



Implementation of STEP-VA

Study mandate

- Review the implementation of “STEP-VA” by DBHDS and the CSBs
 - evaluate progress toward providing same-day access to behavioral health clinical assessments and reducing wait times for follow-up services (step 1)
 - evaluate progress toward providing primary care screening (step 2)
 - evaluate planning for future phases

STEP-VA: System Transformation Excellence and Performance

DBHDS: Department of Behavioral Health and Developmental Services

CSB: Community Services Board

Research activities

- Site visits to CSBs and interviews with directors and staff
- Survey of CSBs
- Interviews with DBHDS staff
- Interviews with other states' behavioral health system staff and subject matter experts
- Review of planning and needs assessment documents

In brief

Same-day access (step one) has reduced wait times for behavioral health assessments, but the availability of same-day assessments varies across CSBs.

Same-day access performance measures do not address whether individuals are assessed on the same day.

CSBs will meet deadline to begin providing primary care screenings (step two), starting with individuals at greatest risk for physical health issues.

In brief

Seven of nine steps remain to be implemented by July 2021, but this tight deadline risks spending state funds before effective planning has occurred.

Despite scale of STEP-VA initiative, DBHDS has not dedicated a senior-level staff position to overseeing STEP-VA on a full-time basis.

The General Assembly may wish to extend the STEP-VA deadline and withhold funding until sufficient planning is complete.

In this presentation

Background

Implementation of first two STEP-VA services

Implementation of remaining STEP-VA services

STEP-VA goal is statewide access to core services

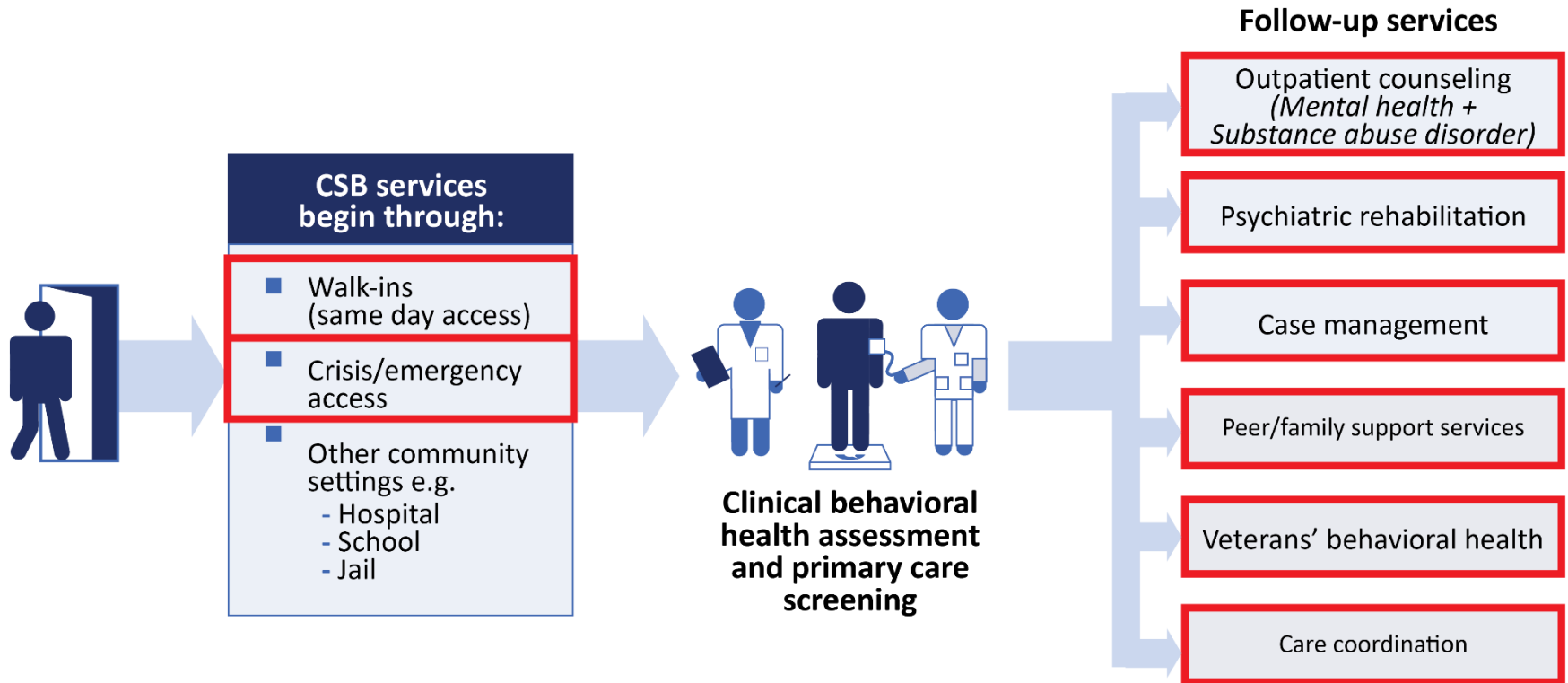
- STEP-VA was initiated in 2017 to improve access, consistency, quality, and accountability of community-based behavioral health services at Virginia's 40 CSBs
 - CSB services have varied statewide
 - All CSBs required to provide nine core services by July 1, 2021
- State has appropriated over \$60M between FY18 and FY20

