

System Transformation Excellence and Performance (STEP-VA)

A life of possibilities for all Virginians



Purpose

To increase **access, quality, consistency, and accountability** in the public mental health system

...with services intended to foster wellness among individuals with behavioral health disorders in everyday life to prevent crises before they arise. Additional outcomes would include fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders with the criminal justice system.

Nine Steps

Same Day Access

Primary Care Screening

Outpatient Services

Crisis Services

Peer and Family Support

Psychiatric Rehabilitation

Veterans Services

Case Management

Care Coordination

Required by July 1, 2019

Required by July 1, 2021

Current Timeline

	Step	Initiation (Phase 1 Start Date)	Implementation (Phase 2 Start Date)	Validation (Phase 3 Start Date)
1	Same Day Access FUNDED	<i>varied</i>	January 2019	July 2020
2	Primary Care FUNDED	January 2019	July 2019	July 2021
3	Outpatient Partially FUNDED	July 2019	July 2020	July 2022
4	Crisis Partially FUNDED	April 2019	April 2021	July 2023
5	Case Management	July 2021	July 2023	TBD
6	Psychiatric Rehab	July 2021	July 2023	TBD
7	Peer Svcs	July 2019	July 2021	July 2023
8	Military Svcs	October 2019	July 2021	July 2022
9	Care Coordination	July 2021	July 2023	TBD

Same Day Access

- Also called “Rapid Access”
- Has been initiated at all 40 CSBs
- CSBs worked with MTM services to consider adoption of the following:
 - Same Day Access
 - Collaborative Documentation
 - No Show Management
 - Productivity calculators
- Preliminary/Process outcomes (30 CSBs reporting):
 - 20% decrease in staff time; 7% decrease in client time
 - 26% more intakes being completed (on average)
 - Wait time has decreased from above the national average to 50% below
 - National wait time is 49 days

Primary Care Screening

- All adults with serious mental illness and youth with serious emotional disturbance receiving targeted case management will receive a yearly primary care screening including at the minimum height, weight, blood pressure, and calculated BMI.
- All individuals over the age of 3 who are prescribed any antipsychotic medication by a CSB prescriber will receive periodic screenings for metabolic syndrome in line with the American Diabetes Association criteria. (Glucose Hemoglobin A1c Lipid profile Blood pressure)

FY 19 Review and FY 20 Overview (Timeline)

FY 19:

SDA and Primary Care Screening have entered implementation at all 40 CSBs; planning for Outpatient and Crisis occurred

FY 20:

SDA Metrics will be tracked collaboratively

Primary Care Screening Metrics will begin to be tracked collaboratively

Outpatient services will be implemented at all 40 CSBs, with at least 1 FTE serving adults and 1 FTE serving children providing services by July 2020

Planning for mobile crisis and regional infrastructure for crisis system

Peer Services/Family Support Services and Veterans Services will be initiated

Outpatient Services

Objective: high quality, evidence-based, trauma-informed, culturally-competent, outpatient services available at all 40 CSBs for youth and adults

Outpatient services include diagnosis, screening, individual and group therapy, outpatient medication services, labs/ancillary services

Outpatient Services

Funding to Date:

- \$15 million in FY 20. \$7.9 to support two FTE clinicians (primarily 1 adult FTE and 1 child FTE) at each CSB; \$1.5 million to support regional training in evidence based practices, and \$5.6 to be distributed this fall in needs-based funding
- Needs are evaluated relative to other CSBs (e.g., # FTE in outpatient relative to population in catchment area; # FTE in outpatient relative to square miles of catchment area; presence of HPSA census tracts in catchment area)

Outpatient Services

- Focus on building capacity for interventions that are evidence-based and trauma-informed, inclusive of interventions for children and adults
- Some examples of investments in training made by regions:

Trauma-focused
Cognitive Behavioral
Therapy

Ecosystemic Structural
Family Therapy

Functional Family
Therapy

Motivational
Interviewing

Eye Movement
Desensitization and
Reprocessing

Shared subscription to
web-based CEUs

Crisis Services

Objective:

- The development of a community-based crisis system that responds to crises where they occur and prevent out-of-home placements
- Building on the Crisis Now Model, which indicates 3 parts of a robust community crisis response:
 - Statewide or regional infrastructure for call receiving and dispatch
 - Mobile crisis teams, with specially trained staff to meet the needs of children in crisis
 - Crisis stabilization units
- Goal of building on strengths of current emergency services to create regional capacity for call receiving and dispatch and increase responses and stabilizing interventions in community
- <https://youtu.be/GWZKW8PLlgQ>

Crisis Services

Funding to Date:

- \$5.9 million for mobile crisis for children; \$2 million for community detoxification programs

Will require substantial investment to realize full system

- Shared data platform to support dispatch infrastructure and the ability to support mobile teams across each region, as well as track and monitor crisis response, bed census, etc.
- Large increase in number of mobile crisis teams across the state
- Additional training to support shift to higher rates of community-based response and longer, more in-depth stabilization interventions, and utilization of CSUs

Additional Steps

Veterans (SMVF): Planning is underway; trainings in Military Cultural Competence and ability to identify SMVF are also underway. Support for Military Families will connect to Child and Family Services.

