BHC Behavioral Health Commission

STEP-VA

Implementation and performance monitoring

2023

Commission draft

Commonwealth of Virginia
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Behavioral Health Commission

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Nathalie Molliet-Ribet, Executive Director

Staff for this report:
Sarah Stanton, Chief Policy Analyst

Purpose

The Commission is established in the legislative branch of state government for the purpose of studying and making recommendations for the improvement of behavioral health services and the behavioral health service system in the Commonwealth to encourage the adoption of policies to increase the quality and availability of and ensure access to the full continuum of high-quality, effective, and efficient behavioral health services for all persons in the Commonwealth. In carrying out its purpose, the Commission shall provide ongoing oversight of behavioral health services and the behavioral health service system in the Commonwealth, including monitoring and evaluation of established programs, services, and delivery and payment structures and implementation of new services and initiatives in the Commonwealth and development of recommendations for improving such programs, services, structures, and implementation.

Contents

1 Overview of STEP-VA

At the beginning of 2023, the Behavioral Health Commission (BHC) directed staff to monitor the implementation and performance of the System Transformation Excellence and Performance (STEP-VA) initiative. Launched in 2017, STEP-VA was intended to expand access to and ensure the quality of publicly funded, essential behavioral health services provided by the state's community services boards (CSBs).

To evaluate the implementation and performance of STEP-VA, BHC staff examined the extent to which the STEP-VA initiative has accomplished its goals and contributed to the strategic goals adopted by the Commission. Staff used a variety of research methods including interviews with program experts; data analysis; and reviews of the Code of Virginia, agency reports, and administrative manuals. Analysis was conducted using data as of the end of fiscal year 2022, the most recent period for which comprehensive data and information were available about the STEP-VA initiative.

CSBs are the primary mechanism for providing publicly funded behavioral health services in Virginia

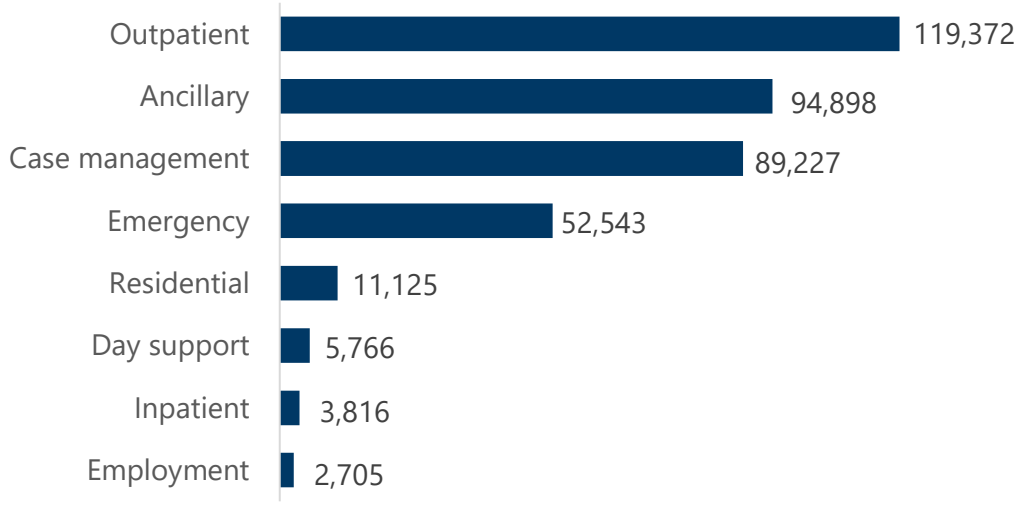
Virginia's 40 Community Services Boards are designated as the single point of entry into the state's publicly funded behavioral health and developmental services system. Behavioral health services provided by CSBs include mental health services and substance use disorder services. Every locality in the Commonwealth is served by a CSB, as required by state law. A CSB may serve more than one locality, and many CSBs provide services at multiple locations in their service area. Collectively, the state's 40 CSBs offer behavioral health services at more than 500 office locations.

CSBs provide access to an array of community-based services

CSBs provide an array of community-based services for individuals in need of behavioral health and developmental services. In FY22, CSBs served over 210,000 individuals. Of those, nearly 120,000 (57 percent) received outpatient services and nearly 95,000 (45 percent) received ancillary services (some individuals received multiple services) (Figure 1-1).

CSBs received more than $1.5 billion in funding to provide services through a blend of federal, state, and local sources in FY22 (Table 1-1). The majority of funding (57 percent) was used to provide mental health services.

Figure 1-1
Outpatient services were the services most commonly provided to individuals served by CSBs in FY22



Source: BHC staff analysis of DBHDS data from 2022 Annual Report.
Note: Ancillary services include assessment and evaluation, consumer monitoring, motivational treatment, and early intervention services. Individuals may have received multiple types of services.

TABLE 1-1
FY22 CSB funding by source and use by program area (in $M)

Funding source	Mental health services	Developmental services	Substance use disorder svcs.	Total
State funds	$388.9	$48.2	$65.7	**$502.9**
Medicaid fees	203.4	218.1	24.5	**446.0**
Local funds	185.4	116.1	47.9	**349.4**
Federal funds	48.8	1.7	100.1	**150.6**
Other sources	56.1	18.2	13.6	**87.9**
TOTAL	**$882.6**	**$402.3**	**$251.8**	**$1,536.8**

Source: BHC staff analysis of DBHDS data from 2022 Annual Report.

Performance contracts are the primary tool for DBHDS to uphold service quality at CSBs

Because CSBs are departments or agents of local governments, the Department of Behavioral Health and Developmental Services (DBHDS) had to develop a mechanism to hold CSBs accountable to the state for the provision of publicly funded services. CSBs provide behavioral health services pursuant to performance contracts between CSBs and DBHDS. The

performance contract is a tool that DBHDS can use to provide accountability for and ensure the quality of behavioral health services provided by CSBs.

Performance contracts:

- Delineate the responsibilities of DBHDS and the CSB with regard to services provided by the CSB;
- Specify the conditions that must be met by the CSB to receive state-controlled funds;
- Identify the groups of individuals to be served with state-controlled funds; and
- Contain specific outcome measures for individuals receiving services, provider performance measures, satisfaction measures of individuals receiving services, and participation and involvement measures for individuals receiving services and their family members.

State law allows DBHDS to conduct performance monitoring to determine whether CSBs are in compliance with their performance contracts. DBHDS also has access to statutory mechanisms, including remediation and dispute resolution processes, to enforce compliance and address non-compliance. However, "legislative commissions, and studies from subject-matter experts have concluded that Virginia's CSB system has not been held accountable for delivering high quality services that produce positive outcomes for consumers," according to a 2022 report of the Joint Legislative Audit and Review Commission entitled *CSB Behavioral Health Services*. JLARC noted that DBHDS has not effectively utilized performance contracts to hold CSBs accountable for efficient and effective delivery of high-quality behavioral health services that provided positive outcomes for consumers. Performance contracts have not consistently included clearly stated goals and objectives, effective performance measures that aligned with and advanced goals and objectives, or data reporting requirements to ensure collection of useful data on CSB performance. This lack of transparency, effective monitoring and oversight, and enforcement has made it difficult to assess the availability and quality of services and the extent to which they vary across services and CSBs.

