COMMONWEALTH of VIRGINIA

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December 1, 2022

To: The Honorable Winsome Earle-Sears, Lieutenant Governor
The Honorable L. Louise Lucas, Senate President Pro Tempore
The Honorable Todd Gilbert, Speaker of the House

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Chapter 683, 2017 Acts of Assembly

Chapter 683 (HB 1549, SB 1005) of the 2017 Acts of Assembly directs the Department of Behavioral Health and Developmental Services to report on the implementation of System Transformation Excellence and Performance (STEP-VA) annually.

Please find enclosed the report in accordance with Chapter 683. DBHDS staff are available should you wish to discuss this request.

cc: Secretary John Littel

Virginia Department of Behavioral Health & Developmental Services

Report on Chapter 683 (HB1549, SB1505), 2017 Acts of Assembly

Report on the Implementation of STEP-VA

December 1, 2022

DBHDS Vision: A Life of Possibilities for All Virginians

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Preface

Chapter 683 (HB 1549, SB 1005) of the 2017 Acts of Assembly directs the Department of Behavioral Health and Developmental Services to report on the implementation of System Transformation Excellence and Performance (STEP-VA) annually. The language states:

> *E. In order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the behavioral health authority shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services.*
>
> *2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.*
>
> *3. That, effective July 1, 2021, the core of services provided by community services boards and behavioral health authorities within cities and counties that they serve shall include, in addition to those set forth in subdivisions B 1, 2, and 3 of § **37.2-500** of the Code of Virginia, as amended by this act, and subdivisions C 1, 2, and 3 of § **37.2-601** of the Code of Virginia, as amended by this act, respectively, (i) crisis services for individuals with mental health or substance use disorders, (ii) outpatient mental health and substance abuse services, (iii) psychiatric rehabilitation services, (iv) peer support and family support services, (v) mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility, (vi) care coordination services, and (vii) case management services.*
>
> *4. That the Department of Behavioral Health and Developmental Services shall report by December 1 of each year to the General Assembly regarding progress in the implementation of the provisions of this act.*

Report on the Implementation of STEP-VA

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Executive Summary

The System Transformation Excellence and Performance (STEP-VA) initiative is Virginia's effort to reform the public mental health system by improving access, quality, consistency, and accountability in public mental health services across the Commonwealth. It requires that all 40 community services boards (CSBs) implement nine essential services, referred to as steps, and requires consistent quality measures and oversight. The nine services mirror the national best practice model of Certified Behavioral Health Clinics (CCBHCs) and include:

- Same Day Access
- Primary Care Screening
- Outpatient Services
- Crisis Services
- Peer and Family Support
- Psychiatric Rehabilitation
- Veterans Services
- Case Management
- Care Coordination

After full implementation of STEP-VA, DBHDS anticipates reaching important outcomes such as decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders in the criminal justice system. STEP-VA implementation and planning have continued despite the continuation of the COVID-19 pandemic and the behavioral health workforce crisis. In FY 2022:

- **Overall delivery** – Primary care screening, metabolic screenings, same day access (SDA), and outpatient services were delivered across 40 CSBs, with CSBs providing in person, telehealth and telephonic services as needed per public health guidance.
- **Same Day Access (SDA)** – 47,259 SDA assessments were completed across the system.
- **Primary Care Screenings** – A total of 59,224 primary care screenings were conducted for 29,806 individuals. A total of 29,734 metabolic screens were conducted across 13,950 individuals in FY 2022.
- **Outpatient Services** – The Columbia suicide screening was implemented, and in year one, 65.3 percent of children ages 6 to 17 received a screening and 60.8 percent of adults received a screening. Also, of the 1,917 eligible staff, 1,513 met the minimum eight-hour trauma training requirement (79 percent), which is a significant increase from last year (70 percent). In addition, outpatient services demonstrated positive clinical outcomes as measured by the DLA-20, a functional impairment measure used at each CSB.
- **Initial Funding Received** – Peer and Family Support Services and Service Members, Veterans and Families (SMVF) Services received initial funding by the 2021 General Assembly, and initial allocations and metrics are included in this report. Finally, the last three STEPs (psychiatric rehabilitation, case management, and care coordination) were in the planning phase over the year covered by this report; and during 2022 Session, funding was allocated to begin July 2022.

Introduction

Over the past several years, Virginia has been making concentrated and meaningful efforts to reform its strained public mental health system. STEP-VA focuses on improving access, quality, consistency, and accountability in public mental health services across Virginia. STEP-VA requires all community services boards (CSBs) to provide the same services, commonly referred

to as “STEPs”, including same day access, primary care screening, outpatient services for mental health and substance use disorders, targeted case management, crisis services, and other critical services; shifting from a system of two mandated services to nine mandated services, which represents a broader array of behavioral health services. These essential services will be available consistently across all 40 CSBs.

In addition to requiring a uniform set of services across all 40 CSBs, STEP-VA also requires consistent quality measures and improved oversight in all Virginia communities through investment in CSB and DBHDS infrastructure. In 2018, the General Assembly provided funding for all 40 CSBs to implement the first STEP-VA service, Same Day Access, which had been funded for 18 CSBs the prior year. Then, Primary Care Screening received funding in FY 2019, and Outpatient Services, Detox Services, and Mobile Crisis Services received funding in FY 2020. The FY2021-2022 biennium included significant investments in STEP-VA: additional outpatient and crisis funding, funding for peer recovery services and military and veterans’ services STEPs, and funding for critical infrastructure at the CSBs (e.g., billing staff) and Central Office (five positions to oversee these state general funded services in the community). Due to COVID-19 budget impacts, these funds were unallotted for FY 2021. Ultimately, funding for outpatient services, crisis services, infrastructure, peer recovery services, and military and veterans’ services STEPs were re-allotted for FY 2022. Finally, funding for Psychiatric Rehabilitation Services, Case Management, Care Coordination, and additional infrastructure funds were appropriated for FY 2023.

Table 1 shows total FY 22 STEP-VA funding by category

		SFY 2022 Budget
Grants to Localities Agency 790	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	
	Mobile Crisis	$13,954,924
	Outpatient	$21,924,980
	Veterans Services	$3,840,490
	Peer Support & Recovery Services	$5,334,000
	Cross-Step Infrastructure	$3,200,000
	Continue Implementation of Crisis System Transformation*	$10,000,000
	790 Total	$83,187,065
Central Office Agency 720	Same Day Access	$0
	Primary Care Screening	$0
	Detoxification (Crisis Services)	$0
	Crisis Dispatch	$500,000
	Mobile Crisis	$0
	Outpatient	$1,722,908
	Veterans Services	
	Peer Support & Recovery Services	
	Cross-Step Infrastructure	
	720 Total	$2,222,908
720+ 790 Total		$85,409,973

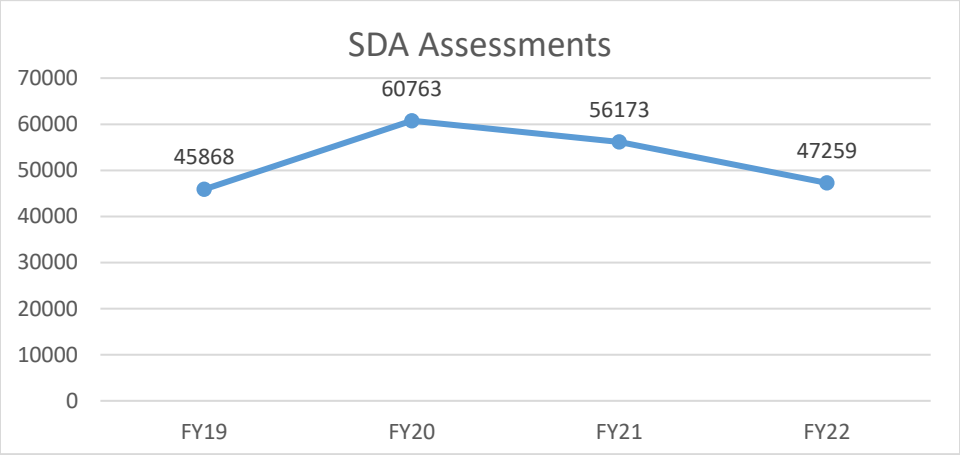
Infrastructure for STEP-VA

There are extensive infrastructure costs associated with the implementation of STEP-VA at each CSB, within DBHDS regions, and at Central Office. In FY 2022, $3,200,000 in ongoing state general funds were appropriated to the STEP-VA project in addition to the "STEP-specific" funding which had been provided in 2018, 2019, 2020, and 2021. From this appropriation, each CSB received $80,000 in ongoing funds to support the ancillary costs of implementing STEP-VA with a focus on the data and analysis related needs required for the implementation.

Same Day Access

Total Same Day Access (SDA) funding was $10,795,640 in FY 2022, which was stable from previous year. Allocations of $269,891 were made to each of 40 CSBs for ongoing implementation of SDA. Trends in SDA assessments can be seen in Figure 1.

Figure 1.

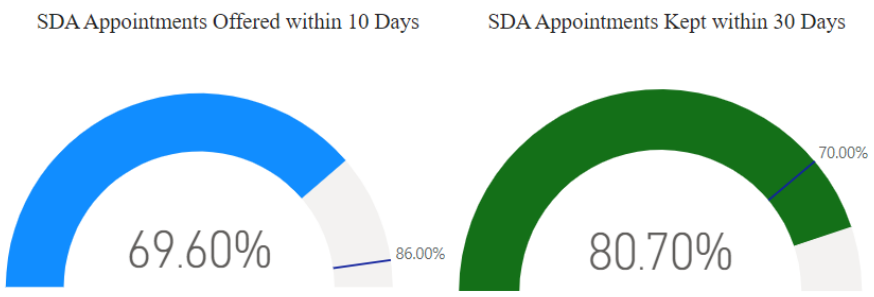


There were a total of 47,259 SDA assessments conducted in FY 2022. Of these assessments, there were 33,274 follow up appointments offered, and 30,030 of these follow up appointments were attended. Performance metrics for SDA focus on appointments being offered within 10 business days as well as individuals attending their scheduled follow up appointments.

