

Virginia Department of Medical Assistance Services

Governor's Access Plan (GAP) for the Seriously Mentally III

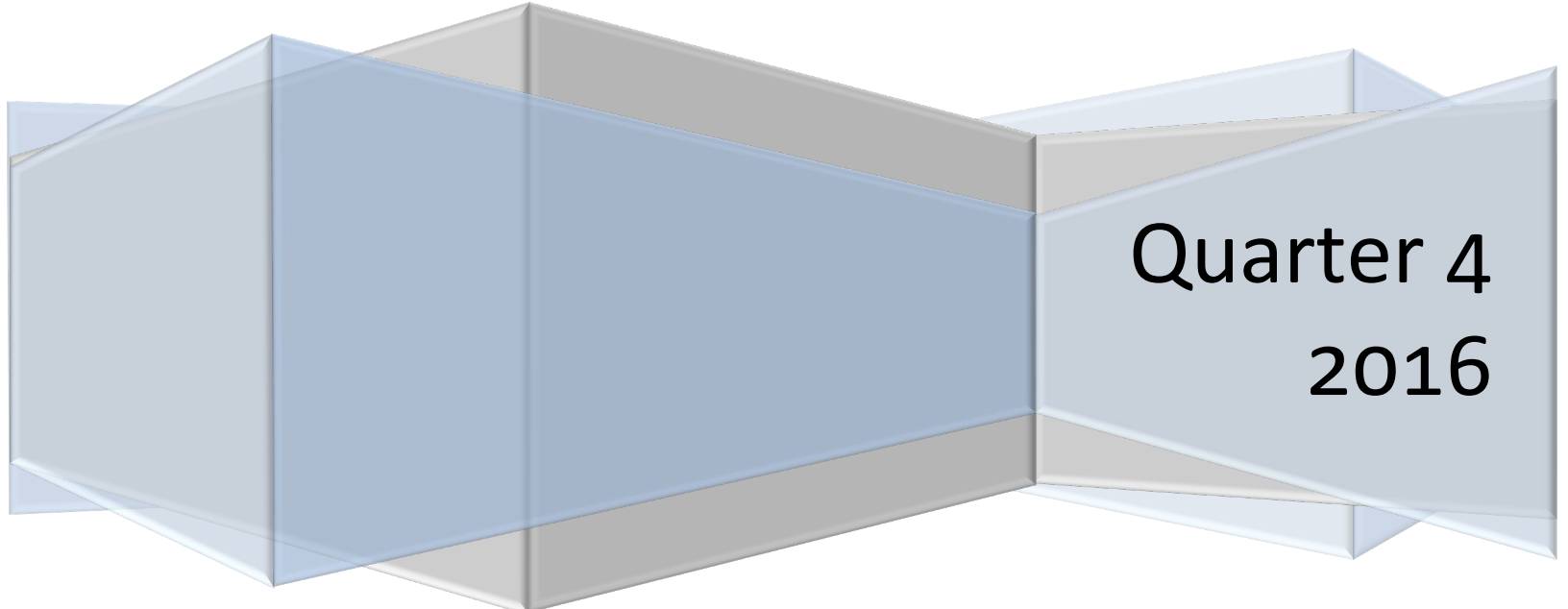
Section 1115 Quarterly Report
Project 11 – W- 00297/3

Demonstration Waiver 1115

Demonstration Year: 2 (1/01/2016 – 12/31/2016)

Demonstration Quarter: 4 (10/01/2016 – 12/31/16)

Approval Period: January 12, 2015 through December
31, 2019



**Quarter 4
2016**

Table of Contents

Introduction	2
Background	2
Goals.....	2
Eligibility and Benefit Information	3
Enrollment Counts	4
Outreach and Innovation Activities to Assure Access	6
Collection and Verification of Data	10
Operational/Policy/Systems/Fiscal Developmental Issues	11
Financial/Budget Neutrality Development Issues	12
Consumer Issues	12
Contractor Reporting Requirements	12
Recovery Navigators	12
Lessons Learned	14
Demonstration Evaluation	15
Conclusion	17
Enclosures/Attachments	17
State Contact(s)	17
Appendix	18



INTRODUCTION

In September 2014, Governor McAuliffe announced a significant step toward providing health insurance to uninsured Virginians when he rolled out his plan, *A Healthy Virginia*. *A Healthy Virginia* is a ten step plan that expands access to care, improves care for veterans and for individuals with serious mental illnesses (SMI), and enhances value and innovation across our health system. The first step in the plan was the establishment of the Governor's Access Plan (GAP) for the Seriously Mentally Ill. The GAP launched in 2015 to expand healthcare services in Virginia. GAP is a Medicaid plan that provides limited medical and behavioral health care coverage for low income individuals with Serious Mental Illness (SMI). The GAP Demonstration includes mental health and substance use treatment services, medical doctor visits, medications, access to a 24-hour crisis line, recovery navigation (peer support) services, and care coordination. This report highlights progress made during Quarter Four of the second year of the GAP Demonstration.

BACKGROUND

Without access to treatment and other supports such as healthcare, care coordination, and Recovery Navigation, individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with finding affordable and available housing, become involved with the criminal justice system, and suffer with social and interpersonal isolation. The opportunities provided through the GAP Demonstration are enabling persons with SMI to access both behavioral health and primary health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, therefore addressing the severity of their condition. With treatment and supports, individuals with SMI and co-occurring or co-morbid conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

GOALS

The three key goals of the GAP Demonstration are to:

1.) To improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;

2.) To improve health and behavioral health outcomes of Demonstration participants; and,

3.) To serve as a bridge to closing the insurance coverage gap for uninsured Virginians.