STEP-VA is intended to improve access to and the quality of essential, publicly funded behavioral health services

Launched in 2017, the STEP-VA initiative was intended to strengthen Virginia's behavioral health system by improving access to, the quality of, and accountability in behavioral health services provided by CSBs. The initiative included strategies to standardize the array of services available at CSBs and to ensure their effectiveness by establishing performance measures and benchmarks to monitor outcomes.

STEP-VA intended to improve access to essential behavioral health services

The STEP-VA initiative sought to improve access to essential behavioral health services by requiring all CSBs to provide a consistent array of services. In 2017, the General Assembly adopted legislation expanding the core of services CSBs were required to provide, listing nine

categories of essential behavioral health services (Table 1-2). DBHDS has provided additional descriptions of these services in annual reports on the implementation of STEP-VA.

TABLE 1-2
STEP-VA service components required to be provided by CSBs

Service component	Description
1. **Same-day access**	Timely access to assessments and needed behavioral health services.
2. **Primary care screening**	Primary care screenings and referrals for individuals identified as needing assistance with overcoming barriers to accessing primary health services.
3. **Behavioral health crisis services**	Services enabling individuals in crisis to remain in the least restrictive environment, preferably the home or community.
4. **Outpatient behavioral health services**	Access to outpatient psychotherapy within 10 days of assessment.
5. **Peer/family support services**	Access to peer and family supports as requested or recommended.
6. **Veterans' behavioral health**	Support for active members of the armed forces and families located 50+ miles from military treatment facilities, and for veterans and families located 40+ miles from VA hospital to ensure they receive behavioral health services in the most effective manner possible.
7. **Psychiatric rehabilitation**	Support for individuals with SMI, SUD, and SED to develop or regain independent living skills[1].
8. **Care coordination**	Connection to needed services, including physical care.
9. **Case management for adults and children**	Coordination of behavioral health services to support the needs of individuals.

Source: BHC staff analysis of reports and statute regarding STEP-VA.
[1] SMI - serious mental illness; SUD - substance use disorder; SED - serious emotional disturbance

The essential health services added to the core of services CSBs were required to provide were selected to ensure that CSBs provide a continuum of services to address the full range of behavioral health needs across an individual's entire lifespan. Because every locality is served by a CSB, requiring every CSBs to offer these services was intended to ensure that

essential, publicly funded behavioral health services were available statewide. Prior to 2017, CSBs were required to provide only three core services:

1. Emergency services for individuals experiencing behavioral health crisis;
2. Preadmission screening for individuals in crisis and at risk of involuntary commitment to inpatient services; and
3. Case management services, subject to the availability of funding.

CSBs had discretion to provide additional behavioral health services beyond the core of required services. Decisions about the types of services a CSB offered reflected their understanding of unique local needs. CSBs' ability to offer services beyond the core of services was also predicated upon the ability and willingness of their member localities to provide funding. As a result, the types of behavioral health services offered and how widely they were available varied significantly among CSBs, and the experience of individuals in need of behavioral health services depended on where they were located. Some individuals could not access certain services at all because they were not offered by the CSB in their area, while others could not obtain existing services in a timely manner due to wait lists.

CSB services were also generally oriented toward crisis response because by statute, only emergency services and preadmission screenings had to be provided regardless of funding or other considerations. As a result, CSBs did not consistently provide the services needed to prevent or recover from a crisis, which are needed for a full continuum of care.

STEP-VA sought to improve the quality of essential, publicly funded behavioral health services provided by CSBs

The STEP-VA initiative was intended to improve the quality of essential behavioral health services provided by CSBs by establishing performance measures and benchmarks to allow DBHDS to effectively monitor CSB performance.

An implementation plan adopted by DBHDS in 2019 set out a four-phase process that detailed specific actions to be taken as part of the implementation process including provisions for the development, testing, and final adoption of monitoring and oversight measures for each service category (Table 1-3). The process described in the implementation plan was intended to ensure that essential behavioral health services brought about meaningful improvement in the well-being of individuals receiving services from CSBs.

Staggered implementation of STEP-VA was intended to allow for careful planning and preparation to ensure effectiveness

Recognizing the complexity of the expansion of services required by STEP-VA, the General Assembly provided for staggered implementation of the initiative to allow sufficient time for planning and preparation. CSBs were required to offer the first two services - same day assessment and outpatient primary care screening - by July 1, 2019, and the other seven services by July 1, 2021. The first six service components of STEP-VA have been initiated statewide as of the end of FY 2022, consistent with the enabling legislation. Planning and

preparation are underway for the last three categories and DBHDS anticipates statewide initiation by July 1, 2024.

TABLE 1-3
Phases of STEP-VA implementation

Phase	Description
Phase 0 - Start-Up	Investigation of related structures; evaluation of best practices; preparation of draft definitions in the context of cross-STEP goals of increasing access, quality, consistency, and accountability; completion of a Comprehensive Needs Assessment.
Phase 1 - Planning & Installation	Identification and evaluation of options for metrics and measures; selection of preliminary metrics and measures.
Phase 2 - Initial Implementation	Initiation of service statewide; initiation of data collection for testing and validation of preliminary metrics and measures; development of benchmarks and goals.
Phase 3 - Full Implementation	Integration of final metrics, performance measures, and benchmarks into CSB performance contracts; initiation of monitoring and oversight measures.

Source: BHC analysis of DBHDS 2020 Annual Report

The deadline by which CSBs were required to provide the final three services - psychiatric rehabilitation, care coordination, and case management – was extended to July 1, 2022, in the 2021 Appropriation Act to allow additional time for appropriate planning and preparation for these final STEP-VA service components. The General Assembly subsequently delayed the implementation of the last three service components until funding was appropriated for their planning and initiation, which occurred in the Appropriation Act of 2022 with a start date of July 1, 2022.

General Assembly has appropriated more than $ 420 million for STEP-VA since 2017

STEP-VA has received over $420M in funding since its launch in 2017 (Table 1-4). The initiative has been supported primarily by state General Funds, but funds from the American Rescue Plan Act (ARPA) were used to supplement state dollars in FY22 and FY23. The General Assembly began appropriating funds to support planning, preparation efforts, and the provision of services in FY18, when same-day assessments were initiated.

TABLE 1-4
Annual Funding for STEP-VA service components

Core services	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY18-24 Total
Same-day access	$4.9	$10.8	$10.8	$10.8	$10.8	$10.8	$10.8	$69.7
Primary care	-	3.7	7.4	7.4	7.4	7.4	7.4	40.9
BH crisis svcs.	-	-	9.8	9.8	31.2	38.4	39.1	128.3
Outpatient BH svcs.	-	-	15.0	15.0	21.9	21.9	21.9	95.8
Peer/family support	-	-	-	-	5.3	5.3	5.3	16.0
Veterans' BH	-	-	-	-	3.8	3.8	3.8	11.5
Psychiatric rehab.	-	-	-	-	-	2.2	3.8	6.0
Care coordination	-	-	-	-	-	6.5	6.5	13.0
Case management	-	-	-	-	-	3.2	4.1	7.3
Cross-step admin	-	-	-	-	4.9	11.9	10.9	27.8
IT infrastructure	-	-	-	-	-	2.6	5.2	7.8
TOTAL	$4.9	$14.5	$43.0	$43.0	$85.4	$114.1	$119.0	$424.0

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

Goals of STEP-VA are consistent with strategic goals of the Behavioral Health Commission

The STEP-VA initiative was intended to expand access to and improve the quality of essential behavioral health services provided by CSBs. These goals are aligned with the strategic goals adopted by the Behavioral Health Commission in 2023 to most significantly improve the behavioral health system in Virginia (Table 1-5). The STEP-VA initiative is an important strategy for meeting the goal of improving access to publicly funded behavioral health services and its success is imperative to realizing the BHC's vision of ensuring that all Virginians can access the services they need, when and where they need them.

