CSB data systems for individuals with mental health or substance use disorders. CSBs submit their CCS 3 extracts to DBHDS, where they are placed in the DBHDS data warehouse for analysis, data quality review, and routine and ad hoc report generation. The CCS 3 Extract Specifications Version 7.3 contains definitions and specifications for the 76 data elements collected from CSBs. The specifications are available at <http://www.dbhds.virginia.gov/library/document-library/occ-ccs3-extract-specifications-v731-final.pdf>. DBHDS also collects funding, expenditure, capacity, and cost data about services provided by CSBs through the CARS. Copies of the CARS reporting forms are attached.

**FY 2016 End of the Fiscal Year Financial Report (CARS)
Mental Health (MH) Services**

CSB: _____

Revenue Source	Revenue	Expenses	Balance
<u>FEES</u>			
MH Medicaid Fees	0		
MH Fees: Other	0		
Total MH Fees	0		
MH Transfer Fees In/(Out)	0		
MH Net Fees	0	0	\$0
<u>FEDERAL FUNDS</u>			
MH FBG SED Child && Adolescent (93.958)	0	0	\$0
MH FBG Young Adult SMI (93.958)	0	0	\$0
MH FBG SMI (93.958)	0		
MH FBG SMI PACT (93.958)	0		
MH FBG SMI SWVMH Board (93.958)	0		
Total MH FBG SMI FUNDS	0	0	\$0
MH FBG Geriatrics (93.958)	0	0	\$0
MH FBG Consumer Services (93.958)	0	0	\$0
Total MH FBG Adult Funds	0	0	\$0
MH Federal PATH (93.150)	0	0	\$0
MH Other Federal - DBHDS	0	0	\$0
MH Other Federal - CSB	0	0	\$0
TOTAL MH FEDERAL FUNDS	0	0	\$0
<u>STATE FUNDS</u>			
Regional Funds			
MH Acute Care (Fiscal Agent)	0		
MH Acute Care Transfer In/(Out)	0		
MH Net Acute Care - Restricted	0	0	\$0
MH Regional DAP (Fiscal Agent)	0		
MH Regional DAP Transfer In/(Out)	0		
MH Net Regional DAP - Restricted	0	0	\$0
MH 2014 DAP (Fiscal Agent)	0		
MH 2014 DAP - Transfer In/(Out)	0		
Total Net MH 2014 DAP - Restricted	0	0	\$0
MH Regional Residential DAP - Restricted	0	0	\$0
MH Crisis Stabilization (Fiscal Agent)	0		
MH Crisis Stabilization - Transfer In/(Out)	0		
Total Net MH Crisis Stabilization - Restricted	0	0	\$0
MH Recovery (Fiscal Agent) 0			
MH Other Merged Regional Funds (Fiscal Agent)	0		
MH Total Regional Transfer In/(Out)	0		
Total MH Net Unrestricted Reg. State Funds	0	0	\$0
Total MH Net Regional State Funds	0	0	\$0

**FY 2016 End of the Fiscal Year Financial Report (CARS)
Mental Health (MH) Services**

CSB: _____

Revenue Source	Revenue	Expenses	Balance
Children State Funds			
MH Child & Adolescent Services Initiative	0	0	\$0
MH Children's Outpatient	0	0	\$0
Total MH Restricted Children's Funds	0	0	\$0
MH State Children's Services	0		
MH Juvenile Detention	0		
MH Demo Proj-System of Care (Child)	0		
Total MH Unrestricted Children's Funds	0	0	\$0
MH Crisis Response & Child Psychiatry (Fiscal Agent)	0		
MH Crisis Response & Child Psychiatry			
Transfer In/(Out)	0		
Total MH Net Restricted Crisis Response & Child Psychiatry	0	0	\$0
Total State MH Children's Funds (Restricted for Children)	0	0	\$0
Other State Funds			
MH Law Reform	0	0	\$0
MH Pharmacy - Medication Supports	0	0	\$0
MH Jail Diversion Services	0	0	\$0
MH Adult Outpatient Competency Restoration Srvs	0	0	\$0
MH CIT-Assessment Sites	0	0	\$0
MH Expand Telepsychiatry Capacity	0	0	\$0
MH Young Adult SMI	0	0	\$0
MH Expanded Community Capacity (Fiscal Agent)	0		
MH Expanded Community Capacity Transfer In/(Out)	0		
Total MH Net Expanded Community Capacity	0	0	\$0
MH First Aid and Suicide Prevention (Fiscal Agent)	0		
MH First Aid and Suicide Prevention Transfer In/(Out)	0		
Total MH Net First Aid and Suicide Prevention	0	0	\$0
Total MH Restricted Other State Funds	0	0	\$0
MH State Funds	0		
MH State Regional Deaf Services	0		
MH State NGRI	0		
MH PACT	0		
MH Geriatrics Services	0		
Total MH Unrestricted Other State Funds	0	0	\$0
Total MH Other State Funds	0	0	\$0
TOTAL MH STATE FUNDS	0	0	\$0