ELIGIBILITY AND BENEFIT INFORMATION

As identified in the Special Terms and Conditions document, the Virginia GAP Demonstration eligibility guidelines are as follows:

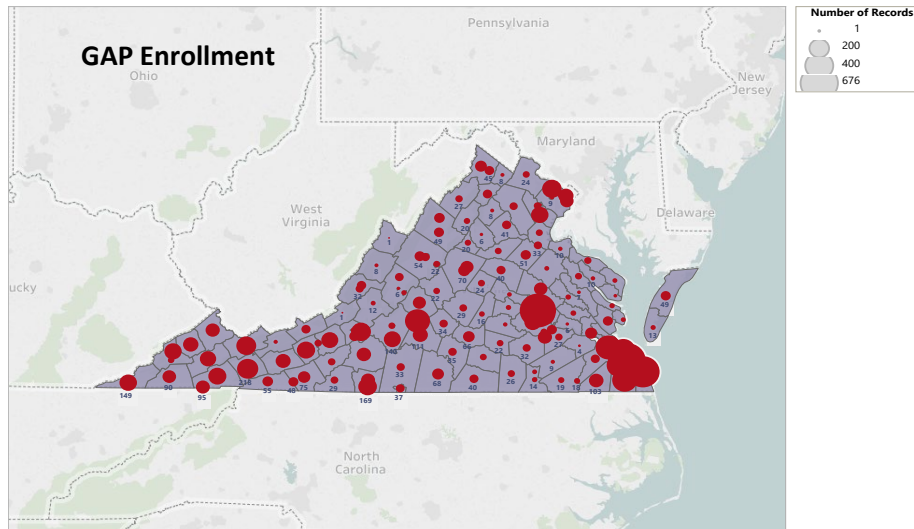
Figure 1

GAP Eligibility Requirements
Ages 21 through 64
U.S. Citizen or lawfully residing immigrant
Not eligible for any existing entitlement program
Resident of VA
Income below 80% of Federal Poverty Level (FPL)
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

The Department of Medical Assistance Services (DMAS) has continued to see growing success with the Demonstration. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a growing relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the success of the initial months of the Demonstration.

ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

Figure 2



The GAP Demonstration continues to steadily grow in membership. For the quarter ending December 31, 2016 there were 9, 947 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 2 shows the location of members enrolled across the state of Virginia. As highlighted in the map, the Tidewater region continues to house the largest concentration of GAP members with the Central and Northern regions closely following.

The enrollment counts below are for unique members for the identified time periods.

Figure 3

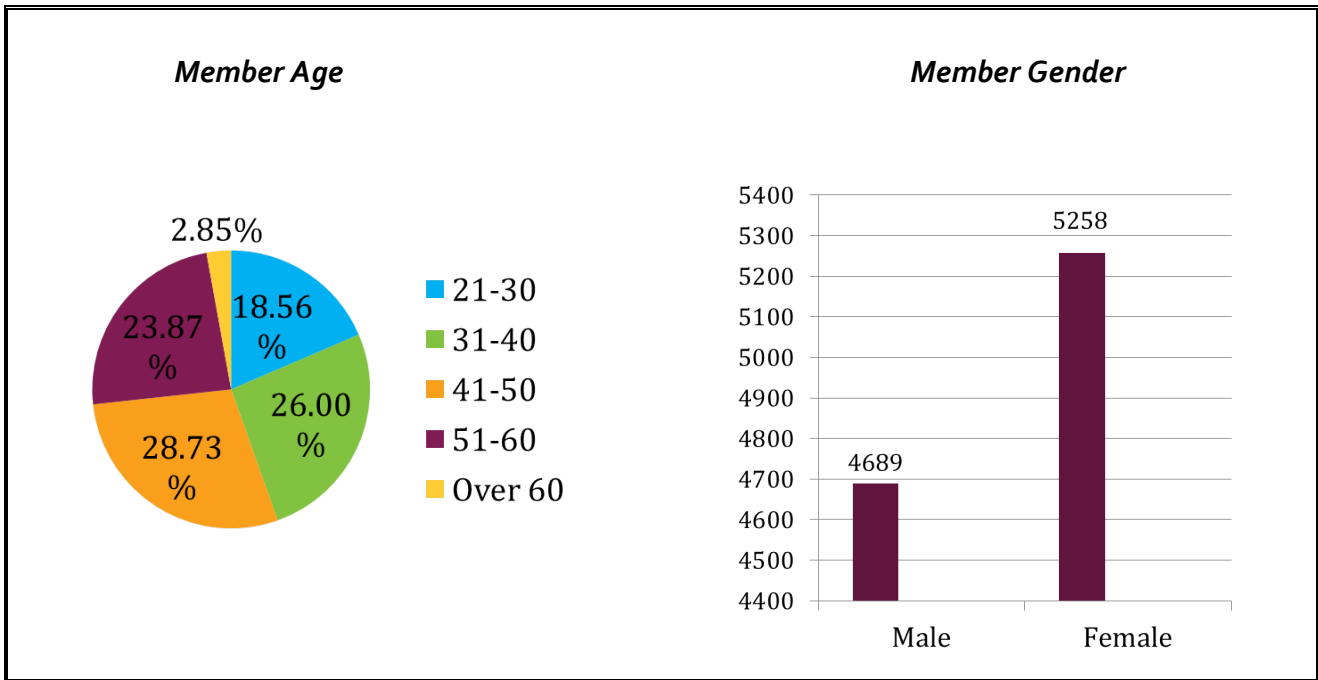
GAP Enrollment numbers for Quarter 4

Demonstration Population	Total Number of members Quarter Ending 9/30/2016	Total Number of members Quarter Ending 12/31/2016	Members Enrolled Since 01/12/2015
GAP Members Enrolled	9,059	9,947	12,340

As shown in Figure 3, there have been 12,340 unique members enrolled since the implementation of the Demonstration. The difference between the unique members' number and the currently enrolled number may be associated with the reduction in the financial eligibility requirement from 95%FPL to 60%FPL and those who did not successfully complete the renewal/re-enrollment process.

