



COMMONWEALTH of VIRGINIA

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December 16, 2024

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee
The Honorable Mark D. Sickles, Chair, Joint Subcommittee for Health and Human Resources Oversight
The Honorable R. Creigh Deeds, Chair, Behavioral Health Commission

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

Re: STEP-VA Performance Measures and Benchmarks

Item 295 NN. of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to report on the changes to the STEP-VA Performance Measures and benchmarks anticipated to be included Community Services Board (CSB) performance contracts. The language reads:

NN. The Department of Behavioral Health and Developmental Services shall report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, the Joint Subcommittee for Health and Human Resource Oversight, and the Behavioral Health Commission by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in Community Services Board performance contracts, which will become effective July 1, 2025.

Please find the enclosed report in accordance with Item 295 NN of the Special Session I, 2024 Appropriations Act. DBHDS staff are available should you wish to discuss this request.

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



STEP-VA Performance Measures and Benchmarks

(Item 295 NN, 2024 Special Session I Appropriations Act)

December 16, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

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Item 295 NN, STEP-VA Performance Measures and Benchmarks

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Introduction

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 U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) national best practice model of Certified Community Behavioral Health Clinics (CCBHCs) and include:

- Same Day Access
- Primary Care Screening
- Outpatient Services
- Crisis Services
- Peer and Family Support Services
- Services for Service Members, Veterans, and their Families
- Psychiatric Rehabilitation Services
- Case Management
- Care Coordination

The focus of STEP-VA is to ensure Virginians have access to the services they need within their communities to increase and maintain behavioral health stability, and to decrease the need for crisis interventions. DBHDS anticipates that STEP-VA will assist the Commonwealth in reaching key outcomes including decreased emergency room visits for psychiatric crisis and reduced criminal justice system involvement for individuals with behavioral health disorders. STEP-VA planning and implementation was delayed by the COVID-19 pandemic and the behavioral health workforce crisis. However, in the past year, DBHDS has renewed focus on STEP-VA, with targeted work aimed at updating the service requirements to better align with current nationally recognized best practices and SAMHSA guidance, and to identify opportunities for improvement based on the data gathered in the initial stages of the project, including aligning measures with best practices.

DBHDS, in collaboration with the Virginia Association of Community Services Boards (VACSB), had previously established measures for the first six steps. As part of the refresh, DBHDS refocused efforts on measures that were more tied to individuals' outcomes as opposed to the counting of events of occurrence. For example, DBHDS previously counted how many peer recovery specialists were trained while the new measure will now count how individuals benefit from peer recovery services. This refresh of measures outlined below aligns measures with best practices, focuses on individual outcomes and assures comparison of Virginia's progress against other states.

Below is a timeline of actions taken by DBHDS along with VACSB to analyze existing measures and develop new measures:

- January 2024 – DBHDS began reviewing existing measures across the service system to understand what was being collected and for what purposes. In addition, existing STEP-VA measures were reviewed against DBHDS' measure development standards to identify areas where additional information was needed to ensure that measure language and specifications were clear and could result in the ability to consistently replicate results, therefore increasing the potential to produce valid and reliable data. This effort included

work related to STEP-VA as well as general behavioral health performance measures.

- In April 2024, DBHDS began to analyze existing measures to determine their ability to address four key areas of focus:
 - 1) CSB performance
 - 2) Service/step goal and intent
 - 3) Outcome for/impact to individuals served
 - 4) Access to services across the Commonwealth
- In the following months, DBHDS researched SAMHSA and other standards, developing recommendations for new measure development, identified existing measures that did not fit into one of those categories and made recommendations regarding measures that should be retained and/or discontinued as part of an overall Behavioral Health Quality Management System.
- In August 2024, DBHDS began working through the new measure development process, beginning with STEP-VA measures.
- In October 2024, newly developed measures were shared with the VACSB for feedback, noting existing measures that would be retained and new measures to be developed along with reasons for those decisions and baselining and benchmarking plans. Currently, DBHDS is working with a VACSB committee to finalize aspects of the measures to ensure there is no ambiguity in definition. After this is complete the measures will continue to be vetted before being operationalized at all CSBs.

