



Virginia Department of Behavioral Health  
and Developmental Services

## STEP-VA

### Overview

System Transformation Excellence and Performance (STEP-VA) initiative seeks to improve Virginia's public mental health system by building a set of core services, referred to as STEPS, that will be consistent across all 40 Community Services Boards (CSBs) throughout the Commonwealth. Based on the Certified Community Behavioral Health Clinic (CCBHC) model, a national best-practices model for behavioral health services, STEP-VA creates a roadmap to consistent, comprehensive, high-quality community-based services for those facing mental health and substance use issues. CSBs serve as the primary point of entry into Virginia's public mental health system and are the primary provider of services and supports to individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED). Written into the Code of Virginia in 2018, STEP-VA increased the number of services mandated services from two to nine, with an overall goal of building out a more comprehensive system of community based behavioral health services with improved access, quality, consistency, and accountability. Since its inception in 2018, STEP-VA has undergone a phased implementation, which now includes initial implementation for all nine STEPs, and full implementation for the first six STEPs.

The nine core services in STEP-Virginia are:

1. Same Day Access – creates a way for Virginians to engage in an initial assessment for intake and treatment services the same day they contact their local CSB.
2. Primary Care Screening – collecting key data to identify health risks and coordinate with medical care providers for individuals with SMI and SED.
3. Outpatient Services – considered the core of behavioral health services, this includes both mental health and substance use therapy for adults and children, as well as psychiatry services.
4. Crisis Services – builds out a comprehensive crisis system situated to provide the right service at the right time to individuals nearing crisis, experiencing crisis, or stabilizing after a crisis.
5. Peer and Family Services – incorporates certified professionals with lived experience into the full array of behavioral health services.
6. Service Members, Veterans, and their Families (SMVF) – requires that all clinical staff of CSBs have SMFV training, in addition to identifying Virginians with a connection to military service, at entry to public mental health services, and offers referrals to appropriate services and resources.
7. Psychiatric Rehabilitation – services that build or rebuild the skills and supports necessary for successful life in the community for individuals with SMI and SED.
8. Case Management – a comprehensive service that coordinates and links key resources and care planning for individuals with SMI and SED.
9. Care Coordination – person-centered, holistic care planning that connects resources and services across the continuum of care for all individuals served by the CSBs.



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Background

**Funding**

- FY 2017 CSBs pilot STEP 1 (Same Day Access).
- FY 2018 – Initial funding for STEP 1 is provided by the General Assembly and Same Day Access is launched at all 40 CSBs.
- FY 2019 – Initial funding for Primary Care Screening, funding increased for Same Day Access.
- FY 2020 – Initial funding for Crisis Services (Mobile Crisis and Detox Services) and Outpatient Services.
- FY 2021-2022 – biennial budget included significant investments in STEP-VA, including increases in funding for Outpatient, Crisis, Peer and Family, and SMVF, as well as funding for critical infrastructure at the CSBs and DBHDS Central Office.
- Due to COVID-19 budget impacts, STEP VA funds were unallotted in FY 2021, and re-allotted in FY 2022.
- FY 2023 – the final three STEPS (Psychiatric Rehab, Care Coordination, and Case Management) receive initial funding. Additionally, funding for necessary infrastructure, was appropriated.
- FY 2024 – additional funding appropriated to improve implementation of STEPS 1-3, and small increases to Crisis, Psychiatric Rehab, and Case Management STEPS, along with IT infrastructure.

Annual Funding for STEP-VA service components

Core services	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY18-24 Total
Same-day access	\$4.9	\$10.8	\$10.8	\$10.8	\$10.8	\$10.8	\$12.0	\$70.9
Primary care	-	3.7	7.4	7.4	7.4	7.4	8.2	41.7
BH crisis svcs.	-	-	9.8	9.8	31.2	38.4	39.1	128.3
Outpatient BH svcs.	-	-	15.0	15.0	21.9	21.9	24.3	98.2
Peer/family support	-	-	-	-	5.3	5.3	5.3	16.0
Veterans' BH	-	-	-	-	3.8	3.8	3.8	11.5
Psychiatric rehab.	-	-	-	-	-	2.2	3.8	6.0
Care coordination	-	-	-	-	-	6.5	6.5	13.0
Case management	-	-	-	-	-	3.2	4.1	7.3
Cross-step admin	-	-	-	-	4.9	11.9	10.9	27.8
IT infrastructure	-	-	-	-	-	2.6	5.2	7.8
	\$4.9	\$14.5	\$43.0	\$43.0	\$85.4	\$114.1	\$123.1	\$428.4

