



**COUNTY OF HENRICO  
DEPARTMENT OF FINANCE  
PURCHASING DIVISION  
CONTRACT EXTRACT  
NOTICE OF RENEWAL**

DATE:	June 24, 2024
CONTRACT COMMODITY/SERVICE: <i>(include contracting entity if cooperative)</i>	Medicaid-Funded Therapeutic Day Treatment Services
CONTRACT NUMBER:	2549A
COMMODITY CODE:	948.86
CONTRACT PERIOD:	June 25, 2024 through June 24, 2025
RENEWAL OPTIONS:	Three one-year renewal options through 2028
USER DEPARTMENT:	HCPS
Contact Name:	Liz Parker, M.Ed
Phone Number:	804.652.3307
Email Address:	ewparker1@henrico.k12.va.us
HENRICO COOPERATIVE TERMS INCLUDED:	Yes
SUPPLIER: Name:	National Counseling Group, Inc.
Address:	5014 Monument Avenue
City, State:	Richmond, VA 23230
Contact Name:	Stephan Stark
Phone Number:	540.819.6699
Email address:	stephan.stark@ncgcommunity.com
ORACLE SUPPLIER NUMBER:	21637
BUSINESS CATEGORY:	Non-SWAM
PAYMENT TERMS:	n/a (Medicaid pays)
DELIVERY:	As required
FOB:	Destination
BUYER: Name:	Oscar Knott, CPP, CPPO, NGIP-CPP, VCO
Title:	Purchasing Director
Phone:	804.501.5649
Email:	kno008@henrico.us

This contract is the result of a competitive solicitation issued by the Department of Finance, Purchasing Division. A requisition must be generated for all purchases made against this contract and the requisition must reference the contract number.

## **I. INTRODUCTION**

### **A. Purpose**

The intent and purpose of this Request for Proposal (“RFP”), and the resulting contract, is to obtain services from a qualified firm to provide Medicaid-funded therapeutic day treatment services to qualifying students with in Henrico County Public Schools (referred to as “HCPS” and “the County”) in accordance with the Scope of Services section of the solicitation and in adherence to guidelines established by the Department of Medical Assistance Services (“DMAS”).

### **B. Background**

HCPS is the Commonwealth’s sixth largest public school division, with 74 total schools and centers serving a diverse community of approximately 50,000 students.

HCPS expresses a division-wide commitment to every student by communicating a vision of inclusiveness: “The right to achieve. The support to succeed.” HCPS also embraces four critical cornerstones: Student Safety and Wellness, Academic Growth, Equity and Opportunity, and Relationships. Against that background, HCPS is seeking opportunities to best address growing concerns over student mental health in alignment with trends across the U.S., as recent nationwide surveys of youth have shown increases in certain mental health symptoms, including anxiety, depressive symptoms and suicidal ideation. In fact, the Centers for Disease Control (“CDC”) currently estimates that one in five children in the US, either currently or at some point during their life, have had a seriously debilitating mental illness. HCPS recognizes that schools are a natural setting to support student mental health, and that, of school-age children who receive any behavioral and/or mental health services, 70-80% receive them at school.

In partnership with school mental health professionals, the provision of Therapeutic Day Treatment (“TDT”) services will assist students with significant, documented emotional, mental or behavioral health needs to achieve and maintain productive functioning in the educational setting. The objective of these services, along with a well-integrated plan of care, is to maintain student participation in the most appropriate setting within the public school system. This program will serve an undetermined number of students in schools with an identified need, and HCPS will be cooperative with the provisioning of these services.

## **II. SCOPE OF SERVICES**

### **A. General Requirements**

In adherence to guidelines established by the Department of Medical Assistance Services, TDT services provide stabilization during the school day or to supplement the school day or year, as medically necessary, for eligible students who are at risk to be placed in a higher level of care in order to address current symptoms, or who are transitioning from an acute or residential level of care to a home environment. Successful Offeror will furnish the eligible student opportunities in the educational setting to learn and use daily living skills and to enhance social and interpersonal skills such as problem-solving, empathy, anger management, community responsibility, impulse control, and appropriate peer relations with minimal loss of instructional time and/or disruption to the learning environment.

## B. Specific Requirements

### 1. Qualifications and Supervision

- a. The Successful Offeror TDT service providers will be licensed in adherence to guidelines established by DMAS.
- b. The Successful Offeror will forward copies of all TDT service providers' individual staff licenses to the Superintendent's designee to ensure records of all fully licensed provider staff are in possession of HCPS. The Successful Offeror will ensure that HCPS has a current copy of provider's and all employees' licenses who serve HCPS students.
- c. Any misrepresentation regarding the status of provider's licensure shall constitute a breach of contract and warrant immediate termination of the provider's services without written notice and without financial obligation on the part of HCPS.
- d. The Successful Offeror will be expected to provide onsite supervision of Qualified Mental Health Professional Child ("QMHP-C") by a licensed clinical psychologist, licensed professional counselor ("LPC"), licensed clinical social worker ("LCSW") or licensed marriage and family therapist ("LMFT"), the level of which is determined by the number QMHP-C staff and the student caseload, to monitor the appropriateness, implementation, and the efficacy of the Individual Service Plan ("ISP").

### 2. Assessment and Planning

- a. The Successful Offeror will be complete a Comprehensive Needs Assessment conducted face-to-face by a Licensed Mental Health Professional ("LMHP"), LMHP-Resident, LMHP-Supervisee or LMHP-Resident-in-Psychology prior to the development of an ISP. Both a Comprehensive Needs Assessment and an ISP must adhere to guidelines established by DMAS and be signed by the student's parent/guardian prior to initiating any TDT services.
- b. The Successful Offeror will incorporate family involvement, to include family counseling, family meetings or family contacts, occurring outside of the school setting at least weekly from the beginning of treatment unless contraindicated as documented in the ISP and Comprehensive Needs Assessment. The Successful Offeror shall document justification for less than weekly family involvement if weekly involvement is contraindicating to the student's needs.

### 3. Accountability

- a. The Successful Offeror will make detailed summary reports available to HCPS monthly that indicate service plan implementation, quality of care and other indicators that address the appropriateness, usefulness of the services, and outcome progress.
- b. The Successful Offeror will submit to the Superintendent's designee summary reports of unit service delivery that the provider has submitted to Medicaid on a quarterly basis.
- c. The Successful Offeror shall submit annual program outcome reports to the Superintendent's designee by April 30 of each year. The outcome reports will be used to determine effectiveness of the provider's organization by location and will inform whether HCPS will continue to use the provider's services in whole or part.
- d. The Successful Offeror shall submit to the principal or designee one outcome report per school, weekly, where the provider serves students. Program outcome reports shall indicate and measure the provider's intended outcomes.

### 4. Intervention

- a. Students participating in TDT during the school day will do so according to a schedule in consultation with the school principal/designated administrator. The Successful Offeror shall consult with the principal/designated administrator regarding the time for the provision of these services to ensure that an appropriate instructional environment is maintained at the school, and the service delivery does not interfere with the student's education. The Successful Offeror will provide upon request from HCPS, verification of scheduled appointments, treatments and intervention. If any student requires services that may differ from scheduled services, the student's removal and timing must be approved by the principal/designated administrator.
  - b. The Successful Offeror shall provide intervention according to the ISP. Services may include but are not limited to one-to-one services with an individual student as deemed clinically appropriate and identified within the ISP; guidance and redirection for an individual student or group of students to ensure optimal classroom learning experiences; and/or ongoing assessment activities to assist the student in achievement of ISP goals and objectives.
  - c. The Successful Offeror shall provide ongoing consultative and support services to the teacher and other educational staff within the school, upon request. These support services may include teacher and staff development activities, parent and PTA presentations, other presentations and workshops designed to strengthen the individual, school and community as a whole.
  - d. The Successful Offeror must adhere to discharge stipulations as defined by DMAS.
  - e. All TDT services will be referred only through school data-based decision-making teams, which includes a principal/designated administrator and/or by a school mental health professional with principal/designated administrator approval.
  - f. In the event that the principal/designated administrator determines that a member of the Successful Offeror may be acting in an unprofessional or unethical manner, or otherwise demonstrates inappropriate behavior in the school setting, the principal will communicate concerns to the provider for its investigation. During any such investigation, the principal/designated administrator may make the final determination, in consultation with the Superintendent's designee, regarding the admittance of Successful Offeror staff to the school building and access to students.
5. Payment and Billing
- a. The Successful Offeror shall bill for service and receive payment through Medicaid or other 3<sup>rd</sup> party billing.
  - b. HCPS will not be held responsible for payment or billing issues related to the Successful Offeror's services, billing, payments, or billing/payment disputes.
  - c. HCPS will incur no cost for TDT services provided by the Successful Offeror.
6. Compliance with IDEA and Section 504
- a. TDT services provided cannot interfere with the provision of services under the Individuals with Disabilities Education Act ("IDEA") or Section 504. It is HCPS' responsibility to provide a Free Appropriate Public Education ("FAPE") for students with disabilities ages 2-22, as described in each student's Individualized Education Program ("IEP") or Section 504 plan.
  - b. The Successful Offeror may provide therapeutic services to students with IEPs or 504 plans. However, these services do not replace therapeutic services outlined in IEPs or 504 plans. If therapeutic services are needed to ensure students receive FAPE, the services must be included in the IEP or 504 Plan based on the agreement of the IEP or

504 team and consent of the parent. Services in students' IEPs and/or 504 plans must be implemented regardless of receipt of TDT services.

7. Confidentiality and Family Education Rights and Privacy Act (“FERPA”)
  - a. Any information obtained by the Successful Offeror concerning the youth and/or family members while providing services to HCPS shall be maintained as confidential. If applicable, it is further agreed by both parties, that this information shall be safeguarded in accordance with the provisions of Title 63.2, Sections 102 and 104 of the Code of Virginia (1950), as amended, and any other applicable provisions of state and federal laws and regulations including but not limited to the Individuals with Disabilities Education Act, 20 USCS@1400, et seq. (2002), the Family Education Rights and Privacy Act of 1974 and/or Educational Records Management regulations, and the Health Insurance Portability and Accountability Act of 1996, as amended. In order for the Successful Offeror to obtain any information about students, to enter into any educational program or participate in meetings, a release for these purposes signed by the student’s parent/guardian must be obtained by the Successful Offeror prior to initiating services.
  - b. The Successful Offeror will comply with HCPS maintenance of student records consistent with HCPS School Board Policy and FERPA requirements, including signed releases maintained in each student record pertaining to school staff communicating with Successful Offeror staff.
  - c. The Successful Offeror will also obtain a release to share information with HCPS prior to providing any TDT services or participating in meetings.
  - d. The Successful Offeror and school staff will seek agreement regarding what, if any, documentation of services will be provided to school staff, IEP teams, or other school data-based decision-making teams that are monitoring the student's performance.
  - e. The Successful Offeror will ensure the confidentiality of information pertaining to other students that the Successful Offeror may learn during the course of providing services to assigned students.
8. Health Insurance Portability and Accountability Act (“HIPAA”)

The Successful Offeror shall comply and shall ensure that any and all subconsultants comply, with all state and federal laws and regulations with regards to handling, processing, or using health care data. This includes, but is not limited to, the HIPAA regulations as it pertains to this agreement. Since this is a federal law and the regulations apply to all health care information, the provider will also be required to enter into a DMAS-supplied HIPAA Business Associate Agreement with DMAS to comply with the regulations protecting health care data. The Successful Offeror will provide a HIPAA notice to the parent/guardian of each student served. The Successful Offeror will obtain a signed HIPAA notice prior to provision of services to each student.
9. Individual Verification
  - a. The Successful Offeror shall verify the individual student's a) eligibility for Medicaid, Family Access to Medical Insurance Security Plan or other insurance, b) service limitations, and c) required service authorization information before providing service. The individual student must be eligible on the date(s) of service and must meet all requirements to qualify for the provision of services. The Successful Offeror shall verify eligibility.
  - b. The individual's eligibility and enrollment verification must be based upon the Virginia Medicaid Management and Information System (“VaMMIS”) eligibility information.

Enrollment shall begin at 12:01 a.m. on the effective date that the individual is enrolled and shall end at 12:00 midnight on the date that the individual is unenrolled pursuant to the criteria in DMAS' policy and/or rules and regulations.

- c. Prior to the transfer of protected health information, DMAS and the Successful Offeror shall execute the DMAS Business Associate Agreement to ensure compliance with HIPAA.
- d. The Successful Offeror shall not withdraw individuals. The Successful Offeror shall, however, provide DMAS with any information it deems appropriate for DMAS use in making a decision regarding loss of eligibility or withdrawal of a particular individual.

**III. COUNTY RESPONSIBILITIES**

The County will designate an individual to act as the County's representative with respect to the work to be performed under this contract. Such individual shall have the authority to transmit instructions, receive information, and interpret and define the County's policies and decisions with respect to the contract.

**IV. ANTICIPATED PROCUREMENT SCHEDULE**

The following represents the timeline of the process currently anticipated by the County:

Request for Proposal Distributed	June 13, 2023
Questions Due by no later than	July 3, 2023
Receive Written Proposals by	11:00 a.m. on July 13, 2023
Conduct Oral Interviews with Offerors	August 2023
Negotiations Completed	August / September 2023
Award Contract	September 2023

**V. GENERAL CONTRACT TERMS AND CONDITIONS**

**A. Annual Appropriations**

The contract resulting from this procurement ("Contract") shall be subject to annual appropriations by the Henrico County Board of Supervisors. Should the Board fail to appropriate funds for this Contract, the Contract shall be terminated when existing funds are exhausted. The Successful Offeror ("Successful Offeror" or "Contractor") shall not be entitled to seek redress from the County or its elected officials, officers, agents, employees, or volunteers should the Board of Supervisors fail to make annual appropriations for the Contract.

**B. Award of the Contract**

- 1. The County reserves the right to reject any or all proposals and to waive any informalities.
- 2. The Successful Offeror must, within fifteen (15) calendar days after Contract documents are presented for signature, execute and deliver to the Purchasing office the Contract documents and any other forms or bonds required by the RFP.
- 3. The Contract resulting from this RFP is not assignable.
- 4. Notice of award or intent to award may also appear on the Purchasing Office website: <http://henrico.us/finance/divisions/purchasing/>.

**C. Collusion**

By submitting a proposal in response to this Request for Proposal, each Offeror represents that in the preparation and submission of this proposal, the Offeror did not, either directly or



COMMONWEALTH OF VIRGINIA  
**County of Henrico**

**Non-Professional Services Contract  
Contract No. 2549A**

This Non-Professional Services Contract (this “Contract”) entered into this 14<sup>th</sup> day of August 2023, by National Counseling Group, Inc. (the “Contractor”) and the County School Board of Henrico County, Virginia (“HCPS”).

**WHEREAS** HCPS has awarded the Contractor this Contract pursuant to Request for Proposals No. 23-2549-6JOK (the “Request for Proposals”), for Medicaid-Funded Therapeutic Day Treatment Services.

**WITNESSETH** that the Contractor and HCPS, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

**SCOPE OF CONTRACT:** The Contractor shall provide the services to HCPS as set forth in the Contract Documents.

**COMPENSATION:** Therapeutic day treatment services are provided at no cost to HCPS and are funded by Medicaid. Contractor shall bill for service and receive payment through Medicaid or other 3<sup>rd</sup> party billing accordingly.

**CONTRACT TERM:** The Contract term shall be for a period of through June 30, 2024. HCPS may renew the Contract for up to four one-year terms giving 30 days’ written notice before the end of the term unless Contractor has given HCPS written notice that it does not wish to renew at least 90 days before the end of the term.

**CONTRACT DOCUMENTS:** This Contract hereby incorporates by reference the documents listed below (the “Contract Documents”) which shall control in the following descending order:

1. This Non-Professional Services Contract between HCPS and Contractor.
2. The General Contract Terms and Conditions included in the Request for Proposals.
3. Contractor’s Original Proposal dated July 10, 2023 (Exhibit A).
4. The Scope of Services included in the Request for Proposals.

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

[Remainder of page intentionally left blank; signature page to follow]

National Counseling Group, Inc.

5014 Monument Avenue  
Richmond, VA 23230



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Signature

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Stephan Stark, Contracts Administrator  
Printed Name and Title

---

08/15/2023

Date

County School Board of Henrico County,  
Virginia  
406 Dabbs House Road  
Henrico, VA 23223



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Signature

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Oscar Knott, CPP, CPPO, VCO  
Purchasing Director

---

08/25/2023

Date

APPROVED AS TO FORM:



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Alyssa Brown (Aug 15, 2023 13:41 EDT)

Assistant County Attorney

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08/15/2023

Date





**National Counseling Group**  
An ncgCARE Partner

RFP No. 23-2549-6JOK  
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## Tab 1: Introduction and Signed Forms

July 3, 2023

Henrico County Public Schools  
P.O. Box 90775  
Henrico, Virginia 23223

Re: Request for Proposals for Therapeutic Day Treatment Services (RFP No. 23-2549-6JOK)

To whom it may concern,

National Counseling Group (NCG) is excited about the opportunity to further our partnership with Henrico County Public Schools and is respectfully submitting a proposal to offer professional Therapeutic Day Treatment (TDT) services to your students and their families. The therapeutic services, related supports, and program enhancements outlined in this proposal are all designed to ultimately complement and support the Henrico County Public School Division's mission to "actively engage our students in diverse educational, social and civic learning experiences that inspire and empower them to become contributing citizens."