Figure 4

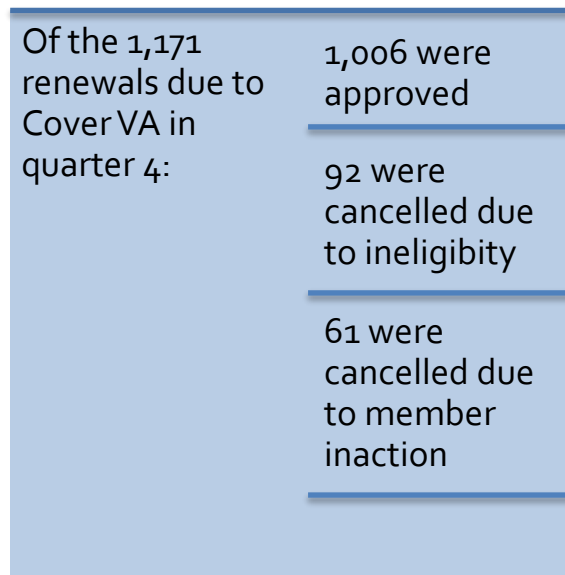
GAP Member Demographics



The age demographics of GAP members remain relatively equal across all eligible age groups with the exception of members over the age of 60. The chart above, GAP Member Demographics, details age and gender demographics among the GAP member population. As you can see, there continues to be more females enrolled in GAP than males, and the 41-50 age group remains the slightly largest population of GAP members.

In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Renewals are processed two months prior to coverage end date. Exparte

Figure 5 **Cover Virginia Renewals**



processing begins on the 1st- 19th of each month. For members whose eligibility was not renewed systematically, they were contacted via mail with a paper renewal application. Paper applications are mailed on the 20th of the month. This process requires additional action by the member to verify the information on file, in addition to providing documentation to be reviewed with the application to determine eligibility. Figure 5 highlights the number of renewal approvals and cancellations completed in Quarter 4. A total of 1,171 renewals were completed in Quarter 4. Cover Virginia reports that approximately 85% of all renewals remain eligible for the GAP program. The most common reason for cancellations is that a member moves to full benefit Medicaid coverage.

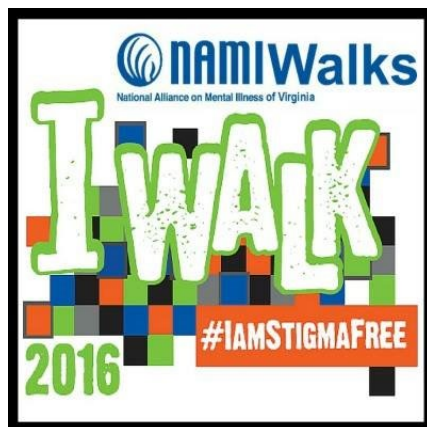
The target population seems to be a transient community; therefore many do not maintain a steady address or phone number. Cover Virginia Customer Service Representatives' training includes heavy emphasis on how to work with this vulnerable population. DMAS receives a monthly report from Cover Virginia of GAP members who need to submit additional information in order to complete their re-enrollment. Magellan has partnered with DMAS, and attempts to call those members to encourage completion of the paper application/submit verification documentation in order to continue receiving GAP benefits; unfortunately there is often no response or the number is out of service. Magellan has also reviewed whether the member is currently receiving behavioral health services and has tried to reach these members through those providers.

OUTREACH/INNOVATION ACTIVITIES TO ASSURE ACCESS

DMAS is implementing a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. While a high level description of activities is provided below, specific details pertaining to the Outreach and Enrollment is found in the attached Outreach Chart.

This quarter, DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the Demonstration. DMAS conducted a number of presentations this quarter, including the first presentation in a hospital setting. DMAS staff presented at the Sentara Rockingham Memorial Hospital (RMH) Medical Center on

Figure 6



October 26th. Sentara Rockingham Memorial Hospital (RMH) Medical Center requested a GAP presentation for their Community Care Coordination Collaborative meeting, which is held quarterly. The purpose of the Collaborative is to make attendees aware of community resources and to stay abreast of resource changes, to identify and share care coordination best-practices, and to avoid service duplication. DMAS also presented GAP information at the Center for Behavioral Health and Justice Meeting, the Richmond Sheriff's office, Virginia Commonwealth University, and the Harrisonburg Community Health Center (a FQHC).

This quarter DMAS presented GAP information using the GAP exhibit board at various events throughout the state. The exhibit table was showcased at NAMI Walks (Figure 6), Project Homeless Connect, and the Dillwyn Reentry Resource Fair. At the Dillwyn Reentry Resource fair, DMAS staff along with a Magellan Recovery Navigator educated returning citizens on the GAP program and eligibility requirements and the role of peer supports related to recovery.

DMAS continues to focus on collaborating with the Virginia Department of Corrections (VADOC) as well as local and regional jails to promote the Demonstration and determine how they can be involved in assisting their clients in obtaining GAP eligibility as the inmate is nearing release. It is vital that inmates who are eligible become enrolled upon release to ensure quicker access to health care once they return to the community. GAP staff continues to work with VADOC to develop strategies that would allow VADOC staff to conduct SMI screenings and submit applications for “returning citizens” (VADOC’s preferred term for inmates being released from their custody) prior to their release.