**FY 2016 End of the Fiscal Year Financial Report (CARS)
Mental Health (MH) Services**

CSB: _____

Revenue Source	Revenue	Expenses	Balance
<u>OTHER FUNDS</u>			
MH Other Funds	0	0	\$0
MH Federal Retained Earnings	0	0	\$0
MH State Retained Earnings	0	0	\$0
MH State Retained Earnings - Regional Prog	0	0	\$0
MH Other Retained Earnings	0	0	\$0
Total MH Other Funds	0	0	\$0
<u>LOCAL MATCHING FUNDS</u>			
MH Local Government Appropriations	0		
MH Philanthropic Cash Contributions	0		
MH In-Kind Contributions	0		
MH Local Interest Revenue	0		
Total MH Local Matching Funds	0	0	\$0
Total MH Revenue & Expenses	0	0	\$0
<u>MH ONE TIME FUNDS</u>			
MH FBG SMI (93.958)	0	0	\$0
MH FBG SED Child & Adolescent (93.958)	0	0	\$0
MH FBG Consumer Services (93.958)	0	0	\$0
MH State Funds	0	0	\$0
Total One Time MH Funds	0	0	\$0
Total All MH Revenue & Expenses	0	0	\$0

**FY 2016 End of the Fiscal Year Financial Report (CARS)
Substance Abuse (SA) Services**

CSB: _____

Revenue Source	Revenue	Expenses	Balance
<u>FEES</u>			
SA Medicaid Fees	0		
SA Fees: Other	0		
Total SA Fees	0		
SA Transfer Fees In/(Out)	0		
SA NET FEES	0	0	\$0
<u>FEDERAL FUNDS</u>			
SA FBG Alcohol/Drug Trmt (93.959)	0		
SA FBG SARPOS (93.959)	0		
SA FBG Jail Services (93.959)	0		
SA FBG Co-Occurring (93.959)	0		
SA FBG New Directions (93.959)	0		
SA FBG Recovery (93.959)	0		
SA FBG MAT - Medically Assisted Treatment (93.959)	0		
Total SA FBG A/D Trmt Funds	0	0	\$0
SA FBG Women (includes LINK at 6 CSBs) (93.959)	0	0	\$0
SA FBG Prevention-Women (LINK) (93.959)	0	0	\$0
Total SA FBG Women	0	0	\$0
SA FBG Prevention (93.959)	0		
SA FBG Prev-Family Wellness (93.959)	0		
Total SA FBG Prevention	0	0	\$0
SA Other Federal - DBHDS	0	0	\$0
SA Other Federal - CSB	0	0	\$0
TOTAL SA FEDERAL FUNDS	0	0	\$0
<u>STATE FUNDS</u>			
Regional Funds			
SA Facility Reinvestment (Fiscal Agent)	0		
SA Facility Reinvestment Transfer In/(Out)	0		
SA Net Facility Reinvestment	0	0	\$0
Other State Funds			
SA Women (includes LINK at 4 CSBs) (Restricted)	0	0	\$0
SA Recovery Employment	0	0	\$0
SA Peer Support Recovery	0	0	\$0
Total SA Restricted Other State Funds	0	0	\$0