A review of Henrico County Public School's (HCPS) vision and mission highlighted a few key areas where NCG's TDT programming and HCPS intersect in approach and philosophy: 1) NCG's TDT interventions are designed to impact student development both socially and emotionally and minimize academic intrusion, supporting the primary goal of learning; 2) Innovation is a hallmark of NCG as we continue to create programs and services to fill service gaps across the Commonwealth to ensure all students have the right types of supports to succeed and become productive citizens; 3) Through the support of our Institute, an ncgCARE Innovation, outcomes data is utilized to measure and ultimately improve the effectiveness of all school based therapeutic services; and 4) NCG strongly values collaboration in the provision of care that we developed a service delivery model (known as *CARE*) grounded in working with the natural and professional resources and supports for each of our service recipients. This model is designed to engage parents and the community in ensuring student success. We believe if awarded this contract, the opportunity for communication and collaboration will result in high quality, effective services responsive to the diverse needs of Henrico County students and their families.

NCG is currently licensed and contracted to provide TDT services in over 40 School Divisions throughout the Commonwealth, underscoring our well established history, reputation, and experience in developing and implementing effective school based mental health services. Additionally, we have the clinical skill, operational and fiscal infrastructure, and dedicated and ethical leadership necessary to respond to the identified scope of services and general requirements outlined within this RFP.



**National Counseling Group**

An ncgCARE Partner

The proposal outlined below specifies how 1.) NCG meets all provider requirements, 2.) is a provider with extensive experience providing TDT services in Virginia with qualified, professional staff, 3.) will fully meet or exceed the expectations of HCPS as indicated in the service approach and methodology, 4.) is in good standing with all regulatory bodies, and 5.) is the right choice for Henrico County Public Schools.

Thank you for accepting this RFP, and for your consideration of our TDT services. We would look forward to sharing with you more about our school-based programs and services to help those most in need.

Sincerely,


Frank Valentine, MS, CSAC  
Vice President  
National Counseling Group

## ATTACHMENT A PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all requirements specified in this Request for Proposal ("RFP") No. 23-2549-6JOK – Medicaid-Funding Therapeutic Day Treatment Services – Henrico County Public Schools.

My signature also certifies that by submitting a proposal in response to this RFP, the Offeror represents that in the preparation and submission of this proposal, the Offeror did not, either directly or indirectly, enter into any combination or arrangement with any person or business entity, or enter into any agreement, participate in any collusion, or otherwise take any action in the restraining of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

I hereby certify that I am authorized to sign as a legal representative for the business entity submitting this proposal.

LEGAL NAME OF OFFEROR (DO <u>NOT</u> USE TRADE NAME):
National Camelby Camp
ADDRESS: 5014 Merrimack Avenue
Richmond, VA 23230
FEDERAL ID NO: 54-1905361
SIGNATURE: 
NAME OF PERSON SIGNING (PRINT): Frank Valentine
TITLE: Vice President Operations
TELEPHONE: 540-819-6699
FAX:
EMAIL ADDRESS: frank.valentine@ncycare.com
DATE: 7/10/23

## ATTACHMENT B BUSINESS CATEGORY CLASSIFICATION FORM

Company Legal Name: National Cemetery Group

This form completed by: Signature: [Signature] Title: Vice President Operations

Date: 7/10/23

PLEASE SPECIFY YOUR BUSINESS CATEGORY BY CHECKING THE APPROPRIATE BOX(ES) BELOW.

(Check all that apply.)

- SMALL BUSINESS
- WOMEN-OWNED BUSINESS
- MINORITY-OWNED BUSINESS
- SERVICE-DISABLED VETERAN
- EMPLOYMENT SERVICES ORGANIZATION
- NON-SWaM (Not Small, Women-owned or Minority-owned)

**SUPPLIER REGISTRATION** – The County of Henrico encourages all suppliers interested in doing business with the County to register with eVA, the Commonwealth of Virginia’s electronic procurement portal, <http://eva.virginia.gov>.

eVA Registered?  Yes  No

If certified by the Virginia Minority Business Enterprises (DMBE), provide DMBE certification number and expiration date.  
 \_\_\_\_\_ NUMBER                      \_\_\_\_\_ DATE

### DEFINITIONS

For the purpose of determining the appropriate business category, the following definitions apply:

**"Small business"** means a business, independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business.

**"Women-owned business"** means a business that is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

**"Minority-owned business"** means a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

**"Minority individual"** means an individual who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:

1. "African American" means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
2. "Asian American" means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana Islands, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
3. "Hispanic American" means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
4. "Native American" means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

**"Service disabled veteran business"** means a business that is at least 51 percent owned by one or more service disabled veterans or, in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more individuals who are service disabled veterans and both the management and daily business operations are controlled by one or more individuals who are service disabled veterans.

**"Service disabled veteran"** means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

**"Employment services organization"** means an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department of Aging and Rehabilitative Services.

**ATTACHMENT C**  
**Virginia State Corporation Commission (SCC)**  
**Registration Information**

**The Offeror:**

is a corporation or other business entity with the following SCC identification number:  
04933537 -OR-

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust -OR-

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the Bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from Bidder's out-of-state location) -OR-

is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned Bidder's current contracts with Virginia and describes why those contracts do not constitute the transaction of business in Virginia within the meaning of §13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

Please check the following box if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids:



**ATTACHMENT F  
DIRECT CONTACT WITH STUDENTS**

Name of Offeror: National Counseling Group

Pursuant to Va. Code § 22.1-296.1, as a condition of awarding a contract for the provision of services that require the contractor or employees of the contractor to have direct contact with students on school property during regular school hours or during school-sponsored activities, the contractor shall provide certification of whether any individual who will provide such services has been convicted of any violent felony set forth in the definition of barrier crime in subsection A of Va. Code § 19.2-392.02; any offense involving the sexual molestation, physical or sexual abuse, or rape of a child; or any crime of moral turpitude.

Any individual making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor and, upon conviction, the fact of such conviction is grounds for the revocation of the contract to provide such services and, when relevant, the revocation of any license required to provide such services.

**As part of this submission, I certify the following:**

- None of the individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities have been convicted of a violent felony set forth in the definition of "barrier crime" in Va. Code § 19.2-392.02(A); an offense involving the sexual molestation, physical or sexual abuse, or rape of a child;**

**And (select one of the following)**

- None of the individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities have been convicted of any felony or any crime of moral turpitude.**

or

- One or more individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities has been convicted of a felony or crime of moral turpitude that is not set forth in the definition of "barrier crime" in Va. Code § 19.2-392.02(A) and does not involve the sexual molestation, physical or sexual abuse, or rape of a child. (In the case of a felony conviction meeting these criteria, the contractor must submit evidence that the Governor has restored the individual's civil rights.).**



*Signature of Authorized Representative*



*Printed Name of Authorized Representative*

National Counseling Group

*Printed Name of Vendor*

*(if different than Representative)*





## **Tab 2: Statement of Scope**

NCG proposes to deliver Therapeutic Day Treatment (TDT) services, which are mental health and counseling interventions, primarily in an educational setting for Henrico County Public Schools(HCPS). NCG TDT programs are designed to successfully address mental health, emotional, and behavioral issues that create a barrier to effective learning. Participating students are school-aged children and adolescents who meet the specific eligibility criteria for Medicaid funded TDT services. Services provided include group, individual, and family counseling, care collaboration, and crisis response and deescalation. Children and adolescents considered for this program demonstrate a mental, behavioral, or emotional illness resulting in significant functional impairments in major life activities. These challenges have become increasingly disabling over time and require frequent supportive and intensive interventions to stabilize them in a learning environment for extended periods of time.

In accordance with Medicaid guidelines, NCG will be present during the school day to provide intervention and support to identified Medicaid-eligible students in the classroom or in other school settings as needed and as approved by the principal. Typically, NCG counselors work on the same schedule as the teachers within the school and offer additional flexibility to meet student and school needs. Our counselors are often indistinguishable from school personnel, and are considered guests in the school. NCG counselors are available on teacher work days and before and after school for collaborative meetings, family sessions, and other events as needed. Additionally, 24-hour crisis intervention is available to all our students.

Within the Therapeutic Day Treatment (TDT) model, NCG will provide mental health interventions to include:

- Face to face evaluations and assessments for the purpose of treatment planning.
- Person centered, trauma informed Individual Service Plans
- Individual and family counseling - family sessions and contacts are documented weekly
- Psycho-educational activities to learn and enhance functioning
- Group counseling
- Care Coordination
- Crisis response

To provide TDT services, NCG recognizes that collaboration consists of being accountable for our work and communicating effectively with HCPS. It is important that HCPS know and understand who is receiving services, and how each student is progressing in treatment. By establishing structured weekly/monthly case and census reviews of all students receiving services, and by providing outcome data reporting, a trusting relationship can be established between NCG and HCPS that is based on transparency.

Lastly, NCG employs caring and compassionate professionals that are registered with the Virginia Department of Health Professions, at minimum, as Qualified Mental Health Professionals. All NCG Counselors providing



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TDT services receive on site supervision, and once caseloads are established, are expected to be in their buildings on student academic days to provide services. Proactive communication and collaborative approaches to supporting students is NCG's hallmark feature of our services.

TDT services provided to HCPS are at no cost to HCPS and are funded by Medicaid. NCG does not provide a specific "Summer Program" or "Summer Camp" but is able to provide TDT services over the summer months to those students in need attending summer school. This is also known as "Regular TDT." NCG does not offer after school TDT programming, and believes best practices for the delivery of this service are interventions conducted in an academic setting during the school day.



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**Tab 3: Default, Termination, and Barred Certification Statement**

National Counseling Group certifies the following:

- NCG has not defaulted on any government contract in the last 5 years
- No public or private contracted entity has terminated a contract with NCG in the last 5 years
- No NCG employed officers, directors, supervisors, counselors, partners, or owner(s) is currently barred from participating in procurements by any federal, state, or local government body

Based on the above statement, NCG certifies that we are in good standing with all past and present contracted partnerships.



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**Tab 4: Offerer Qualifications, Experience, Resumes, and Financial Stability**

**NCG's Mission:**  
*To improve lives.*

**NCG's Vision:**  
*To be recognized as the most trusted health and human services agency in our communities.*

**NCG's Core Values:**  
*To believe, practice, and embrace Joy, Continuous Improvement, Integrity, Diversity, and Self Care.*

Since 1993, National Counseling Group, Inc. (NCG) has committed itself to the mission of “improving lives” through mental health treatment, substance use counseling, innovative programming, and child, family, and community advocacy. National Counseling Group is owned by ncgCARE, Inc. and is a partner to the ncgCARE network of behavioral health providers along the east coast, which includes agencies in Virginia, West Virginia, North Carolina, South Carolina, and Georgia. Out of the senior leadership of National Counseling Group in 2015, ncgCARE, Inc. was formed as a parent company to this network. ncgCARE, Inc supports the administrative functions required for daily operations, including Human Resources, Finance, Compliance, Contracting and Development, Clinical Quality and Training, and Information Technology for each partner agency.

Throughout NCG's 30 year tenure serving Virginia, the organization and its founder have been awarded multiple commendations recognizing NCG's commitment to helping both the individuals and communities we serve through outreach, treatment, and innovation, particularly in the area of mental health. As an approved Medicaid provider of an array of school, home, and community-based services since 2001, we have a long history of working with youth, adults, and families with serious mental health, behavioral, substance abuse, environmental, and socio-economic issues that create significant opportunities for decompensation and crisis.

NCG currently holds a triennial license with DBHDS to provide school based Therapeutic Day Treatment for children and adolescents, as well as Intensive In-Home Services, Outpatient Mental Health (virtual and face to face), and Mental Health Skill Building Services (see Triennial Licence in Appendices - Attachment H). Also, NCG offers Evidence Based Programs (Multisystemic Therapy, Parent Child Interaction Therapy, and Functional Family Therapy), Parent Partnership programming, residential diversion, and therapeutic mentoring services. Lastly, and most relevant, NCG is the largest school based Therapeutic Day Treatment provider in the state partnering in 40 school jurisdictions and over 286 schools with additional partnerships currently being established (see list of 2022-23 schools in Appendices - Attachment G).



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The design and implementation of NCG's programming are strongly grounded in our company's Mission, Vision, Values, and Service Delivery Model. NCG has taken great care to ensure the needs of those we serve come first and that every aspect of our organization, from onboarding to training to care coordination to supervision, supports our work with children, adolescents, and families. NCG has invested in the resources needed to provide clinicians, supervisors, and directors with the tools they require to deliver best practice care with integrity and real-time oversight.

NCG has been providing a variety of behavioral health services for children, adolescents, adults, and their families throughout our 30 years of operations in the Commonwealth of Virginia. NCG was founded in 1993 as a highly effective Outpatient Program specializing in co-occurring disorders for adolescents and adults. Due to the high demand in the community, NCG launched home and community-based services for youth and families in 1998 and received its original license to provide TDT services in Virginia in 2008.

Since this time, NCG has expanded TDT services to nearby localities, to include Stafford, Spotsylvania, Hanover, Petersburg, Richmond, Chesterfield, and many others outside of the Richmond Metro Area in both rural and urban locations. We are proud to be a trusted and reliable school based provider that has been recognized by the Department of Medical Assistance Services in March 2023 as "the gold standard" TDT provider. As such, we may offer a full complement of professional references:

### School References

Teresa D. Ritenour  
Director of Student Support Services  
Frederick County Public Schools  
1415 Amherst Street  
Winchester, VA 22601  
Phone: 540-662-3889 ext. 88234  
ritenout@fcpsk12.net

Monica L. Williams, MSW, Ed.S, LCSW  
Department of Student Support Services  
Norfolk Public Schools  
800 E. City Hall Ave.  
Norfolk, VA 23510  
Phone: 757-670-3945  
mwilliams4@nps.k12.va.us

Tedra Richardson  
Executive Director of Student Support Services



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Spotsylvania County Schools  
8020 River Stone Drive  
Fredericksburg, VA 22407  
Phone: 540-834-2500  
trichardson@spotsylvania.k12.va.us

Melissa G. McDaniel, Ed.D.  
Assistant Superintendent of Special Education and Student Services  
Floyd County Public Schools  
140 Harris Hart Road NE  
Floyd, VA 24091  
(540)745-9400  
mcdanielm@floyd.k12.va.us

Ann Bueche, Ph.D.  
Student Services Director  
Stafford County Public Schools  
31 Stafford Ave  
Stafford, VA 22554  
Phone: 540-658-6000  
buecheam@staffordschools.net

*Additional references available upon request*

### Resumes

Per request, NCG is providing a compliment of attached resumes of existing leadership and staff from our Richmond Office. If awarded, NCG Richmond will provide additional resumes of counselors hired to meet needs of HCPS TDT program (see Staff Resumes in Appendices - Attachment D). Upon request, NCG is able to provide additional resumes for existing staff currently assigned to provide TDT to Hanover, Chesterfield, and Richmond. If awarded, NCG would initiate hiring specifically for Henrico County.

### Financial Stability

NCG is providing documentation to show proof of financial stability from our partner bank, Citizens Commercial Banking (see Financial Letter in Appendices - Attachment E). NCG is in good financial standing and is able to provide all employees with compensation designed to recruit and retain the best talent available.

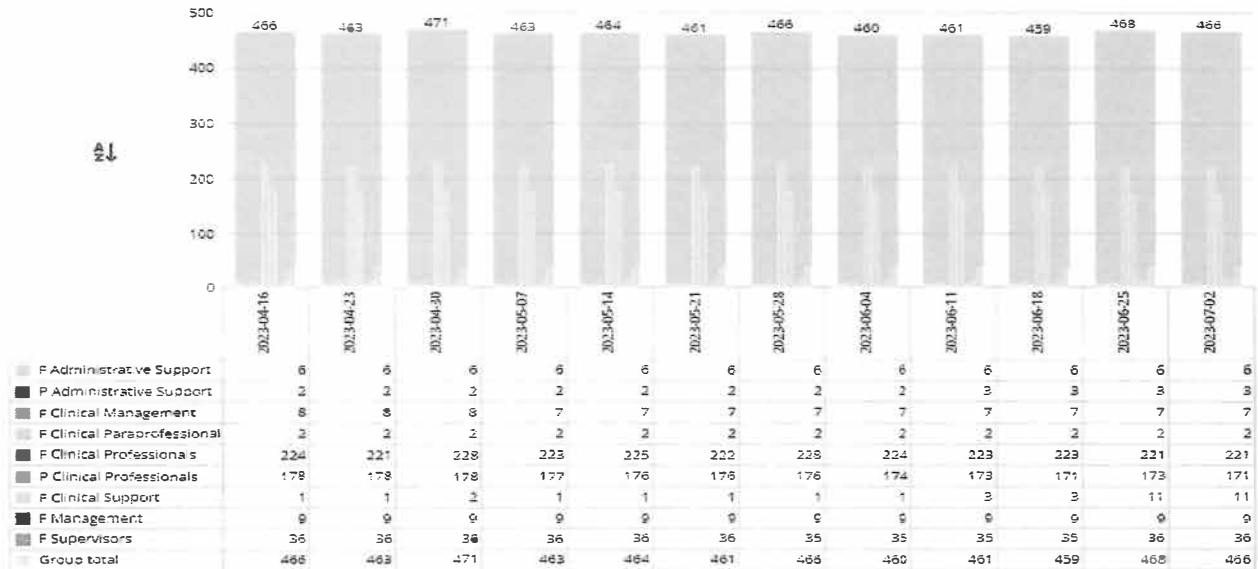
Presently, NCG employs 466 professionals in Virginia. We currently have 38 new hires onboarding in July, and are continuing to hire to meet existing school based needs. We have a standardized payroll every 2 weeks for all staff. We provide a full complement of benefits to include Medical, Dental, Vision, Retirement, Life Insurance, and Tuition Assistance. NCG possesses the appropriate amount and



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level of liability insurance in keeping with requirements for this RFP (see Certificate of Insurance in Appendices - Attachment F). We are a for-profit, private sector agency that is able to attract, hire, and retain our professionals as evidenced by the below Staffing data:



We have strong recruiting and retention efforts that include sign-on bonuses, retention bonuses, incentives for varying positions, partnership with an external recruiting agency, and a robust compensation package to attract professionals to support our school partnerships. To date, NCG has not experienced problems hiring to fill TDT positions despite workforce shortages.