2017 Acts of Assembly, Chapter 607 put the nine required services of STEP-VA in the Code of Virginia.

STEP-VA requires nine core services at all CSBs by July 2021

| Step | FY20 funding | Implementation date |
|-----------------------------|--------------|---------------------|
| Same-day access | \$10.8 | July 2019 |
| Primary care screening | \$7.4 | July 2019 |
| Outpatient services | \$15.0 | July 2021 |
| Crisis services | \$7.8 | July 2021 |
| Peer/family supports | - | July 2021 |
| Psychiatric rehabilitation | - | July 2021 |
| Veterans' behavioral health | - | July 2021 |
| Case management | - | July 2021 |
| Care coordination | - | July 2021 |

STEP-VA requires core services that build on existing CSB behavioral health services



Effective implementation requires complete planning

- **Requirements:** operational definition for each step that tells CSBs the level of services they need to provide
- **Performance measures:** data that will be tracked to assess CSB progress in implementing each step
- **Implementation plans:** CSBs' planned actions to meet the requirements of each step

In this presentation

Background

Implementation of first two STEP-VA services

Implementation of remaining STEP-VA services

Same-day access (step one) has begun at all 40 CSBs

- Step one has two goals:
 - Provide behavioral health assessments the same day clients walk in to CSBs
 - Provide necessary follow-up services within 10 days of assessment
- Outside consultant was integral to helping CSBs make necessary operational changes

NOTE: Individuals in crisis have always been assessed on the same day.

Findings

Same-day access has reduced or eliminated wait times for assessments of clients who visit during designated hours.

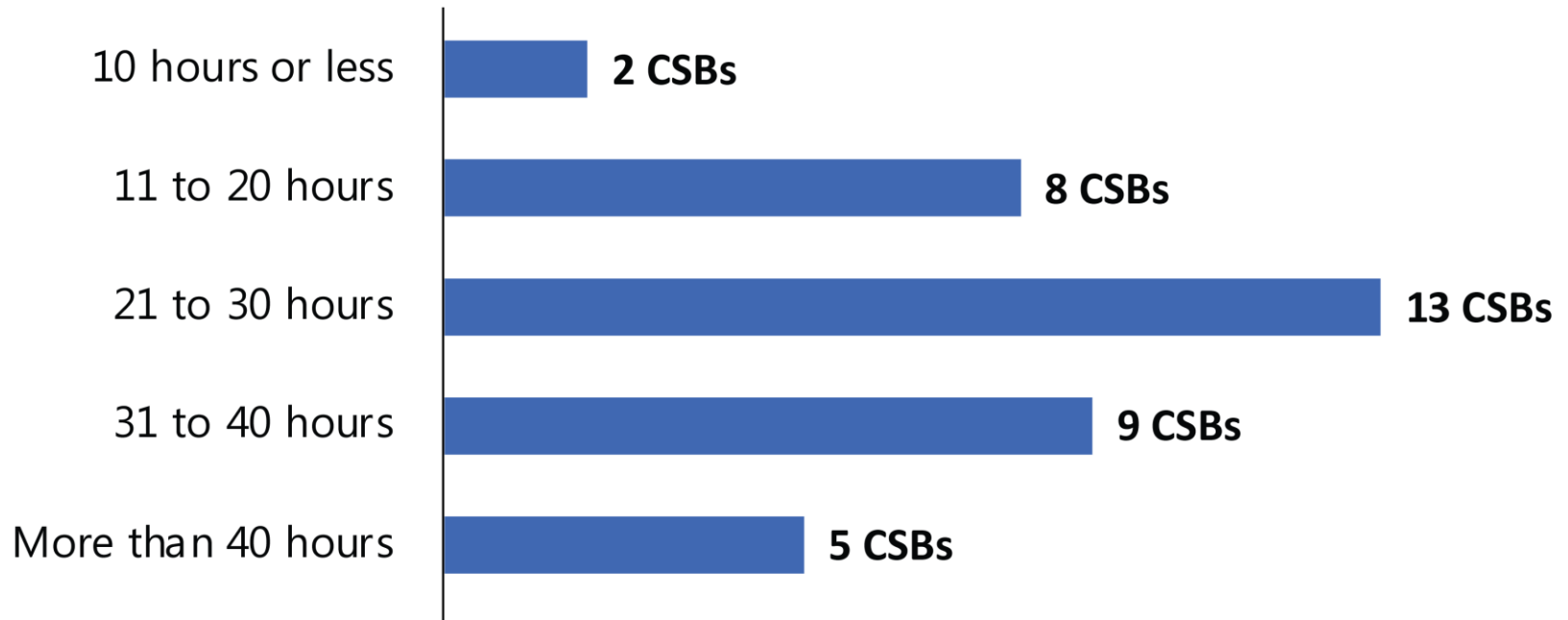
The number of hours that CSBs provide same-day assessments varies widely, and some CSBs do not provide same-day assessments at all their clinics.