**FY 2016 End of the Fiscal Year Financial Report (CARS)
Substance Abuse (SA) Services**

CSB: _____

Revenue Source	Revenue	Expenses	Balance
SA State Funds	0		
SA Region V Residential	0		
SA Jail Services/Juv Detention	0		
SA MAT - Medically Assisted Treatment	0		
SA SARPOS	0		
SA Recovery	0		
SA HIV/AIDS	0		
Total SA Unrestricted Other State Funds	0	0	\$0
Total SA Other State Funds	0	0	\$0
TOTAL SA STATE FUNDS	0	0	\$0
 <u>OTHER FUNDS</u>			
SA Other Funds	0	0	\$0
SA Federal Retained Earnings	0	0	\$0
SA State Retained Earnings	0	0	\$0
SA State Retained Earnings-Regional Prog	0	0	\$0
SA Other Retained Earnings	0	0	\$0
TOTAL SA OTHER FUNDS	0	0	\$0
 <u>LOCAL MATCHING FUNDS</u>			
SA Local Government Appropriations	0		
SA Philanthropic Cash Contributions	0		
SA In-Kind Contributions	0		
SA Local Interest Revenue	0		
TOTAL SA LOCAL MATCHING FUNDS	0	0	\$0
Total SA Revenue & Expenses	0	0	\$0
 <u>SA ONE-TIME FUNDS</u>			
SA FBG Alcohol/Drug Trmt (93.959)	0	0	\$0
SA FBG Women (includes LINK-6 CSBs) (93.959)	0	0	\$0
SA FBG Prevention (93.959)	0	0	\$0
SA State Funds	0	0	\$0
TOTAL SA ONE-TIME FUNDS	0	0	\$0
Total All SA Revenue & Expenses	0	0	\$0

FY 2016 End of the Fiscal Year Performance Contract Report (CARS)

Exhibit A: Resources and Services

CSB 100 Mental Health Services

CSB: _____

Form 11: Mental Health Services Program Area (100)

Core Services Code	Service Capacity	Costs
310 Outpatient Services	0 FTEs	\$0
350 Assertive Community Treatment	0 FTEs	\$0
410 Day Treatment or Partial Hospitalization	0 Slots	\$0
420 Ambulatory Crisis Stabilization Services	0 Slots	\$0
425 Mental Health Rehabilitation	0 Slots	\$0
430 Sheltered Employment	0 Slots	\$0
465 Group Supported Employment	0 Slots	\$0
460 Individual Supported Employment	0 FTEs	\$0
501 Mental Health Residential Treatment Centers	0 Beds	\$0
510 Residential Crisis Stabilization Services	0 Beds	\$0
521 Intensive Residential Services	0 Beds	\$0
551 Supervised Residential Services	0 Beds	\$0
581 Supportive Residential Services	0 FTEs	\$0
610 Prevention Services	0 FTEs	\$0
Total Costs		\$0

Form 11A: Pharmacy Medication Supports

Number of Consumers

803 Total Pharmacy Medication Supports Consumers

FY 2016 End of the Fiscal Year Performance Contract Report (CARS)

Exhibit A: Resources and Services

CSB 300 Substance Abuse Services

CSB: _____

Form 31: Substance Abuse Services (SA) Program Area (300)

Core Services Code	Service Capacity	Costs
310 Outpatient Services	0 FTEs	\$0
313 Intensive Outpatient Services	0 FTEs	\$0
335 Medication Assisted Treatment Services	0 FTEs	\$0
320 Case Management Services	0 FTEs	\$0
410 Day Treatment or Partial Hospitalization	0 Slots	\$0
420 Ambulatory Crisis Stabilization Services	0 Slots	\$0
425 Substance Abuse Rehabilitation	0 Slots	\$0
430 Sheltered Employment	0 Slots	\$0
465 Group Supported Employment	0 Slots	\$0
460 Individual Supported Employment	0 FTEs	\$0
501 Substance Abuse Medically Managed Withdrawal Services	0 Beds	\$0
510 Residential Crisis Stabilization Services	0 Beds	\$0
521 Intensive Residential Services	0 Beds	\$0
551 Supervised Residential Services	0 Beds	\$0
581 Supportive Residential Services	0 FTEs	\$0
610 Prevention Services	0 FTEs	\$0
	Total Costs	\$0