While timelines for operationalization of measures within the various CSB electronic health records may differ by CSB, DBHDS expects to have its first progress report developed by the end of September 2025. The September 2025 timeframe will ensure at least one quarter's worth of data is available to establish baselines and benchmarks. These actions will drive the implementation of processes designed to indicate needs for technical assistance and dictate the provision to address performance concerns (as prescribed by Exhibit B of the Performance Contract).

STEP-VA Performance Measures

New STEP-VA measures have been developed through the extensive research, planning and collaboration demonstrated above. First, several existing measures will be retained, including outpatient trauma trainings and expectations, Military competence trainings and expectations, and Same Day Access (SDA) Appointment Kept within 30 days. More details are provided below.

STEP-VA Performance Measures to Retain

Same Day Access Appointment Kept

Definition	The goal of Same Day Access (SDA) is that the individual receives an appointment for face-to-face or other direct services in a program offered by the CSB that best meets his or her needs within 10 business days or sooner if indicated by clinical circumstances. This measure focuses on individuals getting services in 30 days.
Numerator	# of individuals who received SDA assessment during the reporting period and needed follow-up services and received a valid service within 30 calendar days of the assessment
Denominator	# of individuals who received SDA assessment during the reporting period and needed follow-up services
Population	Individuals seeking services at a CSB in Virginia who receive an SDA assessment. The four-year average for number of SDA assessments provided by CSBs is about 54,000 per year.
Business Definitions & Processes	<p>a. Same Day Access: provides comprehensive assessments to individuals at the time the assessment is requested. Appointments are not necessary. SDA means an individual may walk in to or contact a CSB to request mental health or substance use disorder services and receive a comprehensive clinical assessment. SDA serves children, adolescents, and adults seeking behavioral health services.</p> <p>b. SDA Assessment: an individual receives a clinical behavioral health assessment, not just a screening, from a licensed or license-eligible clinician when he or she requests mental health or substance use disorder services. This does not include other assessments such as psychological or competency evaluations.</p>

Military/Veterans Cultural Competency Training

Definition	% of eligible direct services staff that have completed Military Cultural Competency Training within 90 days of hire and every three years thereafter
Numerator	# of direct services staff currently employed that comply with the training schedule
Denominator	# of direct services staff eligible to be trained

STEP-VA Outpatient Annual Training Requirement

Definition	% of staff meeting the 8-hour minimum training requirement
Numerator	# of direct services staff currently employed that comply with the minimum training requirements
Denominator	# of direct services staff eligible to be trained
Trauma Training	Examples include Trauma-Focused CBT, Prolonged Exposure, Eye Movement Desensitizing Reprocessing

STEP-VA New Measures

DBHDS plans to develop new metrics with the DBHDS Enterprise Data Warehouse to improve the ability to collect meaningful outcomes. The following is a comprehensive list of measurements that will begin to be collected related to the other steps in STEP-VA:

SDA- I-SERV

Definition	The percentage of new individuals with initial evaluation provided within 10 business days of first contact.
Numerator	# of individuals that received an initial evaluation within 10 business days of their first contact
Denominator	# of new individuals (not seen in the past 6 months) 12 years or older who request or are presenting at the CSB as needing behavioral health services
Population	An individual requesting services who are appropriate for CSB services and to be linked as soon as possible
Business Definitions & Processes	<p>Business Days - Monday through Friday, excluding state and federal holidays (regardless of days of operation)</p> <p>First Contact - Represents the first time that an individual or guardian contacts a CSB to obtain services for the individual (12 years or older) in a six-month period. First Contact may be by telephone. First Contact is defined as a request for services in which an initial screening includes basic data elements required to open a case in the CSB's electronic health record so it can be captured. First Contact should include the required preliminary screening and risk assessment and collection of basic data about the person that includes insurance information. A referral from a primary care physician or other provider is not a First Contact. Only one contact in a six-month period will count (with six months being used to determine if the person is a New Client).</p> <p>Initial Comprehensive Evaluation - Initial Comprehensive Evaluation is due within ten business days of First Contact for those who present with "routine" non-emergency or non-urgent needs</p> <p>New Client - An individual not seen at the CSB in the past six months</p>