Table 1-5
Vision and strategic goals of the Behavioral Health Commission

Vision
Virginia has a full continuum of high-quality, effective, and efficient behavioral health services accessible to all persons in the Commonwealth.

Strategic Goal	Description
1. **Complete continuum of care**	Individuals can receive the most appropriate services for their needs because an adequate supply of services is available along the entire continuum of behavioral health care and prevention.
2. **Timely access to services statewide**	Individuals can receive the services they need when and where they need them.
3. **Cost-efficient care for everyone**	Sufficient funding is available for the state and providers to build and operate services and patients can afford the services they need.
4. **Effective and efficient services**	Behavioral health services are high-quality and effective, and provided efficiently.
5. **Lower inappropriate criminal justice involvement**	Individuals with behavioral health disorders are not unnecessarily involved in the criminal justice system, and those who are involved with the criminal justice system receive appropriate treatment that also mitigates recidivism.

2 Performance of STEP-VA

The STEP-VA initiative was intended to strengthen Virginia's behavioral health system by improving access to, the quality of, and accountability for behavioral health services provided by community services boards (CSBs). Since 2017, the General Assembly, the Department of Behavioral Health and Developmental Services (DBHDS), CSBs, and other stakeholders have worked together to initiate statewide delivery of essential, publicly funded behavioral health services and to implement monitoring, oversight, and quality improvement measures to accomplish these goals. STEP-VA has enhanced access to several essential behavioral health services since its launch, but access to has been constrained, and their quality is largely unknown.

The General Assembly has appropriated more than $420 million to roll out essential services at all 40 Virginia CSBs. Still, three of the nine essential services required by the STEP-VA initiative have not yet been initiated statewide, and the availability of the remaining six services has been constrained by scarce resources and decisions made during planning stages in response to resource limitations. The performance measures intended to ensure quality have not been finalized for all services, and the finalized measures do not all adequately capture CSB performance and service quality. It is not clear to what extent the availability of initiated services meets legislative intent because the General Assembly did not articulate how widely STEP-VA services should be made available. Nonetheless, it is clear that the STEP-VA initiative has not maximized its contribution to realizing the Behavioral Health Commission's (BHC) vision of providing behavioral health services to all who need them, when and where they are needed. More details about the performance of each service component of STEP-VA are available in the appendix.

General Assembly has not clearly articulated intent of STEP-VA initiative or scope of service components

In 2017, the General Assembly enacted legislation expanding the core of services that CSBs would be required to provide. However, the General Assembly did not articulate the intent of the STEP-VA initiative. The Behavioral Health Commission's vision and strategic goals describe a system in which every person is able to access the behavioral health services they need, when and where they need them, but it is not clear if the STEP-VA initiative incorporates this broad vision of access or if a more circumscribed approach to access that still allows for some restriction on the availability of services is sufficient to satisfy legislative intent.

Legislation expanding the core of services that CSBs would be required to provide as part of the STEP-VA initiative set out a list of the nine STEP-VA service components that CSBs are required to make available, but it did not offer additional insight into the scope of STEP-VA service components. The legislation did not address the populations to be served, the type of

services to be offered, or any other information about what CSBs would be required to provide to satisfy the statutory mandate.

The lack of specificity with regard to the intent of the STEP-VA initiative or the scope of the STEP-VA service components may inhibit STEP-VA from reaching its full potential because the objectives toward which the initiative should be working are not clear. Without a clear statement of the General Assembly's intent with regard to the STEP-VA initiative or its expectations regarding the scope of the STEP-VA service components that CSBs must provide, it is not possible to determine the extent to the implementation of STEP-VA service components is consistent with legislative intent.

The General Assembly could more clearly articulate its intent regarding (1) the degree to which the STEP-VA initiative is intended to expand access to behavioral health services, and (2) the scope required of each STEP-VA service component to achieve full implementation.

RECOMMENDATION 1

The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

STEP-VA initiative has not fully achieved its potential for providing access to essential behavioral health services

The STEP-VA initiative has expanded access to some essential behavioral health services in the state, but the initiative has not achieved its full potential to provide uniform access to essential, publicly funded behavioral health services for all Virginians due to decisions about the scope and content of service components made in response to constraints created by scarce resources. Because the General Assembly has not clearly articulated the intent of the STEP-VA initiative or the scope of the STEP-VA service components, it is not clear whether and to what extent the initiative is achieving the intent of the legislature.

STEP-VA initiative has not expanded access to services consistent with the goals of the initiative

As of the end of FY 2022, three of the nine essential service components of STEP-VA have not been initiated statewide due to delayed funding, leaving gaps in the continuum of essential behavioral health services that CSBs are expected to provide (Exhibit 2-1). The other six STEP-VA service components have been initiated statewide and are available through all 40 CSBs but their scope is often limited to certain populations, locations, or service types, creating additional gaps in the continuum of essential behavioral health services. These gaps in essential services are not consistent with the goals of the STEP-VA initiative.

Three of the nine STEP-VA service components have not been initiated statewide

The General Assembly required all nine STEP-VA service components to be initiated statewide by July 1, 2021; however, funding for the final three STEP-VA service components - psychiatric rehabilitation, care coordination, and case management - was not included in the FY21- FY22 biennial budget and the Appropriation Act of 2021 extended the deadline for providing the final three services to July 1, 2022. Funding to support the initiation of these final STEP-VA service components was appropriated for FY 2023, and DBHDS reports that the service components are expected to be initiated statewide by July 1, 2024.

The nine service components required by STEP-VA were selected because they represent essential behavioral health services necessary to address an array of behavioral health needs across the lifespan. Consistent access to the nine STEP-VA services components across CSBs was intended to ensure that these services were uniformly available statewide and that individuals in need of behavioral health services had access to services regardless of where they lived. Delayed statewide initiation of some service components required by STEP-VA leaves gaps in the continuum of publicly funded behavioral health services and limits access to these essential behavioral health services for some Virginians.

