COMMONWEALTH of VIRGINIA

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December 1, 2016

The Honorable Thomas K. Norment, Jr.,
The Honorable Emmett W. Hanger, Jr.
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 315.Y. of the 2016 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to report on the use and impact of funding to "increase availability of community-based mental health outpatient services for youth and young adults".

Please find enclosed the report in accordance with Item 315.Y. Staff at the department are available should you wish to discuss this request.

Sincerely,

Jack Barber, M.D.

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Susan Massart
Michael Tweedy

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December 1, 2016

The Honorable S. Chris Jones, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Jones:

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Please find enclosed the report in accordance with Item 315.Y. Staff at the department are available should you wish to discuss this request.

Sincerely,

Jack W. Barber, MD
Interim Commissioner

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Susan Massart
Michael Tweedy

Report on Funding for Outpatient Services for Youth and Young Adults

(Item 315.Y, 2016 *Appropriation Act*)

December 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians

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Report on Outpatient Services for Youth and Young Adults

Preface

This report was developed in accordance with Item 315.Y of the 2016 *Appropriation Act*, which addresses the management of the General Fund appropriation for community-based mental health services for youth and young adults. Specifically, the language states:

> *Y. Out of this appropriation, $4,000,000 the first year and $4,000,000 the second year from the general fund shall be used to increase availability of community-based mental health outpatient services for youth and young adults. The Department of Behavioral Health and Developmental Services shall report on the use and impact of this funding to the Chairmen of the House Appropriations and Senate Finance Committees on December 1, 2016.*

Report on Outpatient Services for Youth and Young Adults

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Report on Outpatient Services for Youth and Young Adults

Introduction

The majority of individuals with serious mental illness experience the first signs of illness during adolescence or early adulthood, and long delays often occur between symptom onset and treatment. International data demonstrate that transition-age youth and young adults, generally defined as those ages 16-25, have high rates of behavioral health problems as compared to other adult age groups, but seek and participate in treatment at the lowest rate of all adult age groups. The reasons for this disparity include:

- Young adults' desire to disconnect from parental authority once they reach the age of majority at age 18;
- Challenges in accessing available treatment in the adult behavioral health system; and
- Programming that does not currently "speak" to the needs of young people.

With a peak onset occurring between 16-25 years of age, serious mental illnesses, especially those which include psychosis as a major symptom, can derail a young person's social, academic, and vocational development and initiate a trajectory of escalating disability. Youth who are experiencing their first episode of psychotic illness are often frightened and confused, and struggle to understand what is happening to them. They also present unique challenges to family members and service providers, including demonstrating irrational behavior, aggression against themselves or others, difficulties communicating and relating, and conflicts with authority figures. Research demonstrates that the delivery of early intervention services to this population, which is at high risk of poor outcomes such as cycling psychiatric hospitalization, substance abuse, homelessness and involvement with the criminal justice system, is essential to improving outcomes.[1]

The tragic shootings at Virginia Tech in 2007 and Sandy Hook Elementary School in 2012, as well as other recent incidents of high-profile violence perpetrated by young people with untreated mental illness, have drawn national attention to the behavioral health needs of this population. As a result, federal and state officials have placed a priority on enhancing behavioral health treatment for transition-age youth and young adults.

In addition to the recommendations of the Governor's School and Campus Safety Task Force here in Virginia, the need to expand services to this population resulted in the Obama Administration in 2014 requiring states to expend a percentage of their federal Community Mental Health Services Block Grant (CMHSBG) funds on the treatment of youth and young adults experiencing their first episode of psychotic illness. The current requirement is that states "set aside" 10 percent of CMHSBG funds for this population, increasing from five percent in last fiscal year. In Virginia, this set-aside was an additional $1,293,174 in federal funds in FY 2016

[1] McFarlane, W.R., et al. (2014). Reduction in incidence of hospitalizations for psychotic episodes through early identification and intervention. *Psychiatric Services*, 65(10).

for these services, increasing to $1,315,960 in the current fiscal year. During the 2014 session, the General Assembly appropriated the $4,000,000 in General Funds dollars referenced in Item 315.Y for this population.

When combined with the CMHSBG funds for first-episode psychosis services, DBHDS is utilizing a total of $5,293,173 in FY 2017 to support the implementation of a new evidence-based clinical practice called Coordinated Specialty Care (CSC), which provides team-focused behavioral health services to transition-age youth and young adults ages 16-25 who have emerging serious mental illness. Specifically, CSC addresses the treatment needs of youth and young adults who have experienced their first episode of psychosis, which is often an indicator of the emergence of serious mental illness such as schizophrenia. Eight CSBs are being funded to implement CSC under this initiative, which will be described in the following sections of this report.