Statistics of appointments offered and kept are shown in Figure 2 and are as follows:

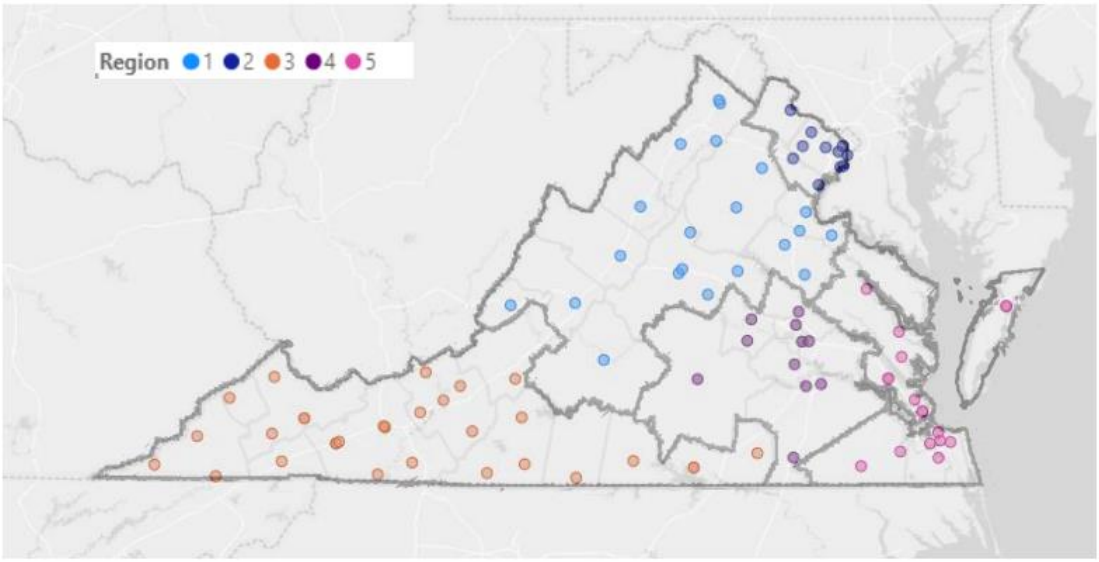
- 69.9 percent had appointments offered within 10 days
- 9.2 percent had no appointments offered
- 21.2 percent had appointments after 10 business days
- 80.7 percent of appointments were kept within 30 days
    - 69 percent were kept within 10 days
    - 11.7 percent 11-30 days
    - 3.2 percent over 31 to 60 days
- 16 percent of appointments were not kept

Figure 2.



A brief qualitative check-in survey was conducted in August 2022. This survey indicated that Same Day Access Services are offered through 94 service locations statewide. This includes 22 locations in Region 1, 11 locations in Region 2, 32 locations in Region 3, 11 locations in Region 4, and 18 Locations in Region 5. A map of all the locations is shown in Figure 3.

Figure 3. – Same Day Access Locations



Totals by CSB can be found in the Appendix.

Primary Care Screening

Primary care screening funds were stable from the prior year, with total funding of $7,439,998. Metrics for this STEP remain in development due to the need for a full 12-month look back period and changes in expectations during the pandemic. General information is provided in Figure 4 and Figure 5.

Figure 4.

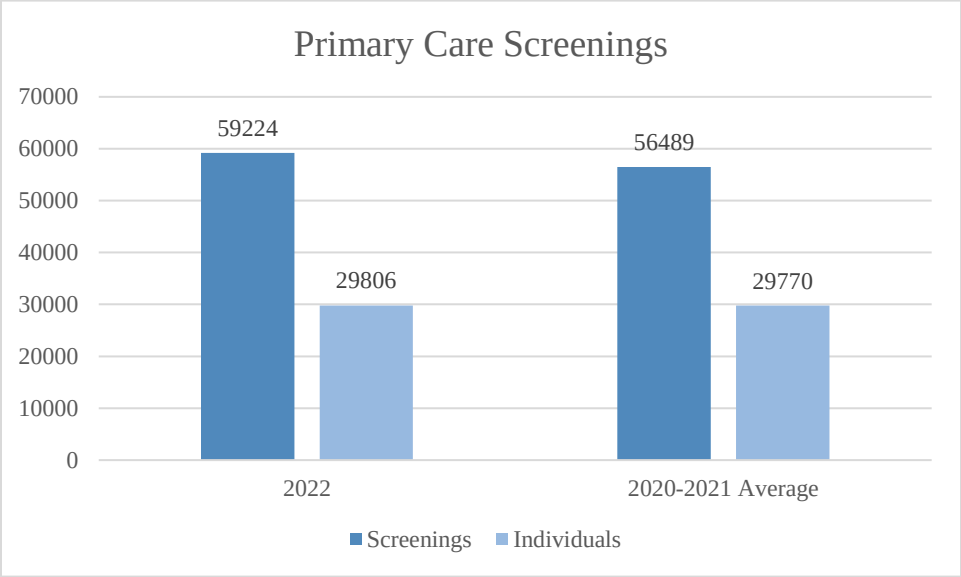
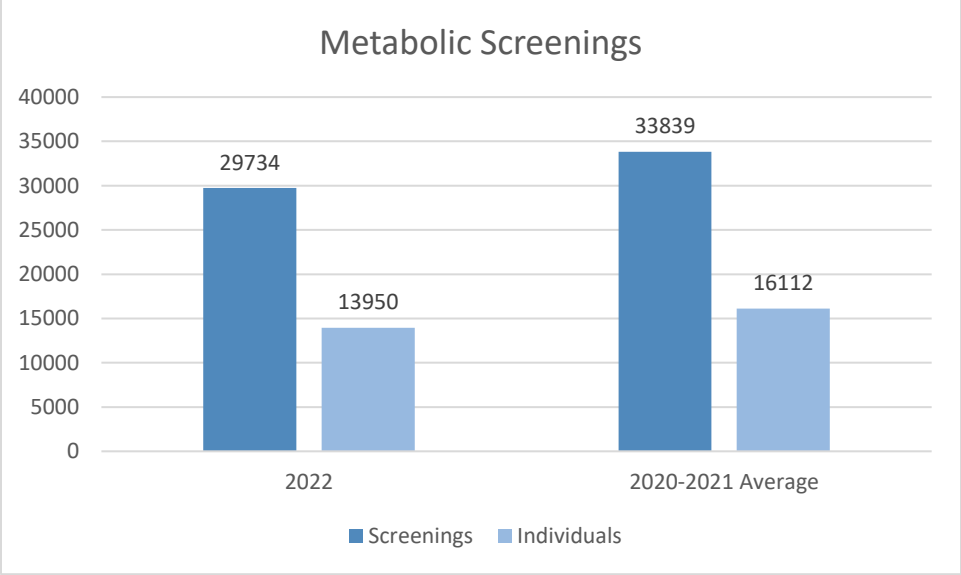


Figure 5.



In 2022, a total of 59,224 primary care screenings were conducted on 29,806 individuals. This is a slight increase from FY 2020 and FY 2021. Regarding metabolic screens for individuals prescribed antipsychotic medications, a total of 29,734 screenings were conducted on 13,950 individuals. This averages out to 2.13 screenings per individual. This is a slight decrease from FY 2020 and 2021 average screenings per individual, per year (2.3). Performance metrics will be developed over the next fiscal year.

Outpatient Services

A total of $21,924,825 in funding was appropriated for the outpatient STEP. This is a significant increase in funding, which was $14,999,820 prior. Outpatient services are high quality, evidence-based, trauma-informed, culturally competent, accessible behavioral health services that address a broad range of diagnoses and consider an individual's course of illness across the lifespan, from childhood to adulthood. Through STEP-VA outpatient funding, CSBs continue to have the capacity to support licensed clinicians or license-eligible clinicians. Funds were further used for salary alignment within CSBs and across CSBs; recruitment bonuses and performance bonuses; retention bonuses; and other investments in outpatient services. For CSBs with high needs, DBHDS allowed for critical infrastructure purchases that supported outpatient services (e.g., electronic health record add-ons to analyze outcomes for outpatient services). See Figure 6 and Figure 7 below for the number of individuals served by outpatient services.

Figure 6.

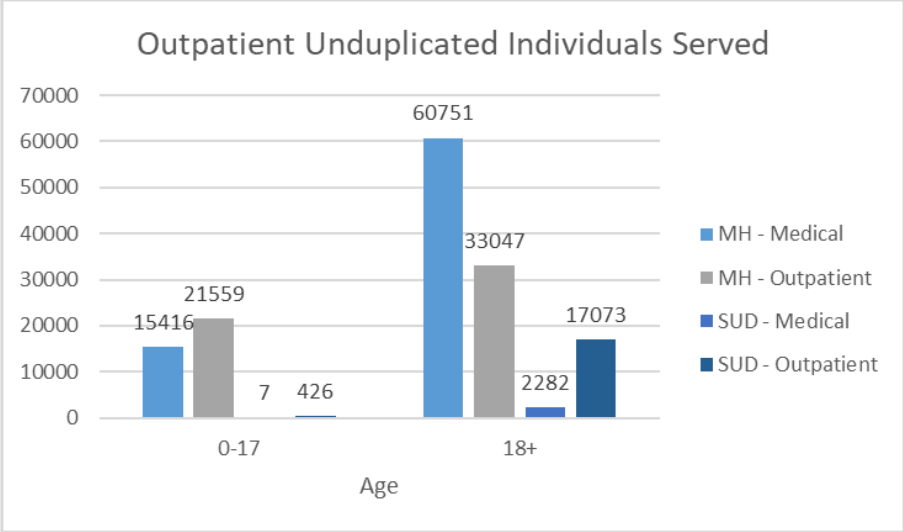
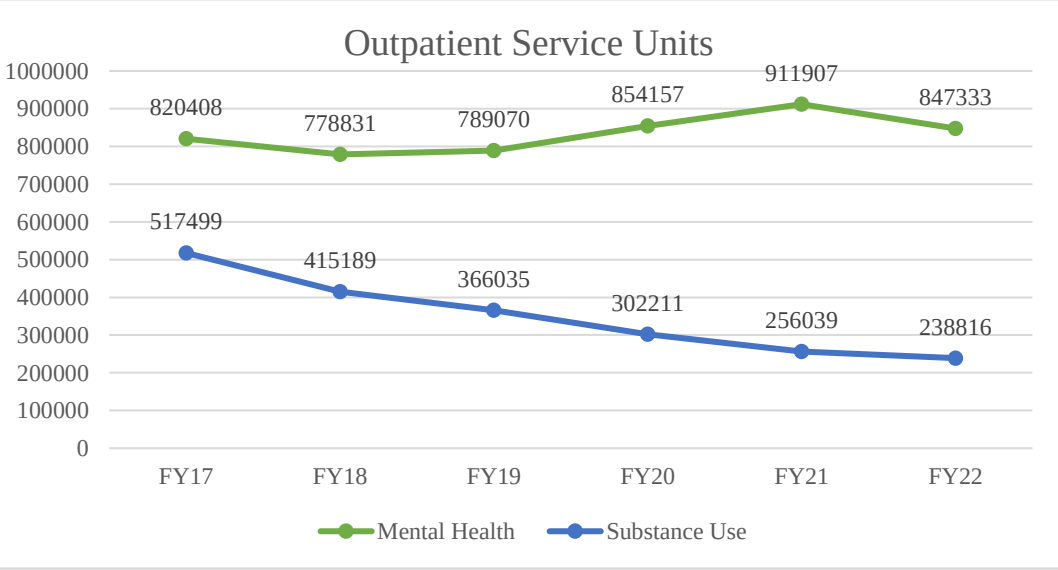


Figure 7.