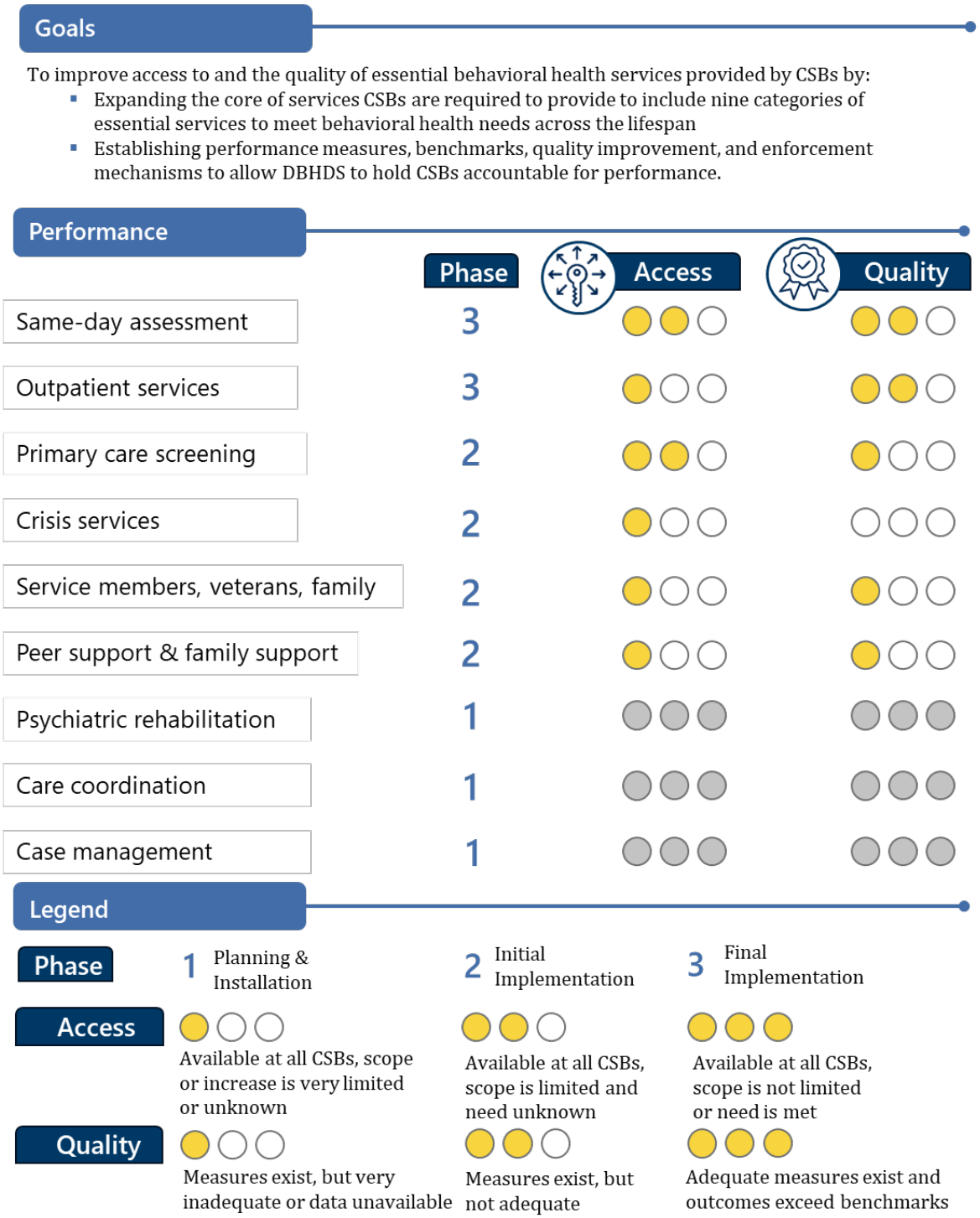
Scope of the six STEP-VA service components initiated statewide has been constrained

As of the end of FY 2022, six of the nine service components required by the STEP-VA initiative have been initiated statewide. However, access to each of these service components is limited by decisions made during the planning stages in response to scarce resources. Some service components are only available at a subset of CSB office locations and during a limited number of hours, or to specific populations rather than to all CSB consumers. In some cases, only a few types of behavioral health services are offered as part of a STEP-VA service component, while other types of behavioral health services that fall within the scope of the service component and constitute important elements of a complete continuum of behavioral health services are not offered at all. Specifically, primary care screenings and crisis services are provided only for certain target populations, same-day access to assessments is available only in certain CSB offices and during specific times, and the crisis services service component include only mobile crisis services rather than the full array of essential behavioral health crisis services. It is not known whether similar limitations apply to other service components due to a lack of data.

Scope of and access to STEP-VA service components has been constrained by scarce financial resources

CSBs receive funding for behavioral health services from a variety of sources, including appropriations of state general funds, federal dollars, and Medicaid reimbursements, but funding from these sources does not appear to be sufficient to allow STEP-VA service components to fully meet demand. Lack of sufficient funding has required DBHDS and stakeholders to make decisions about how to prioritize scarce financial resources, constraining access to services and running counter to the goals of the STEP-VA initiative.

Exhibit 2-1
Summary assessment of STEP-VA implementation and performance on access and quality



Source: BHC staff analysis of the Code of Virginia, legislative documents, data and information from DBHDS, JLARC reports, and SAMHSA documents

Amounts appropriated for STEP-VA initiative may not be sufficient for the initiative to achieve its full potential for expanding access

The General Assembly has appropriated more than $420 million for the STEP-VA initiative since 2017. Appropriations for the STEP-VA initiative are targeted to specific service components in each annual appropriation act. Funding for three of the nine STEP-VA service components – psychiatric rehabilitation, care coordination, and case management – was not appropriated until FY 2022. It is not clear whether the amounts appropriated are sufficient to allow for statewide initiation of the service component to meet the need for this service.

Amounts appropriated for the six STEP-VA service components that have been initiated statewide have not been sufficient to implement each service component to the fullest extent possible; rather, DBHDS, CSBs, and other stakeholders have had to make decisions that limited the scope of services in the planning stages in order to make the most efficient use of scarce resources. In 2020, an assessment conducted by JBS, Inc. for DBHDS found that funding to deliver STEP-VA services initiated up to that point was insufficient to meet demand.

There were significant increases in funding for the first three STEP- VA service components – same day assessment, primary care screening, and outpatient services – in FY24 (+$4.4 million), and STEP-VA crisis services in FY22 (+$6.2 million) and again in FY23 (+$13 million). Despite these increases, it is not clear whether these amounts are sufficient to satisfy the unmet need for these services statewide.

Funding for services for service members, veterans, and family members and for peer support and family support services has remained stable since funds were first appropriated in FY 2022, after the JBS assessment was conducted. It is not clear whether amounts appropriated for these services are sufficient to satisfy the unmet need statewide.

Limits on the scope of STEP-VA service components constrain access to essential behavioral health services, contrary to the goals of the STEP-VA initiative. If the General Assembly wishes to fully meet demand for essential behavioral health services through the STEP-VA initiative, it could begin the process by requiring DBHDS to conduct a needs assessment to determine the unmet need for each service and the cost of meeting that need.

OPTION 1

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

Maximizing collection of Medicaid reimbursement for covered services could increase financial resources to support STEP-VA service components

CSBs are required to accept Medicaid and are required to maximize collection of Medicaid reimbursement for covered services provided to Medicaid enrollees; however, CSBs are not consistently doing so, foregoing a source of funding for STEP-VA service components.

In 2022, JLARC reviewed the extent to which CSBs collect reimbursement for Medicaid-eligible services. They found that between FY 2012 and FY 2022 the amount of Medicaid reimbursements collected by CSBs decreased by 15 percent, adjusted for inflation, from $ 273 million to $231 million, even as the proportion of Medicaid-eligible individuals receiving services at CSBs had increased. This trend was contrary to expectations, as CSBs are required to maximize collection of reimbursements for Medicaid-eligible services.