DMAS is collaborating with Magellan to provide VADOC and jail facilities with access to the SMI provider portal. Most VADOC mental health staff are non-licensed master’s level employees but GAP regulations, reflecting guidance from the Virginia Department of Health Professions, require licensed mental health providers (LMHPs) to conduct the SMI screenings. Currently, DMAS and Magellan are reviewing state agency regulations and requirements regarding GAP SMI Screener credentialing seeking allowances for non-licensed but supervised, mental health clinicians to conduct the screenings. Once the credentialing needs and process is finalized, Magellan will establish unique identification numbers for non-Medicaid provider access to the web portal which will allow VADOC/jail entities to submit screenings.

This quarter DMAS has been working diligently with Cover Virginia to develop non-Medicaid provider access to the Cover Virginia portal. This would allow VADOC and jail representatives the ability to submit GAP eligibility applications with the returning citizen online prior to their release. There are a number of different telephonic complications that occur within the correctional institutions such as limited access to telephones, telephone time limits, and numbers of call limitations all exist within these institutions. DMAS believes access to the web portal will assist with feasibility for the jails. DMAS and Cover Virginia have finalized the system changes for this initiative. Next quarter, DMAS and Cover Virginia staff will work together to develop a training for VADOC and jail officials regarding access to the Cover Virginia portal and submitting the online applications.

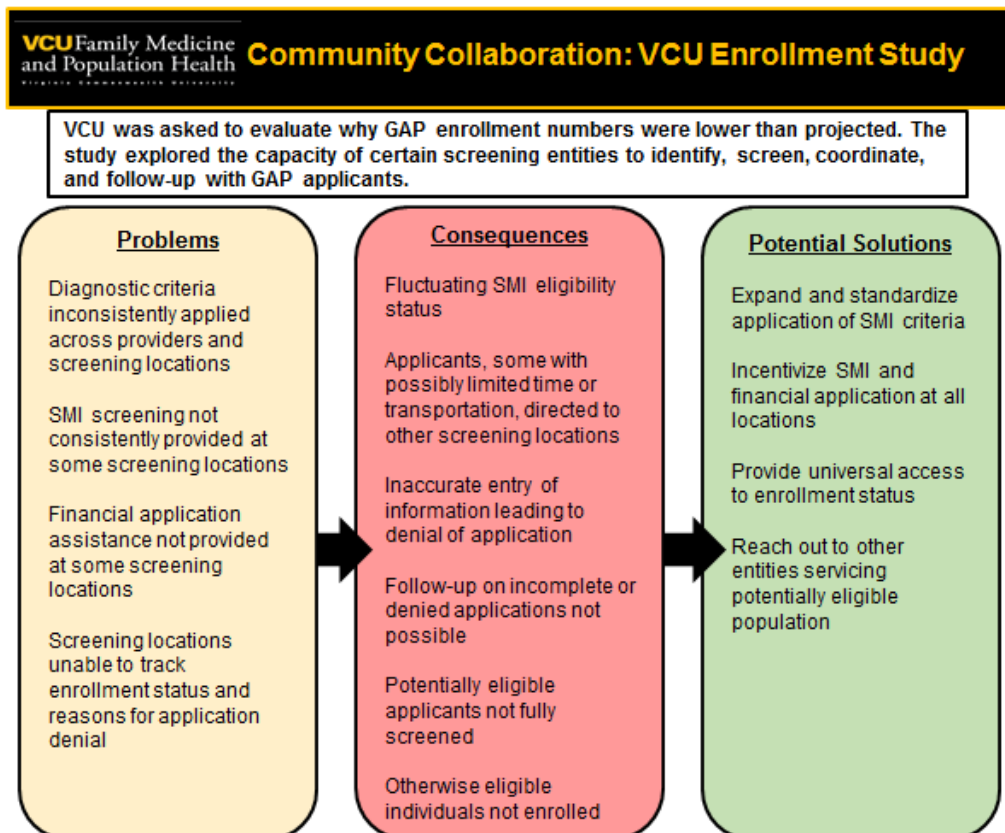
With much thanks to funding provided by the Virginia Department of Behavioral Health and Development Service (DBHDS), additional Cover Virginia web portal enhancements were initiated. Using a portion of DBHDS’ *Cooperative Agreement to Benefit Homeless Individuals* from the Substance Abuse and Mental Health Services Administration, Cover Virginia enhanced its on-line GAP eligibility system to allow the GAP applicant/member to identify an additional party to receive correspondence from Cover Virginia about the GAP enrollment/re-enrollment. This “authorized representative” will receive the same notifications about information needed to

complete initial applications as well as re-enrollment requirements. DMAS believes this will positively impact the completion of applications and re-enrollment requirements as that contact may be able to better reach the individual.

During the summer, Virginia Commonwealth University (VCU) partnered with DMAS to conduct a quality improvement study. Enrollment rates for GAP have been lower than projected since the program's implementation in January 2015. This quality improvement study is assessing the reasons for this less than optimal membership, and will provide DMAS recommendations to increase enrollment. To meet study objectives VCU representatives engaged in data collection through interviews with SMI screeners and administrators from 7 different sites who currently conduct SMI screenings for GAP. VCU representatives presented their findings for the GAP quality improvement study to DMAS Management this quarter. This study helped DMAS to confirm areas for improvement related to the eligibility and enrollment process. VCU recommendations include additional outreach, fostering/incentivizing SMI screenings and eligibility applications being done at the same time/place, universal access to application/enrollment status, and increased case management to track incomplete/denied applications. Some recommendations fall in line with current GAP outreach initiatives while others are not possible due to budget constraints. Additionally, VCU representatives and DMAS staff worked together to develop a one-page summary draft that includes the study findings. VCU will also provide a formal written report that details their findings. Figure 7 is an excerpt of that summary draft.