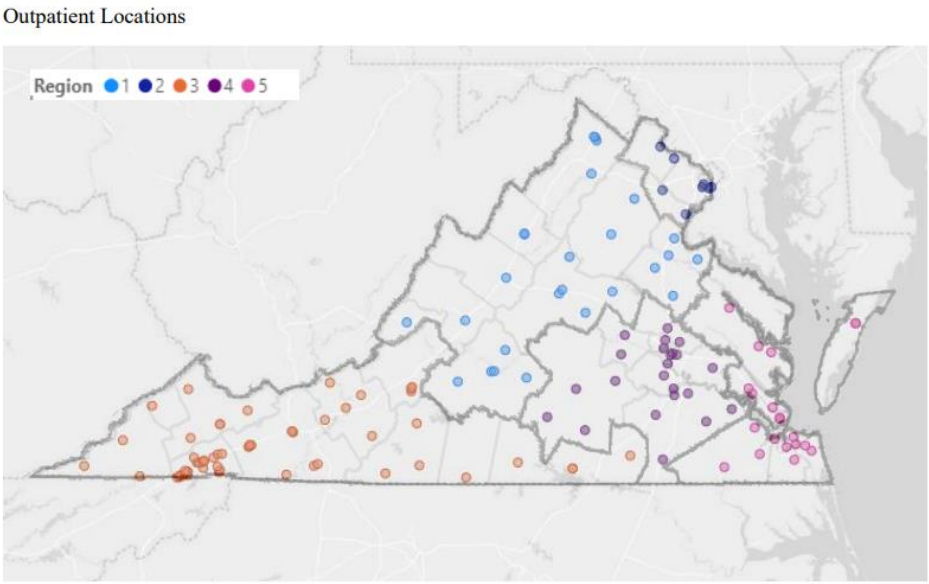


Outcome Measures and Continuous Quality Improvement

Although outpatient services is currently in Phase 3, a brief qualitative check-in survey was conducted in August 2022. This survey indicated that outpatient services are being offered through 143 service locations statewide. This includes 26 locations in Region 1, ten locations in Region 2, 62 locations in Region 3, 23 locations in Region 4, and 22 locations in Region 5. A map of all locations can be seen in Figure 8. The primary difficulty facing the public behavioral health system continues to be workforce challenges. Workforce challenges are an issue across the behavioral health sector and across the nation. Outpatient funding has been used to address some of these challenges, but the shortages remain and the need for flexible funding that can be used to meet specific workforce needs (tuition reimbursement, hiring bonuses, retention bonuses, overall higher salaries, lower caseloads) across the state, also remains.

The second ongoing difficulty facing the public behavioral health system in administrative burden. Clinicians continue to report that paperwork is a deterrent to working at the CSB and inhibits outpatient caseloads, which are already higher than the private sector. For outpatient services, private providers tend to practice under Department of Health Professions licenses, whereas CSBs and some private providers must meet DBHDS Outpatient license criteria, as well. Additionally, there is not full alignment between DMAS and DBHDS paperwork; although, there have been collaborative efforts made between DMAS and DBHDS to reduce concerns and challenges faced by the CSBs. Finally, due to workforce shortages, limited funding (this STEP was only partially funded in FY 2021), increasing demand and access via SDA, rising caseloads, and concern that wait times will move to an average of greater than ten days.

Figure 8.



A primary investment across STEP-VA has been the implementation of the Daily Living Assessment 20 (DLA-20) which is a validated measure of functional impairment. DBHDS continues to invest federal resources, and CSBs have invested additional state resources in ongoing DLA-20 training. It is expected that primary outcomes for outpatient services will

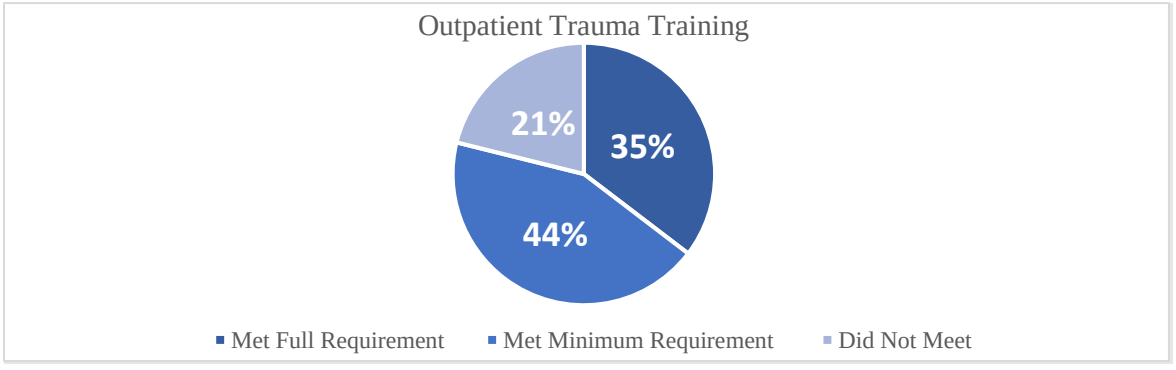
include DLA-20 change scores, like the client demonstrating improvement or stabilization, as well as engagement measures. The measurement of engagement in treatment services can be calculated based on national standards provided through the Health Plan Employer Data and Information Set (HEDIS). These metrics have been collected for substance use treatment and will be expanded to capture engagement in mental health treatment services, as well. National benchmarks currently only exist for substance use engagement.

Primary metrics for monitoring and accountability for the outpatient services STEP include training and screening (Columbia) data, measures of engagement, and change scores for the DLA-20. August 2022 data regarding training was collected. In addition to the collection of training data, significant progress continues to be made regarding benchmarking measures. In response to the needs assessment, DBHDS has developed a set of core metrics. An existing metric that is used for federal reporting and board reporting regards SUD engagement in treatment. This measure is also an example of a high-quality measure because it is based on a national HEDIS quality indicator. It is important to note that due to the structure of CCS3 data, this is not a perfect parallel for national standards for HEDIS calculation. Yet, parameters of the HEDIS measure were used to create the Virginia metric in the context of the existing data. Significant progress was also made on the validation of the DLA-20 change score measure.

Current outcome measures, which should be considered baseline measurements for this STEP, are provided here.

- Engagement in SUD Services – Target of 50 percent
    - Statewide, 57.8 percent of individuals with a new SUD diagnosis were considered engaged in SUD services
- Columbia - Target of 60 percent
    - 65.3 percent of children 6 to 17 received a screening
    - 60.8 percent of adults received a screening
- DLA-20
    - Over half of both children and adults with scores over 6 are maintaining that score
    - About half of children with a score under 4.0 have surpassed 4.0
      See appendix for DLA-20 visualizations
- Training (See Figure 9)
    - Of 1917 eligible staff, 1513 met the minimum 8-hour trauma training requirement, and 678 met the full requirement
    - 79 percent met at least the minimum requirement, an increase over 70 percent last year

Figure 9.



STEP-VA Crisis Services and Children's Psychiatry and Crisis Response Funding

STEP-VA funding for crisis services builds on existing investments in specialized children's crisis services. The report to the General Assembly regarding the impact of this funding is included as part of this STEP-VA report. We first describe the impact of this investment, followed by planning and initial implementation of the new STEP-VA funds for crisis services. It is important to note that DBHDS provides an annual report on the comprehensive crisis continuum as required by the Marcus-David Peters Act.

The following describes the impact of funding from the General Assembly allocation for Child Psychiatry and Children's Crisis Response in three strategy areas. CSBs report data on community services in the DBHDS Community Consumer Submission (CCS) application. The data provided in this report are from the service categories in the CCS that are most frequently provided to children in crisis. Those services include:

1. Psychiatry Services,
2. Mobile crisis services, and
3. Residential crisis stabilization services.

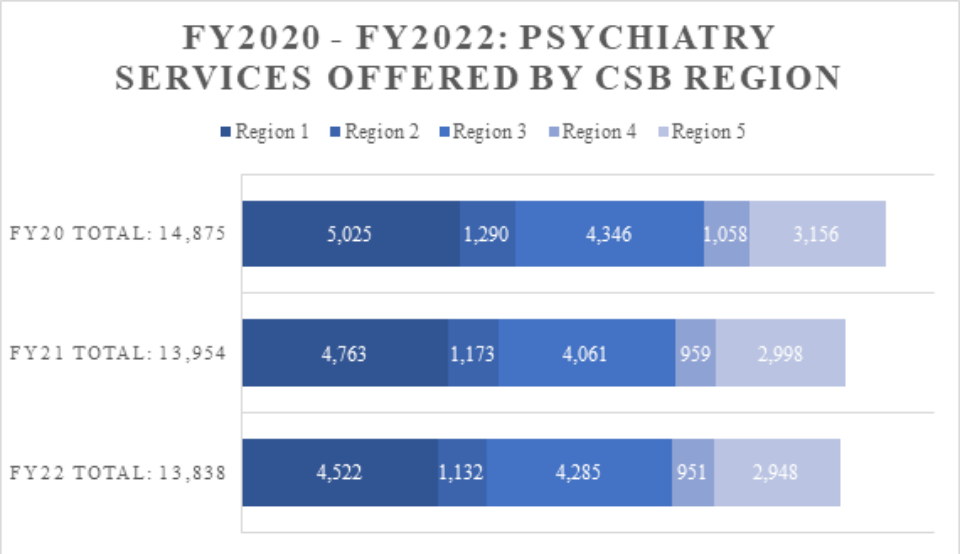
Strategy 1: Child and Adolescent Psychiatry Services

To extend the reach of very limited child psychiatry resources, regions were asked to provide child psychiatry in one or more of the following three venues:

- Face-to-face office visits with children;
- Tele-psychiatry services to children in remote sites; and
- Child psychiatry consultations to other providers, such as pediatricians, primary care providers and others.