Request for Applications, Selection and Funding Process

In July 2014, DBHDS released a Request for Applications (RFA) to Virginia's CSBs to solicit proposals for the development and implementation of evidenced-based services that address the needs of transition-age youth and young adults with early serious mental illness, including First-Episode Psychosis (FEP). The RFA document indicated that priority for funding would be given to CSBs that proposed to develop and implement the evidence-based CSC model. This practice was selected for priority as it has been demonstrated to be effective in nationwide research conducted by the National Institutes of Mental Health.[2] As such, CSC is being promoted as a model practice by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Eighteen CSBs submitted proposals in response to the RFA, and eight were selected for funding, all of which are implementing CSC. The CSBs chosen for this initiative are located across the five major regions of the state and serve a mix of urban, suburban and rural areas. The selected CSBs include the following:

- Alexandria CSB, serving the City of Alexandria;
- Fairfax-Falls Church CSB, serving Fairfax County and the cities of Fairfax and Falls Church;
- Henrico Area CSB, serving Henrico and New Kent counties;
- Highlands CSB, serving Washington County and the cities of Abingdon and Bristol;
- Loudoun CSB, serving Loudoun County and the Town of Leesburg;
- Prince William CSB, serving Prince William County and the cities of Manassas and Manassas Park;
- Rappahannock-Rapidan CSB, serving the counties of Culpeper, Fauquier, Madison, Orange, and Rappahannock; and
- Western Tidewater CSB, serving the cities of Franklin and Suffolk and the counties of Isle of Wight and Southampton.

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[2] Dixon L.B., et al. (2014). Implementing coordinated specialty care for early psychosis: the RAISE Connection Program. *Psychiatric Services,* 66(7).

The Virginia CSC Initiative began on November 1, 2014. A team comprised of staff from multiple DBHDS offices are working together to oversee the initiative. Each of the eight selected CSBs detailed above spent the winter and spring months of 2014-2015 on start-up activities such as recruiting, hiring and training program staff and setting up their internal support infrastructure. The CSBs began service delivery between May and November 2015. Given the timeframe required for start-up of a new evidence-based practice, the initial $3,500,000 appropriated for these services in FY 2015 was not fully expended. DBHDS utilized the Year 1 balance of $770,553 to fund a mini-demonstration project designed to develop services to address the needs of transition-age youth and young adults with behavioral health conditions who are interfacing with the criminal justice system through arrest or detention. The funding was awarded to four CSBs through a competitive application process which is described below.

Description of Services and Programs

Coordinated Specialty Care (CSC)

This evidence-based practice, now known as CSC, resulted from a research study conducted from 2009-2012 by the National Institutes of Mental Health (NIMH) called *Recovery After Initial Schizophrenia Episode* (*RAISE*)[3]. *RAISE* demonstrated the effectiveness of a menu of services specifically developed to address the needs of young people ages 15-30 who had experienced their first episode of psychotic illness. Across 17 study sites, participants in the *RAISE* research studies were significantly more likely to remain in treatment, experience significantly greater improvements in quality of life, and participate in work and school activities more than control groups of individuals participating in "treatment as usual." *RAISE* (now CSC) interventions include:

- Assertive outreach to identify young people in need of services and engage them in treatment;
- Active and assertive case management services involving the youth and his/her family to coordinate care and assist them in accessing other needed services[3];
- Individual, family and group psychotherapy;
- Supported employment and education services to assist youth to engage, or re-engage in school and work;
- Family education and support services to educate the youth's family members about the nature of their mental health challenges and assist them to support the youth in developing and maintaining resiliency; and
- Low doses of select anti-psychotic medications as appropriate to assist the youth to control psychiatric symptoms. Low-dose medication is preferred for this age group to ameliorate the often challenging side effects of anti-psychotic medications on young people with limited or no history of taking psychiatric medications.

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[3] While Virginia's CSBs currently offer case management services, the population of young adults served by CSC does not generally meet the criterion of Serious Mental Illness, which is an eligibility requirement for CSB case management services.

These services are delivered by a multidisciplinary team of clinicians which includes a clinical team lead, a primary clinician, case managers, a supported education and employment specialist, a peer support specialist, and a psychiatrist or psychiatric nurse practitioner. As an early intervention program, CSC is designed to bridge existing services for the transition-age youth and young adult age group in order to eliminate gaps between child/adolescent and adult mental health services. At its core, CSC is a collaborative, recovery-oriented approach involving young people, their families and treatment team members as active participants. CSC emphasizes "shared decision making" as a means of addressing the unique needs, preferences, and recovery goals of young people experiencing FEP in order to assist them to transition successfully to adulthood while developing their resiliency and capacity for self-care. Collaborative treatment planning in CSC is a respectful and effective means for establishing a positive therapeutic alliance and maintaining engagement with youth and their family members over time. CSC services are also highly coordinated with primary medical care, with a focus on optimizing the participant's overall mental and physical health.

Virginia CSC Training and Technical Assistance

Using state general funds, DBHDS contracted with the Center for Practice Innovations at Columbia University for CSC training and technical assistance services. Since April 2015, CSB treatment teams and DBHDS staff overseeing the project have participated in training and technical assistance activities provided by subject-matter experts who were active participants in the original NIMH *RAISE* research study and who now oversee CSC service delivery on behalf of the State of New York. These training and technical assistance services have been essential in the effective implementation of CSC in Virginia. They have included introductory training on the background, purpose, evidence base and interventions of the CSC model; technical assistance on implementing the model; strategies for measuring and monitoring fidelity to the evidence base, and other related content.