**Tab 5: Approach and Methodology**

**A. NCG’s Service Delivery Model**

Providing successful services that continue to help families long after those services end requires an effort that far exceeds the norm. It requires an approach to service delivery that we call **CARE**. **CARE** incorporates long-standing principles that go beyond traditional practice in our field. **CARE** asserts that long-term success can only be accomplished if services are **coordinated, appropriate, responsive, and effective**.

<b>Coordinated-</b>	Coordinated care is the foundation of everything we do at NCG. Coordination amongst professionals is the key to successful treatment, allowing all services to work in harmony. This is especially true in a school setting where coordination between academic and mental health professionals is critical to the success of the students.
<b>Appropriate-</b>	Appropriate care can only exist through a collaborative, person-centered, wraparound approach that utilizes both professional and natural supports. These supports must be meaningful, practical, strength-based, and desired by the student and family. At NCG, we work to provide and find those supports.
<b>Responsive-</b>	Responsive care and timely access to services are critical. In the school setting, this becomes even more important as potential clients have the opportunity to disrupt the learning environment. At NCG, we understand this, and we are prepared to begin providing services immediately.
<b>Effective-</b>	Effective care entails working closely with the schools to ensure that NCG accurately identifies realistic goals to work towards for every student. Only through accurate assessment can we utilize effective interventions to facilitate real and sustainable progress in student and family functioning. We will monitor those goals and frequently communicate with school personnel about the progress throughout our provision of care. The schools are our partners in treatment and will be kept informed every step of the way.

NCG’s Therapeutic Day Treatment (TDT) programming includes services provided to and on behalf of students under the CARE approach explained above. The management and arrangement of direct and indirect time, services, and collaboration with others equal an individualized service plan that will best meet each student’s identified needs. Services are provided in licensed school settings during times and at locations approved and agreed upon by the school administration throughout the school day.

To summarize, our model of TDT encompasses the following components: **Comprehensive screening and assessment, individual and group sessions, opportunities for skills development throughout the day, monitoring of medication adherence, classroom intervention and assistance, crisis response,**





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*family engagement, active collaboration, and care coordination.*

## **B. TDT Program Goals**

The primary goal for TDT services is to avoid an out-of-home and/or out-of-school placement for the child and improve the overall level of functioning in specific areas to include behavior in the home, school and community, symptom reduction, and compliance with taking prescribed medication related to their behavioral health needs. Utilizing program defined goals and guidelines, NCG works collaboratively with individuals in service to determine specific desired outcomes as established by the Individualized Service Plan (ISP).

Goals include:

- Prevention of out of home and/or out of school placement
- ISP Goal Achievement at time of discharge
- Improved TDT student academic performance (tied to mental/behavioral health)
- Improvement of individual functioning
- Reduction in disciplinary action
- Increased engagement in social activities
- Decrease and cessation of alcohol and or drug use
- Increased school attendance
- Improved parent engagement and investment in academic performance

Through the provision of TDT services, NCG expects the following:

1. Effective delivery of TDT services resulting in the successful completion of programming as evidenced by the following:
  - a. Improvement in overall functioning
  - b. Achievement of individualized ISP goals
  - c. Maintenance of students in the school setting
2. Establishment of a successful partnership with HCPS personnel as evidenced by:
  - a. Development of a collaborative meeting schedule between key HCPS and NCG personnel to support students receiving services
  - b. Feedback from HCPS staff solicited through formal satisfaction surveys and informally through Supervisor/Director inquiry
  - c. Establishment of mutually agreed-upon outcomes collection and reporting plan
3. Improvement in student ability to focus on academics while in school as evidenced by:
  - a. Improved grades
  - b. Decreased classroom disruptions and need for disciplinary actions
  - c. Ongoing adherence to medication as prescribed



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4. Engagement of each student's parent(s)/family in the development of individualized goals and ongoing support as evidenced by:
  - a. Weekly communication with the student's parent(s)
  - b. Development of a schedule for parent meetings weekly or bi-weekly as needed and documented on the ISP
  - c. Introduction of activities/exercises the student and parent(s) can engage in at home to improve learning and reinforce positive change

### C. Assessment and Planning

Consistent with all programs provided by NCG, students may be routinely referred to a program or service during a crisis event or serious incident. During crisis referrals, staff initially conduct a lethality assessment as part of the screening process to rule out the imminent risk of harm and determine the appropriateness of the requested level of care (see Lethality Assessment in Appendices - Attachment A). This screening, taken from Magellan's Clinical Practice Guidelines, occurs when there is any indication of active or recent suicidal or homicidal thoughts or behaviors. Any risk for lethality or serious harm is determined and addressed immediately. Appropriate action is promptly taken to mitigate any risk of harm. If the student is deemed to be at imminent risk, NCG TDT worker will communicate immediately with appropriate school personnel. The police or 911 will be called, along with the community's emergency services, if necessary, so that safety and security can be maintained, and the necessary arrangements for the most appropriate services made. NCG will assist with all aspects of communication between the hospital, evaluator, school, and authorities.

Upon determination of TDT appropriateness, the TDT intake assessment is completed and used to obtain service authorization from the individual's Medicaid insurance carrier or purchase order for services for non-Medicaid students. Identifying individualized needs for safety and treatment planning are inclusive of the assessment process.

The TDT intake assessment will include a face-to-face meeting, orientation to the program, HIPAA, Client Rights, and completion of intake documentation. Intake documentation includes consents and releases, interviews with parents, school personnel, and treating professionals, such as the school psychologist/counselor/social worker, psychiatrist or therapist, to gather information to assess the needs and preferences of the student as it relates to TDT service delivery. For individuals expressing any risk for self-harm, the assessment process will include a full suicide risk assessment, which was developed by the ncgCARE Institute based on the work and research of Thomas Joiner at Florida State University (see Suicide Risk Assessment in Appendices - Attachment B). Finally, the development of the initial Individualized Service Plan (ISP) and safety plan, with input from the youth and family, is incorporated into the intake assessment process to address immediate service, health, and safety needs until the



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comprehensive ISP is completed. The ISP is completed within 30 days.

The ISP contains:

1. The student's treatment or training needs, goals, and measurable objectives to meet the identified needs,
2. Services to be provided, to include ongoing risk assessment and safety plan reviews, with the recommended frequency to accomplish measurable goals and objectives,
3. The estimated timetable (i.e., target date) for achieving the goals and objectives, and
4. An individualized discharge plan that describes the transition to other appropriate services and supports.

The ISP is a comprehensive and regularly updated treatment plan specific to the student's unique treatment needs, as identified in the clinical assessment. The student and family are included in the development of the ISP, and the ISP is signed by the student and by his or her parent/legal guardian. Additionally, the assigned counselor works with key school personnel to identify and determine how to collaboratively address the social and emotional needs of each student and incorporate them into the ISP. NCG school-based staff will be an active part of planning for IEPs (if requested) and will also work with each student's family to identify ways to involve the parent(s) and guardian(s) in service planning and ongoing treatment.

### **D. Intervention**

First, learning about and being a part of the culture at HCPS is a critical part of the success of our TDT program. NCG staff assigned to HCPS will work hard to understand the schools' protocols and language to ensure students recognize us as a connected and engaged partner with school personnel. This step is necessary for the staff to be effective with student(s).

What are the keys to our success? NCG believes in the importance of the following intervention activities to foster a successful program:

- Demonstrating the clinical skills necessary to implement effective interventions
- Consistent clinical supervision weekly
- Building relationships with school administration and staff
- Attending school assemblies and events to support student success
- Learning and becoming a part of the school's culture
- Collaborating with teachers and parents to support behavioral planning

Furthermore, care coordination with associated service providers, to include school personnel, outpatient therapists, psychiatrists, and other mental health providers, is equally as important and performed and



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documented by TDT staff for service planning and ongoing collaboration regularly and as appropriate. Only when there is a coordinated effort on the part of all service providers, coupled with natural support, will we see the most success.

NCG believes students are best served by providing a continuum of care both in and out of the classroom, including both direct and indirect services, such as consistent supervision, one-on-one and group interventions, and family contacts that focus on family involvement and support of the student academically and emotionally. Indirect services are activities provided for or on behalf of students that support the students' educational program. This may include consultation, advocacy, care coordination, planning, and evaluating treatment interventions and behavior modification planning with teachers. Other notable indirect activities include counselor participation in school staff meetings, treatment team/IEP meetings, and training events.

### Clinical Model

NCG adheres to Trauma-Informed approaches in the provision of care to those served by integrating the following practices to specifically address the consequences of trauma and facilitate healing:

- Understand the widespread impact of trauma and potential paths for recovery;
- Recognize the signs and symptoms of trauma in students, families, staff, and others involved with the system;
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seek to actively resist re-traumatization.

As such, our trauma-informed approach at NCG reflects adherence to the six key principles of care that can be generalizable across varying settings and programs. NCG aims to foster safety, trustworthiness, and transparency, encourage peer support, engage in collaboration and mutuality, empowerment, voice, and choice all while remaining sensitive to cultural, historical, and gender issues. With these perspectives in mind, NCG aims to promote the linkage to recovery and resilience for those individuals and families impacted by trauma through the dissemination of appropriate trauma-informed interventions.

Within the Therapeutic Day Treatment (TDT) model, NCG will provide mental health interventions to include the following:

1. Face-to-face evaluations and assessments for person-centered treatment planning.
  - a. Research-based assessments used include:
    - i. NCG's Lethality Screening based on Magellan's Clinical Practice Guidelines;
    - ii. NCG's Suicide Risk Assessment based on Tom Joiner's Interpersonal Theory; and
2. One-on-one and group skills development sessions and psychoeducational activities as outlined



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in an age-appropriate evidence-based curriculum to address socio-emotional and behavioral needs identified through assessment and treatment planning, such as social skills and appropriate peer relations, anger management, problem-solving and coping skills, decision making, impulse control and self-regulation, appropriate self-expression, focus and redirection, and community responsibility.

- a. Evidence-based curricula used includes, but is not limited to:
  - i. Strong Kids® for elementary school students
    - Developed by a team of educational and mental health experts;
    - Evidence-based curriculum designed to support the development of social-emotional skills needed to build a strong foundation for school success;
    - Modules include mindfulness, managing anger, reducing stress, and solving interpersonal problems; and,
    - Age-appropriate activities for students from elementary through high school.
  - ii. Overcoming Obstacles® for middle and high school students
    - Developed through Community for Education Foundation, Inc. by Jill Siegal Chalsty;
    - Nationally utilized Life Skills Education curriculum for middle and high school students;
    - Modules include learning respect for oneself and others, bullying prevention, communicating effectively, making sound decisions, setting and achieving goals, and resolving conflicts; and,
    - Skill-building activities may be performed one-on-one or in group settings
3. Individual and/or family counseling/therapy is an important component for anyone addressing an emotional, behavioral, or mental health issue. For students receiving TDT services, counseling/therapy is required and can be provided or obtained in a few different ways. Once the need is identified, a discussion about the best approach (family vs. individual therapy), access to services (availability, transportation, logistics), and need for specialty care is the first step in setting up counseling. A referral to a specialist may be in the student's best interest. If the student is already receiving services from a therapist, coordinating care with that professional and ensuring they are a part of discharge planning will be important. For many students, adding counseling as a part of TDT is needed. This counseling may be school-based or office-based. Again, all counseling is implemented based on the discussion referenced above. This discussion will take place with the student, parent(s), and school personnel, with an emphasis on a smooth transition to outpatient counseling at discharge as the primary support.
4. Therapeutic interventions designed to improve classroom behavior and engagement based on evidence-based practices with realistic goals identified on the TDT Individualized Service Plan



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(ISP) or IEP.

- a. Evidence-based practices used in counseling include:
  - i. Cognitive-Behavioral Therapy
  - ii. Motivational Interviewing
  - iii. Behavior modification strategies
5. Group interventions are typically conducted before and after school, during lunch, or during elective classes, as approved by the principal or school POC. Facilitation can focus on the following topics (and others suggested by school personnel):
  - a. Communication and Social Skills
  - b. Stress Management and Coping Skill Development
  - c. Impulse control and self regulation
  - d. Problem solving and decision making skills
  - e. Family living skills
  - f. Healthy Relationships
  - g. Healthy Lifestyle
  - h. Citizenship
6. Consultation with school staff such as school administrators, psychologists, social workers, school counselors, and teachers daily. TDT counselors are available during teacher workdays, or other non-student days (before and after school hours).
7. 24-hour crisis response is available to all our students.

NCG applies evidence-based practices to service provision according to age, developmental level, and diagnosis. Elementary and middle school-aged students with behavioral challenges, including those diagnosed with ADHD and those with intellectual or developmental disabilities, for example, have been shown to respond well to behavior management strategies such as token economies and level systems, a strategy also promoted by Magellan's clinical practice guidelines. A token economy, or token system, is essentially a tool for learning behavior. TDT staff are capable of utilizing a daily behavior report card or star chart with elementary and middle school-aged children to engage them in their progress and to provide opportunities for success on a day-to-day basis. Through experience working in multiple school jurisdictions, NCG has largely adopted, conformed, and supported the school system's existing behavior management protocols and programs.

Individual sessions, otherwise known as pull-out sessions, as required by DMAS TDT guidelines, are conducted daily and allow concentrated time with the counselor for the student to develop skills and address problematic behaviors. The TDT office within the school allows for a confidential exchange during those sessions. One-on-one sessions are implemented during classroom crises or during times when a student needs to receive one-on-one attention to practice skills development and de-escalate adverse emotions and behavior. The opportunity to practice and reinforce these skills one-on-one with



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their counselor is key to learning and change. Additionally, one-on-one time allows the counselor to follow up with students on their experience applying new skills in the classroom setting, referred to as “push-in” time, thereby increasing insight and awareness through change. This is a rich opportunity to reinforce learned skills. The foundation created through one-on-one time is a necessary component of ensuring the effectiveness of our Classroom Intervention and Assistance protocol.

NCG primarily uses Classroom Intervention and Assistance “push-in” time to monitor, model, reinforce, and affirm the skills the students are learning. Effective interventions implemented by NCG’s TDT clinical staff will help to improve classroom dynamics and reduce loss of instruction time. Behavioral disruptions can be addressed immediately without interrupting the class to address one student’s disruptive behavior. An immediate intervention gives the student the best opportunity to redirect problematic behavior so he or she can return to learning while protecting the learning environment for their classmates. In the classroom, counselors monitor students’ progress towards treatment goals, while providing support and encouragement. Working with students in the classroom as allowed by the teachers and Principals reinforces the skills addressed in individual sessions.

Push in time allows the TDT counselor to become part of the school culture. Students see the counselor as a regular part of the classroom setting such that NCG can support existing classroom management programs. Our program does not work independently of school-based initiatives, as we believe it is counter-productive for TDT counselors to work solely outside of the classroom. This is not insinuating that our TDT services are solely a “one on one” classroom program, but one that is able to provide directive and brief interventions designed to stabilize problematic behaviors. The Individualized Treatment Plan developed to address student needs should complement and parallel efforts being made by the teacher in the classroom. This would not be accomplished without counselors “pushing-in” and immersing themselves in classroom routines.

In addition to NCG’s full continuum of outpatient, community, and school-based TDT services, our dedication to providing trauma-informed services is important to highlight here. Research suggests that a large part of the student population may be silently dealing with past or current traumatic experiences without community or professional support. Unfortunately, without this support, students may experience negative consequences, including but not limited to, anxiety, depression, an increase in negative or risky behaviors, and interference with their academic progress. We would welcome the opportunity to assist with building a trauma-informed school environment by providing trauma-sensitive training to teachers and other school staff that would increase the awareness to recognize students at risk and give them tools to provide support for students who have or are experiencing trauma.



## **E. Supervision and Evaluation**

NCG works to learn each school system's culture, behavioral and administrative protocols, and language to provide continuity for the student, enhanced communication with the teachers and administrative staff, and subsequently better outcomes. Active communication is key to building strong relationships, which is an essential component of NCG's program and an important part of our program's success to date. We believe that the effectiveness of services to the students and counselor acculturation to the school environment is dependent upon our active communication. NCG encourages a standard weekly case coordination meeting between the TDT counselor, supervisor, and school personnel, including administrators, psychologists, social workers, school counselors, teachers, etc. This provides the opportunity for feedback, planning, discussion of progress, and problem-solving any existing challenges or barriers. The coordination of care is organized and consistent, and NCG counselors provide ongoing support and feedback about the student's progress to teachers and associated professionals as appropriate.