Child psychiatry services are reported in the Medical Services category in CCS. Medical services are defined as the provision of psychiatric evaluations and psychiatric, medical, psychiatric nursing, and medical nursing services by licensed psychiatrists, physicians, psychiatric nurse practitioners, other nurse practitioners, and nurses and the cost of medications purchased by the CSB and provided to individuals. Medication services include prescribing and dispensing medications, medication management, and pharmacy services. Medication only visits are provided to individuals who receive only medication monitoring on a periodic (monthly or quarterly) basis from a psychiatrist, other physician, psychiatric nurse, or physician's assistant. Figure 10, below, shows the number of children served by psychiatric services in FY 2020-2022.

Figure 10.



Region 1

In Region 1, funding for Child and Adolescent Psychiatry Services provides psychiatric services both through face-to-face visits and tele-psychiatry for children and youth at 9 CSB's in the region. This program/funding transitioned from Horizon Behavioral Health to Region Ten CSB (Regional Office) on January 1, 2022 and expanded to cover all 9 CSBs in the region. Due to COVID and workforce shortages, many of these services were provided virtually through telehealth platforms.

Region 2

In Region 2, funding for child psychiatry provides access to a psychiatrist for children receiving mobile crisis stabilization services by the Children's Regional Crisis Response (CR2) program. All CSBs in Region 2 provide child psychiatry.

Region 3

Region 3 has a contract with the University of Virginia's Department of Psychiatry and Neurobehavioral Sciences (UVA) to provide tele-psychiatry. In times of need, up to 42 hours per week of psychiatry care can be requested. The wait to obtain a psychiatric intake tends to be 6-12 weeks or more. Since the region has a tele-psychiatry contract with UVA, children referred for an emergency intake are scheduled within the week of request. Children that are admitted to any crisis stabilization service offered in Region 3 are seen within 24 hours, youth in other crisis services are prioritized and efforts are made for them to be seen within 72 hours. Region 3 has been able to increase continuity of care by having the same psychiatrist who provides medication management services in the Crisis Stabilization Unit (CSU) to follow the child back into the community post discharge.

Region 4

In Region 4, while children are receiving services at St. Joseph's Villa's Crisis Stabilization Unit (CSU), the unit partners with a contracted provider to deliver tele-psychiatry and psychiatric consultation. Additionally, the region continues to provide 20 hours per week of child psychiatry and consultation services through the RBHA-operated community-based mobile crisis program, Crisis Response and Stabilization Team (CReST).

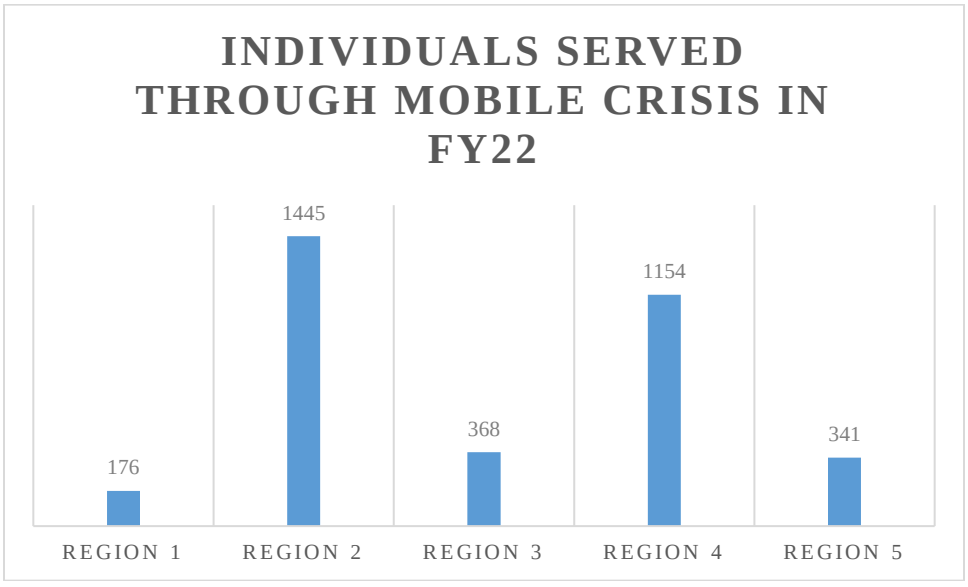
Region 5

In Region 5 psychiatry services are provided by the Children's Behavioral Health Urgent Care Center. The Center provides rapid access to crisis intervention and psychiatric care to the entire region and is able to maintain cases until children are linked with long term providers. In response to the COVID-19 public health emergency, services were made available through in-person and telehealth modalities to further promote stability for children and their families in community settings. Additionally, eight out of nine CSBs in Region 5 provide outpatient child psychiatry.

Strategy 2. Mobile Crisis Services

Mobile crisis services provide direct care and treatment to non-hospitalized children. The goals are to avoid unnecessary hospitalization, re-hospitalization, or disruption of living situation, assure safety and security, and stabilize children in crisis. Mobile crisis services may be provided in an individual's home or in a community-based program. Figure 11 offers data on the number of children served through mobile crisis services in FY 2022.

Figure 11.



Region 1

On January 1, 2022, both the Child Psychiatry and Mobile Crisis Stabilization Services programs transitioned to Region Ten Community Services Board (under the Regional Office) from Horizon Behavioral Health. In FY 2022, all Region 1 CSBs provided crisis intervention services in the home, school, and community settings. The crisis clinicians housed at each CSB also work with the System Transformation Excellence and Performance Virginia (STEP-VA) Mobile Crisis program as a referral source for children and youth who receive a crisis response in the home, school, or community setting.

There are several trends that were noted throughout FY 2022 including the decrease in the ability to respond to the needs in the community due to lack of qualified staff. The decrease in staffing has a significant impact as the demand for the services has only increased. In addition, the lack of availability of beds for children and adolescents in hospitals causes more acute cases to be referred back to the CSBs.

Region 2

In Region 2, the Children's Regional Crisis Response (CR2) program provides 24 hours a day, seven days a week mobile crisis stabilization services. Staff provide short-term crisis services, linkages to new or current community providers, and tele-psychiatry, as needed. Service duration is based on time needed to resolve the existing crisis. In FY 2022, 91 percent of those served by CR2 were able to retain their living arrangement and only 4 percent required hospitalization.

Region 3

In Region 3, center based ambulatory crisis stabilization is provided at Cumberland Mountain. Highlands CSB closed their center-based crisis stabilization program due to low referrals during the COVID-19 pandemic. They redirected funding to a youth mobile crisis clinician position. Mt. Rogers and Danville-Pittsylvania provide mobile crisis and community stabilization. Blue Ridge Behavior Health uses funding for a youth mobile crisis position. Geographical barriers for CSBs that cover rural counties has been an obstacle in expanding ambulatory crisis services. The region uses funding to expand limited crisis services to a youth-specific crisis staff, community-based responders, or staff embedded in high crisis referral locations such as pediatric offices.

Region 4

In Region 4, Mobile Crisis Response and Community Stabilization services for children are provided through the Crisis Response and Stabilization Team (CReST). Region 4 Regional Education Assessment Crisis services Habilitation (REACH) and CReST continue to operate their shared 24/7 call line, begun in January 2021. Since December 2021, both programs have also been coordinating with the Regional Crisis Call Center contractor for dispatch of mobile crisis response, in cases where the call center has determined with the caller and the service provider that this is the most appropriate level of response. The CReST team continues to work with CSB Emergency Services, local schools, pediatric Emergency Departments, acute inpatient hospitals, and directly with parent/caregiver and or community referrals. The team also assists psychiatric hospitals with children who are ready to discharge but who are at risk of re-hospitalization without active services upon discharge. Despite increased staff turnover on the team, as experienced among many community-based behavioral health programs, the CReST team has been able to maintain sufficient staff to continue providing direct services Sunday-Saturday, 8am-midnight.