Positive Press for the Commonwealth's Efforts

As described above, the development of CSC services nationwide is strongly supported by SAMHSA through the 10 percent CMHSBG set-aside for FEP Services. Unlike many other states that are limited to delivering CSC services with only this federal funding allocation, the 315.Y funding appropriation of $4,000,000 per year for these services has given Virginia the ability to address the needs of many more young people with emerging psychotic illness than others. As a result, the Virginia CSC Initiative has been highlighted in professional publications such as *Mental Health Weekly*, by mainstream media outlets such as *The Washington Post*, and by professional organizations such as the National Council on Behavioral Healthcare and the National Association of State Mental Health Program Directors. Of note, DBHDS was invited to present on this initiative at the National Council on Behavioral Healthcare's 2016 annual conference as a model of a FEP program.

Start-Up Delays and Use of One-Time Funds

As indicated above, the CSBs' timeframe for developing their programs and hiring and training staff resulted in a delay in expenditures of approximately $800,000 in General Funds dollars during the first year. DBHDS utilized these funds to provide grants to CSBs for service demonstration projects addressing the needs of transition-age youth and young adults with behavioral health conditions who are interfacing with the criminal justice system. In June 2016, DBHDS released a competitive Request for Proposals (RFP) to the CSBs to elicit proposals for these services (see Appendix A). From the responses, DBHDS provided funding to four CSBs as follows:

- Highlands CSB, serving Washington County and the cities of Abingdon and Bristol: Funding to conduct community needs assessments and cross-systems mapping of transition-age youth and young adults in local criminal justice systems and provide life skills training and clinical treatment services to this population;
- Horizon Behavioral Health, serving the counties of Amherst, Appomattox, Bedford, and Campbell and the City of Lynchburg: Funding to implement Trauma-Informed Cognitive-Behavioral Therapy for youth and young adults;
- Loudoun CSB, serving Loudoun County: Funding to conduct cross-systems mapping of young adults in collaboration with Loudoun County Sheriff's Office and provide crisis services to young adults; and
- Planning District 1 CSB, serving the counties of Lee, Scott and Wise: Funding for cross-systems mapping and development of services and supports to transition-age youth and young adults to prevent arrest and incarceration.

Initial Data Reporting

Coordinated Specialty Care Data Collection and Reporting Activities

In the spring of 2015, with the assistance of staff at the Center for Practice Innovations, the DBHDS training and technical assistance contractor, DBHDS convened a CSC Data Workgroup comprised of clinical managers and quality assurance and information technology staff of the eight participating CSBs. Working collaboratively, DBHDS and CSB staff identified eight outcome areas which will be used to evaluate the impact of CSC services on youth and young adults with FEP. The identified outcome areas include the following:

1. Increased participation in education and/or employment
2. Decreased utilization of crisis services, such as hospitalization and crisis stabilization
3. Decreased involvement in the criminal justice system (arrest and/or incarceration)
4. Increased self-report of family engagement by both the young adult and family
5. Improved social functioning
6. Decreased negative impact from symptoms
7. Positive self-report of recovery
8. Decreased use of alcohol or other drugs, as applicable

In addition to these data measures, DBHDS is also collecting a full range of data on the individuals participating in CSC at the eight CSBs, including their demographics and a variety of information on the services they receive. The eight CSBs in this initiative began official data reporting in March 2016; as of this writing, DBHDS does not yet have sufficient data to report on outcomes or data-driven measures of impact. However, DBHDS will be able to provide data on the CSC outcomes achieved during the first 18 months of data reporting in next year's FY 2017 315.Y report.

Profile of Individuals Served

From the inception of this initiative through June 30, 2016, a total of 159 individuals received services from the eight participating CSBs. Overall, a slight majority of individuals served were African American young men, which is notable given the disparity in African Americans participating in mental health treatment as compared to whites. On average, fewer than 25 percent of African Americans experiencing mental health conditions seek treatment, as compared to about 40 percent of whites.[4] In addition to lack of resources and/or health coverage, the fear of stigma and judgment often prevents African Americans from seeking treatment for mental illnesses; research indicates that some African Americans believe that even mild depression or anxiety would be considered stigmatizing in their social circles, let alone a potentially serious mental illness such as schizophrenia for which psychosis is a symptom. The relative high percentage of African American young men participating in these services is an indicator of the degree of community outreach conducted by our CSB partners.

Another population served by this initiative is college students who have experienced their first episode of psychosis while away at school. This can be a frightening experience for the young person and his/her family; in some cases, the young person has experienced a mental health crisis while several hundred miles from home. The CSC treatment teams assist the youth and family to identify resources and supports on or near the college campus, such as college counseling services or local CSB crisis services, and provide supported employment and education services to assist the young person to return to and remain in school and/or work. Given the time of life at which transition-age youth and young adults are experiencing mental health crises, these services are an essential component to CSC services.