### Supervision and Oversight:

Clinical Supervisors at NCG are responsive, skilled, and proactive professionals who take pride in the clinical integrity of our programming. NCG's average counselor to supervisor ratio is 1:10 for supervision, allowing for supervision to take place when and how it is needed. Not only do our staff receive clinical supervision at least once weekly, but TDT staff receive supervision within the school environment while services are being provided. We refer to this form of supervision as "live supervision," which benefits both the counselor and the student served by supporting the therapeutic process, ensuring appropriate interventions, as guided by the ISP, are provided and are effective, and by solidifying the engagement of all involved. Supervisors and Directors of NCG's TDT programs are visible on school grounds and active participants in the collaboration with the schools to ensure the needs of the school and its students are met. It is NCG policy that TDT workers do not leave the school building for supervision, or personal matters unless there is an emergency. In such cases, the TDT worker is required to communicate with the school POC, notify the administration, and contact their Supervisor.

The Director is the primary personnel responsible for oversight of TDT programming and is accountable for service delivery, customer and client satisfaction, and outcomes. The Director coordinates (at minimum) monthly meetings with school jurisdiction POC to review TDT operations that includes, but is not limited to census, referral tracking, clinical updates, staffing and relational issues, and client/school satisfaction. Any issues or concerns are addressed with the Director responsible for implementing corrective action and reporting back to the school POC. Proactive approaches to





managing TDT produce better outcomes, and allow for open and transparent communication to occur.

All clinical staff are assigned a supervisor who is either licensed or license-eligible (Resident or Supervisee) and who provides onsite and offsite supervision weekly, totaling approximately 3 hours each week per supervisee. On-site supervision includes providing support and guidance at the school to staff providing direct care, overseeing crisis intervention and the delivery of psycho-education, therapeutic activities, and group sessions.

NCG has outlined very specific supervision protocols, ensuring that the supervisor of each case is on the frontline of managing utilization. The clinical supervisor is regarded as a member of the student's treatment team and, as such, is responsible for knowing and understanding the eligibility criteria and service definition of the service received. With that knowledge, NCG supervisors ensure that caseloads are managed, ISP interventions are producing results, and all TDT required activities are being implemented. Accountability and ownership of our work is critical to program oversight.

#### Program Evaluation:

NCG uses a variety of evaluation methods to ensure the integrity of programming and effectiveness of care provided. These methods include risk management protocols, internal record reviews to ensure compliance to licensing and funder standards, outcomes reporting and evaluation, weekly on-site supervision and oversight, and consumer and professional satisfaction surveys.

NCG clinicians will document their work with students to demonstrate our compliance with the requirements of the Scope of Services outlined in the RFP through weekly, monthly, and documented quarterly progress reports to designated school and/or division staff for each student. These reports will identify progress made on ISP goals and the level of family engagement. NCG will partner with HCPS to develop appropriate reporting protocols to ensure transparency, accountability, and assertive communication is occurring with each student receiving services.

Furthermore, NCG is unique in its ability to leverage technology and dedicate resources to the pursuit of quality across all programs. Supported by the ncgCARE Institute, NCG follows an established Clinical Quality Case Review process that serves three objectives: a.) To objectively assess, through clinical records, the quality, adequacy, and effectiveness of clinical services provided by National Counseling Group; b.) To be prepared for audits that may be performed by a payer or regulatory body, and c.) To identify Quality Improvement Initiative opportunities due to systemic issues discovered in the review process.



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Through the use of claims auditing, chart compliance audits, and clinical quality reviews, NCG remains confident in the integrity and effectiveness of services provided. More specifically, NCG promotes the following guidance for demonstrating evidence of effectiveness:

1. Does documentation show that the individual is benefiting from services?
  - **The Golden Thread:** An initial Comprehensive Needs Assessment (CNA) is completed → the CNA should inform the individual service plan (ISP) → the ISP should inform how treatment is provided which should be reflected in the progress notes → Progress Notes should inform quarterly updates to the ISP → and ultimately, the ISP should guide discharge planning.
2. Mental health services are rehabilitative and should not continue for a prolonged period of time. All goals on an ISP will outline specific target dates.
3. Clinicians should be evaluating whether the interventions selected to aid an individual in reaching their goals are effective or not and make changes as needed.
4. If an individual is not seemingly getting better, other changes may be warranted, such as changing the assigned counselor or service(s) being provided or considering what additional specialty services may be needed to enable the individual to achieve their goals.
5. Use of **Evidence-Based Practices:** Evidence-based practices refer to an intersection of clinical, scientific evidence, individual values and preferences, and provider experiences. Evidence-based interventions are treatments that have been proven effective through research. As such, EBI's are treatments that are likely to be effective in changing target behavior if implemented with integrity. Examples include Motivational Interviewing and Cognitive Behavioral Therapy among others.

Clinical Quality Chart Reviews occur in each office, monthly, through a Director level Peer Review Committee chaired by the Vice President of Operations. In the event of incidental findings, an established procedure is followed that includes Corrective Action Plans (CAP) and Quality Improvement Initiatives (QII) that are recorded in compliance with DBHDS licensing requirements.

### Program Satisfaction:

NCG allows both individuals and families served as well as school professionals an opportunity to provide feedback about services rendered. Satisfaction survey results are captured every 90 days during Treatment Plan reviews. In addition, community partners, referring agents, and stakeholders are surveyed every 90 days, and at 6 months to ensure satisfaction of services. These quarterly results are



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available to HCPS personnel for review. Lastly, NCG conducts a community stakeholder “round table” meeting every quarter. In this forum, community partners from DSS, DJJ, CSB, and other entities participate in a feedback session where services are discussed. Information collected in this meeting is reviewed by the NCG Quality Management Team and action items are developed to improve service delivery.

### Program Outcomes:

NCG has identified four (4) categories of performance that are routinely captured and analyzed to ensure optimal outcomes for all individuals receiving TDT services:

#### 1) **Efficiency**

- **Access: Time from Referral to Assessment:** Individuals meeting medical necessity for TDT services are often at risk of losing their current home or school placement. Therefore having efficient access to participate in a Comprehensive Needs Assessment is paramount to ensuring the provision of services for an individual can begin timely.
- **Access: Time from Authorization to First Service:** NCG aims to engage individuals in treatment immediately following the receipt of an authorization. The number of days between when the authorization was received and the date of the first medically necessary service is tracked.
- **Length of stay (LOS)** has long been supported in the literature as a meaningful outcome and is an indicator of effective and efficient care. NCG aims to provide individuals with the least restrictive frequency and duration of services needed to successfully treat the individual.

#### 2) **Engagement**

- **Attendance:** NCG tracks all absences, both excused and unexcused, as well as documents any suspension or expulsion for students served. In the event NCG is also providing outpatient services to the individual and family, engagement is measured by capturing the status (i.e. Show, No Show, Canceled) for all appointments.

#### 3) **Effectiveness:** The effectiveness of services is measured by Goal Achievement on an individual’s Treatment Plan.

- **Treatment Plan Goal Completion:** All individuals have a personalized treatment plan. The level of achievement for each goal is indicated in the plan.
- **Fidelity to the Model:** As part of clinical supervision, supervisors review documentation, practices, and observe service delivery to ensure fidelity is maintained to evidence-based models.



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- 4) **Client & Stakeholder Satisfaction:** NCG collects satisfaction data from individuals served, NCG staff, and community stakeholders/referring professionals. All respondents are given the opportunity to discuss their responses further by indicating whether they would like to be contacted, which provides the opportunity for service recovery where needed.

In conjunction with student and family outcome data, and satisfaction surveys, NCG TDT student census will be provided to HCPS POC no less than monthly.

*It is important to note that NCG's Electronic Health Record (EHR) drives our outcome collection process (outside of external surveys regarding client and customer satisfaction). Data is exported from our EHR and imported into the NCG Business Management Software (aka DOMO). Additional outcomes that HCPS seeks to measure and account for can be developed and implemented.*

### Partnership with the Schools & Community:

NCG would like to highlight our commitment to those with whom we partner by sharing some of the ways we give back to the community. Our level of collaboration includes providing resources for our school partners (i.e., principals, teachers, guidance counselors) in the form of training. NCG has had the privilege of an invitation to provide in-service and professional development training for school professionals on numerous occasions. Training topics have included Compassion Fatigue, Happiness (Positive Psychology), Change Management, Motivational Interviewing, Leadership, Self Harm, Self Care and Burnout Prevention, and Parenting Interventions to help our school partners maximize their learning. Training events are conducted under the supervision of the ncgCARE Institute and are free of charge. NCG would welcome the opportunity to develop and implement a training schedule to support the professional development of HCPS staff. Learning and supporting each other is an important aspect of our partnership that is working towards similar goals with students.



## Tab 6: Protocols and Policies

### A. Method of establishing eligibility.

Eligible participants of TDT are school-aged children and adolescents who meet the specific eligibility criteria as defined by the Department of Medical Assistance Services (DMAS). Children and adolescents considered for this program demonstrate a mental, behavioral or emotional illness resulting in significant functional impairments in major life activities that have become increasingly disabling over time and require frequent supportive and intensive interventions to achieve and maintain academic success where less restrictive interventions have been unsuccessful.

As NCG is an approved Medicaid provider in good standing. Individuals referred to our TDT program are assessed for Medicaid eligibility at the time of referral via the VA Medicaid web portal. Once a referral is received for admission, our Business Operations Department completes a Medicaid eligibility review and updates the client insurance in our Electronic Health Record. NCG's Business Operations department conducts Medicaid eligibility checks at the beginning and at the end of every month. This involves an electronic submission of data that yields immediate results. Any individual/family who shows a lapse in Medicaid coverage is contacted immediately by the local site supervisor or counselor for follow-up with the goal of renewing coverage and preventing a lapse in service.

### B. Method for obtaining parental consent.

NCG respects the privacy of all students and their families and therefore will not make contact or solicit a family for services until the parent/legal guardian has been contacted by the school, informed of the services available, and consented to participate. Therefore, all referrals to our TDT program must go through a school liaison in order for services to initiate. NCG welcomes both verbal or written parental consent.

### C. Method for maintaining consent forms and other client information.

All client documentation, including consent to participate in the program, is completed and maintained within the individual's electronic health record (EHR). NCG utilizes Credible for all community-based and outpatient services, which is accessed by employees via a secure login and password. Credible allows for documentation templates to be customized to ensure requirements are met according to all state, federal, licensing, and payer standards, laws, and regulations. Any document generated outside of the EHR may be uploaded to the record for viewing access by eligible personnel.

NCG utilizes electronic forms built in Credible and accessible to the individual youth and family via



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client portal to document an individual's consent to participate in services, releases for exchange of information and other intake documents, and all documentation required for service provision. Upon assessment, client and family are oriented to client confidentiality, and provide documented consent/permission to communicate with treatment stakeholders.

### **D. Method for maintaining confidentiality.**

Credible's EHR is role-based which allows NCG to restrict access for each user based on what is appropriate for their role. All clients in the software are assigned to a counselor(s) on a 1:1 basis, limiting access to their respective charts from any unauthorized staff. Supervisors of those counselors are permitted to review the charts of those individuals on their supervisee's caseload. If necessary, Credible has configuration settings available for "VIP" clients. These are clients that may be a relative or personal friend to an employee at NCG and therefore not accessible by that employee, even if their role would typically allow for it.

Each section of Credible's software has a HIPAA log attached. All actions of staff while they are in the EHR are tracked, including but not limited to: a) accessing a client's chart, b) making updates to a client's chart, c) editing or deleting content from documentation, or d) creating a billable or non-billable service. This function offers a tool for investigation and accountability at any time there is a question regarding a potential breach of protected health information (PHI).

### **E. Method for compliance with the Health Insurance Portability and Accountability Act (HIPAA).**

All NCG applicable staff are trained in HIPAA policy and required to review and sign NCG's Computer Security Policy at time of hire and annually thereafter.

As referenced above, NCG implemented Credible as its electronic health record (EHR) and provides intense training to staff upon hire. Credible is certified as a HIPAA compliant Software as a Service (SaaS) EHR. Credible is a hosted solution, meaning all NCG data is stored and managed through the vendor's data centers, which meet or exceed federal guidelines.

### **F. Method for obtaining and maintaining adequate licensure/endorsement of employees for specified services as assigned.**

NCG is licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as a TDT provider (see Appendices - Triennial License). NCG is licensed to provide TDT services to HCPS for Medicaid and Non-Medicaid funded students.



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For direct care employees, official transcripts are obtained at the time of hire to verify education and credentials. Each service provider's credentials are entered into NCG's human resource information system, as well as into Credible within the employee profile. The effective date and date of expiration for each license and/or certification is logged for tracking purposes. In addition, a copy of the license or certification is filed in the employee record. NCG utilizes a software that is linked to the Virginia Department of Health Professions called Modio. This software tracks and updates the credentialing eligibility of all NCG employees annually.

G. Description to identify eligible students and communicate with parents and HCPS.

Initial identification/screening: Children exhibiting externalized behaviors, such as verbal outbursts and physical aggression, inability to stay on task, difficulty managing emotions, etc. are identified as possible students eligible for TDT. In addition, children exhibiting internalized behaviors such as depression, withdrawn from social activities, and isolation negatively impact functioning are also identified. Identification initially is performed by school personnel: Principal, Teacher, Social Worker, Counselor. As soon as students are identified, HCPS can communicate with NCG Counselor/Supervisor to review student needs for possible referral to TDT. Lastly, any student that has received prior or current intervention from law enforcement, juvenile justice, mental health/psychiatric, or social services should automatically be considered as they have a higher level of risk.

Once determined NCG will partner with HCPS (school personnel or identified POC in the school building) to complete a referral form. HCPS will then contact the parent or legal guardian to inform them of this referral. As mentioned, this can be verbal or documented. NCG cannot "cold call" a client or family to initiate a referral process in TDT. Once referral is completed, and the parent has agreed to participate, NCG contacts the family to schedule assessment.

Typically, once a student is identified, a referral is made by the designated school liaison. NCG offers multiple avenues for submitting referral information to our agency. Our goal is to make the referral process as easy and most convenient as possible for stakeholders so as not to create barriers to accessing care. These options include:

1. The NCG Care Center: NCG's Care Center is a centralized team of Care Specialists located in Richmond, VA who are trained to expedite referrals into the agency via phone using a warm hand-off procedure. This means that a simple phone call to 877-KNOW-NCG (877-566-9624) connects callers to a live person who collects basic information to document the referral before then connecting the caller to a live person at the appropriate service location assigned to serve the individual or family referred.



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2. NCG's website: Referrals may also be sent to NCG through our website at [ncgCommunity.com](http://ncgCommunity.com) by simply clicking on the link to Request Services and completing the brief request form. A Care Specialist will then reach out to you for more information.
3. Email: Referral information may be sent to NCG via email at [referral@ncgCommunity.com](mailto:referral@ncgCommunity.com). A member of NCG's Care Center will receive this email and respond accordingly.
4. Once a TDT program is established in a school, providing the assigned counselor the Referral Form is typically the most efficient method of referral (see Referral Form in Appendices - Attachment C). In these circumstances, the counselor is able to support in screening and identifying students that meet eligibility criteria.

### H. Provide policies regarding screening and background checks that meet HCPS standards for working with/around students.

NCG maintains and adheres to our policy for Background Checks on Employees. All employee background checks are documented and conducted upon hire, and then Annually thereafter by the NCG HR Department. This policy outlines our method for determining one's eligibility to perform required job duties/roles to include their criminal history and a review of the child protective services registry. NCG can ensure HCPS Schools that none of the individuals who perform the work under this contract have been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child. Any employee with a Class I Misdemeanor in the past 10 years is also excluded from employment. All background checks are available to HCPS.

### I. Quantify minimum and maximum caseload

NCG's goal is to provide TDT Counselors in an identified school on a full time basis. Full time defined means NCG TDT Counselor is on site from the beginning of the school day, until the end of the school day during all student academic days. In order to accomplish this, a caseload minimum must allow for at least 12 billed units per day. This equates to at least 4 students authorized for TDT services for a full time counselor to be assigned to a school. Caseload maximum can be up to 10 students for 1 full time counselor.

It is important to note that MCOs are rarely approving max units per student per school day. Therefore, caseload sizes vary. In order for NCG to financially support a Full Time Counselor in a School, a minimum of 12 units must be available per day.





The following are DMAS TDT units per student:

- 2 - 2.99 hours = 1 unit
- 3 - 4.99 hours = 2 unit
- 5 hours or more = 3 units

The following is NCG allocation of time in a school based on caseload:

- 12+ Units per day = 7.5 hours in school
- 9 - 11 Units per day = 5 hours in school
- 6 - 8 Units per day = 3-5 hours in school
- 3 - 5 Units per day = 2 hours in school
- 2 units and under = 0 hours

Schools with identified needs should be targeted for TDT where caseload sustainability can be achieved. Based on our experience, not all schools in a jurisdiction have needs for TDT, nor do they have sustainable caseloads. NCG will partner with HCPS to identify schools that have the highest needs for the service, and develop a staffing and implementation plan. NCG has had success starting up TDT programs of similar size and scope to HCPS.

TDT is not a “one on one” program where a single TDT Counselor can be assigned to a single student. This approach is not financially viable.