When CSBs fail to collect reimbursement for Medicaid-eligible services, they must use other sources such as state general funds or local funds to offset the cost of providing services. The impact of CSBs' failure to maximize reimbursement for Medicaid-eligible services results from the loss of federal matching funds. When the cost of providing services is reimbursed through Medicaid, federal funds pay a portion of the cost – between 50 and 90 percent. If sources other than Medicaid funds are used to pay the cost of providing services, the CSB must pay 100 percent of the cost of the service.

JLARC identified two reasons why CSBs fail to maximize reimbursements for Medicaid-eligible services. First, some CSBs were not consistently billing for Medicaid-eligible services because of the complexity of billing and claiming procedures and provider credentialing requirements. The extent to which CSBs were under-billing for Medicaid-eligible services could not be determined because neither DBHDS nor DMAS systematically monitor whether CSBs are billing for eligible services. Second, JLARC also found that some CSBs that did bill for Medicaid-eligible services were not receiving full and timely payments because they did not meet Medicaid managed care organization requirements within the required timeframe. CSBs struggled to meet managed care organizations' requirements because of delays resulting from complex claims and billing processes, which vary among the six managed care organizations providing Medicaid benefits in the Commonwealth. BHC members introduced two budget amendments in 2023 that would have implemented JLARC recommendations intended to address these issues, but they were not included in the final Appropriation Act of 2023. The General Assembly could include language implementing these recommendations in the Appropriation Act of 2024.

JLARC also reported that obtaining "preferred provider" status with managed care organizations could reduce the administrative complexity of billing for Medicaid-eligible services, helping CSBs increase reimbursement for Medicaid-eligible services. Designation as a "preferred provider" means that the provider is not required to meet prior authorization requirements for certain services. Reducing prior authorization requirements can allow consumers to receive services more quickly and require fewer administrative steps before CSBs are able to receive reimbursement for services delivered. The Department of Medical Assistance Services could work with managed care organizations to ensure that CSBs are aware of preferred provider programs. This option is consistent with a recommendation developed by JLARC in 2022.

RECOMMENDATION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to work with the Department of Medical Assistance Services (DMAS) to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid -eligible services they provide, (ii) provide technical assistance and training in coordination with Medicaid managed care organizations (MCOs), on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.

RECOMMENDATION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that community services boards must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.

OPTION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.

Access to STEP-VA service components has been constrained by scarce human resources

CSB require qualified providers to provide behavioral health services but scarce human resources resulting from difficulty hiring and retaining qualified providers and administrative burdens that contribute to high rates of turnover and reduce the time existing providers have to provide behavioral health service limit the ability of CSBs to provide behavioral health services required by the STEP-VA initiative and limit access to STEP-VA service components.

Difficulty hiring and retaining qualified staff constrains ability of CSBs to provide STEP-VA service components, limiting access

Difficulty hiring and retaining qualified staff to deliver behavioral health services has constrained the ability of CSBs to provide STEP-VA service components. The impact of

workforce issues on access to STEP-VA service components have been a concern since the initiative was implemented in 2017. An assessment conducted by JBS, Inc. for DBHDS in 2020 found that CSBs lacked sufficient workforce capacity to address challenges in workforce recruitment and retention.

In 2022, 36 of 40 CSB executive directors reported to JLARC that their CSB had experienced substantial difficulty recruiting and hiring qualified staff during the previous 12 months, and 19 of 40 CSB executive directors reported substantial difficulties retaining qualified staff. At the 23 CSBs for which JLARC was able to obtain data, staff turnover rates for the previous year were between 15 and 32 percent. Inadequate compensation was commonly cited as a factor that fueled staffing challenges: over 80 percent of CSB executive directors indicated that low compensation was one of the top three factors that made it difficult to recruit and hire qualified staff, and more than half reported that competition from other providers offering higher pay and inadequate compensation contributed to challenges in retaining qualified staff (58 and 55 percent of executive directors, respectively). CSB staff also identified compensation as a top reason for contemplating leaving their positions.

In 2023, the General Assembly appropriated $18 million to increase compensation of CSB staff, effective January 1, 2024. While increased compensation is anticipated to have a positive impact on rates of staff turnover at CSBs, the impact of this funding cannot be determined at this time. Requiring CSBs to provide information about staff turnover, vacancy rates, and salaries could provide some insight into the impact of increased compensation on CSBs' staffing challenges. Appropriating more funding to increase CSB staff compensation may address some hiring and retention issues, but for that strategy to work, CSBs must use the funds to actually increase staff compensation. In 2022, JLARC found that that some CSBs failed to use early amounts appropriated to increase staff compensation for that purpose, and that it was unclear how these funds had been used.

BHC members introduced two budget amendments in 2023 that would have implemented JLARC recommendations intended to address these issues, but they were not included in the final Appropriation Act of 2023. The General Assembly could include language implementing these recommendations in the Appropriation Act of 2024.

RECOMMENDATION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and to the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.

Administrative burdens contribute to staff turnover and reduce capacity of existing CSB providers, limiting access to STEP-VA service components

CSB direct care staff spend a significant portion of their time completing administrative tasks, limiting their ability to provide essential behavioral health services required by the STEP-VA initiative. In 2022, JLARC found that burdensome administrative requirements contributed to direct care staff turnover and reduced the time available to provide patient care. Nearly 30 percent of licensed clinical social workers working at CSBs reported spending at least 40 percent of their time on administration in 2022, according to a JLARC survey. Time spent on administrative tasks reduced the time each provider was able to spend providing care to individuals in need of behavioral health services, further limiting access to behavioral health services provided by CSBs, including services required by the STEP-VA initiative.

BHC members introduced a budget amendment in 2023 that would have implemented a JLARC recommendation intended to address this issue, but it was not included in the final Appropriation Act of 2023. The General Assembly could include language implementing this recommendation in the Appropriation Act of 2024. Participation in Medicaid can also create an administrative burden, and this issue is addressed in Recommendations 2 and 3, and in Option 2 in this report.

RECOMMENDATION 6

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission by December 1, 2024, on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.

STEP-VA has not fully achieved the goal of improving the quality of essential behavioral health services

The second goal of the STEP-VA initiative was to improve the quality of essential behavioral health services in the Commonwealth, but inadequate performance measures and benchmarks have prevented the initiative from fully achieving this goal (Exhibit 2-1). Measures and benchmarks have not been finalized and performance data is not available for the majority of service components. Performance measures and benchmarks that have been adopted, both final and preliminary, frequently do not adequately assess whether STEP-VA service components are meeting their stated goals, improving the outcomes of individuals who receive them, or improving the quality of the essential behavioral health services required by the STEP-VA initiative. Limitations about the data that can be collected and

shared in a systemic way may be driving the types of measures and benchmarks that have been adopted.

Final performance measures and benchmarks have been adopted for only two of nine STEP-VA service components

While six of the nine service components required by the STEP-VA initiative were available statewide as of the end of FY 2022, final performance measures and benchmarks had been adopted and incorporated into the corresponding CSB performance contracts (2022-2023) for only two of these service components. Preliminary performance measures and benchmarks have been developed for three additional services, while no performance measures or benchmarks are available for one of the services that have been initiated statewide.

DBHDS's four-phase implementation plan for STEP-VA service components created a framework for the development of data collection and reporting, performance monitoring, and oversight measures, including the specific actions required to finalize performance measures and benchmarks for inclusion in CSB performance contracts. This process was intended to begin prior to the statewide initiation of each service to ensure that preliminary reporting requirements and performance measures were in place and ready for testing and validation as services were initiated, and final benchmarks could be developed as preliminary metrics and outcome data became available.