The first year of implementation of a new clinical service rarely yields 100 percent program enrollment due to infrastructure start-up considerations. These include, for example, hiring and training staff; marketing the program to the public; identifying, screening and assessing potential clients, and actually engaging them into services. CSC teams in particular spend a significant amount of time on community-based outreach and engagement activities by design, because the target population of adolescents and young adults who are experiencing their first episode of psychotic illness is one that can be treatment-avoidant. In some cases, staff spends time assessing and evaluating a young adult who then declines to participate in treatment. CSC teams also spend significant time on family education, engagement and support activities, as assisting clients to reestablish or improve relationships with family members is an important component to the

[4] National Alliance on Mental Illness, 2016.

treatment model. Two of the eight teams have incorporated this infrastructure and have been operational for approximately 15 months. The other six teams have also built their infrastructure and become operational during this time period. As such, after approximately 15 months of varying levels of operation across the eight sites, CSC programs are currently operating at about 60 percent of full capacity based on the CSBs' estimates of the number of individuals they can serve with existing resources. This initial outcome is not unusual, and now that the infrastructure has been fully built, DBHDS anticipates ongoing growth in the number of individuals served.

Services Provided

The CSC services most commonly received by program participants to date have been case management (100 percent participation); outpatient services, including individual and group therapy and medication management (100 percent participation); and supported employment and education services (33 percent). Additional descriptive data will be available for the FY 2017 315.Y report due on December 1, 2017.

Conclusion

DBHDS is pleased to provide this report to the General Assembly on the $4,000,000 in funding for behavioral health services for youth and young adults. This population has the lowest rates of participation in services and often spends years with untreated symptoms, thus beginning a trajectory of escalating disability. DBHDS has leveraged this funding with federal block grant dollars to create an evidence based system of coordinated care for youth and young adults with emerging serious mental illness.

With the inception of this project, these funds were used to develop an evidence based system of comprehensive care in eight localities which have served 159 individuals thus far. Now that infrastructure has been built, the programs are solidly in place. DBHDS anticipates ongoing growth in the number of individuals served. In collaboration with the eight CSBS, DBHDS is developing outcome measures and targets, along with mechanisms to monitor fidelity to the evidence based model of care.

In December 2017 for the FY 2017 315.Y report, DBHDS will provide information and data on the outcomes of this system of care for youth and young adults.

Appendices

Appendix A: Request for Applications

REQUEST FOR APPLICATIONS
Services for Young Adults with Serious Mental Health Conditions, Including First Episode Psychosis (FEP)

The FY 2015 state budget and the federal Mental Health Block Grant include funding to support the development and expansion of services for young adults ages 16-25 experiencing serious behavioral health conditions, including substance use/abuse and the initial onset of psychosis. Through a combination of these funds, DBHDS will have approximately $4 million available in FY 2015 and beyond to support multiple awards for demonstration initiatives to develop services for this population. This Request for Proposals (RFA) provides information on the background of these initiatives, the expected scope of work, proposal requirements, and the anticipated timeline for awards. To facilitate successful implementation of proposals selected for funding, training and technical assistance will be available from DBHDS, SAMHSA and contracted subject-matter experts.

1. Background

The majority of individuals with serious mental illness experience the first signs of illness during adolescence or early adulthood, and long delays often occur between symptom onset and consistent, effective treatment. In order to address these issues, the 2014 Community Mental Health Services Block Grant (MHBG) includes funds to support the development of early psychosis treatment programs across the United States. A 5% set-aside has been allocated within the MHBG program to support this work. In Virginia, this set-aside totals $570,327 beginning in state FY 2015 and is anticipated to continue into future years. In addition, the Commonwealth's biennium budget for FYs 2015-2016 includes $7.5 million over the biennium to support behavioral health services for seriously affected transition-age youth.

Through this RFA, DBHDS will award grants of between $500,000 and $700,000 to CSBs to develop and implement evidence-supported early intervention and treatment models designed to address the behavioral health needs of young adults, including those experiencing First-Episode Psychosis (FEP). Early intervention programs are designed to bridge existing services for individuals experiencing FEP and eliminate gaps between child/adolescent and adult behavioral health programs. Such services are an emerging practice in behavioral healthcare and several models have been shown to be promising practices in recent research. One such model which is receiving support at the federal level from both SAMHSA and the National Institute of Mental Health (NIMH) is Coordinated Specialty Care (CSC). Initial results from the NIMH-funded CSC research initiative Recovery After Initial Schizophrenia Episode (RAISE*)* suggest that mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat young adults in the early stages of psychotic illness. CSC is a team-based, collaborative, recovery-oriented approach involving the young person, treatment team members, and when appropriate, family members as active participants. CSC components emphasize outreach to identify and engage young people into youth-specific treatment, including

low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address the unique needs, preferences, and recovery goals of young people with FEP. Given CSC's demonstrated effectiveness to date at reducing symptoms and improving functioning, DBHDS plans to fund one or more CSC teams in Virginia through this solicitation, and CSBs submitting proposals for developing a CSC program will be given priority for funding.