Figure 7

VCU Insert for the GAP one-page flyer



Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, providers were invited to join the general Magellan provider call and GAP was added to the agenda to allow for any GAP specific questions, comments or concerns. DMAS and Magellan staff hosts these calls and answer questions from the participants as well as provide updates and announcements as needed. A low number of GAP issues have been identified on these weekly calls.

Another avenue for outreach has been the email address for the public to make inquiries about GAP: BridgetheGap@dmas.virginia.gov. This email inbox is monitored daily by DMAS GAP staff. Designed to address general information about the GAP plan and its policies, DMAS staff has been successful with supplying providers and members with electronic materials (such as the GAP supplemental manual and Medicaid memos) via email to increase awareness about the benefit plan. This quarter, most of the emails received came from providers; most inquires involved questions regarding a list of GAP providers and covered services. Additionally, providers are utilizing the email to request presentations and print materials to support the GAP.

DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx. The webpage includes sections for individuals, providers and other stakeholders. The webpage has links to Cover Virginia and Magellan as well as other helpful information.

This quarter, DMAS staff made significant changes to the GAP webpage, as shown in Figure 8. Feedback was received from Virginia Commonwealth University researchers and other stakeholders regarding the ease of navigating the GAP webpage. Suggestions for improvement included removal of documents containing redundant information; lowering the reading level, development of a "how to apply" section; and adding a link to the GAP formulary. Staff also added

Figure 8

DMAS GAP Webpage

The screenshot shows the 'ARE YOU ELIGIBLE?' section of the DMAS GAP webpage. It lists eligibility requirements such as being between ages 21 and 64, a U.S. citizen or lawful resident, and not being enrolled in another entitlement program. Below this, it provides links for further information and a section titled 'WHAT SERVICES DOES GAP COVER?' which is divided into Behavioral Health and Medical services.

Behavioral Health	Medical
Care Coordination, crisis line, and Recovery Navigation/warm line services (available through Magellan of VA)	Glucometer and diabetic supplies
GAP Case management (available through local Community Services Boards)	Lab (outpatient)
Crisis intervention and crisis stabilization	Pharmacy
Outpatient behavioral health and substance abuse treatment services (individual, family and group), intensive outpatient substance abuse, and Opioid/methadone treatment services	Primary and specialty provider office visits, including evaluation, diagnostic and treatment procedures performed in a physician's office, including therapeutic or diagnostic injections
Psychiatric Services (including Psychiatric evaluation, management, and treatment)	Outpatient diagnostic services (limited to MRI and CAT scans, ultrasounds, and electrocardiogram tests including stress tests)
Psychosocial Rehabilitation Services (assessment, and treatment) this includes an array of services designed to help an individual to capitalize on personal strengths and independence	

charts to serve as a quick reference tool for potential members. The "What's New" section of the webpage includes announcements that detail current happenings of the GAP program. This page continues to be updated with the most recent information as it becomes available.

The GAP webpage received 5,591 page views, of which 4,425 were unique page views between October 3, 2016 and December 31, 2016. DMAS staff receives weekly reports and the GAP webpage is averaging between 450-500 views per week.

Cover Virginia's website (<http://www.coverva.org/gap.cfm>) includes a webpage dedicated to GAP and outlines the financial eligibility criteria and application process. It also includes a picture of the GAP ID card.

Magellan's website has a link for provider communication, <http://magellanofvirginia.com/for-providers-va/communications.aspx>, where they have posted notices to providers about GAP. They also have a training page for providers (<http://www.magellanofvirginia.com/for-providers-va/training.aspx>). They have also developed a GAP specific webpage, [http://www.magellanofvirginia.com/for-members/governor's-access-program-\(gap\).aspx](http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx) for members, their family members and advocates. DMAS requested that Magellan review the GAP webpage and consider updating it as it has not been updated in some time.

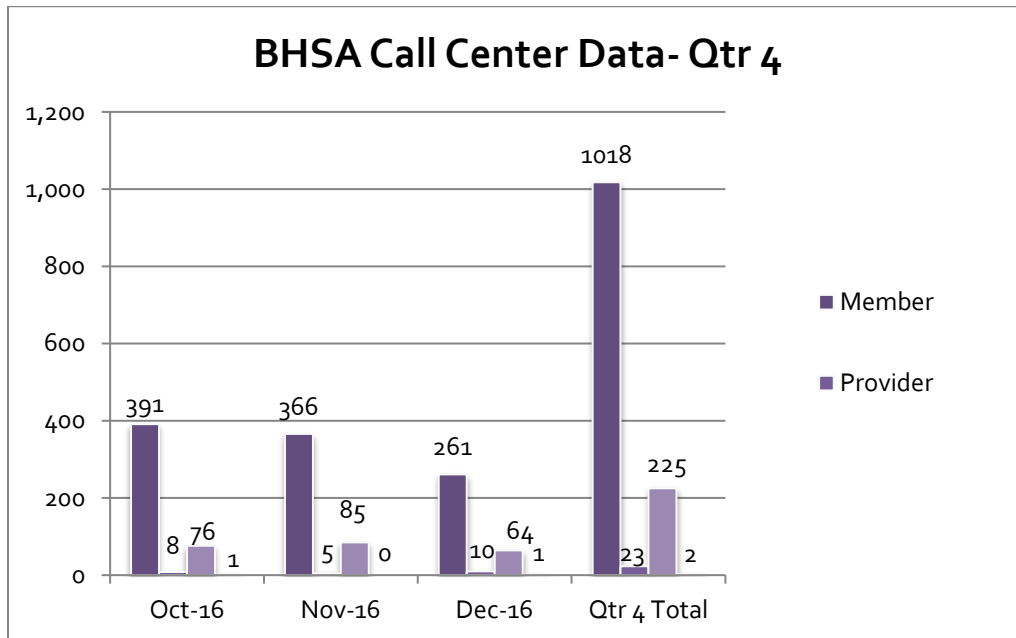
For additional outreach activities for the quarter please see the outreach appendix at the end of this report.