Without performance measures and benchmarks in performance contracts, DBHDS cannot provide effective monitoring and oversight of CSB performance by identifying underperforming CSBs and suggesting quality improvement interventions to help them meet the goals of STEP-VA service components.

RECOMMENDATION 7

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.

Existing performance measures and benchmarks do not provide sufficient insight to assess or hold CSBs accountable for the quality of services

Existing performance measures and benchmarks for the six STEP-VA service components that have been initiated statewide are not adequate to hold CSBs accountable for the quality of the services provided. Poorly designed performance measures and benchmarks limit the ability of DBHDS to measure CSB performance, identify CSBs that need technical assistance and other interventions to achieve desired outcomes, and hold CSBs accountable for

achieving those goals. The absence of robust performance measures also makes it challenging for the General Assembly to make informed decisions about whether and how much to further invest in the STEP-VA initiative.

The STEP-VA initiative sought to improve the quality of behavioral health services by improving transparency and monitoring CSB performance on certain measures relative to benchmarks. Some existing performance measures and benchmarks do not measure key aspects of STEP-VA service components, preventing DBHDS from collecting relevant data to evaluate performance. Others are not sufficiently specific to provide a clear measure against which performance can be evaluated. Existing performance measures and benchmarks often focus on the implementation and utilization of STEP-VA service components rather than on the outcomes of individuals who receive these services, limiting utility for evaluating changes in the condition of individuals receiving services and the quality of the services provided.

Robust performance measures assess outcomes to track progress toward objectives and goals. In the health care context process measures focus on the steps that should be followed to provide good care. Outcome measures focus on the change in a patient's status resulting from the delivery of care and can be an indirect method of measuring the quality of care. Well-designed performance measures evaluate the change in conditions or outcomes, allowing evaluators to identify areas for improvement. Benchmarks establish standards against which processes and outcomes can be measured to identify areas of success and areas for improvement. Effective benchmarks are specific, measurable, achievable, relevant, and time bound. They are clearly related to the measure with which they are associated and provide meaningful targets for against which to measure progress toward objectives and goals.

To improve the quality of essential behavioral health services required by the STEP-VA initiative, CSB performance contracts must include more specific and relevant performance measures that capture the outcomes of individuals receiving STEP-VA services, and benchmarks that provide meaningful standards against which to measure outcomes. These improvements would allow DBHDS to provide more effective monitoring and oversight of the STEP-VA service components.

Consistent with these findings, JLARC recommended in 2022 that DBHDS conduct a comprehensive review of CSB performance contracts and revise performance measures to target consumer outcomes rather than utilization or process, revise benchmarks to be directly relevant to the associated performance measure and identify specific monitoring activities for each performance measure. In response, the 2023 General Assembly directed DBHDS to include in CSB performance contracts (i) specific goals and objectives related to the delivery of services, (ii) specific, relevant, and measurable performance measures to assess the experiences and outcomes of individuals receiving services, and (iii) relevant benchmarks and monitoring activities for each performance measure. These provisions will become effective July 1, 2024. The General Assembly may wish to require DBHDS to report on the changes made to CSB performance contracts to implement these provisions.

RECOMMENDATION 8

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission on the changes made to community services board performance contracts related to revised performance measures and benchmarks for each STEP-VA service component by December 1, 2024.

Barriers to data collection and reporting limit transparency and the effectiveness of monitoring and oversight measures

Barriers to collection and reporting of data about STEP-VA service components limit transparency and render monitoring and oversight activities less effective. Specifically, several studies have found that the data system used by CSBs is a barrier to proper data collection and reporting for oversight purposes.

- A March 2020 assessment conducted by JBS, Inc. for DBHDS identified the need to replace antiquated, unreliable data systems, most notably the Community Consumer Submission 3 (CCS3), as an area of major concern.
- In 2021, DBHDS noted "some data quality, reliability, and validity issues" with data collected for monitoring and oversight purposes due to the lack of transactional data available through the CCS3 system.
- Also in 2021, a DBHDS workgroup recommended replacing key data collecting and reporting systems (CCS3 and Community Automated Reporting System (CARS)) to move to a transaction data exchange between CSBs and DBHDS.
- In 2022, JLARC reported that challenges posed by DBHDS' and CSBs' data infrastructure limited DBHDS's ability to effectively monitor CSB performance and measure the impact of CSB services on consumer outcomes.

DBHDS has begun the process of implementing a new data exchange initiative to address issues with existing data infrastructure, simplify reporting, and improve data quality and timeliness. In 2022, JLARC reported that the project was expected to take two to three years to complete and cost $10 to $12 million. The General Assembly provided funding to upgrade DBHDS' data infrastructure and implement the new data exchange initiative beginning in FY 2023. To minimize risks associated with project delays, JLARC recommended that the General Assembly direct DBHDS and the Virginia Information Technologies Agency to provide reports on the project status to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services at least every three months until the project is complete.

RECOMMENDATION 9

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.

Incomplete implementation of STEP-VA limits the initiative's contribution to BHC vision and strategic goals

The STEP-VA initiative has contributed to the expansion of access to essential behavioral health services throughout the Commonwealth, making some progress toward creating a complete continuum of care and providing timely access to cost-efficient, affordable services statewide; however, the STEP-VA initiative's contribution to these goals has not reached its full potential because not all services have been initiated at this time, and the reach of some of the services initiated has been limited by decisions regarding the scope of STEP-VA service components in response to scare resources or to other external factors affecting the availability service components.

The STEP-VA initiative was intended to include measures to improve transparency, monitoring, and oversight of services, as well as quality improvement measures to ensure that CSBs were able to meet goals and objectives for essential behavioral health services; however, the STEP-VA initiative's contribution to the goal of providing quality services has also been constrained by DBHDS's limited ability to monitor service quality and initiate quality improvement processes.

In addition, some individuals with behavioral health needs will continue to experience unnecessary involvement with the criminal justice system if they cannot access high-quality behavioral health services. According to DBHDS, one purpose of the STEP-VA initiative was reducing inappropriate involvement of individuals with behavioral health needs with the criminal justice system; however, implementation issues that limit access to and the quality of essential behavioral health services in the Commonwealth also limit the ability of the STEP-VA initiative to contribute to this strategic goal.

Right Help, Right Now initiative builds on STEP-VA strategies and could contribute to goals of STEP-VA

Announced in December 2022, the Right Help, Right Now initiative is the current Administration's plan to continue reforming the state's behavioral health system to support Virginians before, during, and after a behavioral health crisis. The initiative is founded on six pillars that form the core of efforts to enhance behavioral health care for Virginians (Exhibit 2-2). Consistent with the STEP-VA initiative, Right Help, Right Now aims to improve access to crisis care (Pillar 1) and community-based services (Pillar 3).

Pillar 1 builds on STEP-VA strategies to improve access to crisis services

Pillar 1 of the Governor's Right Help, Right Now initiative focuses on increasing access to same-day care for individuals experiencing a behavioral health crisis. This strategy is consistent with the access goal of the STEP-VA initiative and builds upon its efforts to implement a crisis service component. Pillar 1 is based on the same framework as the STEP-VA crisis service component, which calls for (i) crisis call centers available statewide to respond in real time to individuals in crisis, (ii) mobile crisis response to assess and stabilize.