Proposals for funding to support other models which are appropriate for providing early intervention and treatment of FEP and other serious disorders will also be considered; however, CSBs should note that these funds are not designed to support the expansion of existing services. Rather, the goal of this funding opportunity is to expand Virginia's complement of evidence-supported services for this specific population, which is currently underserved.

2. Scope of Work

Services: Through funding from this solicitation and technical assistance to be provided by DBHDS, SAMHSA, and contracted subject-matter experts, successful applicants will develop and implement evidence-supported treatments for young adults as described in Section 1 above.

Evaluation and Data Reporting: Given the consequences of delayed treatment, which can include loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery, DBHDS will require quarterly data reporting and outcome evaluation as part of this initiative with required data elements to be determined once SAMHSA guidelines for federal data reporting expectations are released. Additionally, applicable information about this grant award must be included in the CSB's FY 2015 community services performance contract and related reports. Successful applicants will report applicable data about individuals receiving services, types and amounts of services, and revenues and expenditures for services through the Community Consumer Submission (CCS) 3 and Community Automated Reporting System (CARS) applications provided by DBHDS. Finally, successful applicants must comply with all applicable requirements and conditions in their FY 2015 community services performance contracts with the DBHDS. Successful applicants are expected to measure, monitor and report fidelity to their chosen modality and outcomes of services provided.

3. Proposal Requirements and Format

Submission Deadline: Responses to this RFA should be submitted via electronic mail in either Microsoft Word or PDF format to Rhonda.Thissen@dbhds.virginia.gov by no later than 5 PM on August 1, 2014.

Proposal Format: Proposals should be submitted by electronic mail **only** in either Microsoft Word or PDF format and include the name, title and phone number of the CSB's primary contact for this project. Any attachments or appendices should be sent electronically with the proposal document; if attachments are not existing Word, Excel or PDF documents, they should be scanned into PDF and emailed along with the proposal. For ease of review, narrative sections

should be written in 11-point Calibri or Times New Roman font with one-inch margins. Documents submitted must be named and saved to include the CSB's name and the type of document it is; for example: "**[Name of CSB] FY15 Young Adult Proposal Response – Application.doc/x,** or **"[Name of CSB] FY15 Young Adult Proposal Budget.xls"**

Required Elements: Proposals should include the following information.

- Need for Services: Demonstrate the need for services for youth ages 16-25 with serious behavioral health conditions as described in Section 1 above. Proposals should describe the individuals you propose to serve, the specific needs of the target group, the barriers they face in accessing behavioral health services in your service area, as well as the data demonstrating these needs and supporting your proposed solution.

- Service(s) Proposed: As previously stated, one or more awards will be made for proposals offering an evidence-based practice for serving young adults with early onset psychosis, such as Coordinated Specialty Care. Describe the programs, services or treatments that will be implemented and the specific outcomes that will be achieved. Describe the evidence demonstrating that the services proposed will be effective in addressing the needs of the target population. How will the new services be integrated into the existing service array and how will they help to prepare youth with serious mental health, substance abuse or co-occurring conditions for successful adulthood? In describing these services, include their classification in the Core Services Taxonomy 7.2, available at www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf.

- Staffing Plan: Describe the staffing needed for the program, including training required and how a team approach will be used to address the varied and multiple needs of transition-age youth experiencing FEP or other behavioral health conditions. Provide position descriptions for new positions that are expected to be created with new funds, and the names and position descriptions of existing staff who will be responsible for oversight of the proposed program or for providing services under its auspices.

- Collaboration with System Partners: Describe approaches that will be used for collaboration with other system partners, such as social services, criminal justice, education and job training programs, primary care providers, etc. Include letters of support, participation and endorsement from public and private partner agencies with whom you plan to collaborate.

- Plan for Subcontracting: Private agencies are an important resource in each community and may play a role in the implementation of this funding initiative. Describe how private providers may be involved in the proposed program. Funded CSBs may subcontract some or all of the services to private providers. However, any subcontracted private providers must possess any applicable current licenses, and as the funded entity, the CSB must retain oversight, accountability and overall responsibility for implementation of the services.

- Project Plan: Submit a realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements.

- Detailed Budget: Provide a detailed budget and budget narrative which includes the estimated costs to implement the project, such as personnel, training, and all non-personnel expenses. In addition, describe any existing funds or in-kind support you plan to allocate to the proposed services and any other anticipated revenues (e.g., Medicaid) that will be generated by the services.

- Plan for Data Collection and Reporting: DBHDS will work with funded entities to design an evaluation plan, identify appropriate data elements and provide a brief reporting form for this purpose in consultation with SAMHSA staff as needed in order to ensure federal reporting requirements are met. Describe who will be responsible for collecting and reporting required data. ***By submitting a proposal, the applicant agrees to provide the required narrative and numerical data reports to DBHDS and to assist DBHDS by providing the information necessary to meet state and federal reporting requirements.*** Also, these funds will be classified as "restricted" in the community services performance contract and associated CARS reports, so successful applicants must track and report separately all state or federal funds associated with this grant and expenditures of those funds.