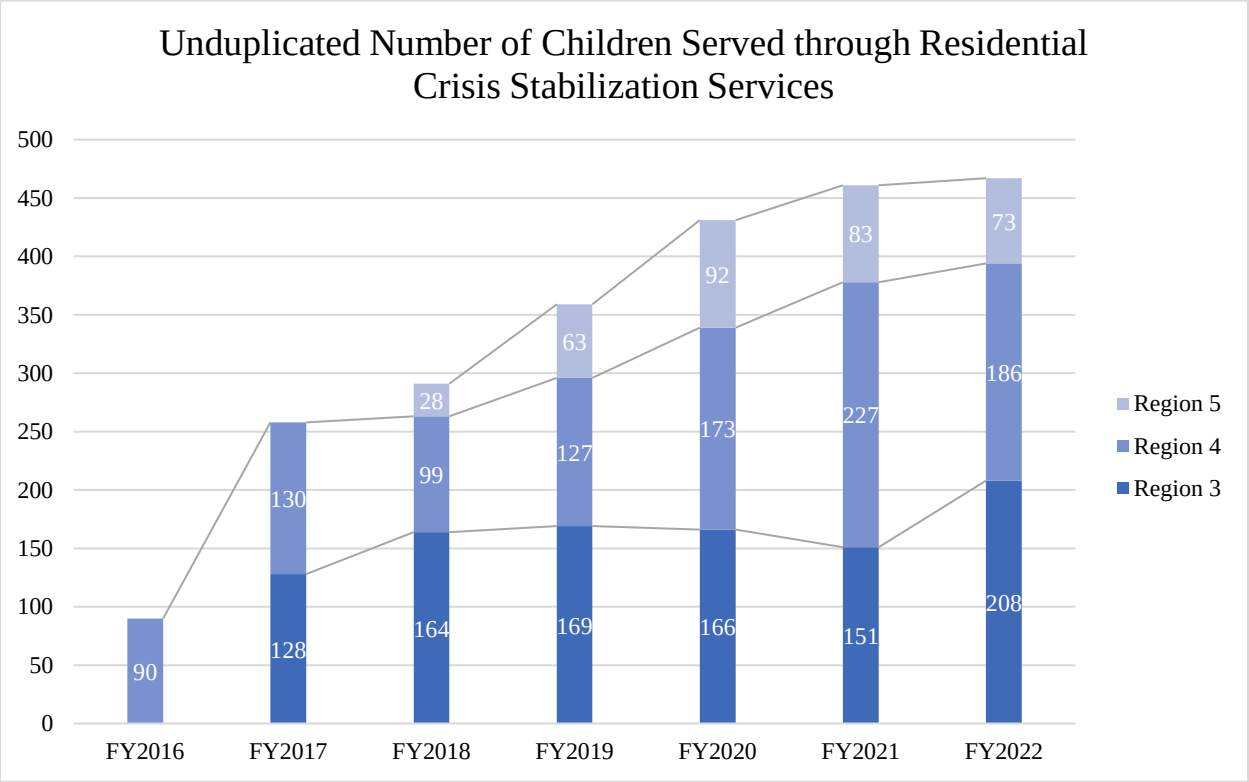
Region 5

In Region 5, with the additional funding through STEP-VA for children's mobile crisis, the region has chosen to enhance the current positions that provide mobile crisis with this general assembly allocation for the purpose of ensuring coordination between the regional crisis teams and each local CSB, to most effectively serve children and adolescents. These current mobile crisis positions continue to provide crisis intervention and now serve in a complementing role, with each of the seven CSBs having an identified Crisis Navigator. Following the initial crisis response provided by the STEP-VA mobile crisis teams, there is coordination with the corresponding CSB's Crisis Navigator, who provides subsequent community-based crisis intervention and linkage to community-based services for those children and adolescents in need.

Strategy 3. Residential Crisis Stabilization Services/Crisis Stabilization Units

Based on service gaps identified in their proposals, each region has different needs and resources for residential crisis stabilization services. All residential crisis stabilization services are short-term and focused on maintaining family contact and returning children to their homes and schools. Regions 3, 4, and 5 have residential crisis stabilization units. Figure 12 provides data on the number of children served through residential crisis stabilization services from FY 2016 through FY 2022.

Figure 12.



Region 3

Region 3 has an eight-bed crisis stabilization unit (CSU) located at the Mt. Rogers Community Services Board. When needed, the region provides transportation assistance to overcome geographic barriers. A behavior analyst is available at the CSU to provide the expertise needed to address the needs of children with developmental disabilities. Psychological testing when requested is an additional service provided by the CSU. At times, during the COVID-19 pandemic, Region 3 reduced the number of available beds. This may account for the decrease in number of children served during FY 2021; however, the unit was able to serve more youth in FY2022 than any previous fiscal year.

Region 4

Through a public-private partnership, Region 4 maintains its eight-bed crisis stabilization unit at St. Joseph's Villa (SJV). SJV works closely with both CReST and Regional Education Assessment Crisis Services Habilitation (REACH) to ensure youth are accessing the most appropriate level of crisis care at the right time. St. Joseph's Villa has a defined referral process with Commonwealth Center for Children and Adolescents with frequent contact to expedite referrals. There is also a defined referral process for CSB/BHA referrals as well as direct referrals from local hospitals and families. SJV developed a virtual tour to the CSU and posted it on their website, along with admissions forms and information, to allow families and others to be able to view and access the unit remotely. Over the past 2 years, the child CSU has developed processes to manage COVID surges including periodic infections among staff. Protocols include COVID screenings upon admission, testing as needed, and brief admissions pauses to control infection spread and or when staffing shortages make this necessary. Staffing the CSU continues to be challenging in this workforce crisis.

Region 5

Region 5 has an eight-bed Crisis Stabilization Unit (CSU) located in Suffolk, Virginia. The bed capacity increased from six to eight in FY22; however, due to COVID precautions they have maintained a maximum capacity of seven. The Region collaborates with regional emergency services departments, local inpatient and residential facilities, and other CSB departments to divert children from inpatient hospitalization. At times, during the COVID-19 pandemic, Region 5 reduced the number of beds that were available. This may account for the decrease in number of children served during FY2022. Additionally, workforce presented challenges during FY2022, the unit continues to work hard to establish a full workforce to support the need, with nursing being the most difficult to recruit. The unit has supplemented with trained medication technicians where nursing vacancies exist.

Service Members, Veterans, and Family Members

The fifth STEP of STEP-VA requires that CSBs provide specialized and culturally informed services for service members, veterans, and their family members (SMVF). There are additional requirements for supports and services when a CSB serves communities that are further away from VA medical centers. Initial funding for this STEP in the amount of $3,840,490 started in FY 2022. Alexandria and Arlington pooled their funding to best maximize the utilization of the funding, as well as provide the best quality service to the most individuals in the community.

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. The regional office or as part of regional services with a CSB that will serve as the fiscal agent for the CSBs in that region will receive equal allocations for the first 3 aforementioned areas (with a rate differential for Region 2 related to the Regional Navigator). The five Regional Navigators have been in collaboration with DBHDS and the Department of Veterans Services (DVS)for continued support and resources, as needed.

Additionally, DBHDS continues to collaborate with DVS to review and update a Memorandum of Understanding to continue promoting partnerships and initiatives that advance behavioral health, supportive services, and suicide prevention for SMVF. Also, DBHDS and DVS work together to support implementation and STEP-VA initiatives for SMVF. Performance measures for SMVF STEP remain in development and validation (i.e., the STEP is in Phase 2). The following provides preliminary data on progress towards measuring performance outcomes relevant for this STEP. Ultimately, the goal is to measure the following performance indicators:

- Identifying the military status of all individuals seen at the CSBs increased from 75 percent in FY 2021 to 94 percent in FY 2022, exceeding the set initial benchmark.
- Making appropriate referrals.
- Conducting the Columbia Suicide Screen for all veterans. An initial benchmark of 60 percent was set as a goal, and this was surpassed at the state level for FY 2022.
- Training in military cultural competence (goal: 100 percent of staff). 82 percent were trained for FY 2022, which is up from 44.9 percent last year.

Peer and Family Services

Peer and Family Support Services is the sixth STEP-VA STEP. Peer and Family Services are person-centered, strength-based, and recovery-oriented services provided by individuals and family members with experience living with, and transitioning into recovery from, mental health and substance use challenges. These services improve outcomes throughout the continuum of care, explore multiple pathways to recovery, increase recovery capital, and build on self-determined recovery, resiliency, and wellness. The General Assembly allocated $5,349,069 (Grants to Localities) in FY 2022 to support the implementation of this STEP. Each CSB received funding to hire one FTE full-time Peer Supporter/Family Support Partner. Additional funding was made available to build and develop the peer workforce across Virginia by allowing CSBs to fund internships so people are paid while working toward certification. Funding could be used to ensure staff obtained the PRS Supervision training and a portion of these funds were made available to develop infrastructure that leads to Medicaid billing of peer and family support services. In an effort to build regional infrastructure for this step, $100,000 is allocated to each region to support training efforts and capacity building.

Performance measures for this STEP is in Phase 2 and baseline measurements are still under development. General information regarding peer and family support services provided in 2022 includes:

- 7,509 unduplicated individuals served
- 63,100 service contracts
- 47,720 service units

- $5,349,069 in FY 2022. $5,242,038.00 in FY 2023
- Peer and Family Support staff have a performance measure of becoming certified within 15 months of hire and registered with the board of counseling within 18 months hire. Collecting data on this performance measure continues to be developed to ensure accuracy.

Status of Additional Steps

The three final STEPs of STEP-VA, case management, care coordination, and psychiatric rehabilitation) were funded by the General Assembly beginning in July 2022. Planning groups for these STEPs (one group for case management and care coordination, and one group for psychiatric rehabilitation) met over state fiscal year 2022 in preparation for this funding and to make final determinations regarding the definition of each STEP.

One significant change for the final three STEPs was the replacement of state general funds with ARPA funds for the first year of implementation of the final three STEPs. This means that the funding will be on a federal reimbursement basis, as opposed to coming through warrant payments prospectively.

Overall, it is expected that STEP-VA will be implemented fully by July 2024.

Data Quality

In FY 2022, DBHDS began working to establish a Behavioral Health Quality Management System. This Continuous Quality Improvement (CQI) structure will serve as a standardized method for the development and review of STEP-VA performance metrics. This system will also provide an organized framework for the review and analysis of data to drive informed decision-making and quality improvement initiatives across the state through established Behavioral Health Quality Committees.

As part of the BH Quality Management System, a monitoring and technical assistance process will be developed and implemented with CSBs regarding STEP-VA metrics in FY 2023. This process will outline a standardized approach for:

- Monitoring STEP-VA data via a behavioral health dashboard
- Identifying opportunities for improvement
- Providing technical assistance and support to CSBs, and
- Elevating identified system-level needs to the appropriate behavioral health quality committee

Implementation Barriers during FY 2022 and Expected Upcoming Activities for FY 2023

CSB staffing has been an ongoing concern related to all services but has had significant impact on not just implementation but the continuation of STEP-VA activities. Throughout the review period our community service board partners have been dealing with crippling workforce shortages across all populations. The first of these noted impacts involved SDA, where several CSBs had to shut down their SDA options as they were unable to find staff to hire to replace individuals who had left and had exhausted their ability to reassign staff members from other areas to cover the service.

Additionally, the recruitment of all positions is a challenge in community services. This creates a situation where it is difficult to hire qualified staff for new roles related to STEP-VA positions thus slowing down program development at the provider level. It is important to note the CSBs have made a herculean effort to maintain and expand services despite these issues, however, the strain of long-standing workforce concerns has created additional burdens to implementation and sustainment felt across all aspects of planning.

Expected activities for FY 2023 include the development of a single, comprehensive scope of services document, finalization and implementation of the monitoring and technical assistance process, and implementation of the regional infrastructure funding initiatives which were appropriated for FY 2023. Additionally, initial implementation for final three STEPs will continue throughout the year.

Conclusion

STEP-VA implementation has continued despite the pandemic as well as significant workforce shortages in behavioral health. Currently, three STEPs are considered to be implemented, three STEPs are considered to be in Phase 2 or early implementation, and the final three STEPs remain in Phase 1. It is expected that STEP-VA will be fully implemented by July 2024.