Exhibit 2-3
Six pillars support the Right Help, Right Now plan

Source: Virginia Secretary of Health and Human Resources

individuals experiencing behavioral health crisis in the community, and (iii) crisis stabilization services to provide short-term observation and stabilization in a non-hospital environment for individuals who require more intensive services than can be provided by mobile crisis response. Since 2021, implementation of the STEP-VA crisis service component has focused solely on the expansion of mobile crisis services for children and adults.

Funding requested by the Administration as part of the Right Help, Right Now initiative provides additional funding for mobile crisis services as well as new funding for crisis stabilization services, including:

- $10 million for expansion of mobile crisis units in underserved areas
- $58 million "to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers, crisis stabilization units, and enhancements to existing sites."
- $ 10 million for comprehensive psychiatric emergency programs or similar models of psychiatric care in emergency departments
- $4.5 million for Chesapeake Regional Hospital to provide and enhance behavioral health services in the emergency department, outpatient, or inpatient setting

Although this funding will help build upon the crisis services already available through the STEP-VA initiative, it is not part of the STEP-VA initiative's budget appropriation and therefore not subject to reporting requirements that would allow the General Assembly to be apprised of how funds are being used and to what extent they are improving access to crisis services or the outcomes of individuals who receive them.

RECOMMENDATION 10

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

Pillar 3 builds on STEP-VA strategies to improve capacity and quality of CSB behavioral health services

Pillar 3 of the Governor's Right Help, Right Now initiative, which focuses on increasing capacity throughout the behavioral health system, is consistent with both the access and quality goal of the STEP-VA initiative. As one strategy to build capacity, the Administration has been exploring the Certified Community Behavioral Health Clinic (CCBHC) model to deliver community-based care. The CCBHC model was used as the foundation for the STEP-VA initiative, and adopting this model fully would build upon the work already undertaken as part of the STEP-VA initiative, continuing efforts to improve access to and the quality of essential publicly funded behavioral health services in the Commonwealth.

The CCBHC model was developed by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services with the goal of improving access to and the quality of community based behavioral health care. Beginning in 2016, SAMHSA offered planning and demonstration grants to states wishing to implement the model. States that received grants were required to provide specified behavioral health services through clinics certified as CCBHCs. Clinics could be certified as CCBHCs if they provided nine core types of behavioral health services and met criteria developed by the U.S. Secretary of Health and Human Services related to staffing, availability of and access to services, scope of services, provision of care coordination, and monitoring and quality improvement. States receiving grants were also required to develop a prospective payment system for Medicaid claims, which was intended to compensate CCBHCs more adequately for providing the required behavioral health services, and to improve data collection and reporting systems for monitoring and oversight activities. States selected to participate in the CCBHC demonstration grant would be eligible for an increased federal match rate for Medicaid expenditures for services provided to Medicaid beneficiaries at CCBHCs.

Virginia was among the states that received a CCBHC planning grant in 2015. DBHDS selected eight CSBs to participate in the initiative and conducted assessments and other activities to help CSBs prepare for certification, but ultimately determined that it was not financially feasible to meet the requirements of the CCBHC demonstration program at that time. Instead, DBHDS and other stakeholders developed the STEP-VA initiative as a strategy for expanding access to essential behavioral health services. The STEP-VA initiative requires the same nine

service components as the CCBHC model and includes the same reliance on monitoring and oversight measures to improve the quality of essential behavioral health services.

Because they are built on the same foundation, adopting the CCBHC model envisioned by Pillar 3 of Right Help, Right Now could help address some of the current limitations of the STEP-VA initiative. The evidence-based monitoring and oversight measures required by the CCBHC model may address some issues with existing performance measures and benchmarks for STEP-VA service components, offering better transparency, more useful measures, and more comprehensive insight into performance. Additionally, because the CCBHC model has already been implemented in other states, the model offers existing benchmarks against which to measure outcomes and quality, which could allow for meaningful measurement of the quality of STEP-VA service components. Participation in the CCBHC demonstration grant could allow Virginia to receive increased federal funding through Medicaid for behavioral health services provided by CSBs, increasing financial resources for STEP-VA service components.

OPTION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.

OPTION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

Recommendations and options: STEP-VA implementation and performance monitoring

BHC staff typically offer recommendations or options to address findings identified in its reports. Staff will usually propose options, rather than recommendations, when (i) the action proposed is a policy judgment best made by the General Assembly or other elected officials, (ii) the evidence indicates that addressing a report finding could be beneficial but the impact may not be significant, or (iii) there are multiple ways to address a finding and there is insufficient evidence to determine the single best way to address the finding.

Recommendations

RECOMMENDATION 1

The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

RECOMMENDATION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to work with the Department of Medical Assistance Services (DMAS) to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid -eligible services they provide, (ii) provide technical assistance and training in coordination with Medicaid managed care organizations (MCOs), on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.

RECOMMENDATION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that community services boards must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.

RECOMMENDATION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and to the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.

RECOMMENDATION 6

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission by December 1, 2024, on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.

RECOMMENDATION 7

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.

RECOMMENDATION 8

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission on the changes made to community services board performance contracts related to revised performance measures and benchmarks for each STEP-VA service component by December 1, 2024.

RECOMMENDATION 9

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.

RECOMMENDATION 10

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

Options

OPTION 1

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

OPTION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.

OPTION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.

OPTION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

Appendix: Assessment of STEP-VA service components

Same-day assessment

Purpose

The same day assessment (SDA) service component is intended to ensure every person who seeks behavioral health services can access the services they need when they need them by:

- Conducting a clinical assessment on the same day that the person appears at the CSB for services to determine the person's service needs, and
- Creating a timely connection to appropriate behavioral health services offered by the CSB by establishing a first appointment for such services.

Implementation

Phase 1 | Phase 2 | **Phase 3**

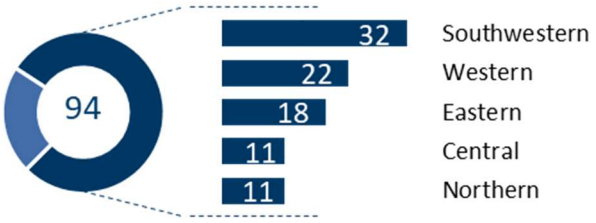
- Services initiated statewide
- Final metrics, performance measures, and benchmarks integrated into CSB performance contracts
- Monitoring and oversight processes initiated

Performance

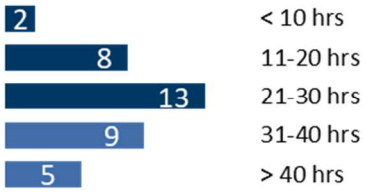
Access

- Available at every CSB, but only in certain locations and during certain hours

94
CSB locations (19%) offer SDA[1]



14
CSBs (38%) offer SDA over 30 hours/wk[2]



Quality

- Performance measures in place, but not measuring all the goals of the service component, and not measuring outcomes

Measure	Outcome (FY22)	Benchmark
% individuals who need service offered an appointment w/in 10 bus. days of SDA	70%	≥ 86%
% individuals who need service attend scheduled appointment w/in 30 calendar days of SDA	81%	≥ 70%

Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract
[1]BHC staff analysis of JLARC reports: *CSB Behavioral Health Services* (2022) and *Implementation of STEP-VA (2019)*

Outpatient Services

Purpose

The outpatient services service component is intended to expand CSB outpatient services capacity by

- Allowing CSBs to hire additional clinicians to provide outpatient services.
- Improving hiring and retention of clinicians by providing salary adjustments and hiring and retention bonuses.