#### K. Performance Data and Associated Reports

As previously shared in this proposal, TDT Outcome reports can be tailor-made for HCPS. Outcome data that can be provide include, but are not limited to:

- Time from referral to assessment
- Time from assessment to first service
- Discharge outcomes
- Serious Incident Reporting
- Treatment Goal Completion
- Census
- Length of Stay
- Quarterly Quality Assurance Survey (Parent and Professional)



## **Tab 7: Exceptions**

### *Non-Medicaid Students*

Scholarship cases for Non Medicaid students may be available provided the existing TDT Counselor has a minimum of 12 billed units or full caseload per full time employee. Final scholarship approvals will be done by NCG Site Manager, Director, or designee. In addition, NCG reserves the right to refuse scholarship referrals should the student not meet existing TDT DMAS criteria. Any student approved for scholarship services will receive the same type and level of care outlined in this RFP. Length of stay for any scholarship case will not exceed 90 days.



## **Tab 8: Assumptions**

### ***Staffing Plan***

Direct care is provided by highly qualified and trained staff which includes those determined by the Virginia Board of Counseling to possess any of the following credentials: 1) Licensed Mental Health Providers (LMHP), 2) Licensed Mental Health Providers Eligible/Residents (LMHP-R), 3) Qualified Mental Health Professional - Children (QMHP-C), or 4) Qualified Mental Health Professional - Trainee (QMHP-T). All staff adhere to the requirement to be registered with the Department of Health Professionals and are deemed to be in good standing. (Definition: LMHP, LMHP-R, QMHP-C, and QMHP-T mean the same as defined in 12VAC35-105-20.) All staffing credentials, licenses, certifications and transcripts are maintained by the NCG Human Resources Department and will in turn, be provided to HCPS.

Our staff understands their primary responsibility is to ensure the mental and behavioral health needs of the students they serve are met through high-quality service and professionalism while also aligning with the goals of HCPS. NCG believes in a proactive approach to communication with both students and parents, with an expectation that our staff is very visible and interactive as core team members within the student's treatment team. We have an expectation that counselors engage their families in an in-person family session weekly where at all possible, which surpasses the Medicaid minimum requirement for communication within the TDT program.

If awarded this contract, NCG would add TDT staff to the team in two ways: 1.) Recruit and train current qualified mental health professionals internally to provide TDT programming, and 2.) strategically hire new qualified staff who meet our hiring criteria, preferably having relevant experience with youth in the school setting, and who appears to be a good fit for HCPS.

NCG works to accommodate the preferences of a school as much as possible. We have been extremely successful in growing the program to fit the needs within the school; as the caseloads grow, we have been able to add staff accordingly. If requested, HCPS Principals, or a designee, will be afforded the opportunity to meet and interview our TDT staff members to identify those that would be the best fit for their school culture and student needs.

Team coverage is provided by available TDT workers, or Clinical Supervisor should a TDT worker be absent two (2) or more consecutive days. Immediate notification to school POC will occur under these circumstances.



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**Tab 9: Appendices**

*See attached additional information referenced in this RFP response:*

- A. Lethality Screening
- B. Suicide Risk Assessment
- C. Referral Form
- D. Staff Resumes
- E. Financial Letter
- F. Certificate of Insurance
- G. List of current schools served
- H. Triennial License



Individual Name:	<b>Test Test / 1001</b>	Date/Time:	<b>6/10/2015 2:23 PM to 2:25 PM</b>
Visit Type:	<b>Lethality Screening</b>	Staff:	<b>Holly Duggan</b>
DOB	<b>7/19/1999 15 Director of Programs &amp;</b>		
Notes:			

## Instructions

This screening tool is to be used by QMHP or higher when evidence of imminent danger to self or others is present.

**QUESTIONS MUST BE ASKED IN THE ORDER THEY ARE WRITTEN.**

## Questions

**Are you having thoughts of wanting to kill yourself?:**

**Do you have a plan?:**

**Do you have what you need to carry out your plan?:**

**Have you already made an attempt?:**

**If you have not attempted, have you been rehearsing your plan in your mind?:**

**On a scale of 1-10, with 10 being the worst, how would you rate your suicidal thoughts today?:**

**Have you taken any medication, drugs or alcohol today?:**

**Have you ever attempted to kill yourself in the past?:**

**Are you thinking of hurting or killing someone else?:**

**Do you have a plan?:**

**Do you have what you need to carry out that plan (e.g. a weapon)?:**

**Have you assaulted anyone or harmed anyone in the past?:**

**Do you feel like you are in danger (from self or others) right now?:**

**Are you hearing voices that are telling you what to do?:**

**What are they telling you to do?:**

**Are you alone right now?:**

**If no, is there an adult with you?:**

**Would you mind if we included that adult in this conversation to help you? (while keeping the youth/individual on the line):**

## Next Steps

**Contact Supervisor to review results of screening and review treatment needs immediately.**

**Check here to notify Supervisor of Lethality Screening:** Supervisor Notified

**Note: If individual has a need for suicidal or homicidal ideation or history of either, an immediate safety plan must be discussed to provide support to the individual/family in the event that imminent danger arises. A full safety plan is recommended once an assessment is conducted and individual is admitted to NCG program.**

**Immediate Safety Plan: (check which directive(s) was given at time of screening):** 1. Call 911

2. Contact local Crisis Hotline number: (fill in below),

3. Contact current therapist or psychiatrist: (fill in name and contact info below),

4. Follow additional service recommendations (Please specify referral made & to whom (e.g.,



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Individual Name:	<b>Test Test / 1001</b>	Date/Time:	<b>6/10/2015 2:23 PM to 2:25 PM</b>
Visit Type:	<b>Lethality Screening</b>	Staff:	<b>Holly Duggan</b>
DOB	<b>7/19/1999 15 Director of Programs &amp;</b>		
Notes:			

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Crisis Stabilization services with NCG),

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Employee Signature

6/10/2015 2:25 PM

Approved by HDUGGAN on 6/10/2015



Individual Name:	<b>Test Test / 1001</b>	Date/Time:	<b>6/10/2015 2:19 PM to 2:19 PM</b>
Visit Type:	<b>*Suicide Risk Assess</b>	Staff:	<b>Holly Duggan</b>
DOB	<b>7/19/1999 15 Director of Programs &amp;</b>		
Notes:			

## SUICIDE RISK

### Instructions

This screening tool is to be used by QMHP or higher when evidence of imminent danger to self or others is present.

**QUESTIONS MUST BE ASKED IN THE ORDER THEY ARE WRITTEN.**

### Safety & Risk Assessment

**Are you currently having thoughts of wanting to die or harm yourself?:**

**How frequent are these thoughts? :**

**How have these thoughts been occurring over recent weeks? :**

**When did they start?:**

**Please explain what thoughts you are having specifically. :**

**Thoughts can be described as:**

**Do these thoughts occur under specific circumstances?:**

**If yes, what circumstances?:**

**Have you had any impulses (sudden urge) to commit suicide?:**

**If yes, when?:**

**Do you have a plan for killing yourself?:**

**If yes, document method, time, and place.:**

**Do you have what you need to carry out your plan? (e.g., weapon, pills):**

**If no, do you intend to get what you need?:**

**Have you been rehearsing/practicing, even in your mind, the act of killing yourself?:**

**Have you had thoughts of suicide before?:**

**If yes, how long ago?:**

**Have you ever attempted to kill yourself before?:**

**If so, when? How?:**

**Is there anything different now or will there be anything different in the near future?:**

**Please explain:**

**How might you describe your attitude, in general, toward suicide?:**

**Does the thought of suicide scare you?:**

**Have you told anyone else about these thoughts or the attempt?:**

**If yes, who?:**

**Is there someone you feel connected to? (Take note if he/she can help):**

**Are there others you feel connected to?:**

**Who? :**

**Do you feel all alone?:**

**How would others feel if you die? :**

**Are you experiencing repeated conflicts with anyone in your life (e.g. fighting, bullying,**



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Individual Name:	Test Test / 1001	Date/Time:	6/10/2015 2:19 PM to 2:19 PM
Visit Type:	*Suicide Risk Assess	Staff:	Holly Duggan
DOB:	7/19/1999 15 Director of Programs &		
Notes:			

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frequent arguments)?:  
**What are some reasons for living?:**  
**What reasons, if any, do you have for dying?:**  
**With all you've been through, how have you managed not to commit suicide so far?:**  
**Suicide Risk Factors (select all that apply):**  
**Identified Protective Factors:**  
**Suicide Risk Level:**  
**Rationale for risk level selected:**

**Guide for Safety Planning**

---

**Low/Mild Risk: (Fleeting thoughts of self harm but no past behaviors and no current plan or immediate means; low drug/alcohol use, little functional impairment and some positive relationships/supports)**

1. Discuss support options and how to engage them.
2. Consider self management as an option.
3. Identify relevant community resources and provide contact details.
4. Focus on mental health needs to alleviate anxiety, depression, and/or distorted thinking.

**Moderate Risk: (depression, grief, or loss, feelings of hopelessness, suicidal thoughts with related past behaviors but no current clear intent, plans, or immediate means; moderate functional impairment, social isolation, drug and alcohol misuse (but not out of control))**

1. Attend to immediate safety.
2. Ask about significant others regarding support and engage them with permission.
3. Consult with Clinical Supervisor on appropriate level of care (e.g., psychiatrist appointment, referral to emergency services, crisis stabilization referral)
4. Follow up

**High/Extreme Risk: (continual, specific suicidal thoughts, intent, plans and means, significant past suicidal behaviors, mental illness, despair, significant functional impairment and social isolation, drug and alcohol misuse)**

1. Attend to immediate safety. Don't let the person leave until a safety plan is in place.
2. Consult with Clinical Supervisor and call 911 if necessary.
3. Ask about significant others regarding support and engage them with permission.
4. Follow up





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Individual Name: **Test Test / 1001** Date/Time: **6/10/2015 2:19 PM to 2:19 PM**  
Visit Type: **\*Suicide Risk Assess** Staff: **Holly Duggan**  
DOB: **7/19/1999 15 Director of Programs &**  
Notes:

---

Employee Signature

6/10/2015 2:20 PM

Approved by HDUGGAN on 6/10/2015



# Referral Form

<b>Name &amp; Credentials of Staff Screening:</b> Frank Valentine, MS, CSAC, QMHP	
<b>Site:</b> Richmond	<b>Initial Contact Date:</b>

RECOMMENDED SERVICE(S)						
MARK WITH "X":	TDT:	IIH:	EBP:	MHSS:	CRISIS:	OP (Medicaid):
	OTHER:					

CLIENT INFORMATION			
Individual:		Medicaid #:	
Race:		MCO:	
DOB:		Gender:	
School:		Grade:	
Guardian:		Phone #s:	
Address:		City, Zip:	
Individual Email:		Guardian Email:	
<b>Allows Patient Portal Access</b>		<b>Allows Patient Portal Access</b>	
Private Insurance:	(Include insurance, individual ID, and group ID if applicable)		

REFERRAL SOURCE *MUST BE COMPLETED*			
Name:		Agency:	
Address:		Phone:	
E-mail:		Fax:	

PRESENTING PROBLEM	
Describe reason for referral, including frequency, intensity, and duration of behaviors over the past 30 days.	
Is the individual at imminent risk for self harm or harm to others? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the individual have a history of criminal behavior or recently displayed violent behaviors? <input type="checkbox"/> No <input type="checkbox"/> Yes

Reason for Requesting Services (Presenting Problem):

**CSA/NonMedicaid  
FUNDED REFERRALS ONLY**

Service(s) requested:

Funder:

Relevant information pertaining to service request:

**PARENT PARTNERSHIP ONLY**

Parenting service(s) requested:

Funder:

Name of Parent(s) receiving services:

Parent DOB:

Parent Address:

Name of Identified Child on the Purchase Order (if applicable):

## Attachment D - Resumes

### Frank E. Valentine, MS, CSAC

10900 S. Lamont Ct., Fredericksburg, VA 22407 (540) 819-6699

frankandbritt11@gmail.com

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#### **Professional Profile:**

M. S. level professional with a record of exemplary performance counseling dually-diagnosed youths and adults in home-based and outpatient settings, as well as executive, managerial, and supervisory experience working in private and public mental health/substance abuse settings. An objective, ethical, and creative problem solver possessing the level of clinical and interpersonal skills needed to successfully intervene with clients and employees.

#### **Education:**

Virginia Commonwealth University, Master of Science, Criminal Justice (May 2003);  
Bachelor of Science, Criminal Justice, minor in Sociology (May 1996).

#### **Knowledge and Skills:**

- Provided individual, family, group, and couples counseling in residential and community settings for youths and adults with co-occurring disorders.
- Extensive knowledge of counseling techniques and theories related to substance abuse issues, psychopathology, criminology, family therapy, and sex offending/victimization.
- Facilitated Substance Abuse, Larceny Reduction, and Anger Management groups for offender population in residential and outpatient settings.
- Formal training completed in Cognitive Behavior Interventions (theories and practice) from Master Trainers from the Albert Ellis Institute and Motivational Interviewing from VCU and Mid-ATTC.
- Implemented treatment plans to address both youth and adult treatment needs, to include dual diagnosis interventions for substance-related and psychological disorders.
- Developed and implemented Intensive Substance Abuse Outpatient program designed to initiate recovery process and increase motivation to change maladaptive behaviors.
- Extensive experience with drug screening clients for assessment and treatment purposes, to include hair sampling, urine screening, and saliva testing methods.
- Implemented numerous referrals to various community resources, including mental health agencies, group homes, and residential placement programs.
- Excellent case management and organizational skills for treating an excess of over 30 adults and youths, to include Medicaid, CSA, 294, and self pay clients.
- Supervisory experience managing community-based counselors to include training and education, case management, building morale and motivation, professional development, and monitoring for case compliance to Medicaid and CSA funding sources.
- Conducted trainings for professionals (Social Workers, Teachers, Counselors, and Probation Officer) on a host of topics such as Motivational Interviewing, Substance Abuse Treatment, Drug Testing – detection and adulteration, Understanding the Role of a Child in Chemically Dependent Family, Methamphetamines, Behavioral Disorders, Crisis Intervention, Psychology of Happiness, and Leadership.
- Responsible for program development that included treatment curriculum, RFP and grant writing proposals, and subsequent staff training.
- Executive experience managing multiple operational units and Director level staff across a large geographic area.
- Managed clinical service revenues in excess of \$25 million.
- Responsible for expansion of service revenues from \$1.5 million to \$15 million in 24 months.
- Knowledge of criminal judicial proceedings, to include testifying and collaborating with court officials.

- Strong literature based professional with considerable knowledge of substance abuse trends, pathways to criminal conduct and substance abuse, prevention, and adolescent development. Graduate level work concentration on effective treatment interventions with offender populations.
- Exceptional written and oral communication skills, to include technical reports, progress summaries, performance evaluations.
- Extensive experience with computer software: Credible EHR, Word processing, EXCEL, SPSS, SAS, Power Point, and other general Microsoft and Google applications.
- Chairperson for a community advisory board and treatment team to address offender intervention services.
- Board Membership experience (Mental Health America).
- Acted as treatment program liaison for Henrico County Juvenile Court.
- Provided team building and experiential learning exercises in low and high ropes course initiatives to youth and adult groups as Ropes Course Facilitator for Challenge Discovery.

**Certifications, Memberships, and Achievements:**

- Certified Substance Abuse Counselor - VA Department of Health Professions #0710102049
- Qualified Mental Health Professional (Child) - VA Department of Health Professions #0733005774
- Certified - Risk Management Facilitator (2004)
- Certified - Handle with Care Trainer (1998 - 2006)
- American Red Cross - First Aide and CPR Certified
- Master of Science Program GPA 4.0 (May 2003)
- Exemplary yearly performance evaluations at all places of employment
- Navy Achievement Medal (1993)
- Military Letters of Appreciation (1991 and 1992)

**Experience:**

- Vice President Virginia Operations, National Counseling Group; September 2019 - Present.
- Regional Director - Southwest, National Counseling Group; January 2015 - September 2019.
- Director, National Counseling Group, Fredericksburg, VA; October 2008 – January 2015.
- Clinical Supervisor/Substance Abuse Counselor, National Counseling Group, Richmond, VA; January 2004 – October 2008 (full-time); May 2003 - December 2003 (part-time).
- Facilitator (Ropes Course), Challenge Discovery, Doswell, VA; January 2004 - March 2005 (part time).
- Probation Officer, 14<sup>th</sup> DCSU, Henrico County, VA; May 2003 - January 2004.
- Rehabilitation Counselor, Department of Juvenile Justice, Hanover Juvenile Correctional Center, Hanover County, VA; October 2000 - May 2003.
- Director, Life Structure Training Program-Offender Treatment Program, North Carolina Criminal Justice Partnership Program, Carteret County, NC; July 1996 – April 1998.
- Probation Officer, 14<sup>th</sup> DCSU, Henrico County, VA; Internship; December 1995 - June 1996.
- Counselor, Enrichment Program, Henrico County, VA; December 1995 – June 1996.
- United States Marine Corps (1989-1993). *Honorable Discharge after 4 year enlistment*

***Compliment of references available upon request***

## Huy Trinh

11682 Timberly Court ● Henrico, VA 23238 ● 714-316-8307 ● httrinh86@yahoo.com

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### Personal Profile

- National Dean's List in Fall 2005 for having a semester GPA of 3.8
  - William Montcrief Scholarship in Fall 2008
  - Student Assistant of the year in 2009 by the Student Staff Leadership Council
  - National President's List in Fall 2009 for having a semester GPA of 4.0
  - Inducted into the National Residence Hall Honorary in Spring 2009
  - Recognized as Counselor of the Month for the month of 07/2013 and 02/2021 at National Counseling Group, Inc.
- 

### Education

Virginia Commonwealth University – Richmond, VA  
Post Master's Certificate in Counseling

Texas Tech University – Lubbock, TX  
Master's in Education in Counselor Education

Texas Tech University – Lubbock, TX  
Bachelor of Arts in Psychology

Westwood High School - Austin, TX  
High School Diploma

### Relevant Courses

- Introduction to Community Counseling
  - Career Counseling and Advising
  - Techniques in Counseling
  - Group Counseling
- 

### Experience

#### Relevant Experience

Site Manager, National Counseling Group, Inc., March 2023 – Present

- Manage the Richmond Site through completion of referrals for community-based services including but not limited to Intensive In-Home, Mental Health Skill-building, Therapeutic Day Treatment, Therapeutic Mentoring, Case Life Skills, Parent Coaching, and Home-Based services.
- Provide case management with multiple community partners to receive referrals and coordinate care including but not limited to attendance to treatment team meetings, submission of monthly reports, and provide referral update via email and telephone.
- Partner with the Senior Outreach Coordinator to market NCG to increase visibility of programs in the community.
- Manage personnel through monthly staff meetings to increase productivity.