COLLECTION & VERIFICATION OF UTILIZATION DATA & ENROLLMENT DATA

DMAS collects and reviews data from contractors (Magellan and Cover Virginia) and uses data from its MMIS system. Weekly and monthly reports from the contractors are reviewed and analyzed and used for program monitoring, contract monitoring, training, outreach and DMAS reporting purposes.

The Magellan Call Center provides monthly data to DMAS about calls received related to GAP. Figure 9 below reflects the types of calls they receive:

Figure 9



Each quarter, it is notable that there are more contacts from GAP members than from providers. It does appear that members are becoming more engaged in their treatment and service planning by attempting to access and use their benefits. Members may contact Magellan for physical health care referrals and resources, as well as behavioral health care resources. This reflects the need for care coordination in order to access services and demonstrates that the integrated model appears to be working.

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

At the time of reporting, there are limited significant operational, systems, or fiscal developmental issues to disclose for the fourth quarter. Since the launch of the Demonstration, DMAS continues to ensure that all systems are working together for the success of the Demonstration.

In quarter four, both the Proposed and Emergency Administrative Regulations were approved by the Office of the Governor and published on the Virginia Regulatory Town Hall. A public comment period will be open on the Virginia Regulatory Town Hall website from December 26, 2016 through February 24, 2017 for the Proposed Regulations. The GAP Regulations and education materials were revised to capture the changes from the 2016 General Assembly Session, (the regulatory process in Virginia usually takes a minimum of 18 months to complete). These changes include moving the household income limitation from 60% of Federal Poverty Level to 80%. DMAS has been operating under authority from the Virginia General Assembly's budget language in order to implement the change July 1, 2016. In addition; the Emergency Regulations recognize the Department of Corrections and local and regional Jails as SMI

screening entities. Information regarding the GAP Regulations and public comment periods are listed on the GAP webpage.

Additionally, the General Assembly provided guidance on other avenues of program operations; DMAS was given direction to collaborate with the VADOC and local/regional jails in efforts to increase outreach and GAP enrollment. For detailed information regarding collaborations with VADOC please see the outreach section of this report.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT ISSUES

There are no financial/budget neutrality developmental issues to date.

CONSUMER ISSUES

DMAS is hearing anecdotally, that members are having difficulty locating specialty providers for their health conditions. While Magellan is available to assist in identifying Medicaid providers from the MMIS system, Magellan and members report that when contacted these providers state they are no longer taking Medicaid patients. DMAS is collaborating with Magellan regarding how to track these allegations so DMAS can investigate this concern further.

CONTRACTOR REPORTING REQUIREMENTS

Last year, DMAS worked with Magellan to identify broad categories as well as some initial specific data elements to be reported. Broad categories included the following: care coordination, peer supports/Recovery Navigator Services, warm line and routine utilization. From Cover Virginia DMAS receives weekly reports to address the GAP eligibility applications being processed. This quarter DMAS continued to receive all necessary reports from contractors using the data elements detailed above. Reports were complete and on time.

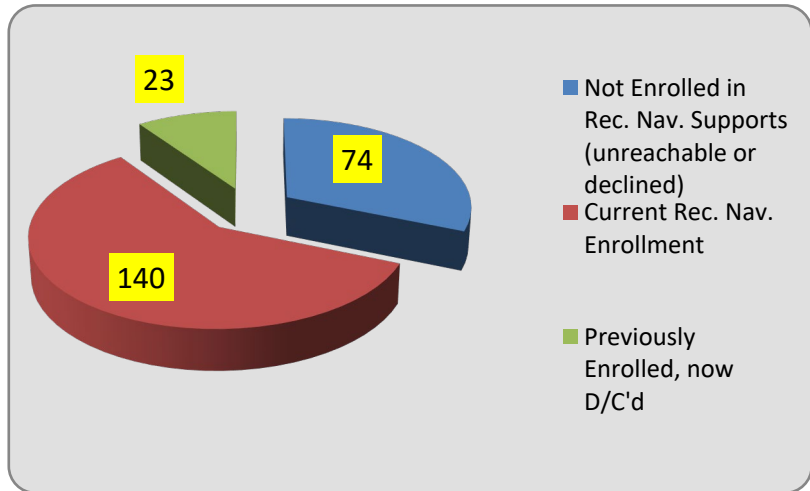
DMAS intends to use predicative modeling tools to assist in identifying GAP members with the highest level of need. Those findings may prove to be beneficial to select individuals to target interventions (e.g. disease or case management). The ultimate goal is promote efficiency in care management through the use of available health risk predictive modeling tools. An initial data run was completed last quarter and new data runs will be scheduled for Demonstration Year 3.