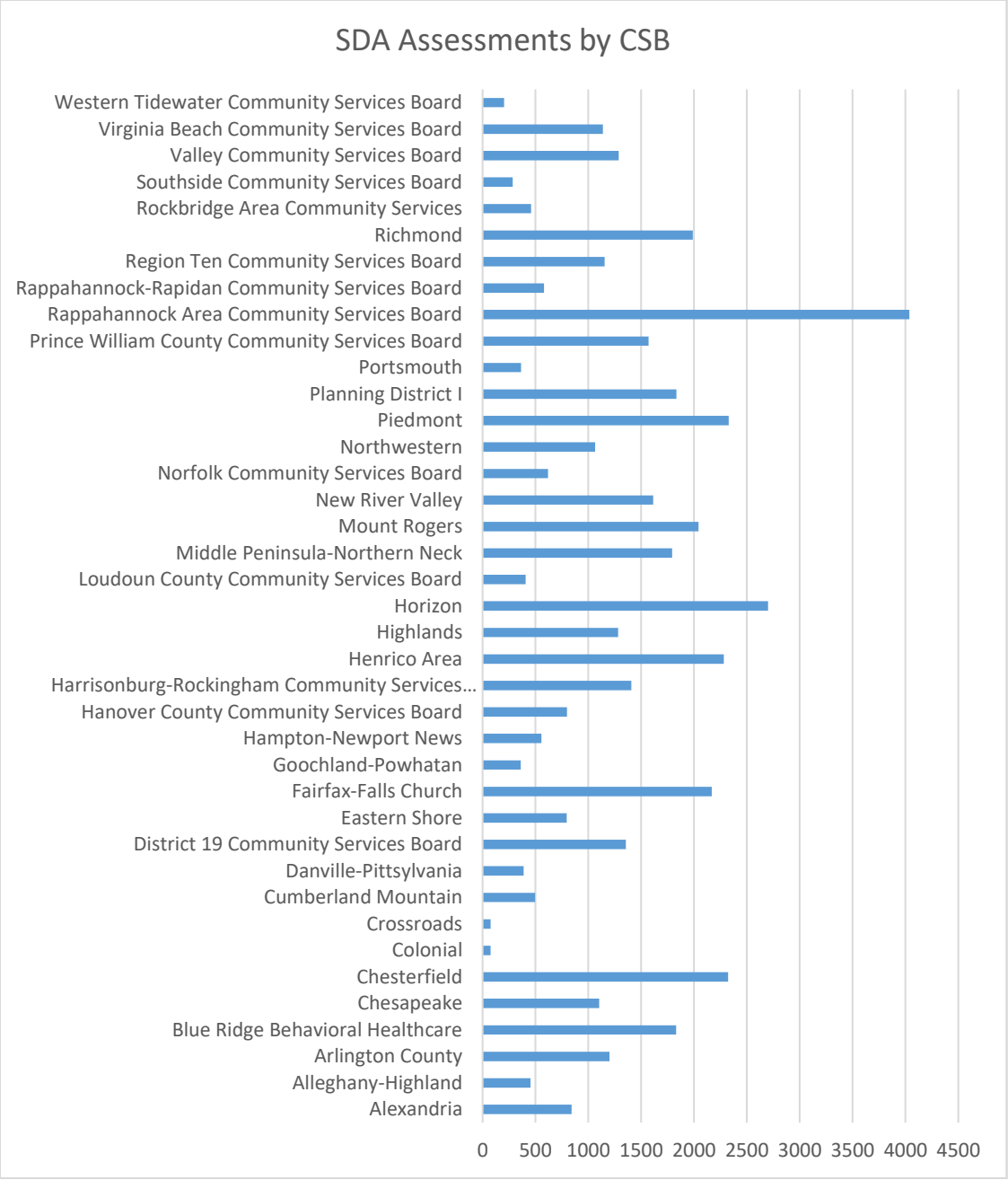
Appendix

The following charts provide additional detail on outcomes for STEP-VA implementation:

Allocations by CSB- SDA

CSB	Same Day Access Allocation FY22
Alexandria	$269,891
Alleghany	$269,891
Arlington	$269,891
Horizon/Central VA	$269,891
Chesapeake	$269,891
Chesterfield	$269,891
Colonial	$269,891
Crossroads	$269,891
Cumberland	$269,891
Danville Pittsylvania	$269,891
Dickenson	$269,891
Eastern Shore	$269,891
Fairfax Falls Church	$269,891
Goochland	$269,891
Hampton NN	$269,891
Hanover	$269,891
Harrisonburg-Rock	$269,891
Henrico	$269,891
Highlands	$269,891
Loudoun	$269,891
Mid Peninsula NN	$269,891
Mt. Rogers	$269,891

New River Valley	$269,891
Norfolk	$269,891
Northwestern	$269,891
Piedmont	$269,891
PD1	$269,891
District 19	$269,891
Portsmouth	$269,891
Prince William	$269,891
Rapp Area	$269,891
Rapp-Rapidan	$269,891
Region Ten	$269,891
Richmond	$269,891
Blue Ridge	$269,891
Rockbridge	$269,891
Southside	$269,891
Valley	$269,891
Virginia Beach	$269,891
Western Tidewater	$269,891
Total	**$10,795,640**


SDA Assessments by CSB
Western Tidewater Community Services Board
Virginia Beach Community Services Board
Valley Community Services Board
Southside Community Services Board
Rockbridge Area Community Services
Richmond
Region Ten Community Services Board
Rappahannock-Rapidan Community Services Board
Rappahannock Area Community Services Board
Prince William County Community Services Board
Portsmouth
Planning District I
Piedmont
Northwestern
Norfolk Community Services Board
New River Valley
Mount Rogers
Middle Peninsula-Northern Neck
Loudoun County Community Services Board
Horizon
Highlands
Henrico Area
Harrisonburg-Rockingham Community Services…
Hanover County Community Services Board
Hampton-Newport News
Goochland-Powhatan
Fairfax-Falls Church
Eastern Shore
District 19 Community Services Board
Danville-Pittsylvania
Cumberland Mountain
Crossroads
Colonial
Chesterfield
Chesapeake
Blue Ridge Behavioral Healthcare
Arlington County
Alleghany-Highland
Alexandria
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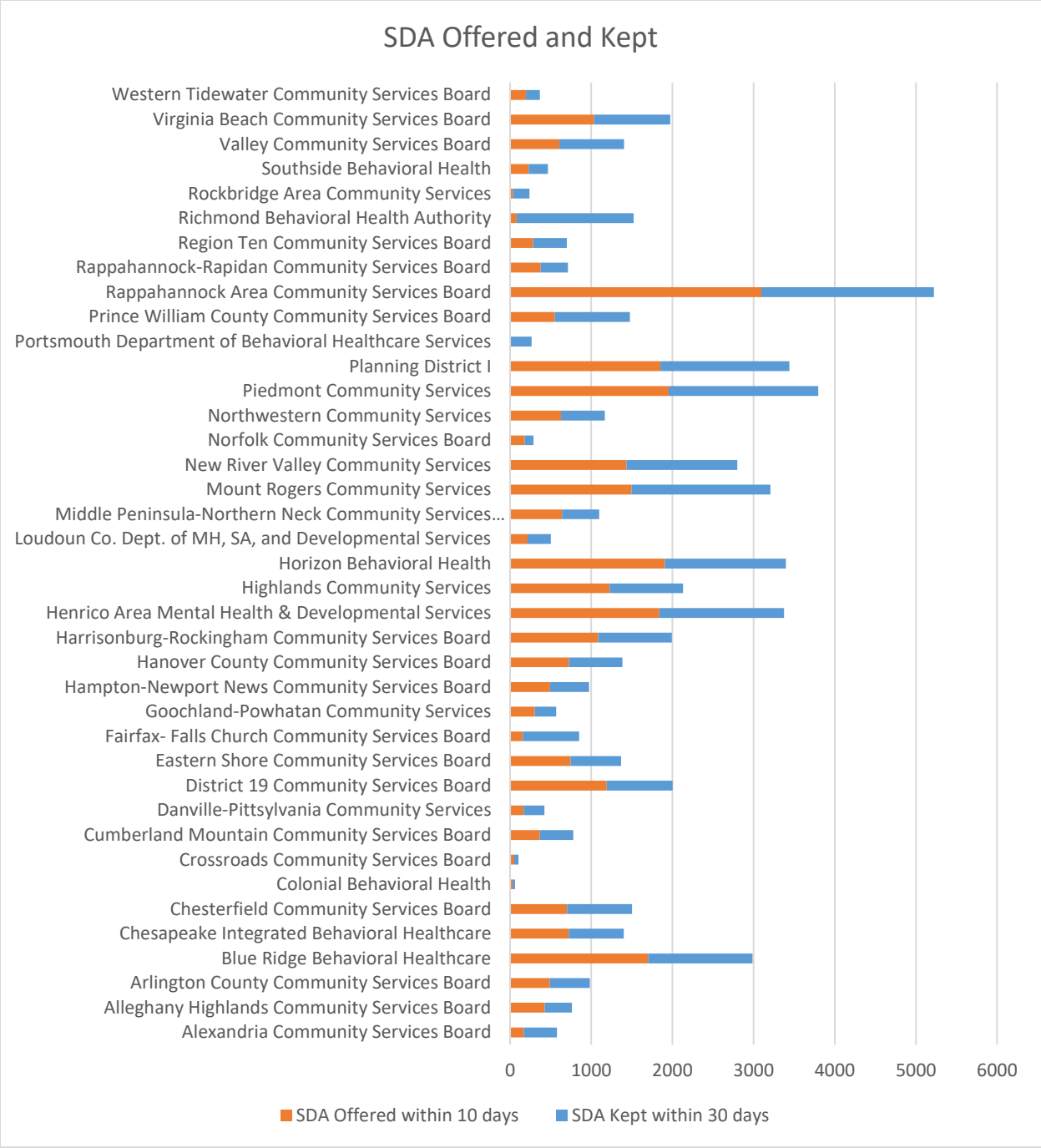
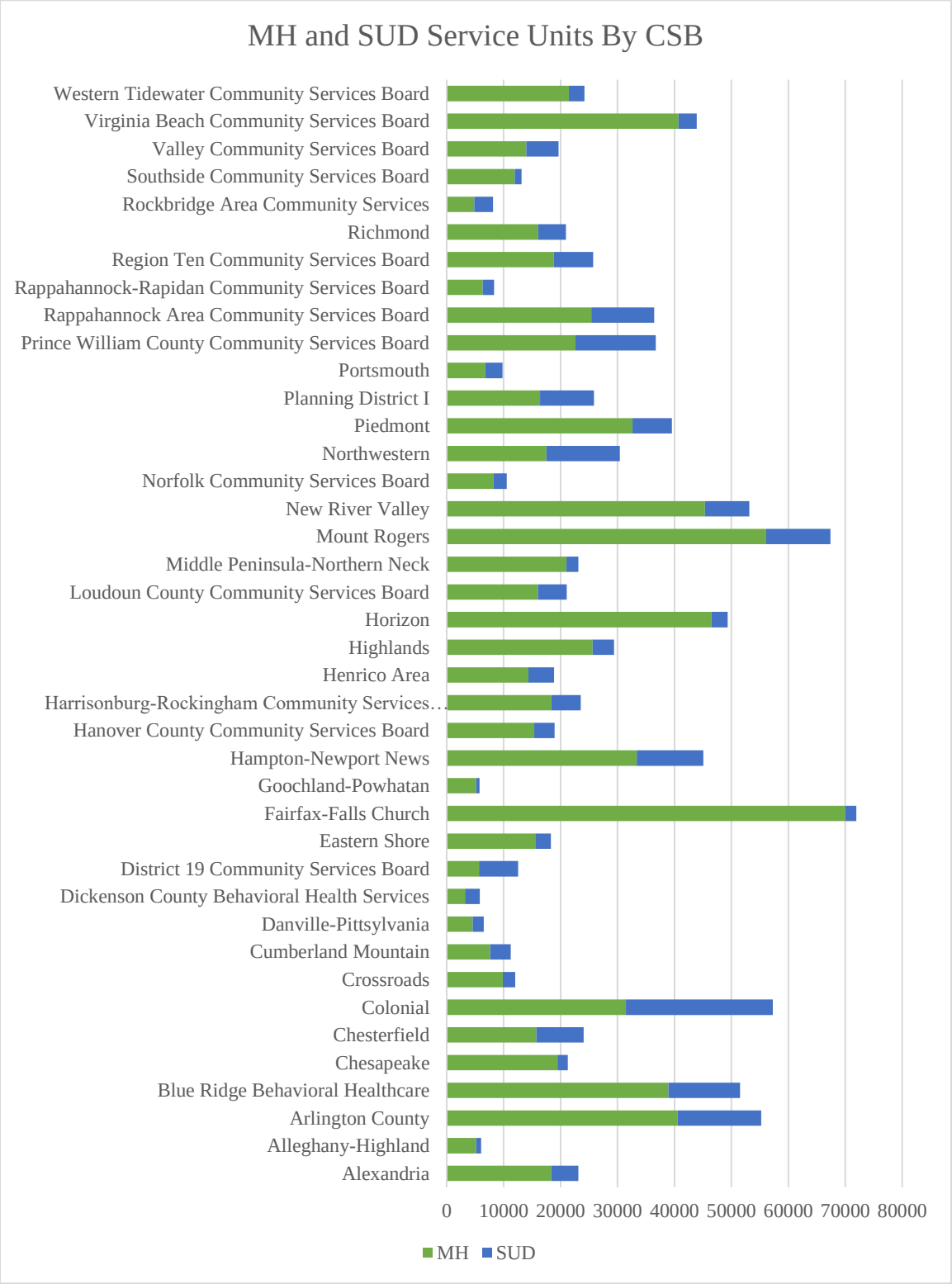
3500
4000
4500