Implementation

Phase 1 | Phase 2 | **Phase 3**

- Services initiated statewide
- Final metrics, performance measures, and benchmarks integrated into CSB performance contracts
- Monitoring and oversight processes initiated

Performance

Access

- Available at every CSB.
- Scope of access to outpatient services is unknown overall or by service type; performance measures do not measure changes in access.

Quality

- Performance measures in place, but not measuring all the goals of the service component and only providing partial outcome data

Measure	Outcome (FY22)	Benchmark
% providers receiving trauma-focused training (≥ 8 hrs. in year 1 and ≥ 4 hrs. thereafter for 40 total hrs.	**79%**	100 %
% individuals age 13+ w/ new SUD episode initiating services w/in 14 days of diagnosis & attending service w/in 34 days	**58%**	≥ 50 %

Additional measures[1]	Outcome (FY22) (Adult / Child)	Benchmark
% individuals w/ DLA base score < 4.0 w/ ≥ 0.5 growth	35% / 46%	≥ 35 %
% individuals w/ DLA base score < 4.0 w/ score > 4.0	36% / 51%	≥ 35 %
% individuals w/ DLA base score of 4.0 – 5.9 w/ ≥ 0.4 growth	25% / 22%	≥ 35 %
% individuals w/ DLA base score > 6.0 w/ score > 6.0	63% / 54%	≥ 50 %

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract

[1]Not included as performance measure in FY22-FY23 CSB performance contract

Primary Care Screening

Purpose

The primary care screening service component is intended to improve health outcomes for individuals receiving CSB services by:

- Conducting a primary care assessment to identify physical health risks,
- Providing connections to health care services to address physical health risks, and
- Providing ongoing case management services to maintain engagement in health care services.

Implementation

Phase 1 | **Phase 2** | Phase 3

- Services initiated statewide
- Preliminary performance measures and benchmarks subject to testing and validation
- Preliminary data collection underway

Performance

Access

- Available at every CSB, but only for certain populations, and scope of screening is limited
- Populations receiving the service include (i) children with SED and adults with SMI receiving ongoing CSB BH services (targeted case management) and (ii) individuals age 3+ prescribed antipsychotic medication by CSB prescriber
- Screening includes blood pressure reading, and height and weight measurement and, for some populations, metabolic screening

Quality

- Preliminary performance measures in place, but not measuring all the goals of the service component or outcomes of the service
- No outcome data available for existing performance measures

Measure	Outcome (FY22)	Benchmark
% of children with SED and adults with SMI receiving ongoing CSB BH services or referred for primary care screening on a yearly basis	Not available	100 %
% individuals age 3+ prescribed antipsychotic medication by CSB receiving metabolic screening consistent with ADA guidelines	Not available	100 %

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract

Crisis Services

Purpose

The STEP-VA funded crisis service component is intended to expand access to a comprehensive continuum of behavioral health crisis services, including

- Crisis call center hotlines available 24/7/365 to respond to individuals in crisis
- Mobile crisis response teams to provide in-person crisis support services wherever the person is located, and
- Crisis stabilization services to provide short-term observation and stabilization in a non-hospital environment

Implementation

- Services initiated statewide
- Preliminary performance measures and benchmarks subject to testing and validation
- Preliminary data collection underway

Performance

- Crisis services limited to crisis call center and mobile response teams, and crisis stabilization services not funded
- Crisis call center hotline available to anyone, anywhere (special funding)
- Mobile crisis services available at every CSB, but only for certain populations:
  - Children
  - Adults with MI who have cognitive impairments due to the severity of their illness and present with functional support needs

- No performance measures or benchmarks available
- No outcome data available

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract

Services for Service Members, Veterans, and Families

Purpose

The services for service members, veterans, and family members (SMVF) service component is intended to improve access to behavioral health services for :

- Members of the armed forces located 50 miles or more from a military treatment facility
- Veterans located 40 miles or more from a Veterans Health Administration medical facility
- Family members of such members of the armed forces and veterans.

Implementation

Phase 1 | **Phase 2** | Phase 3

- Services initiated statewide
- Preliminary performance measures and benchmarks subject to testing and validation
- Preliminary data collection underway

Performance

Access

- Available at every CSB.
- Scope of access to services for SMVF is unknow; performance measures do not measure changes in access.

Quality

- Preliminary performance measures in place, but not measuring all the goals of the service component or outcomes of the service
- No outcome data available for some existing performance measures

Measure	Outcome (FY22)	Benchmark
% of CSB staff providing direct services to the SMVF population receiving military cultural competency training	82 %	100 %
% of individuals presenting for CSB services for whom SMVF status is tracked	94 %	≥ 90 %
% SMVF referred to an SMVF referral destination (Dept. Veterans Services, Veterans Health Administration facility or service, or Military Treatment facility or service)	Not Reported	≥ 70 %
% SMVF individuals screened using Columbia Suicide Severity Rating Scale brief intervention	≥ 60 %	≥ 60 %

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract

Peer Support & Family Support Services

Purpose

The peer support and family support services service component is intended to improve outcomes for individuals receiving CSB behavioral health services by providing person-centered, strength-based, recovery-oriented supports including:

- Peer support services for individuals in recovery, and
- Family support services for parents or caregivers of youth or young adults under the age of 21 with behavioral health service needs to improve outcomes for the child or young adult and increase ability to manage services and supports.

Implementation

- Services initiated statewide
- Preliminary performance measures and benchmarks subject to testing and validation
- Preliminary data collection underway

Performance

- Available at every CSB
- Scope of access to peer support and family support services is unknown; performance measures do not measure changes in access.

- Preliminary performance measures in place, but not measuring all the goals of the service component or outcomes of the service
- No outcome data available for existing performance measures

Measure	Outcome (FY22)	Benchmark
% of peer supporters who become Peer Recovery Specialists within one year of hire	Not Reported	≥ 80 %
% increase in total number of unduplicated individuals receiving peer services		≥ 5 %
% increase in number of individual contacts for peer or family support services		≥ 5 %
% increase in number of peer support service units		≥ 5 %
% of CSBs informing ORS of closing of recovery-oriented peer support programs w/ in 30 days prior		100 %

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract

Psychiatric Rehabilitation, Care Coordination, Case Mgt.

Purpose

Psychiatric rehabilitation is intended to help individuals develop independent living skills and to enhance social and interpersonal skills, family support, and educational and vocational opportunities for individuals with behavioral health needs.
Care coordination is the process of organizing an individual's care to achieve safer, more appropriate and effective care.
Case management is intended to assist and support consumers in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, education and other services essential to meeting basic human needs; linkages to and education concerning use of basic community resources; and monitoring of overall service delivery.

Implementation

- Services are not initiated statewide.
- Planning and evaluation of options for metrics and measures underway.

Performance

- These services have not been initiated statewide.
- Services will be initiated statewide by July 1, 2024.

- No performance measures or benchmarks available for these services.

Source: Source: BHC staff analysis of DBHDS 2018-2022 annual reports on STEP-VA implementation *and* FY22-23 CSB performance contract, and SAMHSA documents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