SOURCE: BHC staff analysis of data from annual appropriations acts and DBHDS reports

**Total FY 23 STEP-VA Funding by Category**

	SFY 2023 Budget
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<b>Grants to Localities</b>  <b>Agency 790</b>	Same Day Access	\$10,795,651
	Primary Care Screening	\$7,440,000
	Detoxification (Crisis Services)	\$2,000,000
	Crisis Dispatch	\$4,697,020
	Crisis Dispatch NGF	\$4,732,000
	Mobile Crisis	\$13,954,924
	Marcus Alert	\$6,000,000
	Outpatient	\$21,924,825
	Veterans Services	\$3,840,490
	Peer Support & Recovery Services	\$5,334,000
	Cross-Step Infrastructure	\$10,962,376
	Psychiatric Rehabilitation	\$2,190,000
	Case Management	\$3,178,480
	Care Coordination	\$6,514,138
	Transitioning Data Systems and Clinical Processes	\$2,600,000
	<b>790 Total</b>	<b>\$106,164,566</b>
<b>Central Office</b>  <b>Agency 720</b>	Same Day Access	
	Primary Care Screening	
	Detoxification (Crisis Services)	
	Crisis Dispatch	\$500,000
	Mobile Crisis	
	Outpatient	
	Veterans Services	
	Peer Support & Recovery Services	
	Cross-Step Infrastructure	
	CO STEP VA Positions	\$786,851
<b>720 Total</b>	<b>\$1,286,851</b>	
<b>720+ 790 Total</b>		<b>\$107,451,417</b>

**Data Quality Updates -FY 2023**

- Behavioral Health Quality Management System established by DBHDS to create a standardized method for collecting and reviewing performance metrics for STEP-VA.
  - Creates Continuous Quality Improvement infrastructure.



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- Allows Data-informed decision making through established Behavioral Health Quality Committees.
- DBHDS and CSBs create and implement a monitoring and technical assistance process.

### Funding and Services by STEP for FY 2023

#### Same Day Access

- At \$10,795,640, FY 2023 funding for Same Day Access (SDA) has remained consistent since 2019. An additional \$1,169,335 was allocated in FY 2024.
- Each CSB was allocated \$269,891 for ongoing implementation of SDA.
- **Performance metrics for SDA** are:
  - Follow-up appointment offered within 10 business days of assessment.
  - Percentage of individuals who keep the scheduled follow-up appointment.
- The number of Same Day assessments increased by approximately 9% from FY 2022, with a total of 51,568 completed in FY 2023.
  - 73% were offered a follow-up appointment within 10 business days.
  - The number of follow-up appointments scheduled increased by 3% to 34,220.
  - 84% kept their follow-up appointment within 30 days.

#### Primary Care Screening

- At \$7,440,000, FY 2023 funding for Primary Care Screening has remained consistent since 2020. An additional \$805,867 was allocated in FY 2024.
- Primary Care Screening is implemented at all 40 CSBs.
- **Performance metrics for Primary Care Screening** are:
  - Performance measures for Primary Care Screening remain in development and validation (this STEP is considered to be in Phase 2). Data provided below is preliminary data to demonstrate progress towards this STEP.
  - Adults with SMI and children with SED who receive an annual primary care screening: 24% in FY 2023 (target 85%).
  - Individuals over age 3 prescribed an antipsychotic medication who are screened for metabolic syndrome: 49% in FY 2023 (target 85%).
  - Individuals with identified health risks who receive care coordination (target 85%). Data collection process is in progress for this metric.