- Need for Technical Assistance: Describe any anticipated technical assistance needs you may have in planning and/or implementing the proposed project.

4. Selection Criteria

Individual CSB awards may vary between approximately $500,000 and $700,000 per year, with actual amounts dependent upon total funding available and total number of proposals selected for funding. The following factors will be considered in selecting proposals for funding.

- Clarity and comprehensiveness of the application, including budget and budget narrative.

- Clear demonstration of need for the services proposed.

- Type of program, service, or modality to be offered and the evidence basis for the proposed program. As stated previously, priority will be given to CSBs submitting a request for funds to implement Coordinated Specialty Care.

- A realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements.

- Evidence of stakeholder support for the proposed services, including consumers, family members and system partners.

- Agreement to collect and report required data and meet other DBHDS requirements as needed.

- A clear outline of how your proposed approach ensures that young adults would have timely access to crisis response services that reduces the likelihood that they would require higher-end and inpatient services.

5. Proposal Timeline

The timeline for the funding process is as follows:

July 3, 2014:	Request for Proposals is issued
July 11, 2014	Technical assistance phone conference for applicants (1 PM)
July 18, 2014:	Technical assistance phone conference for applicants (9 AM)
August 7, 2014:	Application deadline (5 PM)
August 22, 2014:	Notice of Awards is released
September 1, 2014:	Funds are made available. Funding for individuals projects will be phased in based on the approved implementation timeline.
October 1, 2014:	Start date for funded projects
June 30, 2015:	Services are fully operational

As indicated above, two conference calls have been scheduled to provide interested applicants the opportunity to ask questions or request technical assistance with the application process. The first call will be scheduled for July 11, 2014 at 1 PM and the second call for July 18 at 9 AM. To RSVP for the call and obtain call-in information, please contact Rhonda Thissen in the DBHDS Office of Mental Health at 804-786-2316 or Rhonda.Thissen@dbhds.virginia.gov.

REQUEST FOR PROPOSALS

Demonstration Projects for Behavioral Health and Criminal Justice Service System Improvements for Transition-Age Youth and Young Adults with Behavioral Health Conditions

The Department of Behavioral Health and Developmental Services (DBHDS) is soliciting proposals from CSBs and their local partners for funding to implement behavioral health and criminal justice (BH/CJ) service system improvements that will decrease the incidence of criminal justice involvement among transition-age youth and young adults (TAY/YA) with behavioral health conditions. State General Funds in the amount of $700,000 are available to support up to three demonstration projects of approximately two to three years in duration. DBHDS is interested in funding community collaborations that include activities such as local-level cross-systems mapping, needs assessments, staff training in evidence-based practices, and delivery of evidence-based services to the affected population. The goal of this funding opportunity is to support efforts that demonstrate replicable system change and expand the Commonwealth's complement of services for a population at high risk of substance abuse, criminal justice involvement, psychiatric hospitalization, poverty and homelessness.

Scope of Work

Community-Level Planning and Service Delivery: Through funding from this solicitation and technical assistance to be provided by DBHDS, SAMHSA, and contracted subject-matter experts, successful applicants will work collaboratively with local partners in the juvenile justice, behavioral health, education and health care systems to develop a community-level plan to reduce the incidence of TAY/YA with behavioral health conditions in the criminal justice system.

Evaluation and Data Reporting: DBHDS will require quarterly data reporting and outcome evaluation as part of this initiative with required data elements to be determined in collaboration with the selected applicants once funding is awarded. Successful applicants are expected to measure, monitor and report fidelity to their chosen evidence-based practice if applicable, and report outcomes of services provided throughout the demonstration period.

Proposal Requirements and Format

Submission Deadline: Responses to this RFP should be submitted via electronic mail in either Microsoft Word or PDF format to Rhonda.Thissen@dbhds.virginia.gov **by no later than 5 PM on June 6, 2016.**

Proposal Format: Proposals should be submitted by electronic mail **only** in either Microsoft Word or PDF format and include the name, title and phone number of the CSB's primary contact for this project. Any attachments or appendices should be sent electronically with the proposal document; if attachments are not existing Word, Excel or PDF documents, they should be scanned into PDF and emailed along with the proposal. For ease of review, narrative sections should be written in 11-point Calibri or Times New Roman font with one-inch margins. No faxed or mailed applications will be accepted.

Required Elements: Proposals should include the following information.

- Need for System Improvements: Discuss the incidence of criminal justice involvement among TAY/YA with behavioral health conditions and the challenges faced by your community in addressing their needs. How would funding from this demonstration project assist in promoting positive system change?

- Collaboration with System Partners: Describe approaches that will be used for collaboration with system partners, such as social services, criminal justice, education and job training programs, primary care providers, etc. Include letters of support, participation and endorsement from public and private partner agencies with whom you plan to collaborate.

- Service(s) Proposed: Describe the evidence-based programs, services or treatments that will be implemented as part of your plan and the outcomes expected. Describe the evidence demonstrating that the services proposed will be effective in addressing the needs of the target population. How will the demonstration services be integrated into

the existing service array and how will they help to prevent TAY/YA from entering the criminal justice system? In describing these services, include their classification in the Core Services Taxonomy 7.2, available at www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf.