RECOVERY NAVIGATORS

The Recovery Navigators have continued efforts to deliver outstanding supports to our GAP members. Since inception, DMAS has only received positive feedback regarding their efforts. There are 5 Navigators positions located around the state: Northern Virginia/Central Virginia, Roanoke/Lynchburg, Far Southwest Virginia, and two in Tidewater.

Figure 10 Recovery Navigation Services Enrollees

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services board. GAP members being discharged from the facilities are given information about the care coordination services available from Magellan as well as information about Recovery Navigation services. Whether the GAP member requests Recovery Navigation services or not, they are also provided with information about peer run centers and supports available in their home communities.



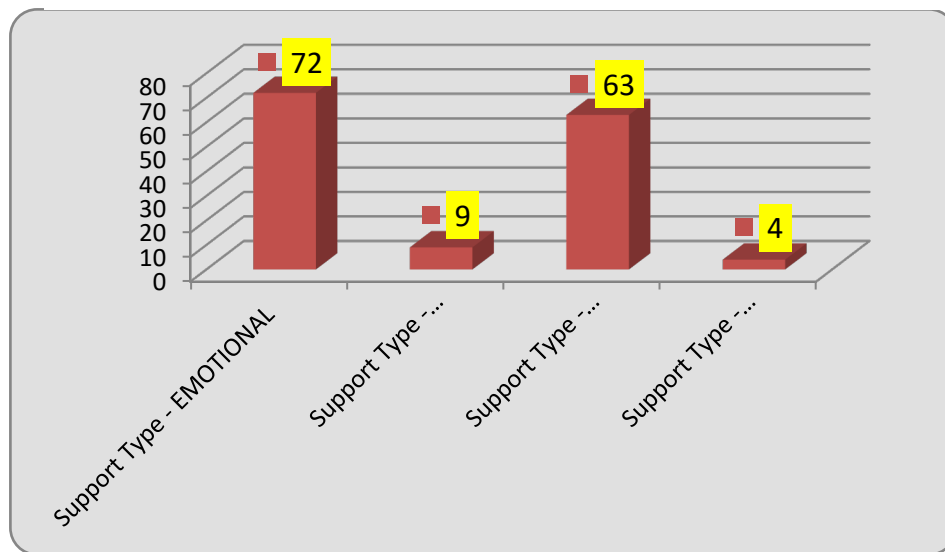
The table above, Figure 10, reflects the Recovery Navigation Service enrollment as of December 2016; there were 140 GAP members enrolled in services. Additionally, there were 74 members who were referred, but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 127 days in Navigation Services.

Figure 11

8 Dimensions of Wellness:	Emotional —Coping effectively with life and creating satisfying relationships
	Environmental —Good health by occupying pleasant, stimulating environments that support well-being
	Financial —Satisfaction with current and future financial situations
	Intellectual —Recognizing creative abilities and finding ways to expand knowledge and skills
	Occupational —Personal satisfaction and enrichment from one’s work
	Physical —Recognizing the need for physical activity, healthy foods and sleep
	Social —Developing a sense of connection, belonging, and a well-developed support system
	Spiritual —Expanding our sense of purpose and meaning in life

Recovery Navigators offer support framed around the eight dimensions of wellness. Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person’s life. The Eight Dimensions of Wellness, as defined by Substance Abuse, Mental Health Services Administration (SAMHSA) may also help people better manage their condition and experience recovery. Figure 11 describes each dimension. The table below, Figure 12, illustrates the type of supports members received from Recovery Navigators, with emotional and informational being the most utilized support.

Figure 12 Recovery Navigation Service Supports



LESSONS LEARNED

DMAS continues to consider how processes and procedures can be refined and strengthened. At this stage of the Demonstration, DMAS believes that significant progress has been made to increase the awareness of the benefit plan since the implementation of the Demonstration. Working with all stakeholders has been critical to the success of the program and DMAS believes the unified approach allowed for the program to survive legislative action other than a reduction in eligibility. Since implementation DMAS has seen a low number of grievances or reconsiderations for the GAP Demonstration. Data from the Demonstration exhibits high utilization of non-mental health medications among members. This is rewarding because it shows that members are accessing both medical and behavioral health services, which is one of the GAP Demonstration goals.

There continues to be substantial value in the work of Recovery Navigators and DMAS believes this to be a significant benefit of the GAP Demonstration. DMAS gathers success stories and experiences of these navigators; below is one account narrated by a Recover Navigator:

A 51 year old female GAP member enrolled in Recovery Navigation in September 2016 after connecting with Magellan through the Warm Line. Her husband of nearly 30 years passed away approximately two years ago. After his death, she began to develop severe anxiety and bouts of depression. She currently is having financial difficulties and is actively trying to prevent foreclosure of her home.

Her Recovery Navigator has been able to link her with a local peer run center. The Recovery Navigator was able to assist the member in getting linked with peer counseling in Spanish, which has been a good source of comfort for her. Part of her anxiety stemmed from her feeling hopeless in regard to helping her sons; who have had mental health challenges after the death of their father. Her Recovery Navigator has been able to provide support in helping locate resources for them as well. He is also assisting the member with rebuilding her support network by sharing his own personal recovery experience. The Recovery Navigator also introduced the member to the Wellness Recovery Action Plan (WRAP), which she has found to be extremely helpful. Together they have begun working on developing her own personal wellness plan, identifying her triggers, and establishing wellness tools. Her Recovery Navigator has been able to help facilitate care coordination to ensure that she is getting assistance addressing her housing concerns. He has also been a source of encouragement and a listening ear as the member shared her grief of losing her husband.