Peer and Family Support: Planning is underway

Case Management: Planning is underway

Psychiatric Rehabilitation: Planning is underway

Care Coordination: Planning is underway

Infrastructure at Central Office and at CSBs

Measuring Success

- SDA Metrics will be the first to be tracked, with a focus on length of time between SDA assessment and first offered appointment/first attended appointment
- Primary care metrics focus on whether minimal screening occurred, as well as results of metabolic syndrome screening for anyone over 3 prescribed any antipsychotic by a CSB prescriber

Measuring Success

- DLA-20 adopted as a primary metric
 - Clinician reported assessment of functional impairment across 20 domains
 - Child version and adult version; validated for ages 6 and up
 - Can be used to set progress goals, stabilization goals, and benchmarks for specific program areas
 - Can be used to create a levels of care model for behavioral health

STEP-VA and Behavioral Health Redesign

- STEP-VA will build capacity for services in the public mental health system, as well as improved consistency, quality, and accountability in 9 core services at each CSB
- Behavioral Health Redesign, if it moves forward, is a vision for redesigned services and appropriate reimbursement rates for such services for Medicaid members
- On average, 30% of CSB consumers are Medicaid members, thus, Redesign, if it moves forward, would have an impact on CSB services
- Primary overlap at this time:
 - Both focus on evidence based and trauma informed services and intermediate levels of care to build a robust continuum of services
 - Designation of levels of care will be necessary
 - Crisis services are a Phase 1 service and a STEP
 - IOP/PHP services, and potentially MST/FFT have overlap with Outpatient STEP

Summary

- STEP-VA was developed as a large scale investment in the public mental health system to increase access, quality, consistency, and accountability
- Primary activities for FY 20 are:
 - preliminary implementation of outpatient services and mobile crisis for children
 - planning for broader crisis services, Veterans, and Peers STEPs
 - Tracking metrics for SDA, beginning to monitor metrics for Primary Care Screening, setting up measurement for outpatient

Questions?

- Contact Information:

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Appendix A: Summary of GA Date Requirements and Funding

STEP-VA Service required by VA Code	GA Implementation Date Requirement	Status	STEP VA Funds Allocated
Same Day Access	July 1, 2019	100% of sites in implementation as of March 2019	\$ 10.8 million
Primary Care Screening/Monitoring	July 1, 2019	Launch: July 1, 2019	\$3.7 million FY19 \$7.4 million FY20
Crisis Services	July 1, 2021	Detox Services RFP issued to CSBs	\$2.0 million FY20
		Crisis Services Launch: July 1, 2019	\$7.8 million FY20 (proposed)
Outpatient Behavioral Health	July 1, 2021	Launch: July 1, 2019	\$15 million FY20
Psychiatric Rehabilitation	July 1, 2021	Planning begins April 2019	–
Peer & Family Support Services	July 1, 2021	Planning begins April 2019	–
Veterans Behavioral Health Services	July 1, 2021	Planning begins April 2019	–
Care Coordination	July 1, 2021	Planning begins April 2019	–
Case Management (Adults and Children)	July 1, 2021	Planning begins April 2019	–

Appendix B: Terminology

- Phased approach to implementation
 - At times, “Phases” are also used to describe these implementation phases but also phases based on funding (e.g., when funding for Primary Care Screening was received, it funded primary care screening for SMI and SED receiving case mgmt services at the CSB. It was discussed that there might be a ‘Phase 2’ where all clients receive screening. Relatedly, when original crisis project began, phases were described slightly differently).
- Phase 1: Initiation
 - During the initiation phase, planning for services and metrics is completed and technical assistance provided. Some CSBs will begin to implement during this phase, but initiation indicates that everyone is working toward implementation.
- Phase 2: Preliminary Implementation
 - Phase 2 starts with the date that it is expected that all CSBs will have begun implementation. Services do not have to be up and running by the first date of Phase 2, but should be partially running at a minimum. During Phase 2, problems and barriers are solved with collaboration, best practice sharing, and technical assistance. Metrics are also implemented during Phase 2 to ensure that data are being captured appropriately. By the end of Phase 2, collaborative benchmarks are set and data are considered reliable. QI processes at CSBs are running as well.
- Phase 3: Validating Program Outcomes
 - During phase 3, outcomes and goals (progress goals and benchmarks) are monitored by CO and reviewed collaboratively with CSBs.