- Continue assigned duties as Clinical Supervisor including managing a team of up to fifteen mental health professionals comprising of full time and part time. Facilitate monthly individual supervisions for mental health professionals to process cases and provide support. Facilitate weekly supervisions for mental health professional trainees to promote professional growth. Utilize evidenced based supervision models including Reflective Supervision to teach on key areas of improvement such as counter transference. Utilize evidence-based supervision techniques such as strength based and choice theory to promote and challenge professionals to grow.
- Provide mental health services to clients in the greater Richmond city and surrounding areas through interventions, strong rapport building, and connection to community resources. Interventions include but not limited to coaching of symptom management skills and facilitating connection to community resources such as DARS and food banks. Also connect with and collaborate frequently with other mental health professionals in the community. Services have included Community Based programs and Outpatient Therapy.

Clinical Supervisor, National Counseling Group, Inc., May 2021 – March 2023

- Provide mental health services to clients in the greater Richmond city and surrounding areas through interventions, strong rapport building, and connection to community resources. Interventions include but not limited to coaching of symptom management skills and facilitating connection to community resources such as DARS and food banks. Also connect with and collaborate frequently with other mental health professionals in the community. Services have included Intensive In-Home and Outpatient Therapy.
- Manage a caseload of approximately up to fifteen professionals comprising of both full time and part time. Facilitate monthly individual supervisions for mental health professionals to process cases and provide support. Facilitate weekly supervisions for mental health professional trainees to promote professional growth. Utilize evidenced based supervision models including Reflective Supervision to teach on key areas of improvement such as counter transference. Utilize evidence-based supervision techniques such as strength based and choice theory to promote and challenge professionals to grow.
- Facilitate a safe environment in which client confidentiality and safety come first. Provide skills for clients to improve independent living and emotional regulation. Develop individualized service plans focusing on specific goals for each client to achieve on a quarterly basis that include but not limited to securing independent living and connecting to community resources. Be on call for clients seven days a week, 24 hours per day if necessary.
- Received training in Relias and managing and utilizing software Credible to schedule appointments, complete documentation, and develop personalized treatment plans.
- Manage Community Based programs including Mental Health Skill-building and Intensive In-Home. Coordinating the Residential Diversion program to prevent residential placement for at risk youth. Attendance to scheduled treatment team meeting to support professionals providing services and collaborate with other professionals.
- Management of referrals using computer-based data programs to track incoming referrals for core base programs. Collaborate with the Director, Clinical Supervisor and Clinical Assessment Specialists to assign assessments and assign case assignments to mental health professionals.

Mental Health Professional LE, National Counseling Group, Inc., November 2012 – May 2014, November 2014- May 2021

- Provide mental health services to clients in the greater Richmond city and surrounding areas through interventions, strong rapport building, and connection to community resources. Interventions include but not limited to coaching of symptom management skills and facilitating connection to community resources such as DARS and food banks. Also connect with and collaborate frequently with other mental health professionals in the community.
- Manage a caseload of approximately twelve clients. Meet with clients individually one to three times a week from one to three hours. Sessions composed of developing rapport, identifying client's

needs, coaching independent living skills, training on social skills, and educating about symptom management.

- Facilitate a safe environment in which client confidentiality and safety come first. Provide provide skills for clients to improve independent living and emotional regulation. Develop individualized service plans focusing on specific goals for each client to achieve on a quarterly basis that include but not limited to securing independent living and connecting to community resources. Participate in weekly supervision meetings with a mixture of both group and individual supervision. Be on call for clients seven days a week, 24 hours per day if necessary.
- Resident in Counseling LE credentialed. Currently collecting clinical hours towards a LPC licensure. Involved in the Residential Diversion Program to help maintain high at-risk adolescents from being removed from the home. Involved in the Mental Health Skill-building Services program to help teach adults independent living skills. Involved in the Intensive In-Home program to promote emotional regulation skills to maintain placement and promote family unity for at risk youth. Involved in the Outpatient program to help teach children, adolescents, and adults the necessary skills for emotional regulation and stress management.
- Received training in Relias and managing and utilizing software Credible to schedule appointments, complete documentation, and develop outreach treatment plans.

#### Behavior Specialist, Civitas Health Services, Inc., August 2014-November 2014

- Provide mental health support services to clients in the greater Richmond city and surrounding areas through repeated interventions of rapport building, case management, and connection to community resources. Interventions include but not limited to coaching of life skills, case management, and collaboration with other mental health professionals in the community. Maintain and develop daily progress notes followed by weekly summaries. Document parent contact and assist in van drop off and pickups from school and to clients' homes.
- Provide therapeutic day treatment services to children ages 5-18 in a therapeutic office setting. Co-facilitate with co-counselors in running groups ranging topics about learning appropriate behaviors, following directions, positive communication skills, and improving social interactions. Manage a caseload of up to six clients. Meet with clients five days a week from 3-4 hours. Also exchange information and update clients' parents or legal guardians and in-home workers about behavioral progress at school, TDT, and in home.

#### Intern, Family Counseling Services, August 2011 - August 2012

- Use counseling skills to build interpersonal relationships with clients, develop treatment plans, write case notes, and participate in weekly supervision meetings. Managed a caseload of seven to eight clients a week. Meetings with each client took place once a week, individually for one hour.
- Further develop clerical skills including answering phone inquiries about counseling services and recording phone intakes for prospective clients.
- Outpatient counseling services that often included one on one sessions over different topics including life skills, emotional support, job coaching, career advising, and anger management.

#### Student Assistant, Texas Tech University Student Housing, May 2008 - August 2012

- Develop clerical and office management skills by assisting in running residence hall office. Provide exceptional customer service for students in the residence halls. Answer up to five to eight phone inquiries per work shift about housing services and housing repairs.
- Learned the basics of teamwork and building a cohesive team environment, prioritize and organize tasks, how to balance office duties and to provide quality customer service for students.
- Develop rapport with students in the resident halls, answer questions about Texas Tech University, and connect students to other services and resources including career advising services.



- Facilitated training program of staff expectations to address concerns about work productivity within student staff. Training included presentation of supervisors' expectations, and feedback from student staff about staff expectations.

### **Undergraduate Research**

Research Assistant, Texas Tech University Department of Psychology, January 2009 - December 2009

- Collected data on various experiments studying the relationship between human behavior and the correlation of questions and specific words.
- Learned more about the design of a research experiment, and how to properly run an experiment.

### **Professional Affiliations**

- American Counseling Association - 6/30/12- present
- National Residence Hall Honorary, TTU Chapter- Spring 2009

### **Professional Skills**

- Experienced working in a diverse student staff and campus professionals at a public university.
- Provide exceptional customer service for customers, students, and clients alike for continued services.
- Experienced in developing strong rapport with customers, students, and clients alike.
- Develop professional relationships and collaborate with mental health case managers, clinical supervisors, psychiatrists, and outpatient therapists.
- Firsthand experience learning and working with software-based programs to develop documents and case notes.
- Experienced and comfortable in contacting clients and customers through phone or email.
- Experienced in working as part of a team of professionals to complete tasks and problem solve solutions.
- Experienced in data-based programs including Google Workspace.
- Implement leadership based skills to manage personnel and local management appropriately.
- Resident in Counseling credentialed.

FATIMA L. LOWRY, M.S.Ed, M.A, Resident in Counseling  
PHONE: (804) 998-3050 • EMAIL: [fatimalowry1@gmail.com](mailto:fatimalowry1@gmail.com)

Passionate and empathic resident in counseling with 3.5 years of person-centered community-based counseling experience. Expert in building positive and genuine relationships. Skilled communicator, excellent critical thinking skills, and time management. Comfortable working autonomously or in a team-based setting.

#### EDUCATION

Old Dominion University, Norfolk, VA 08/2018 – 12/2020  
**Master of Science in Education in Clinical Mental Health Counseling**

Indiana University of Pennsylvania, Indiana, PA 08/2010 – 12/2011  
**Master of Arts in Criminology**

#### EXPERIENCE

**National Counseling Group, Richmond, VA** 06/2021 – Present  
*Clinical Supervisor/Crisis Stabilization Coordinator*

- Responsible for managing case assignments for up to 15 staff
- Maintained and managed community relationships with 13 schools across three counties
- Ensured Crisis cases were handled timely and staffed with accordance to the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) standards
- Conducted weekly individual, group, and live supervisions for staff specifically QMHP-T's
- Engaged in new hire onboarding and created a training specific to site and team standards

*Community Based Mental Health Counselor/ Outpatient Therapy Provider*

- Responsible for providing mental health training, mentoring and/or intensive case management services for clients, ages 9 and up, with a serious mental illness.
- Utilized evidenced-based interventions while involving and educating family members and other natural support systems to the extent possible.
- Maintained excellent case management of clients through the creation of individualized treatment plans, care coordination and effective documentation via daily progress notes, continued stay requests and monthly/quarterly reports.
- Experienced in managing mental health crises, anger management, anxiety and depression, learning effective communication skills, conflict resolution, improving self-esteem and social skills, and LGBTQIA+ issues.
- Familiar with Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS), in addition to strictly adhering to HIPAA compliance guidelines.

**Family Insight, P.C, Virginia Beach, VA / Richmond, VA** 08/2019 – 06/2021

*Community Based Mental Health Counselor/ Community Based Assessor/ Outpatient Therapy Provider*

- Maintained effective communication for up to 5 five clients, to include a combination of client files, email professional memorandum, letters, and other written correspondence with ongoing coordination of care with community care providers, as well as verbally and non-verbally.
- Trained in Virtual Residential and Crisis Stabilization Services.
- Provided mentorship for 3 newly hired staff and 1 intern.
- Conducted comprehensive assessments to assess the mental, physical and environmental status of a client to aid in providing community-based services.
- Provided DSM-5 diagnosis to aid in appropriate care within services.
- Provide therapeutic intervention for clients ages 15 and up, to aid client in meeting mental health goals.
- Created individualized treatment plans and maintained thorough records of progress and patient meetings.

FATIMA L. LOWRY, M.S.Ed, M.A, Resident in Counseling  
PHONE: (804) 998-3050 • EMAIL: [fatimalowry1@gmail.com](mailto:fatimalowry1@gmail.com)

**PROFESSIONAL DEVELOPMENT**

Love and Logic Training Family Insight, P.C, Jessica Lewis, M.A.Ed., CSAC, QMHP-A&C	04/2021
Introduction to Trauma and Resilience Greater Richmond Trauma-Informed Community Network, Denise Purgold, LCSW	03/2021
Harnessing the Inner Critic Virginia Beach Psychiatric Center March Professional Forum, Suzan Thompson, Ph.D., LPC	03/2021
Understanding Adverse Childhood Experiences Building Self-Healing Communities Portsmouth Behavioral Healthcare Services, Old Dominion University	04/2019

## **JASMINE N. GLOVER**

1306 W Graham Road, APT C, 23220 C:804-868-5469 [Email](#)

### **SPECIAL EDUCATION | APPLIED BEHAVIOR ANALYSIS | ADVOCACY**

#### **SUMMARY OF QUALIFICATIONS**

Former special education teacher, 2025 master's degree and B. S. in Psychology graduate with three years of education experience in a public-school setting and 1 year of exceptional service in aba therapy, youth/education, data collection and analysis, and community action. An advocative results-oriented professional who delivers integrity, compassion, efficiency, effectiveness, proof-positive work ethic, and solid decision-making to the workforce. Delivers differential educational instruction and behavior technician duties (Fall-Summer and ESY) for an accredited public school. A key player in the virtual learning adaptation and technology teaching methods during the COVID pandemic educational disruption. Before my teaching career, I collected data as a receptionist at a tutoring center at Old Dominion University and held the role of Hostess at a family-friendly restaurant. Combines a fresh 21<sup>st</sup>-century technology perspective and passion for "people-to-people" engagement and education that empowers communities. My proven talents in the classroom, office setting, and customer service setting will set benchmarks for excellence and enhance the institution's reputation.

**APPS:** | Google research | Data Sourcing | Excel, Word | WebEx | Teams | Zoom | EMRS systems

#### **LEADERSHIP COMPETENCIES**

- Behavior Analysis
- Meeting Leadership
- Data Collection & Analysis
- Lesson Planning/Innovation
- Relationship Management
- Training & Development
- Education Policy & Procedures
- Early-Education

#### **PROFESSIONAL EDUCATION**

December 2025 **Masters of Counseling**, Regent University, Virginia Beach, VA

May 2019 **Bachelor of Science**, Psychology, Old Dominion University, Norfolk, VA

## **PROFESSIONAL EXPERIENCE**

### **CARROLLTON ELEMENTARY SCHOOL, Isle of Wight County, VA**

**2019 - 2020**

The mission of Isle of Wight County Public Schools is to enhance and expand on each child's unique gifts and talents to ensure every child is college, career, and life ready.

**SPECIAL EDUCATION TEACHER (2019-2020):** Managing the cases of students in grades k-3 and preparing and implementing instruction in inclusion, general, and special education settings. Serving a consultative role daily for students struggling with behavior and social skills.

- Provided sound and innovative educational techniques and teaching strategies for students.
- Effectively employ proactive management and problem resolution techniques.
- Authored lesson plans, engaging activities, readings, assignments, and graded homework.
- Planned and administered assessments to reinforce learning and gauge student comprehension.
- Planned, attended, and led meetings regarding student performance, goals, and objectives.
- Collaborated and communicated effectively within the school community to promote inclusion and student success.
- Adhered to federal and state laws, school policies, and ethical guidelines.

### **CHESTERFIELD COUNTY PUBLIC SCHOOLS, Chesterfield, VA**

**2020- 2022**

The mission of Chesterfield County Public Schools is to Ignite passion in all through authentic and captivating experiences.

**SPECIAL EDUCATION TEACHER (2019-2020):**

Managing the cases of students in grades 3 and 4 (2020-2021), and preparing and implementing instruction in inclusion, general, and special education settings. Serving a consultative role daily for students struggling with behavior and social skills.

Maintaining all former roles, while assisting and advising students in preparation for transitioning into the workforce, military, or higher education.

- Provided sound and innovative educational techniques and teaching strategies for students.
- Effectively employ proactive management and problem resolution techniques.
- Authored lesson plans, engaging activities, readings, assignments, and graded homework.
- Planned and administered assessments to reinforce learning and gauge student comprehension.
- Planned, attended, and led meetings regarding student performance, goals, and objectives.
- Collaborated and communicated effectively within the school community to promote inclusion and student success.
- Adhered to federal and state laws, school policies, and ethical guidelines.
- Planned for transition while encouraging self-advocacy and self-determination.

### **ADDITIONAL WORK HISTORY**

#### **2022 – PRESENT Applied Behavior Analysis Therapist, RICHMOND, VA**

Collected, analyzed, and graphed behavioral and skills data weekly, monthly, and quarterly. Provided clients with options for communication including verbal, sign language, and non-verbal communication. Advocated for as well as empowered clients to advocate for themselves. Created and implemented service plans for children with Autistic Spectrum Disorder (ASD) diagnoses.

#### **2017 – 2019 SUBSTITUTE TEACHER, Suffolk, VA**

Managed a classroom and created games/activities for over 50 K-5 and middle school students. Distributed lunch and snacks and ensured student safety. Took precautions and followed emergency care protocols.

#### **2013-2018 CASHIER- FOODLION, Suffolk, VA**

Followed procedures for handling cash, checks, coupons, gift cards, partner cards, food stamps, and WIC vouchers. Effectively communicated and exhibited customer service skills. Checked and corrected prices quickly and accurately.