- Staffing Plan: Describe the staffing needed for the demonstration project, including training required and how a team approach will be used to address the varied and multiple needs of TAY/YA with behavioral health conditions. Provide position descriptions for new positions that are expected to be created with new funds, and the names and position descriptions of existing staff who will be responsible for oversight of the proposed program or for providing services under its auspices.

- Plan for Subcontracting: Private agencies are an important resource in each community and may play a role in the implementation of this project. Describe how private providers may be involved in the proposed program. Funded CSBs may subcontract some or all of the services to private providers. However, any subcontracted private providers must possess any applicable current licenses, and as the funded entity, the CSB must retain oversight, accountability and overall responsibility for implementation of the services.

- Project Plan: Submit a realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements. DBHDS expects the minimum demonstration timeframe to be two years.

- Detailed Budget: Provide a detailed budget and budget narrative which includes the estimated costs to implement the project, such as personnel, training, and all non-personnel expenses. In addition, describe any existing funds or in-kind support you plan to allocate to the proposed services.

- Plan for Data Collection and Reporting: DBHDS will work with funded entities to design an evaluation plan and identify appropriate data elements after awards are announced. Describe who will be responsible for collecting and reporting required data. ***By submitting a proposal, the applicant agrees to provide the required narrative and numerical data reports to DBHDS and to assist DBHDS by providing the information necessary to meet General Assembly reporting requirements.***

  NOTE: These funds will be classified as "restricted" in the community services performance contract and associated CARS reports, so successful applicants must track and report on this funding separately.

- Need for Technical Assistance: Describe any anticipated technical assistance needs you may have in planning and/or implementing the proposed project.

Selection Criteria

DBHDS anticipates making up to three awards, but actual amounts will depend upon total funding available and total number of proposals selected for funding. The following factors will be considered in selecting proposals for funding.

- Clarity and comprehensiveness of the application, including budget and budget narrative.
- Clear demonstration of need for the services proposed and a description of the community planning process to be undertaken to develop a plan to address the need.
- Type of program, service, or modality to be offered and the evidence basis for the proposed program.
- A realistic plan of development and implementation for the proposed services, including clear goals, objectives, a reasonable timetable with implementation targets, and outcome measurements.
- Evidence of stakeholder support for the proposed services, including consumers, family members and system partners.
- Agreement to collect and report required data and meet other DBHDS requirements as needed.
- A clear outline of how your proposed approach ensures that young adults would have timely access to crisis response services that reduces the likelihood of criminal justice involvement or hospitalization.

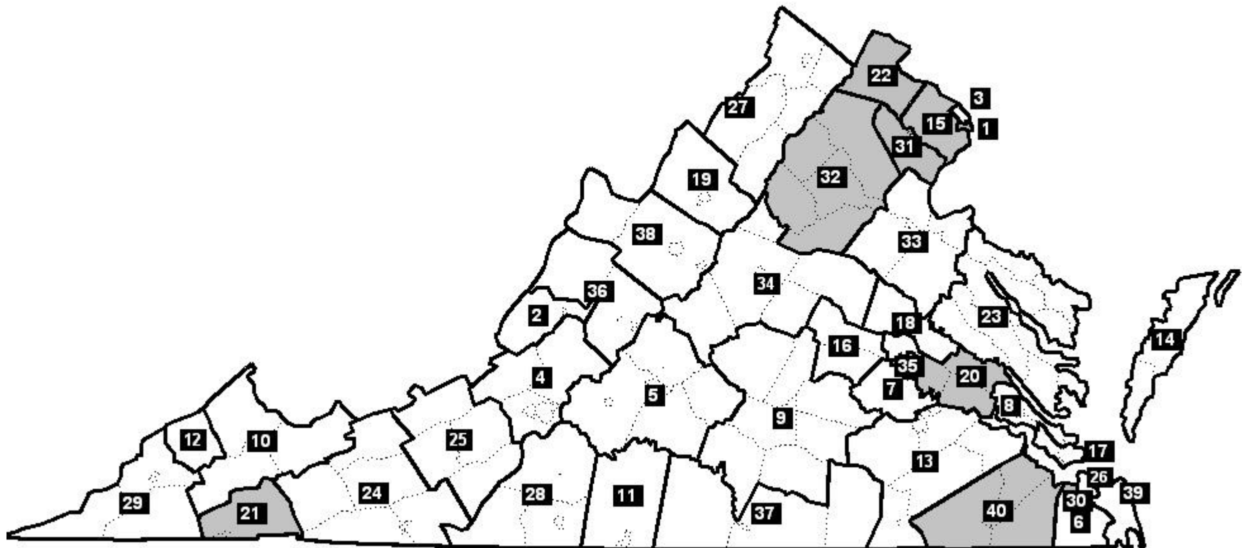
Proposal Timeline

The timeline for the selection and funding process is as follows:

May 6, 2016:	Request for Proposals is issued
May 18, 2016	Technical assistance phone conference for applicants (9 AM)
May 19, 2016:	Technical assistance phone conference for applicants (1 PM)
June 6, 2016:	Application deadline (5 PM)
June 16, 2016:	Notice of Awards is released
June 30, 2016:	Funds are made available.