#### Outpatient Services

- At \$21,924,825, FY 2023 funding for Outpatient Services has remained consistent since 2022. An additional \$2,374,798 was allocated in FY 2024.
- **Performance metrics for Outpatient Services** are:
  - Trauma training for clinical staff.
    - 95% of clinical CSB staff met the minimum trauma training requirement.
      - Increase from 78% in FY 2022
    - 59% of clinical CSB staff met the full training requirement.
      - Increase from 35% in FY 2022
  - Columbia Suicide Screening data – target 60%
    - 74% of children 6 to 17 received a screening (65% in FY 2022)
    - 71% of adults received a screening (61% in FY 2022)
  - Engagement measures
    - Statewide, 57.8% of individuals with a new SUD diagnosis were considered engaged in SUD services (target, 50%)



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- Change in DLA-20 (outcome measure) score over 6 months.
  - Over half of both children and adults with scores over 6 are maintaining that score.
  - 34% of adults with base score under 4 have had at least .5-point improvement.
  - 50% of children with base score under 4.0 have had at least .5-point improvement.

### **Crisis Services**

- While crisis services are a part of STEP-VA, mobile crisis services and other components of the Crisis STEP are included in the broader Crisis System Transformation and Right Help Right Now initiatives. Please reference the Crisis fact sheet for more information on these services.

### **Service Members, Veterans, and their Families (SMVF)**

- Initial funding for this STEP in the amount of \$3,840,490 started in FY 2022 and continued in the same amount for FY 2023.
- There are four major areas for use of funds for each region –
  - support a Regional Navigator position;
  - support the goals of Lock and Talk;
  - promote training and capacity building; and
  - enhance clinical services.
- **Performance metrics for SMVF** are:
  - Performance measures for SMVF remain in development and validation (this STEP is considered to be in Phase 2). Data provided below is preliminary data to demonstrate progress towards this STEP.
    - Identifying the military status of all individuals seen at the CSBs. 93% (21% increase from FY 2022). We have surpassed the initial benchmark.
    - Appropriate referrals made for eligible individuals served (no data).
    - Columbia Suicide Risk Screening completed: 74%. We have surpassed the benchmark of 60%)
    - Training in military cultural competence for clinical staff: 96% of staff met the training requirement (86% improvement over FY 2022).

### **Peer and Family Services**

- \$5,334,000 was allocated in FY 23 to support the implementation of this STEP.
- There are 579 Full Time Equivalent (FTE) Peer Specialists working in CSBs.
  - 88 of these are funded through STEP VA and the remaining are funded through a variety of other sources.
- **Performance metrics for Peer and Family Services** are:
  - Performance measures for Peer and Family Services remain in development and validation (this STEP is considered to be in Phase 2). Data provided below is preliminary data to demonstrate progress towards this STEP.
  - Engagement measures (peer).
    - 8,590 individuals were served in FY 2023 (13% increase from FY 2022)
    - 68,783 service contacts completed (8% increase from FY 2022)
    - 55,023 units of service provided (13% increase from FY 2022)



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- Number of Peer and Family Support staff who become certified within 15 months of hire. This metric continues to be developed to ensure accuracy.

### **Care Coordination, Psychiatric Rehabilitation Services, and Case Management**

- The last three STEPs (psychiatric rehabilitation, case management, and care coordination) received initial funding from the 2022 General Assembly, and funding began in July 2022.
- **Care Coordination Metrics:** the CSBs will participate in the distribution of the Adult Mental Health Statistics Improvement Program (MHSIP), and Child and Adolescent Youth Satisfaction Survey – Family Version (YSS-F) Consumer Satisfaction Surveys. These surveys are completed annually and reported through the Block Grant Survey.
  - In FY 2023 the total allocation for CC (Care Coordination) was \$6,514,137.87 in State & Local Recovery Fiscal Funds (SLRF). In FY 2024, the total allocation remained the same, but the funding stream changed to State General Funds (SGF).
- **Metrics for psychiatric rehabilitation and case management STEPs** are being determined through the core performance metric process with the Virginia Association of Community Services Boards' Quality & Outcomes Committee.
  - In FY 2023 the total allocation for Psych Rehab was \$4,078,500.00, with each CSB receiving \$54,750.00 in State & Local Recovery Fiscal Funds (SLRF). In FY 2024, the total allocation for Psych Rehab increased to \$3,820,000.00, with each CSB receiving \$95,500.00 in State General Funds (SGF).
  - In FY 2023 the total allocation for CM was \$3,178,480.00, with each CSB receiving \$79,462.00 in State & Local Recovery Fiscal Funds (SLRF). In FY24, the total allocation for CM increased to \$4,078,500.00, which each CSB receiving \$101,962.50 in State General Funds (SGF).