Most clients are assessed on the same day if they arrive during designated hours

- CSBs reported assessing at least 70 percent of walk-ins on the same day
- Prior to same-day access, consumers sometimes waited up to a month for an assessment

NOTE: 20 CSBs provided data on same-day access to assessments. Individuals in crisis have always been assessed on the same day.

Number of same-day assessment hours per week varies across CSBs



NOTE: Three CSBs did not provide data.

Finding

Performance measures do not document key goals of the step: timeliness of assessments or whether clinics offer enough same-day assessment hours.

Performance measures do not address goal of same-day assessments

- No information on whether individuals are assessed on the day they walk in to a CSB
- No information on whether the availability of same-day assessments is sufficient to meet demand

Recommendations

DBHDS should work with the CSBs to develop performance measures that address:

- whether CSBs assess clients on the day they walk-in
- whether CSBs' clinics offer enough hours designated for same-day assessments to meet community needs

Some CSBs having challenges providing timely follow-up services

- Twelve CSBs report having trouble providing follow-up services within the 10-day goal
 - Same-day access is increasing demand for treatment
 - Same-day access funding did not consider follow-up services
- Performance measures will help DBHDS and CSBs understand extent of these challenges

Primary care screening and follow-up (step two) begins July 2019

- Goal is to identify clients with unaddressed physical health concerns and connect them to primary care
- Step two will be implemented in two phases:
 - Phase 1: Consumers with SMI, SUD, SED
 - Phase 2: All consumers screened (future date)

SMI: Severe mental illness; SUD: Substance use disorder; SED: Severe emotional disturbance (children)

Finding

CSBs say they are ready to provide primary care screening to consumers most at risk for physical health issues by July 2019 but are concerned about expanding screenings to all consumers.

All 40 CSBs ready to implement primary care screening (phase one)

- DBHDS has approved CSBs' implementation plans and distributed funding
- Funding will pay for additional staff and equipment

Expanding primary care screening to all clients will be a significant change for CSBs

- Number of screenings each year estimated to more than double from 80,000 to 200,000
 - CSBs say providing follow-up services to consumers with abnormal screenings will be time-consuming
 - Most clients screened in phase one already have a case manager, but phase two will be handled by new nursing staff or clinicians
- Implementing these changes could distract from other, higher priority STEP-VA services

Recommendation

DBHDS should pilot phase two of primary care screening at a subset of CSBs to evaluate the impact on clients and CSB operations before requiring implementation by all 40 CSBs.

In this presentation

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Implementation of first two STEP-VA services

Implementation of remaining STEP-VA services

Finding

DBHDS has not provided sufficient oversight and support of STEP-VA planning and implementation, leading to fragmented communication and putting successful implementation at risk.