FY 2016 End of the Fiscal Year Performance Contract Report (CARS)

Exhibit A: Resources and Services

CSB 400 Emergency and Ancillary Services

CSB: _____

Form 01: Emergency and Ancillary Services (400)

Core Services Code	Service Capacity	Total Costs
100 Emergency Services	0 FTEs	\$0
318 Motivational Treatment Services	0 FTEs	\$0
390 Consumer Monitoring Services	0 FTEs	\$0
720 Assessment and Evaluation Services	0 FTEs	\$0
620 Early Intervention Services	0 FTEs	\$0
730 Consumer Run Services (No. Individuals Served)	0 Individuals	\$0
	Total Costs	\$0

Personal Services Costs Associated with CCBHC Grant

DESCRIPTION OF IN KIND COSTS

Position	Postion Title	Name	Salary	Level of Effort	TC LoE
Community Program Director	General Admin Mgr III	Stacey Gill	In Kind	45%	\$ 67,253
Assistant Commissioner Behavioral Health	General Administration Manager III	Daniel Herr	In Kind	30%	\$ 57,528
Mental Health Program Assistant	Program Administration Specialist I	Charlene Smith	In Kind	30%	\$ 17,888
Reimbursement Manager	Financial Manager II	Florence Wells	In Kind	30%	\$ 36,213
Reimbursement Specialist	Financial Services Specialist II	Debbie Bender	In Kind	30%	\$ 35,013
Database Architect	IT Specialist III	Allen Wass	In Kind	25%	\$ 43,963
Data Reports Specialist	IT Specialist III	Adrienne Ferriss	In Kind	25%	\$ 28,019
Director of Community Contracting	Program Manager III	Paul Gilding	In Kind	15%	\$ 20,716
Assistant Commissioner Quality Management	General Administration Manager III	Dee Keenan	In Kind	10%	\$ 16,160
Assistant Commissioner for Finance, Admin, & Technology	General Administration Manager IV	Don Darr	In Kind	10%	\$ 22,045
Budget Analyst	Financial Manager i	Cherice Jackson	In Kind	10%	\$ 11,396
					\$ 356,194

Position	Region	Name	Salary	Level of Effort	TC LoE
Fiscal Director	Cumberland Mountain	Robby Adams	In Kind	5%	\$ 5,000
Executive Director	Cumberland Mountain	Mary Cole	In Kind	5%	\$ 8,000
Administrative Staff	Cumberland Mountain	Heather Stinson, Felicia Helton, Lisa Hale	In Kind	5%	\$ 5,000
Executive Director	Mount Rogers	Lisa Moore	In Kind	5%	\$ 8,000
Director of Adult Behavioral Health Services	Mount Rogers	Mark Larsen	In Kind	10%	\$ 14,000
Director of Youth and Family Services	Mount Rogers	Anna Chase	In Kind	10%	\$ 14,000
Director of Finance and Administration	Mount Rogers	Sarah Beamer	In Kind	5%	\$ 5,000
Executive Director	New River Valley	Rosemary Sullivan	In Kind	10%	\$ 18,000
Fiscal Director	New River Valley	Deborah Whitten-Williams	In Kind	10%	\$ 10,000
QA Administrator	New River Valley	Heather Rupe	In Kind	25%	\$ 30,000
Data Develop Manager	New River Valley	Chip Tarbutton	In Kind	10%	\$ 7,000
Executive Director	Rappahannock	Ronald W. Branscome	In-Kind	5%	\$ 8,000
Deputy Executive Director	Rappahannock	Jane Yaun	In-Kind	10%	\$ 12,000
Clinical Services Director	Rappahannock	Sharon Killian	In-Kind	5%	\$ 7,000
Community Support Services Director	Rappahannock	James Gillespie	In-Kind	5%	\$ 7,000
Finance and Administration Director	Rappahannock	Robert Nuzum	In-Kind	5%	\$ 5,000
Quality Assurance Coordinator	Rappahannock	Stephanie Terrell	In-Kind	10%	\$ 8,000
Prevention and Public Information Coordinator	Rappahannock	Michelle Wagaman	In-Kind	5%	\$ 5,000
Human Resources Manager	Rappahannock	Terry Moore	In-Kind	5%	\$ 5,000
RBHA CEO	Richmond Area	Dr. John Lindstrom	In Kind	5%	\$ 12,421
MH Director	Richmond Area	Shenee McCray	In Kind	5%	\$ 7,247
Planning and SUD Director	Richmond Area	Dr. Jim May	In Kind	5%	\$ 10,794
Grants, Planning, and Evaluation Director	Richmond Area	Dawn Farrell-Moore	In Kind	5%	\$ 6,005
SUD Director	Richmond Area	Karen Redford	In Kind	5%	\$ 6,423
Q & S Director	Richmond Area	Susan Hoover	In Kind	5%	\$ 8,170
Finance Director	Richmond Area	Ed Dalton	In Kind	5%	\$ 5,966
Data Coordinator	Richmond Area	Travis Tucker	In Kind	10%	\$ 7,692
					\$ 245,718