REFERENCES WILL BE PROVIDED UPON REQUEST

# Anna Smith

annasmitty@gmail.com

2460 Stembridge Ct Apt G  
Henrico, VA 23238  
(309)287-7936

## EDUCATION

### **Illinois State University – School of Social Work** *Bachelor of Social Work*

**Normal, IL**  
*Class of 2023*

- Relevant Course work: Diverse populations, family practice, group practice, community Practice, human behavior and social environment

### **Unity Point Health - Child and Adolescent Crisis Behavioral Health Unit** *Internship*

**Peoria, IL**  
*August 2022- May 2023*

- Interned as a mental health associate

## WORK EXPERIENCE

### **Calvary United Methodist Church** *Head of Nursery Care*

**Normal, IL**  
*August 2014 – May 2023*

- Provide safe care for children ages newborn- 8, and
- Prepare for and teach Sunday school
- Substitute teach during the week for the preschool when needed

### **Calvary United Methodist Church** *Custodian*

**Normal, IL**  
*October 2018 – May 2023*

- Provide routine cleaning
- Paint and repair the building when needed
- Set up for and clean up after special events

### **Menards**

#### *Electrical Sales team*

**Normal, IL**  
*October 2018 - April 2020; July 2021- January 2023*

- Former flooring sales team member and cashier
- Work with the inventory team to make sure that inventory numbers are correct
- Give homeowners and contractors advice on their best product options for their projects, stock shelves, and build displays
- Act as manager when the department was without a manager or assistant manager

### **Home Sweet Home Ministries**

#### *Residential Associate*

**Bloomington, IL**  
*April 2020 – August 2021*

- Answer the phone, note important events from the shift, and greet people and residents as they come into the building
- Pass medications, administer drug tests, and make sure that residents have no contraband
- Help residents' transition to and from the shelter, and be there to talk to residents when needed

## LEADERSHIP

### **Calvary United Methodist Church Junior High Ministry** *Small Group Leader*

**Normal, IL**  
*2014 – Current*

- Lead discussions with small groups after a lesson
- Go on retreats with the junior high ministry and help as a chaperone

## TRAININGS

- Trauma informed Care
- Verbal De-escalation skills training
- CPR certified
- CPI training: Verbal and physical de-escalation, including holds and how to safely carry a patient to a room
- Social work day 2022
- Social advocacy day 2022 and 2023

## VOLUNTEER EXPERIENCE

- Humane Society of Central Illinois, 2020- Present
- Catalyst Ministries, 2021- 2022
- Big Brothers Big Sisters “Big”, 2020-2021

# ZYKIRA ROYAL

Objective: work eligibility, Grad student, Internship opportunities, work opportunities

9811 Nott Lane chesterfield VA

(804) 937-3110

Zykiraroyal13@gmail.com

## EDUCATION

### Major: Psychology, Bachelors of Arts

Norfolk State University

Expected Graduation December 2022

## RELATED COURSEWORK

Basic Psychology courses, Advance Computer Concepts, Intro to Social Work, Essentials of Algebra. (Enrolled Fall 2018)

## EXPERIENCE

### Student Activities Leadership, Norfolk State University —

August 2018- March 2020

I worked as a Front Desk Receptionist answering phones and answering students questions about student activities and events. I checked people in and out of the gym and made appointments for students to meet with activity directors. I worked in the game room over seeing the students while they played games and checked people in and out. Lastly I worked in the Bowling center where I checked students in and out and operated the machinery for the bowling lanes.

### Walmart Supercenter , Forest Hill Va — *customer service*

April 2020- Now

I worked as a Cashier. I checked customers out of the store at a fast pace, I also worked customer services helping customers with their returns and money transactions in the money center. I became a layaway rep as well helping customers put their holiday items on layaway. Lastly, I became an Online grocery shopper picking customers orders for them and delivering it to them at the store pickup or at their home.

### Envision Family Services, Norfolk Va- Internship

## SKILLS

Leadership skills  
Organization skills  
Communication skills  
Time management  
Customer service  
Child care

## AWARDS

Leadership, Drum major of Huguenot High School.

Honor Roll

Perfect attendance

Norfolk State University

Academic Honors

## LANGUAGES

English

## Certifications

QMHP-Trainee

TOVA

CPR



Ocean View Elementary School September 2022- November 2022

I Interned at Ocean View Elementary. My duties were to oversee the students during their arrival, learning, and extracurricular activities. Take notes of what I saw and write out "BIRP" notes. I was responsible for meeting with each student on the case load twice a day. I would have individual sessions with the students and have a creative intervention with them that focused on a goal they wanted to reach. Ex: getting along with peers, communicating with words and not violence. Etc.

### **New life LLC, Richmond VA- QMHP-T**

January 1st- now

I work as a Qualified Mental Health Professional in training. I work with adults and children and help them with their mental health. I provide them with resources and coping skills that would motivate them to get into a better head space physically and mentally. I help adult clients get back on their feet by providing them with resources to get them on track with finances and living situations. I also help them with any addiction that they face. I make day to day notes and quarterlies about their improvements and what they still need help on.

July 10, 2023

To whom it may concern:

This letter serves to confirm the account details of our client, National Counseling Group Inc.

Account Name: National Counseling Group Inc  
Subtitle: Blocked Account

Address: P.O. Box 11247  
Richmond, VA 23230

Routing Number/ABA: 036076150

Account Number: 6316316511

Account Type: Checking

The account is currently open and in good standing. Feel free to contact me should you require further assistance.

Sincerely,



Sue Kovack  
Sales Associate  
215-254-3652  
susan.a.kovack@citizensbank.com

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>2200 Old Brick Rd.</b> <b>Ste. A</b> <b>Glen Allen, VA 23060</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 804 678-5000</b>		<b>FAX (A/C, No): 8887513010</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> <b>National Counseling Group, Inc.</b> <b>PO Box 11247</b> <b>Richmond, VA 23230</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Berkley National Insurance Company</b>		<b>38911</b>
	<b>INSURER B : Eastern Alliance Insurance Company</b>		<b>10724</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	HHS858059012	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HHS858059012	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			HHS858059012	10/01/2022	10/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			18423904 All Sttes Except AZ Q000093159 AZ Only	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab			HHS858059012	10/01/2022	10/01/2023	\$1M Occ./ \$3M Agg.
A	Abuse/Molestation			HHS858059012	10/01/2022	10/01/2023	\$1M Occ./ \$3M Agg.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## \*\* Workers Comp Information \*\*

Proprietors/Partners/Executive Officers/Members Excluded:

Thomas W. Minnick, President

Newport News Public Schools is included as Additional Insured with respect to General Liability Coverage.

## CERTIFICATE HOLDER

## CANCELLATION

Newport News Public Schools  
12465 Warwick Blvd  
Newport News, VA 23606-0130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Robert R. Smith*

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.**

## **GENERAL LIABILITY BROADENING ENDORSEMENT**

This endorsement modifies the insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Throughout this endorsement, the words “you” and “your” refer to the Named Insured shown in the Declarations. The word “we,” “us,” and “our” refer to the company providing this insurance.

The following is only a summary of the additional coverages provided by this endorsement and is provided only for your reference and convenience. For the Limits of Insurance and the additional coverages provided by this endorsement, read the provisions on the following pages and the Coverage Form, which this endorsement modifies.

<b>SUBJECTS OF INSURANCE</b>
Broadened Bodily Injury
Broadened Personal and Advertising Injury
Broadened Property Damage
Broadened Fire, Lightning, Explosion, and Sprinkler Leakage - \$500,000
Broadened Medical Payments - \$20,000
Broadened Supplementary Benefits
a. Bail Bonds - \$1,000
b. Expenses Incurred to Assist in Defense - \$500 per Day
Broadened Newly Acquired or Formed Organization
Broadened Non-Owned or Chartered Watercraft or Aircraft
Broadened Commercial General Liability Conditions
a. Duties in the Event of Occurrence, Offense, Claim, or Suit
b. Liberalization – Automatic Coverage If We Adopt Broader Coverages
c. Notice to Company
Automatic Coverage for “Special Events”
Automatic Additional Insureds
a. Athletic Activity Participants
b. Contractual Obligations
c. Funding Sources
d. Manager or Lessor of Premises
e. Owner, Manager, Operator, or Lessor of “Special Event” Premises
f. Supervisors or Higher in Rank – Co-Employee Exclusion Removed
g. Limitations
Blanket Waiver of Subrogation
Priority of Application for Multiple Insureds

**The coverages listed in this endorsement are provided as extensions or additions to your insurance program.**

## **A. BROADENED BODILY INJURY**

Paragraph 3. of **Section V – Definitions** is deleted and replaced with the following:

3. “Bodily injury” means physical injury, sickness, or disease sustained by a person, including death resulting from any of these. “Bodily injury” also means mental injury, mental anguish, humiliation, or shock sustained by a person, if directly resulting from physical injury, sickness, or disease sustained by that person.

## **B. BROADENED PERSONAL AND ADVERTISING INJURY**

1. Paragraph 14. of **Section V - Definitions** is deleted and replaced with the following:

14. “Personal and advertising injury” means injury, including consequential “bodily injury” arising out of one or more of the following offenses during the policy period.
  - a. False arrest, detention, or imprisonment;
  - b. Malicious prosecution or abuse of process;
  - c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling, or premises that a person occupies by or on behalf of its owner, landlord, or lessor;
  - d. Oral, written, televised, videotaped, or electronic publication of material that slanders or libels a person or organization, or disparages a person’s or organization’s goods, products, or services;
  - e. Oral, written, televised, videotaped or electronic publication of material that violates a person’s right of privacy;
  - f. Misappropriation of advertising ideas or style of doing business;
  - g. Infringement of copyright, title, or slogan; or
  - h. Mental injury, mental anguish, humiliation, or shock, if directly resulting from Items 14.a. through 14.g. above.

2. Exclusions 2.b. and 2.c. under **Coverage B - Personal and Advertising Injury Liability** are deleted and replaced with the following:

### **b. Material Published with Knowledge of Falsity**

“Personal and advertising injury” arising out of oral, written, televised, videotaped, or electronic publication of material, if done by or at the direction of the insured with knowledge of its falsity;

### **c. Material Published Prior to Policy Period**

“Personal and advertising injury” arising out of oral, written, televised, videotaped, or electronic publication of material whose first publication took place before the beginning of the policy period;

## **C. BROADENED PROPERTY DAMAGE**

Exclusion 2.a. under **Coverage A - Bodily Injury and Property Damage Liability** is deleted and replaced with the following:

### **a. Expected Or Intended Injury**

“Bodily injury” or “property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

## **D. BROADENED FIRE, LIGHTNING, EXPLOSION AND SPRINKLER LEAKAGE**

1. Paragraph 6. under **Section III - Limits Of Insurance** is deleted and replaced with the following:

6. Subject to 5. above, the Damage to Premises Rented to You Limit is the most we will pay under Coverage A for damages because of “property damage” to:

- a. Any one premises while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner; and
- b. Personal property of others in your care, custody, or control, while at premises rented to you or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner, arising out of any one fire, lightning, explosion, or sprinkler leakage occurrence.

The Damage to Premises Rented to You Limit is the greater of:

c. \$500,000; or

d. The amount shown in the Declarations for Damage to Premises Rented to You Limit.

2. Paragraph **2. Exclusions of Coverage A - Bodily Injury and Property Damage Liability** is amended as follows:

Paragraphs **c.** through **n.**, do not apply to damage by fire, lightning, explosion, or sprinkler leakage to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **Section III - Limits Of Insurance.**

3. Paragraph **4. Other Insurance of Section IV - Commercial General Liability Conditions** is amended as follows:

Paragraph **b.(1)(a)(ii)** is deleted and replaced with the following:

**(ii)** That is Fire, Lightning, Explosion, or Sprinkler Leakage insurance for premises rented to you or temporarily occupied by you with permission of the owner; or

4. Paragraph **9.a.** under **Section V - Definitions** is deleted and replaced with the following:

**a.** A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion or sprinkler leakage to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

5. This Broadened Coverage is subject to all the terms of **Section III - Limits Of Insurance.**

6. This Broadened Coverage does not apply if Fire Damage Liability of **COVERAGE A (SECTION I)** is excluded either by the Declaration to this Coverage Part or by an endorsement to this Coverage Part.

#### **E. BROADENED MEDICAL PAYMENTS**

1. The following provision is added to Paragraph **2.** of **Section III - Limits Of Insurance:**

The Medical Expense Limit shall be the greater of:

**a.** \$20,000; or

**b.** The amount shown in the Declarations for Medical Expense Limit.

2. This Medical Expense Limit is subject to all the terms of **Section III - Limits Of Insurance.**

3. This above Medical Expense Limit does not apply if **Coverage C - Medical Payments** is excluded either by the Declaration to this Coverage Part or by an endorsement to this Coverage Part.

#### **F. BROADENED SUPPLEMENTARY PAYMENTS**

Paragraphs **1.b.** and **1.d.** under **Supplementary Payments - Coverages A and B** are deleted and replaced with the following:

**b.** Up to \$1,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

**d.** All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to \$500 a day because of time off from work.

#### **G. BROADENED NEWLY ACQUIRED OR FORMED ORGANIZATION**

Paragraph **3.a** under **Section II - Who Is An Insured** is deleted and replaced by the following:

**a.** Coverage under this provision is afforded only until the 120<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is earlier.

#### **H. BROADENED NON-OWNED OR CHARTERED WATERCRAFT OR AIRCRAFT**

Exclusion **2.g.** under **Coverage A - Bodily Injury and Property Damage Liability** is deleted and replaced by the following:

**g.** "Bodily injury" or "property damage" arising out of the ownership, maintenance, use, or entrustment to others of any aircraft, "auto," or watercraft owned by or operated by, or rented or loaned to, any insured. Use includes operation and "loading or unloading".

This exclusion does not apply to:

- (1) A watercraft while ashore on premises you own or rent;
- (2) A watercraft you do not own that is:
  - (a) Less than 51 feet long; and
  - (b) Not being used to carry persons or property for a charge;
- (3) Parking an "auto" on, or on the ways next to premises you own or rent, provided the "auto" is not owned by or rented, or loaned to you or the insured;
- (4) Liability assumed under any "insured contract" for the ownership, maintenance, or use of aircraft, watercraft, or "autos"; or
- (5) "Bodily injury" or "property damage" arising out of the operation of any of the equipment listed in Paragraph **f. (2)** or **f. (3)** of **Section V - Definitions**, Paragraph **12.**, "Mobile Equipment"; or
- (6) An aircraft you do not own that is:
  - (a) Hired, chartered, or loaned with a crew; and
  - (b) Not owned in whole or in part by any insured.
- (7) This insurance does not apply, under Paragraph **g.(1)** and **g.(2)** above, if the insured has any other insurance for "bodily injury" or "property damage" which would also apply to loss covered under this provision, whether the other insurance is primary, excess, contingent, or on any other basis.
- (8) This insurance is excess, under Paragraph **g.(6)** above, over any other insurance, whether the other insurance is primary, excess, contingent or on any other basis.

#### **I. BROADENED COMMERCIAL GENERAL LIABILITY CONDITIONS**

1. Paragraph **2. Duties in The Event Of Occurrence, Offense, Claims Or Suit** under **Section IV - Commercial General Liability Conditions** is amended to add the following provision:
  - e. Your obligation to notify us as soon as practicable of an "occurrence," or offense under Paragraph **2.a.** above, or a claim or "suit" or offense under Paragraphs **2.a.**, **2.b.**, and **2.c** above, is satisfied if you send us written notice as soon as practicable after any of your "executive officers," directors, partners, insurance managers, or legal representatives becomes aware of, or should have become aware of, such "occurrence," offense, claim or "suit."
2. The following provisions are added to **Section IV - Commercial General Liability Conditions**:
  - 10. Liberalization**

If we adopt any revision that would broaden the coverage under this coverage part without additional premium within 30 days prior to or during the policy period, the broadened coverage will immediately apply to this coverage part.
  - 11. Notice To Company**

If you report an "occurrence" or offense to your Workers' Compensation insurer which later becomes a claim under this Coverage Part, failure to report such "occurrence" or offense to us at the time of the "occurrence" or offense will not be considered a violation of the **Duties In The Event Of Occurrence, Offense, Claim Or Suit Condition**, if you notify us as soon as practicable when you become aware that the "occurrence" or offense has become a liability claim.

#### **J. AUTOMATIC COVERAGE FOR SPECIAL EVENTS**

1. You are automatically covered for all "special events" which you organize, promote, administer, sponsor, or conduct during the term of this policy.
2. **Section V - Definitions** is amended to add the following paragraph:
  - 23.** "Special Event" means any event:
    - a. The purpose of which is to raise funds for you; or
    - b. To recognize the accomplishments of your organization, your "employees," or your "volunteer workers"; or



- c. Which you, or an individual or organization with whom you have entered into a contract or agreement, organize, promote, administer, sponsor, or conduct for the purposes described in Paragraphs **a.** or **b.** above; and
- d. Which takes place on premises owned by you, or on premises while rented or leased to you or to that organization described in Paragraph **c.** above.

**K. AUTOMATIC ADDITIONAL INSURED(S)**

The following provisions are added to **Section II - Who Is An Insured:**

**4. Automatic Additional Insured(s)**

**a. Additional Insureds - Athletic Activity Participants**

- (1) This policy is amended to include as an insured any person(s) [hereinafter called Additional Insured(s)] representing you while participating in amateur athletic activities that you sponsor. However, no such person is an insured for:
  - (a) "Medical expenses" under **Coverage C - Medical Payments.**
  - (b) "Bodily Injury" to:
    - (i) A co-participant, your "volunteer worker" or your "employee" while participating in amateur athletic activities that you sponsor; or
    - (ii) You, or any partner or member, (if you are a partnership or joint venture), or any member (if you are a limited liability company); or
  - (c) "Property damage" to property owned by, occupied or used by, rented to , in the care, custody, or control of, or over which physical control is being exercised for any purpose by:
    - (i) A co-participant, your "volunteer worker", or your "employee"; or
    - (ii) You, or any partner or member, (if you are a partnership or joint venture), or any member (if you are a limited liability company).