DBHDS has not provided effective oversight or support of STEP-VA

- DBHDS had no staff dedicated full-time to STEP-VA for the first 18 months of implementation
- Recent vacancies in key positions left STEP-VA leadership to Commissioner and Chief Deputy Commissioner
 - Simultaneously leading several major transformations
 - Overseeing DBHDS operations

Insufficient leadership contributed to planning and implementation challenges

- Consultant supported same-day access implementation but little other planning work accomplished
- CSBs had difficulty getting consistent guidance from DBHDS staff
- CSBs unclear on decisions and next steps after STAC meetings

STAC: STEP-VA Advisory Committee (19 CSBs)

STEP-VA funding has not been used to enhance DBHDS oversight and support

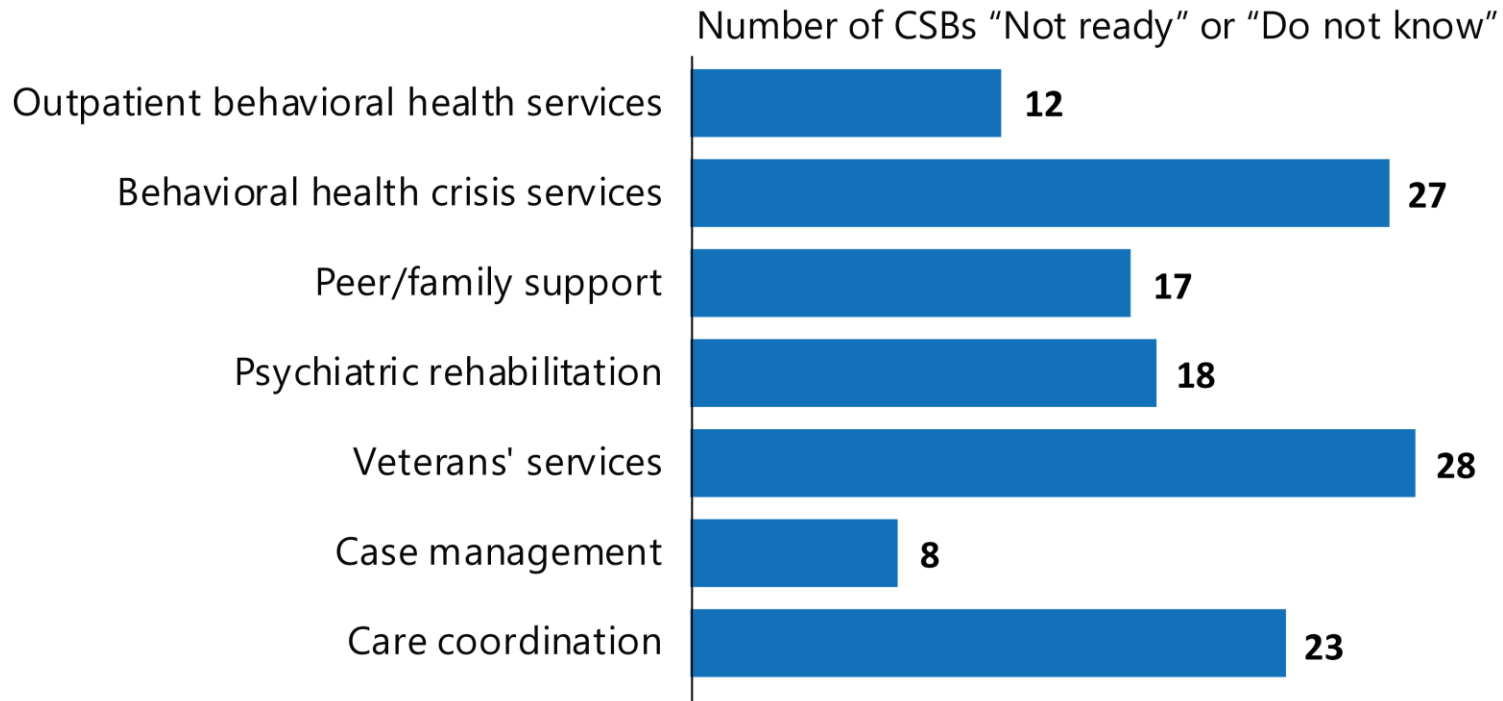
- DBHDS identified the need for oversight and support funding in initial STEP-VA planning
- All STEP-VA funding to date has been directed to CSBs to make operational changes and provide services

Recommendations

DBHDS should dedicate a full-time, senior-level behavioral health staff member to lead and oversee STEP-VA, utilizing existing resources.