SDA Offered and Kept
Western Tidewater Community Services Board
Virginia Beach Community Services Board
Valley Community Services Board
Southside Behavioral Health
Rockbridge Area Community Services
Richmond Behavioral Health Authority
Region Ten Community Services Board
Rappahannock-Rapidan Community Services Board
Rappahannock Area Community Services Board
Prince William County Community Services Board
Portsmouth Department of Behavioral Healthcare Services
Planning District I
Piedmont Community Services
Northwestern Community Services
Norfolk Community Services Board
New River Valley Community Services
Mount Rogers Community Services
Middle Peninsula-Northern Neck Community Services...
Loudoun Co. Dept. of MH, SA, and Developmental Services
Horizon Behavioral Health
Highlands Community Services
Henrico Area Mental Health & Developmental Services
Harrisonburg-Rockingham Community Services Board
Hanover County Community Services Board
Hampton-Newport News Community Services Board
Goochland-Powhatan Community Services
Fairfax- Falls Church Community Services Board
Eastern Shore Community Services Board
District 19 Community Services Board
Danville-Pittsylvania Community Services
Cumberland Mountain Community Services Board
Crossroads Community Services Board
Colonial Behavioral Health
Chesterfield Community Services Board
Chesapeake Integrated Behavioral Healthcare
Blue Ridge Behavioral Healthcare
Arlington County Community Services Board
Alleghany Highlands Community Services Board
Alexandria Community Services Board
0
1000
2000
3000
4000
5000
6000
SDA Offered within 10 days
SDA Kept within 30 days

CSB	Primary Care Screening Funds FY
Alexandria	$130,197
Alleghany	$60,729
Arlington	$164,095
Horizon/Central Va	$453,970
Chesapeake	$119,428
Chesterfield	$113,325
Colonial	$80,397
Crossroads	$238,025
Cumberland	$158,168
Danville Pittsylvania	$148,765
Dickenson	$69,110
Eastern Shore	$99,269
Fairfax Falls Church	$406,181
Goochland	$52,325
Hampton NN	$329,681
Hanover	$41,318
Harrisonburg-Rock	$99,608
Henrico	$205,902
Highlands	$138,605
Loudoun	$48,971
Mid Peninsula NN	$221,818
Mt. Rogers	$365,762
New River Valley	$265,333
Norfolk	$282,806
Northwestern	$222,852
Piedmont	$268,467
PD1	$192,464
District 19	$161,776
Portsmouth	$113,272
Prince William	$130,307
Rapp Area	$253,049
Rapp-Rapidan	$82,584
Region Ten	$284,871
Richmond	$359,812
Blue Ridge	$348,270
Rockbridge	$99,941
Southside	$156,638
Valley	$91,558
Virginia Beach	$197,238
Western Tidewater	$183,111
Total	**$7,439,998**

CSB	Total Outpatient Funding FY 21	Total Outpatient Funding FY 2
Alexandria	$278,985	$455,784
Alleghany	$328,315	$390,187
Arlington	$278,985	$483,030
Horizon/Central Va	$347,895	$579,769
Chesapeake	$655,895	$513,996
Chesterfield	$284,035	$423,272
Colonial	$284,035	$364,742
Crossroads	$347,895	$470,656
Cumberland	$328,315	$483,962
Danville Pittsylvania	$347,895	$454,246
Dickenson	$328,315	$388,416
Eastern Shore	$347,895	$430,636
Fairfax Falls Church	$621,285	$1,104,261
Goochland	$387,380	$448,266
Hampton NN	$284,035	$498,859
Hanover	$328,315	$390,168
Harrisonburg-Rock	$347,895	$508,483
Henrico	$328,315	$597,576
Highlands	$284,035	$413,805
Loudoun	$313,285	$506,976
Mid Peninsula NN	$387,380	$532,338
Mt. Rogers	$347,895	$494,023
New River Valley	$655,895	$862,966
Norfolk	$347,895	$605,678
Northwestern	$387,380	$620,406
Piedmont	$347,895	$507,328
PD1	$328,315	$463,151
District 19	$387,380	$602,089
Portsmouth	$347,895	$454,663
Prince William	$357,565	$680,785
Rapp Area	$387,380	$657,254
Rapp-Rapidan	$347,895	$495,025
Region Ten	$655,895	$878,939
Richmond	$636,315	$880,786
Blue Ridge	$387,380	$585,815
Rockbridge	$347,895	$425,403
Southside	$328,315	$432,816
Valley	$284,035	$438,185
Virginia Beach	$347,895	$608,975
Western Tidewater	$328,315	$791,110
Total	$14,999,820	$21,924,825