**b. Additional Insured - Contractual Obligations**

- (1) This policy is amended to include as an insured any person or organization (hereinafter called Additional Insured) that you are required by a written "insured contract" to include as an insured, subject to all of the following provisions:
  - (a) Coverage is limited to liability arising out of:
    - (1) Your ongoing operations performed for such Additional Insured; or
    - (2) Such Additional Insured's financial control of you; or
    - (3) The maintenance, operation or use by you of equipment leased to you by such Additional Insured; or
    - (4) A permit issued to you by a state or political subdivision.
  - (b) Coverage does not apply to any "occurrence" or offense:
    - (i) Which took place before the execution of, or subsequent to the completion or expiration of, the written "insured contract"; or
    - (ii) Which takes place after you cease to be a tenant in that premises.
  - (c) With respect to architects, engineers, or surveyors, coverage does not apply to "Bodily Injury," "Property Damage," "Personal Injury," or "Advertising Injury" arising out of the rendering or the failure to render any professional services by or for you including:
    - (i) The preparing, approving, or failing to approve or prepare maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
    - (ii) Supervisory, inspection, or engineering services.
  - (d) Coverage provided herein shall be considered excess over any other valid and collectible insurance available to the Additional Insured whether that other insurance is primary, excess, contingent, or on any other basis unless a written contractual arrangement specifically requires this insurance to be primary.

- (e) In the event that you are engaged in the manufacture or assembly of any goods or products for the benefit or at the direction of another party, pursuant to a contract or agreement with that party, this paragraph (e). does not extend coverage to that party as an Additional Insured. Coverage for such a party will be extended only by a specific endorsement issued by us and naming such party.

**c. Additional Insured - Funding Sources**

- (1) This policy is amended to include as an insured any Funding Source (hereinafter called Additional Insured) which requires you in a written contract to name such Additional Insured but only with respect to liability arising out of your premises or "your work" for such Additional Insured, and only to the extent set forth as follows:
  - (a) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this policy and subject to all the terms, conditions and exclusions for this policy. The Limits of Insurance applicable to the Additional Insured are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
  - (b) The coverage provided to the Additional Insured is not greater than that customarily provided by the policy forms specified in and required by the contract.
  - (c) In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.
  - (d) Coverage provided herein shall be considered excess over any other valid and collectible insurance available to the Additional Insured whether that other insurance is primary, excess, contingent, or on any other basis unless a written contractual arrangement specifically requires this insurance to be primary.

**d. Additional Insured - Manager or Lessor of Premises**

- (1) This policy is amended to include as an insured any person or organization (hereinafter called Additional Insured) from whom you lease or rent your premises and which requires you to add such person or organization as an Additional Insured in this policy under:
  - (a) A written contract; or
  - (b) An oral agreement or contract where a Certificate of Insurance has been issued showing that person or organization as an Additional Insured;but only if the written or oral agreement is an "insured contract";
  - (a) Currently in effect or to become effective during the term of this policy; and
  - (b) Executed prior to the "bodily injury," "property damage," "personal injury", or "advertising injury."
- (2) With respect to the insurance afforded the Additional Insured identified in Paragraph d.(1) immediately above, the following additional provisions apply:
  - (a) This insurance applies only to liability arising out of the ownership, maintenance, or use of that portion of the premises leased to you;
  - (b) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this policy and subject to all this policy's terms, conditions, and exclusions. The Limits of Insurance applicable to the Additional Insured are inclusive of, not in addition to, the Limits of Insurance shown in the Declarations.
  - (c) In no event shall the coverages or Limits of Insurance in this Coverage Part be increased by such contract or agreement.
  - (d) Coverage provided herein shall be considered excess over any other valid and collectible insurance available to the Additional Insured whether that other insurance is primary, excess, contingent, or on any other basis unless a written contractual arrangement specifically requires this insurance to be primary.
- (3) This insurance does not apply to:
  - (a) Any "occurrence" or offense which takes place after you cease to be a tenant in the premises covered by this endorsement; or

- (b) Structural alterations, new construction, or demolition operations performed by or on behalf of the Additional Insured.

**e. Additional Insured - Owner, Manager, Operator or Lessor of "Special Events" Premises**

- (1) This policy is amended to include as an insured any person or organization (hereinafter called Additional Insured) from whom you lease, rent or occupy the premises upon which a "special event" is held, sponsored or conducted by you, or on your behalf, under:
  - (a) A written contract; or
  - (b) An oral agreement or contract where a Certificate of Insurance has been issued showing that person or organization as an Additional Insured; but only if the written or oral agreement is an "insured contract,"
    - (i) Currently in effect or to become effective during the term of this policy; and
    - (ii) Executed prior to the "bodily injury", "property damage" or "personal and advertising injury".
- (2) With respect to the insurance afforded the Additional Insured identified in Paragraph e. (1) of this endorsement, the following additional provisions apply:
  - (a) This insurance applies only to liability arising out of the use of that portion of the premises while leased or rented to you for the specific "special event";
  - (b) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the contract or agreement pertaining to the use of the premises or in the Declarations for this policy and subject to all of this policy's terms, conditions, and exclusions. The Limits of Insurance applicable to the Additional Insured are inclusive of, not in addition to, the Limits of Insurance shown in the Declarations.
  - (c) In no event shall the coverage or Limits of Insurance in this Coverage Form be increased by such contract or agreement.
  - (d) Coverage provided herein shall be considered excess over any other valid and collectible insurance available to the Additional Insured whether that other insurance is primary, excess, contingent, or on any other basis unless a written contractual arrangement specifically requires this insurance to be primary.
- (3) This insurance does not apply to:
  - (a) Any "occurrence" or offense which takes place after you cease to be a tenant, licensee or occupant in the premises covered by this endorsement; or
  - (b) Any acts or "occurrences" caused by or attributable to the owner, manager, operator, or lessor of the premises upon which the "special event" is held.

**f. Additional Insured - Supervisors or Higher in Rank**

- (1) This policy is amended to include as insured any "employees" (hereinafter called Additional Insured), designated as supervisor or higher in rank, who are authorized by you to exercise direct or indirect supervision and control over "employees" and the manner in which work is performed, but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" designated as supervisor or higher in rank, is an insured for:
  - (a) "Bodily injury" or "personal injury":
    - (i) To you, to your partners or members (if you are a partnership or joint venture), or to your members (if you are a limited liability company);
    - (ii) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in paragraph (a)(i) above; or
    - (iii) Arising out of his or her providing or failing to provide professional health care services.
  - (b) "Personal Injury":
    - (i) To a co-"employee" while in the course of his or her employment;
    - (ii) To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of Paragraph (b)(i) above; or

(iii) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (b)(i) or (b)(ii) above.

(c) "Property damage" to property:

(i) Owned, occupied or used by; or

(ii) Rented to, in the care, custody, or control of, or over which physical control is being exercised for any purpose by you, any of your "employees," any partner, or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

**g. Additional Insured - LIMITATIONS**

(1) The persons, entities, or organizations to which coverage is extended under Paragraphs a. (Athletic Activity Participants), b. (Contractual Obligations), c. (Funding Sources), d. (Managers or Lessors of Premises), and e. (Owner, Manager, Operator, or Lessor of "Special Events" Premises) are Additional Insureds, but only:

(a) With respect to each Additional Insured's vicarious liability for "actual damages" solely caused by you or by "your work" that is ongoing for such Additional Insured's supervision of "your work"; and

(b) If the Additional Insured did not cause or contribute to the "occurrence" or act resulting in liability.

(2) If an endorsement is attached to this policy and specifically names a person or organization as an Additional Insured, then the coverage extended under this paragraph **4. AUTOMATIC ADDITIONAL INSURED(S)** does not apply to that person, entity, or organization.

(3) The following is added to **Section V - Definitions**:

**24.** "Actual Damages" is to have its usual and customary legal meaning and excludes without limitation, punitive damages, restitution, penalties, and formula damages added to "actual damages" and any other enhanced damages.

(4) All other terms and conditions of this Coverage Part which are not inconsistent with this Paragraph **h.** apply to coverage extended to the above referenced Additional Insureds **REGARDLESS OF WHETHER OR NOT A COPY OF THIS COVERAGE PART AND/OR ITS ENDORSEMENTS ARE DELIVERED TO AN ADDITIONAL INSURED.**

**L. BLANKET WAIVER OF SUBROGATION**

Paragraph **8.** under **Section IV - Commercial General Liability Conditions** is deleted and replaced with the following:

**8. Transfer of Rights Of Recovery Against Others To Us And Blanket Waiver Of Subrogation**

a. If an insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

b. If required by written "insured contract," we waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract for that person or organization and included in the "products-completed operations hazard."

**M. PRIORITY OF APPLICATION FOR MULTIPLE INSUREDS**

**Section III - Limits Of Insurance** is amended to add the following paragraph:

**8.** In the event a claim or "suit" is brought against more than one insured, due to "bodily injury" or "property damage" from the same "occurrence," or "personal injury," or "advertising injury," from the same offense, we will apply the Limits of Insurance in the following order:

a. You;

b. Your "executive officers," directors, "employees," and

c. Any other insureds in any order that we choose.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**

# Attachment G - List of Schools



National Counseling Group, Inc.  
Since 1993

Page County	Charlottesville City	Martinsville City	Appomattox County	James City/Williamsburg
Luray ES	Buford MS	Albert Harris ES	Appomattox Alt Ed	Clara Byrd Baker ES
Luray HS	Clark ES	Patrick Henry ES	Appomattox County HS	Matoaka ES
Luray MS	Johnson ES	Martinsville MS	Appomattox ES	J. Blaine Blayton ES (1)
Page County HS	Lugo McGinness Acad	Martinsville HS	Appomattox MS	James Blair MS (1)
Page County MS	Jackson Via ES	<b>Halifax County</b>	Appomattox Primary	Jamestown HS (1)
Page County Tech	<b>Culpeper County</b>	Halifax MS	<b>Bedford County</b>	Laurel Lane ES
Shenandoah ES	AG Richardson ES	Halifax ES	Bedford Primary	Lois S. Hornsby MS (1)
Springfield ES	Culpeper County HS	Sydnor Jennings ES	Bedford ES	Matthew Whaley ES
Stanley ES	Culpeper MS	<b>Henry County</b>	Big Island ES	Stonehouse ES
<b>Harrisonburg City</b>	Culpeper Tech Ed	Drewry Mason ES	Boonsboro ES	Warhill HS (1)
Bluestone ES	Eastern View HS	Meadowview ES	Forest ES	James River ES
Great Oak Academy	Emerald Hill ES	Axton ES	Forest MS	Norge ES
Harrisonburg HS	Farmington ES	Campbell Court ES	Goodview ES	D.J. Montague ES (2)
Keister ES	Floyd T. Binns MS	GW Carver	Huddleston ES	Berkeley MS
Skyline MS	Pearl Sample ES	Mt. Olivett	Jefferson Forest HS	Lafayette HS
Smithland ES	Phoenix Alt Ed	Rich Acers	Liberty HS	Toano MS (2)
Spotswood ES	Sycamore Park ES	Sandville ES	Liberty MS	Dinwiddie ES
Stone Spring ES	Yowell ES	Stanleytown ES	Moneta ES	Dinwiddie HS
Thomas Harrison MS	<b>Spotsylvania County</b>	Laurel Park	Montvale ES	Dinwiddie MS
Waterman ES	Battlefield ES	Basset High School	New London Academy	Midway ES
<b>Bath County</b>	Berkeley ES	Magna Vista HS	Otter River ES	Southside ES
Bath County MS/HS	Brock Road ES	<b>Pittsylvania County</b>	Staunton River HS	Sunnyside ES
Millboro ES	Cedar Forest ES	Brosville ES	<b>Hanover County</b>	Pathways Alt
Valley ES	Courthouse Road ES	Centra - RM Alt Day	Georgetown (Alt HS)	Sutherland ES
<b>Manassas Park</b>	Courtland ES	Chatham ES	Pole Green Elementary School	<b>Prince George County</b>
Manassas Park HS	Harrison Road ES	Chatham HS	Laurel Meadow Elementary School	JEJ Moore MS
Manassas Park MS	Lee Hill ES	Chatham MS	Mechanisville Elementary School	NB Clements Jr. High
Manassas Park ES	Livingston ES	Dan River HS	Bell Creek Middle School	Prince George Ed Center
Cougar ES	Parkside ES	Dan River MS	<b>Richmond City</b>	Prince George HS

<b>Winchester City</b>	Riverview ES	Gretna ES	Chimborazo ES	<b>Petersburg City</b>
Daniel Morgan IS/MS	Salem ES	Gretna HS	Ginter Park ES	Pleasants Lane Elementary
Frederick Douglas ES	Smith Station ES	Gretna MS	John B Cary ES	Petersburg High School
Handley HS	Spotswood ES	John L. Hurt, Jr. ES	Patrick Henry School-	Walnut Hill Elementary
John Kerr ES	Spotsylvania ES (Lee)	Kentuck ES	Swansboro Elementary	Armon Johns Middle School
Quarles ES	Wilderness ES	Mount Airy ES	<b>King William</b>	Lakemont Elementary
VA Avenue ES	<b>King George County</b>	Regional Alt	King William High School	Cool Springs
Headstart	King George ES	Southside ES	King William Alternative	<b>Norfolk</b>
<b>Frederick County</b>	King George HS	Southside ES	Hamilton Holmes Middle	Little Creek ES
Admiral Byrd MS	King George MS	Stony Mill ES	Cool Spring Primary ES	Norview MS
Apple Pie Ridge ES	Potomac ES	Tunstall HS	<b>Suffolk</b>	Ruffner Academy-MS
Armel ES	Sealston ES	Tunstall MS	Booker T Washington ES	Azalea Gardens MS
Aylor MS	<b>Stafford County</b>	Twin Springs ES	Creekside ES	Lake Taylor MS
Bass Hoover ES	Colonial Forge HS	Union Hall ES	Florence Bowser ES	Camp Allen
Evendale ES	Anthony Burns ES	Victory Academy	Forrest Glenn MS	Chesterfield Academy
Frederick City MS	Conway ES	<b>Patrick County</b>	Fred Cherry MS	Coleman Place ES
Gainesboro ES	Dixon Smith MS	Blue Ridge ES	Hillpoint ES	Jacox ES
Greenwood Mill ES	Drew MS	Meadows of Dan ES	JFK MS	Tidewater Park ES
Indian Hollow ES	Falmouth ES	<b>Floyd County</b>	John Yeates MS	Suburban Park ES
James Wood HS	Ferry Farm ES	Check ES	KilbyShores ES	PB Young ES
James Wood MS	Garrisonville ES	Floyd County HS	Kings Fork HS	Granby HS
Middletown ES	Grafton Village ES	Floyd ES	Lakeland HS	Granby ES
Millbrook HS	Hampton Oaks ES	Indian Valley ES	Nansemond Parkway ES	Maury HS
Orchard View ES	Hartwood ES	Willis ES	Nansemond River HS	Blair Middle School
Redbud Run ES	HeadStart (South)	<b>Montgomery County</b>	Northern Shores ES	Lake Taylor HS
Sherando HS	Heim MS	Margaret Beeks Elem	Oakland ES	Norview HS
Stonewall ES	Kate Waller ES	Shawsville MS	Pioneer ES	Booker T Washington HS
Headstart	Margaret Brent ES	Belview Elem	Mack Benn ES	Madison
Dowell J Howard	Moncure ES	Montgomery Central	Kings Fork MS	Academy for Discovery at Lakewood
<b>Shenandoah County</b>	North Stafford HS	E.Montgomery HS	Elephants Fork ES	Mary Calcott ES
Central HS	Rockhill ES	<b>Roanoke County</b>	<b>Southampton County</b>	Lindenwood ES
Honey Run ES	Rocky Run ES	Cave Spring ES	Capron ES	Ingleside ES
North Fork MS	Stafford ES	Cave Spring MS	Fresh Start Center	<b>Franklin City</b>
Peter Muhlenburg MS	Stafford HS	Northside MS	Meherrin ES	Franklin HS
Sandy Hook ES	Stafford MS	Oak Grove ES	Nottoway ES	<b>Isle of Wright</b>

Signal Knob MS	Widewater ES	William Byrd MS	Riverdale ES	Hardy ES-licensing approved 9/26/21
Mountain View HS	<b>Salem City</b>	<b>Bedford County</b>	Southampton HS	Carrolton ES
Strasburg HS	West Salem Elem	Stewartsville ES	Southampton MS	Carrsville ES
WW Robinson ES	East Salem Elem	Goodview Elem	SP Morton	Westside ES
<b>Warren County</b>	Carver	Staunton Middle		Georgie Tyler ES
Leslie Keyser ES	South Salem elem	<b>Roanoke City</b>		Windsor ES
Warren Cty HS	Andrew Lewis Middle	Garden City ES		Smithfield MS
Warren Cty MS	Salem High	Preston Park		Windsor HS
		Morningside ES		
		Breckenridge Middle		
		Woodrow Wilson MS		
		Westside Elementary		
		Addison		

# Commonwealth of Virginia

Department of Behavioral Health and Developmental Services

*Pursuant to Title 37.2 of the Code of Virginia  
and  
The Rules and Regulations for Licensing Providers by the  
Department of Behavioral Health and Developmental Services*

**A License is hereby granted to**

National Counseling Group, Inc.  
PO Box 11247  
Attention: Contracts  
Richmond, VA 23230

**to maintain and operate**

SEE ADDENDUM FOR LISTING OF LICENSED SERVICES

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

*This TRIENNIAL license is for the period beginning SEPTEMBER 26, 2021  
through SEPTEMBER 25, 2024 subject however to revocation for justifiable cause.*

**License Number: 352**

By



**Alison Land, FACHE,  
COMMISSIONER**



**Jae Benz  
DIRECTOR, OFFICE OF LICENSING**