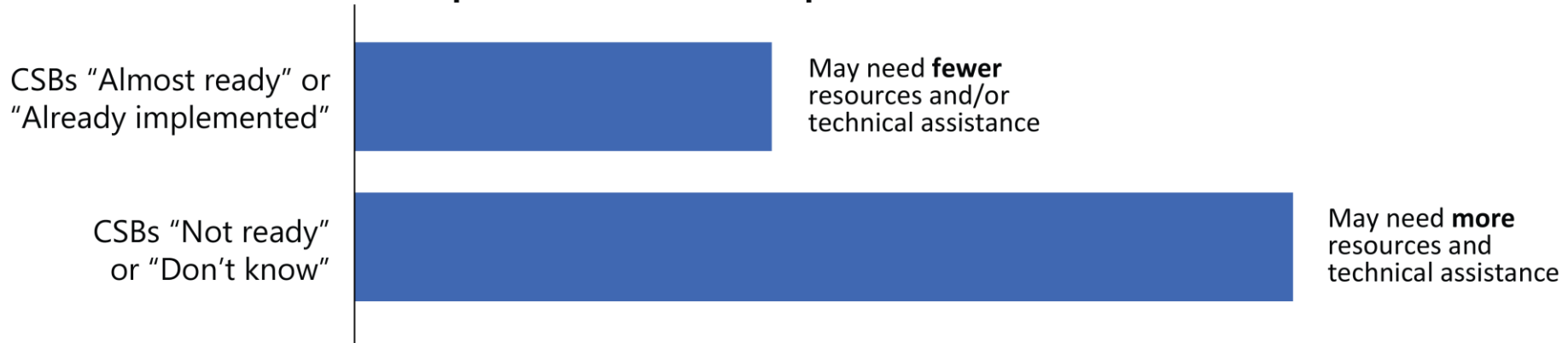
The General Assembly may wish to consider allowing DBHDS to use a portion of future STEP-VA funding for central oversight and support functions.

CSBs are at varying stages of readiness for remaining steps



Needs assessment would be used to help direct resources

Example: CSB readiness to implement crisis services



Finding

Funding for initial steps was disbursed without a clear understanding of each CSB's needs to meet requirements.

Funding allocations for first two steps did not fully account for CSB needs

- All CSBs received equal funding for same-day access
 - Nine CSBs already had this step in place
 - CSBs with few walk-in consumers received same funding as those with several hundred per month
- Funding for primary care screening was based on estimated demand for services, but not CSB capacity to meet that demand

Recommendation

DBHDS should base STEP-VA funding allocation decisions on (i) the relative need in the community for specific STEP-VA services and (ii) each CSB's capacity to meet those needs.

DBHDS's current plan is to initiate all nine steps by July 2021

- All requirements will be defined and CSBs will begin providing all nine steps by July 2021
- Work to make all nine steps fully operational will take multiple years to track progress and assist struggling CSBs

Findings

Initiating all 9 steps by July 2021 is unlikely, and rushing implementation of STEP-VA risks spending state funds before the development of effective plans.

Some CSBs would prioritize steps differently to meet their community's most pressing needs.

Meeting July 2021 deadline would require much faster pace

- Halfway through a four-year timeline, seven of nine steps are unimplemented
- Remaining steps need:
 - Final requirements
 - Performance measures
 - Funding allocation plans based on CSBs' needs
 - Funding included in FY21–22 biennial budget

DBHDS should complete planning before distributing funds

- Six of the remaining seven steps have not yet been sufficiently planned
- Distributing funding without sufficient planning undermines successful implementation

Recommendations

The General Assembly may wish to consider extending the deadline for *initiating* implementation of all steps until July 2022.

The General Assembly may wish to consider directing DBHDS to report on planning for each step, and direct the Department of Accounts to withhold funding until planning is complete.

DBHDS should prioritize remaining steps

- CSBs can offer needed services as soon as possible even if full implementation is extended
- Prioritization should reflect communities' greatest needs
- General agreement that outpatient and crisis services are highest priorities, CSB priorities vary on final five steps

Recommendation

DBHDS should prioritize the remaining steps based on communities' most critical needs and include the prioritized order in its annual report to the General Assembly on STEP-VA implementation.

Key findings

Same-day access (step one) has reduced wait times for behavioral health assessments, but availability of same-day assessments varies.

CSBs are on track to begin providing primary care screenings (step two) by deadline.

Key findings

DBHDS has not dedicated sufficient leadership to the oversight of STEP-VA implementation.

Initiation of remaining seven steps will require more time than the General Assembly's current deadline, and funds should not be spent until sufficient planning is complete for each step.

Remaining steps should be prioritized based on community needs.

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