As indicated above, two conference calls have been scheduled to provide interested applicants the opportunity to ask questions or request technical assistance with the application process. The first call will be held on May 18 at 9 AM and the second call on May 19 at 1 PM. To RSVP for the call and obtain call-in information, please contact Rhonda Thissen in the DBHDS Office of Mental Health at 804-786-2316 or Rhonda.Thissen@dbhds.virginia.gov.

Appendix B: Map of Coordinated Specialty Care Services and Programs



Community Service Board Service Area Identifications – Shaded Areas Indicate Service Areas

1 Alexandria	11 Danville-Pittsylvania	**21 Highlands**	**31 Prince William**
2 Alleghany Highlands	12 Dickenson	**22 Loudoun**	**32 Rappahannock-Rapidan**
3 Arlington	13 District 19	23 Middle Peninsula-Northern Neck	33 Rappahannock Area
4 Blue Ridge	14 Eastern Shore	24 Mount Rogers	34 Region Ten
5 Horizon	**15 Fairfax-Falls Church**	25 New River Valley	35 Richmond
6 Chesapeake	16 Goochland-Powhatan	26 Norfolk	36 Rockbridge Area
7 Chesterfield	17 Hampton-Newport News	27 Northwestern	37 Southside
8 Colonial	18 Hanover	28 Piedmont	38 Valley
9 Crossroads	19 Harrisonburg-Rockingham	29 Planning District 1	39 Virginia Beach
10 Cumberland Mountain	**20 Henrico Area**	30 Portsmouth	**40 Western Tidewater**

Appendix C: Parent Appreciation Letter

The following letter was sent to DBHDS by a parent of an individual receiving services from the Alexandria CSB Coordinated Specialty Care Program, called TRAILS. Names have been redacted to protect the family's privacy.

[Name and Address Redacted]
Alexandria, VA 22305
[email address redacted]

August 27, 2016

George Banks
Office of Behavioral Health
Post Office Box 1797
Richmond, VA 23218

Dear Mr. Banks,

I came across a survey that was sent to our house that my son, [name redacted], chose not to complete. He said that he'd completed a survey at his provider's office already. I did want to contact you, though, to let you know how my husband and I felt about [my son's] participation in Alexandria's TRAILS program.

My son had his first, completely unprecedented mental health episode in January. We had no idea where to turn – we tried the emergency room, the INOVA walk-in clinic in Fairfax, the 24 hour IPAC hotline, and a very expensive private psychiatrist. We were given a prescription for [my son] to try (which worked but was way too powerful) and absolutely no other support.

By chance, a friend of mine sent me information about Fairfax's program similar to TRAILS, and I then found TRAILS online. I was immediately invited by Nichole Rohrer[5] to come in with [my son] to talk to her and meet the TRAILS team. From the very beginning, our family had the high quality, wrap-around and personalized services that we so desperately needed.

Dr. Rohrer provided overall guidance for our team and excellent counseling for me and my husband. She also kept checking to see if our other children needed any help. [My son] landed in the extremely capable hands of Dr. Anjuli Jindal[6] and Mr. Andres Acosta.[7] Dr. Jinal was very warm but also firm as she worked with [my son] to explain what was happening to his brain, and

[5] Dr. Nichole Rohrer, Team Lead of the Alexandria TRAILS program.
[6] Dr. Anjuli Jindal, team psychiatrist for both Alexandria TRAILS and Fairfax-Falls Church CSB's Turning Point program.
[7] Mr. Andres Acosta, Lead Clinician of the Alexandria TRAILS program.

how various prescription and other types of drugs could affect him. She is a superb clinician. Mr. Acosta was an incredibly positive presence for [my son]. Without judging, he listened to and talked with [my son] every week for months, offering a strong, wise and nurturing outside voice when [my son] was stuck with his family and his own, eighteen-year-old's thoughts. The entire team listened to our family and gently guided us through what has turned out to be [my son's] recovery and remarkable period of personal growth.

Not one member of the team ever canceled an appointment, didn't answer an email, or wasn't on time. Mr. Acosta even met with [my son] on a Saturday afternoon when there were no other options. Every single member of the team seemed to genuinely care about every member of our family; I happened to stop by yesterday to see Mr. Acosta and unprompted, he asked about my two other kids by name. The support has been unflagging. Knowing that the TRAILS staff was (and is) there has given us enormous relief, and it's what gave us hope that we would come out of the darkest days.

I cannot say enough about how the TRAILS program helped my family. I would like to commend these professionals to you, and I would love to see similar programs offered throughout the Commonwealth. Mental health programs can devastate a family, but services like Alexandria's TRAILS program can make all the difference. We are incredibly lucky to have such a program available to us, and to be able to work with such outstanding individuals.

Sincerely,

[Signed, Name Redacted]