### **Issues**

- The growing mental health crisis has put increased strain on the CSBs as they work to meet the needs of their communities.
- The Behavioral Health workforce shortage continues to have a significant impact on the CSBs, creating staffing shortages in all services at all levels throughout the Commonwealth. Workforce shortage issues impact both recruitment and retention of qualified staff. Retention losses contribute to issues in training, especially for longer-term training goals.
- DBHDS is currently collecting quarterly workforce vacancy and turnover data from our CSB partners. FY 23 quarter one data, being collected now, indicates with 30 CSBs reporting significant workforce concerns related to STEP VA.
  - Seven CSBs are experiencing overall workforce shortages more than 20%, most of them between 23% and 35%. The data appears to indicate workforce concerns may be more prominent in rural areas. It's important to note these impressions may change as DBHDS continues to gather this data over time.
  - Within critical service areas:
    - 5 CSBs are experiencing shortages over 20% within case management programs with several between 32% and 38%



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- 14 CSBs are experiencing shortages over 20% within clinical staff with four CSBs reporting between 35% and 46%
  - 16 CSBs are experiencing shortages over 20% within direct care staff with 6 CSBs reporting over 31% and one as high as 80%
  - 16 CSBs are experiencing shortages over 20% within nursing staff with 8 CSBs ranging from 31% - 80%
  - 14 CSBs are experiencing shortages over 20% within peers with 8 CSBs reporting over 30% with the highest being 50%.
  - 9 CSBs are experiencing shortages among prescribing staff over 20% with 4 CSBs ranging from 33% - 60%.
- Outside of the 9.7% increase for STEPs 1-3 in FY 2024, funding for initial STEPS has remained level since initial appropriation.
  - Despite challenges across multiple areas and the ongoing strain of workforce shortage, the CSBs have made a herculean effort to implement, maintain, and expand services.

## Successes

Benchmarks were met or surpassed for the following STEPs in FY23:

- SDA – 84% of those who had an assessment completed a follow-up appointment within 30 days (target 70%).
- Outpatient –
  - 57% of individuals newly diagnosed with a substance use disorder were engaged in treatment (target 50%).
  - 40% of youth and 50% of adults served with a base DLA-20 score under 4 showed a .5 point improvement over 6 months (target 35%).
  - 52% of youth and 61% of adults served with a base DLA-20 score over 6 maintained or improved over 6 months (target 50%).
  - 95% of clinical staff meet minimum trauma training requirements.
- Peer and Family services- provided increased by 13% (target 5%).
- SMVF – all initial benchmarks surpassed in preliminary data.
- Steps 7-9 (Psychiatric Rehab, Case Management, and Care Coordination) received initial funding and implementation is underway.
- Behavioral Health Quality Management System established by DBHDS

## Initiatives

- A comprehensive scope of services document for STEP-VA will be completed by the end of FY 2024.
- DBHDS is coordinating with CSBs to create a STAC (STEP-VA Advisory Committee) to ensure collaboration for ongoing implementation and improvement of STEP-VA services.
- All nine STEPS have received funding and will be in implemented status by July 2024.



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- DBHDS will work to finalize Quality and Outcomes metrics and improve oversight and accountability for all nine STEPS.
- DBHDS will work with the CSBs to evaluate outcome measurement tools which may be more effective than the current tool (DLA-20) for measuring program performance across multiple services.