PERSONNEL GRAND TOTAL	\$ 601,912
FRINGE	\$ 180,573
PERSONNEL	\$ 421,338

NON-PERSONNEL SERVICES	Percentage of In-Kind Personnel Cost	Central Office	CSBs
Travel	5%	\$ 17,810	\$ 12,286
Equipment	5%	\$ 17,810	\$ 12,286
TOTALS		\$ 35,619	\$ 24,572

NON-PERSONNEL GRAND TOTAL	\$ 60,191
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IN-KIND GRAND TOTAL	\$ 662,103
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Attachment 3: Sample Consent Forms

New River Valley Community Services
700 University City BLVD
Blacksburg, VA 24060

Client Name: _____

Date of Birth: _____

NRVCS MRN: _____

Authorization for Release of Protected Health Information

Date: _____

I, _____, hereby authorize New River Valley Community Services to

disclose receive the following protected health information as indicated below (check all that apply):

- Grid of checkboxes for various health information types: Evaluations, Psychiatric Evaluations, VA Preadmission Screenings, Progress Notes, etc.

From within the following date parameters: All Dates From: To:

To (person or organization for which release is authorized above):

Name or Organization: Address: City, State Zip: Phone: Fax:

For the purpose of:

- Grid of checkboxes for purposes: Treatment planning, Coordinate care, Report on progress, Referral for other treatment, etc.

I understand that the information authorized for release above may contain:

- Checkboxes for substance use treatment information, co-occurring mental health treatment information, and HIV/AIDS-related information.

* NOTICE: Information approved for disclosure based on this authorization may be protected by Federal Regulations (42 CFR Part 2), which prohibit a recipient from making any further disclosure of alcohol or substance abuse treatment information unless expressly permitted by written authorization of the person to whom it pertains or their legal representative or otherwise permitted by 42 CFR Part 2.

As the individual signing this Authorization, I understand:

- Numbered list of 10 points explaining the scope and limitations of the authorization, including voluntary nature and expiration date.

This Authorization will expire on _____ (this date can be no more than one year from date of signature below).

I may revoke this consent at any time by signing and dating a formal request, except to the extent that action has already been taken in reliance upon it.

Client Signature DATE *Personal Representative Signature DATE

Client Printed Name Personal Representative Printed Name

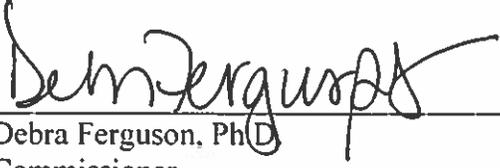
NRVCS Staff Printed Name (If Applicable)

*Please see client record for evidence of the authority of the client's representative

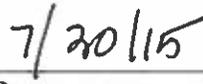
Document Revision Date: 10/23/2013

Attachment 4

If selected, as the Authorized Representative of the Commonwealth of Virginia Department of Behavioral Health and Developmental Services, I agree to pay for services at the rate established under the prospective payment system during the demonstration program. I agree that no payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 2014.



Debra Ferguson, PhD
Commissioner



Date