Primary Care- Antipsychotic Metabolic Screening

Definition	The percentage of individuals over the age of 3 years old receiving antipsychotic medications prescribed by a CSB who have undergone metabolic screenings within 1 year of identification of a condition which requires the use of an antipsychotic
Numerator	# of individuals who have undergone metabolic screenings within the one year
Denominator	# of individuals (over the age of 3 years old) who received antipsychotic medications prescribed by a CSB
Population	All individuals with an SMI/SED diagnosis over the age of three who received antipsychotic medications by the CSB
Business Definitions & Processes	Metabolic Screening - Weight, fasting plasma glucose/A1c, lipids, and BP should be routinely monitored in patients taking antipsychotics. Routinely monitoring for signs of metabolic syndrome in patients taking antipsychotics allows for early detection and intervention

	<p>Prescribed by CSB - medications prescribed by a CSB psychiatrist (or contracted by the CSB)</p> <p>Recommended metabolic screening schedule – Annual Screening</p> <p>Population - Applies to all programs for individuals with an SMI/SED diagnosis and who are prescribed antipsychotics</p>
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Primary Care Screening

Definition	The percentage of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) who receive an annual primary care screening
Numerator	# of individuals who have undergone a primary care screening within the one year
Denominator	# of individuals with SMI/SED or at risk of SED
Population	Adults with SMI and children with SED (or at risk) involved in Case Management and Psychiatric Services
Business Definitions & Processes	Primary Care Screening - Screening a yearly primary care screening to include, at minimum, height, weight, blood pressure, and BMI

DLA-20 Outcomes- Case Management, Outpatient, Peer and Family Services, Psychiatric Rehabilitation Services, Care Coordination

Definition	The percentage of individuals engaged in STEP-VA services assessed using the DLA-20 who demonstrate improvement in their DLA-20 score over a 6-month period
Numerator	# of individuals engaged in STEP-VA services with improved DLA-20 scores over a 6-month period
Denominator	# of individuals engaged in STEP-VA services assessed using DLA-20
Population	All individuals engaged in STEP-VA services assessed by the DLA-20

Mobile Crisis Arrival Time

Definition	The percentage of calls responded to within 1-2 hour
Numerator	# of calls responded to within 1-2 hours from dispatch (according to regional designation)
Denominator	Total # of calls received where Mobile Crisis was indicated and dispatched
Population	Anyone contacting 988 or a regional crisis line in Virginia
Business Definitions & Processes	Urban - DBHDS regions 2 and 4 Rural - DBHDS regions 1, 3, 5

Mobile Crisis Call

Definition	The percentage of mobile crisis responses that maintained community setting
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Numerator	# of mobile crisis responses that have a disposition of retain setting, retain setting with support, or alternate community setting
Denominator	Total # of mobile crisis responses
Population	Anyone in Commonwealth of Virginia that receives a mobile crisis response
Business Definitions & Processes	New measurements to be collected 7/1/25 with new performance contracting. Baseline to be set when new data is received (TBD as data elements need to be added)

Next Steps

Efforts to refine STEP-VA measures position the Commonwealth to have better outcome data related to individuals seeking services. Refining measures is the first step in better understanding the behavioral health needs of Virginians.

In 2018, DBHDS worked with the CSBs to create the STEP-VA Advisory Committee (STAC). This group of DBHDS leadership and subject matter experts and CSB executive directors has been collaborating on the ongoing implementation and improvement of STEP-VA services. DBHDS will continue to work closely with STAC throughout the process of refining new STEP-VA measures. STAC will focus efforts next year using information learned from a cost report and GAP analysis required by the General Assembly. Specifically, calendar year 2025 will be focused on establishing processes for community needs assessments by CSB, establishing funding methodologies that include utilization of Medicaid, General Fund and Block grants to ensure individuals have access to needed support and services. The team will also work to gain a clearer understanding of what people are seeking, what they are assessed to need, and what services they are currently receiving in each of the CSBs. These efforts will enable more data driven decision making to ensure that individuals have access to the right support and services when they need them.