MH and SUD Service Units By CSB
Western Tidewater Community Services Board
Virginia Beach Community Services Board
Valley Community Services Board
Southside Community Services Board
Rockbridge Area Community Services
Richmond
Region Ten Community Services Board
Rappahannock-Rapidan Community Services Board
Rappahannock Area Community Services Board
Prince William County Community Services Board
Portsmouth
Planning District I
Piedmont
Northwestern
Norfolk Community Services Board
New River Valley
Mount Rogers
Middle Peninsula-Northern Neck
Loudoun County Community Services Board
Horizon
Highlands
Henrico Area
Harrisonburg-Rockingham Community Services…
Hanover County Community Services Board
Hampton-Newport News
Goochland-Powhatan
Fairfax-Falls Church
Eastern Shore
District 19 Community Services Board
Dickenson County Behavioral Health Services
Danville-Pittsylvania
Cumberland Mountain
Crossroads
Colonial
Chesterfield
Chesapeake
Blue Ridge Behavioral Healthcare
Arlington County
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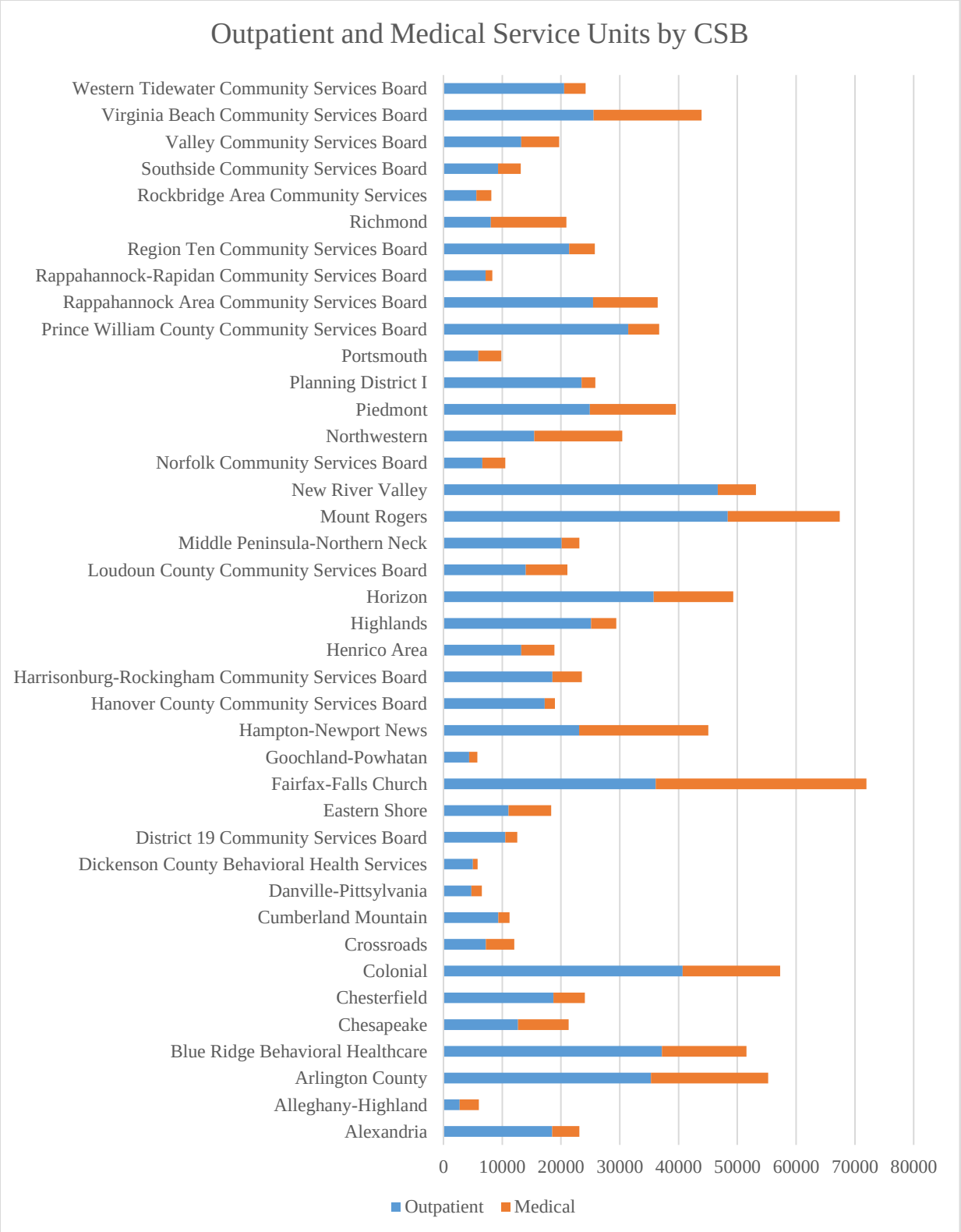
Outpatient and Medical Service Units by CSB
Western Tidewater Community Services Board
Virginia Beach Community Services Board
Valley Community Services Board
Southside Community Services Board
Rockbridge Area Community Services
Richmond
Region Ten Community Services Board
Rappahannock-Rapidan Community Services Board
Rappahannock Area Community Services Board
Prince William County Community Services Board
Portsmouth
Planning District I
Piedmont
Northwestern
Norfolk Community Services Board
New River Valley
Mount Rogers
Middle Peninsula-Northern Neck
Loudoun County Community Services Board
Horizon
Highlands
Henrico Area
Harrisonburg-Rockingham Community Services Board
Hanover County Community Services Board
Hampton-Newport News
Goochland-Powhatan
Fairfax-Falls Church
Eastern Shore
District 19 Community Services Board
Dickenson County Behavioral Health Services
Danville-Pittsylvania
Cumberland Mountain
Crossroads
Colonial
Chesterfield
Chesapeake
Blue Ridge Behavioral Healthcare
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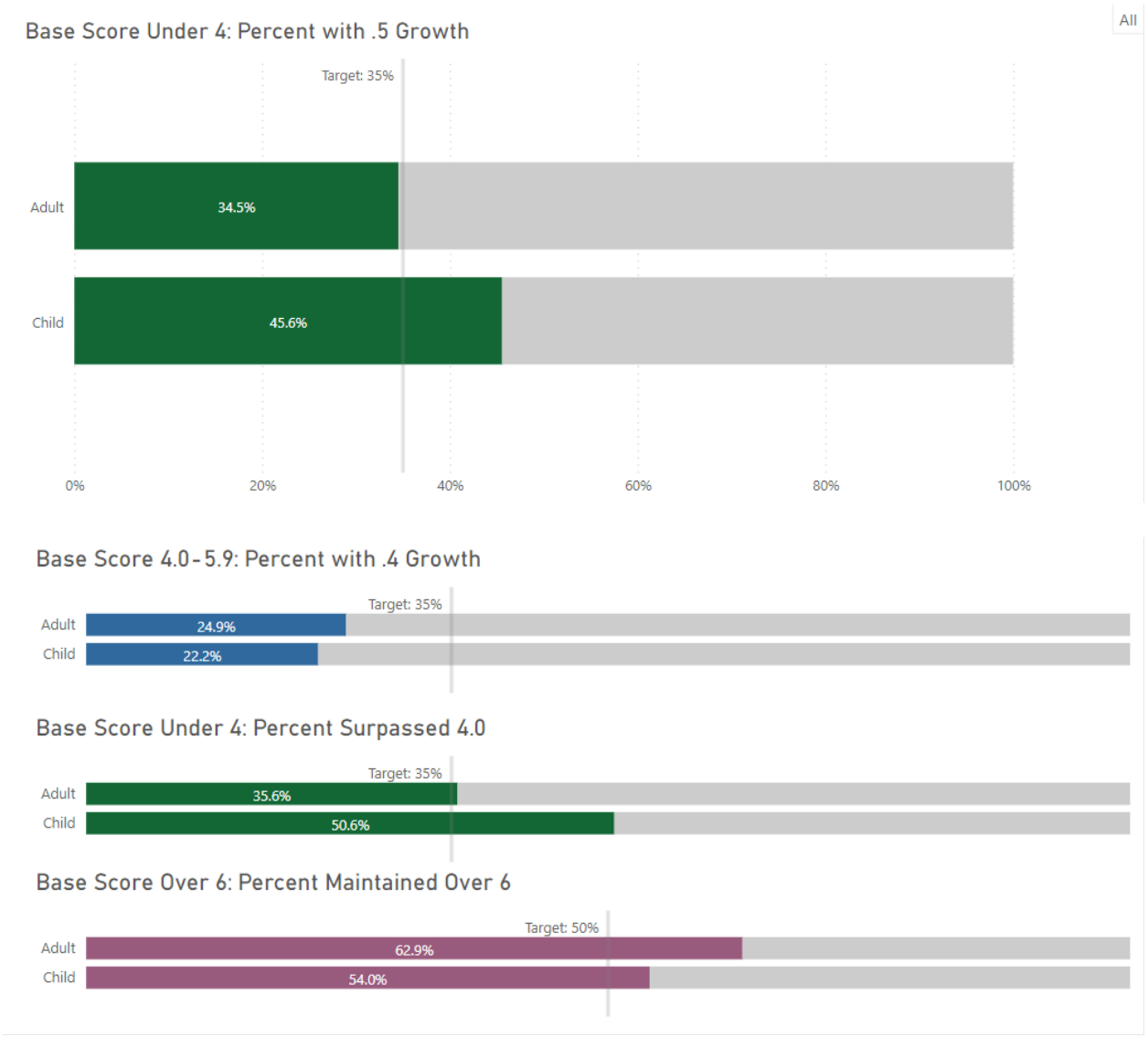

Region	Mobile Crisis Allocaions FY	Mobile Crisis Allocations FY
Region I	$1,637,626	$2,844,562
Region II	$1,736,529	$3,208,006
Region III	$1,633,830	$2,672,421
Region IV	$1,150,925	$2,309,762
Region V	$1,641,090	$2,920,173
Total	**$7,800,000**	**$13,954,924**

Region	Marcus Alert Allocations FY22

Region I	$600,000
Region II	$600,000
Region III	$600,000
Region IV	$600,000
Region V	$600,000
Total	**$3,000,000**

CSB	SMVF Funding FY 22
Alexandria	$0
Alleghany	$56,025
Arlington	$129,920
Horizon/Central Va	$81,546
Chesapeake	$84,961
Chesterfield	$72,127
Colonial	$77,765
Crossroads	$78,780
Cumberland	$64,286
Danville Pittsylvania	$78,489
Dickenson	$50,073
Eastern Shore	$85,854
Fairfax Falls Church	$273,363
Goochland	$58,947
Hampton NN	$92,892
Hanover	$60,305
Harrisonburg-Rock	$71,501
Henrico	$68,295
Highlands	$62,346
Loudoun	$75,443
Mid Peninsula NN	$88,774
Mt. Rogers	$61,719
New River Valley	$69,090
Norfolk	$84,924
Northwestern	$99,269
Piedmont	$82,079
PD1	$72,015
District 19	$77,856
Portsmouth	$81,178
Prince William	$82,206
Rapp Area	$82,991
Rapp-Rapidan	$70,737
Region Ten	$238,684
Richmond	$222,388
Blue Ridge	$235,265
Rockbridge	$68,940
Southside	$78,488
Valley	$69,575
Virginia Beach	$102,108
Western Tidewater	$249,286
Total	$3,840,490

CSB	Peer Support FY22 Budget
Non-CSB	$200,190
Alexandria	$121,073
Alleghany	$92,000
Arlington	$130,516
Horizon/Central Va	$132,361
Chesapeake	$109,565
Chesterfield	$100,255
Colonial	$92,000
Crossroads	$94,545
Cumberland	$105,942
Danville Pittsylvania	$92,000
Dickenson	$92,000
Eastern Shore	$92,000
Fairfax Falls Church	$321,185
Goochland	$92,000
Hampton NN	$126,451
Hanover	$92,000
Harrisonburg-Rock	$107,655
Henrico	$145,318
Highlands	$96,974
Loudoun	$126,927
Mid Peninsula NN	$102,238
Mt. Rogers	$117,643
New River Valley	$223,764
Norfolk	$141,340
Northwestern	$132,760
Piedmont	$107,255
PD1	$98,730
District 19	$126,411
Portsmouth	$92,000
Prince William	$171,100
Rapp Area	$145,530
Rapp-Rapidan	$102,990
Region Ten	$229,300
Richmond	$236,726
Blue Ridge	$120,772
Rockbridge	$92,000
Southside	$92,000
Valley	$105,424
Virginia Beach	$142,482
Western Tidewater	$205,647
Total	$5,349,069