The member has expressed on several occasions that she is very "grateful" for GAP and the coverage it has given her. She has stated that she would likely be in the hospital without it. She has expressed that she is very grateful for the Recovery Navigation component of GAP, which has provided her with much needed support, resources, and understanding. She has been working hard on her WRAP plan and has recently begun exploring options for employment. She has also been able to find and utilize community resources that she was unaware existed prior to GAP, such as the peer run center and NAMI. She has expressed that she is more optimistic about her future than she was last year at this time.

DEMONSTRATION EVALUATION

DMAS is using an expert panel to advise us about our evaluation and data resource/usages. The expert panel consists of Dr. Len Nichols, Dr. Peter Aiken, and Dr. Bela Sood. DMAS has a trusted relationship with Dr. Len Nichols of George Mason University and his affiliates and they have agreed to serve as the lead evaluator. Dr. Peter Aiken of Virginia Commonwealth University is a nationally recognized data expert. Lastly, a well-known Psychiatrist from Virginia Commonwealth University Health System, Dr. Bela Sood, is an expert in the field of Mental Health. Additional support is provided by DMAS' sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) with both data analysis and community mental health services.

Due to the issues with data collection and analysis, the evaluation panel did not meet this quarter. The panel has been on hiatus while staff works on resolving the reporting issues.

CONCLUSION

DMAS ended Demonstration year 2 strong in quarter four. DMAS made great progress with system enhancements by finalizing the contract requirements with DBHDS and initiating the system enhancements to the GAP eligibility portal at Cover Virginia regarding authorized representatives.

The partnership with VCU about the GAP Demonstration has been productive and we look forward to increased opportunities to partner with this research team.

DMAS is committed to increasing access to healthcare to the criminal justice system's returning citizens with significant behavioral health and medical needs and recognize how access to care impacts recidivism. DMAS is also committed to continued collaboration with its contractors to develop higher confidence in the data process as well as identifying additional opportunities to better serve our members as we enter into Demonstration year 3.

ENCLOSURES

Outreach Spreadsheet

STATE CONTACT(S)

If there are any questions about the contents of this report, please contact:

Sherry Confer
Special Projects Manager
Sherry.Confer@dmas.virginia.gov



Appendix-Outreach Chart

DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Peer Support	#ATTENDED	COMMENTS	PRESENTER
10/6/16	Conference call	First step monitoring	Meeting	Yes	No	4	First step monitoring regularly services the jails, pretrial, probation, parole, and clients directly. They will assist in disseminating GAP information to potentially eligible clients	DMAS staff
10/12/16	Center Advisory Group meeting	Center for Behavioral Health and Justice	Presentation	Yes	No	19	VARJ: Will begin including GAP flyers in resource packets for returning citizens; Also suggested providing GAP information to sentencing advocates and attorneys	DMAS staff
10/14/16	Richmond Sheriff's Office GAP Presentation	Richmond's Sheriff's Office	Presentation	Yes	No	20	Will begin including GAP flyers in resource packets for returning citizens	DMAS Staff
10/15/16	NAMI Walks	Mental health community, advocates, and their friends and families	Exhibit board	Yes	Yes	over 1000		DMAS Staff
10/26/16	Community Care Coordination Collaborative	Care Coordinators/ Sentara RMH Medical Center	Presentation	Yes	No	16		DMAS staff
10/31/16	Virginia Commonwealth University	Students	Presentation	Yes	No	unknown	The class' intention is to encourage undergraduate students to pursue public service as a career.	DMAS Staff
11/1/16	DHP Webpage Announcement	Medical Providers/ Dept. of Health	Announcement/Webpage	Yes	No	unknown	Added Gap information & webpage links to "Announcement" page of	DMAS staff

		Professions	e links				website	
11/7/16	Re-entry class at the Amherst Adult Detention Center	Returning citizens slated for release at Amherst Adult Detention Center which is ran but Blue Ridge Regional Jail Authority	the 10 Key Points and Recovery Navigation flyers; Question & answer period	Yes	Yes	unknown (varies)	Ongoing; These are 6 week classes with a few weeks between each session. Magellan staff attends one class within that 6 week period.	Magellan staff
11/7/16	PLUS Program offered by Virginia Department of Corrections District 13 - Probation and Parole	Probationers (in the Lynchburg area) who are already in the community	the 10 Key Points and Recovery Navigation flyers; Question & answer period	Yes	Yes	unknown (varies)	Ongoing; There is no set time frame for these, Kevin goes when he receives requests. (10/12/16; 12/7/16; 2/1/17).	Magellan Staff
11/2/16	Blue Ridge Reentry Council meeting	Blue Ridge Reentry Council	Presentatio n	Yes	Yes	26		Magellan/D MAS staff
11/10/16	Dillwyn Reentry Resource Fair	Dillwyn Correctional Facility/ returning citizens	Presentatio n	Yes	Yes	approx. 50	Disseminated GAP information directly to returning citizens	Magellan/D MAS staff
11/15/16	2016 Project Homeless Connect	Homeless citizens and agencies that serve the homeless	Exhibit table	Yes	No	approx. 31 received information	Disseminated GAP information directly to homeless individuals	DMAS Staff
11/16/16	VHCF Webpage information	Virginia Health Care Foundation website visitors	Webpage information and links	Yes	No	unknown	Added GAP information to website: <ul style="list-style-type: none"> • Looking for Help > Mental Health Care • Looking for Help > Health Insurance > State Sponsored Health Insurance > Adults 	DMAS staff
11/29/16	Harrisonburg	Harrisonburg	Presentatio	Yes	No	5		DMAS

	Community Health Center	Community Health Center	n					Staff
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