Current Projections for Implementation Timeline:

<table>
<thead>
<tr>
<th>Step</th>
<th>Planning &amp; Installation (Phase 1 Start Date)</th>
<th>Initial Implementation (Phase 2 Start Date)</th>
<th>Full Implementation &amp; Validation (Phase 3 Start Date)</th>
<th>Current Funding</th>
<th>Biennial Budget Request</th>
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</thead>
<tbody>
<tr>
<td>Same Day Access</td>
<td>Varied</td>
<td>January 2019</td>
<td>July 2020</td>
<td>$10,795,651</td>
<td>$0</td>
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<tr>
<td>Primary Care</td>
<td>January 2019</td>
<td>July 2019</td>
<td>July 2021</td>
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<tr>
<td>Outpatient</td>
<td>July 2019</td>
<td>July 2020</td>
<td>July 2022*</td>
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<td>$22,425,900</td>
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<tr>
<td>Crisis Services</td>
<td>April 2019</td>
<td>April 2021*±</td>
<td>TBD</td>
<td>$7,800,000</td>
<td>$46,944,000</td>
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<tr>
<td>Crisis Services - Detox</td>
<td>July 2019</td>
<td>July 2021*</td>
<td>July 2022*</td>
<td>$2,000,000</td>
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<td>Peer &amp; Family Svcs</td>
<td>July 2019</td>
<td>July 2021*</td>
<td>July 2022*</td>
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<td>Military Services</td>
<td>October 2019</td>
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<td>July 2022*</td>
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<td>Case Management</td>
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<td>July 2021*</td>
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<td>Pyschiatric Rehab</td>
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<td>July 2021*</td>
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<tr>
<td>Care Coordination</td>
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<td>July 2021*</td>
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<tr>
<td>Infrastructure</td>
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<td>TBD</td>
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</tbody>
</table>

*If fully funded
± children’s crisis services will be implemented April, 2020, with full crisis services projected for April 2021

Total **$43,035,651** $139,216,994

Total Assuming Current Medicaid Rates/ Collections **$130,887,254**

STEP-VA Projected Activities December 2019-June 2020

- Monitor and support implementation of Same Day Access and Primary Care Screening
- Support CSBs in installation of Outpatient and Crisis Services
- Utilize results of Comprehensive Needs Assessment and gather additional feedback from STAC and VACSB to improve implementation process
- Collaborate with the executive and legislative branches to acquire funding for STEP VA implementation, infrastructure and oversight resources at DBHDS Central Office and infrastructure at CSBs

A life of possibilities for all Virginians
What does STEP-VA Implementation Process look like?

**STEP-VA Implementation Process**

**Evidence Based**

**Start Up**
- Comprehensive Needs Assessment/Understanding (Cross-Step)
- Consideration and Realization Drives

**Planning and Initial**
- DBHDS and CSBS aid definition of the Step in the context of STEP-VA cross-step goals of increasing access quality
- DBHDS and CSBS review existing evidence and studies related to Step
- Initial improvement cycles
- Identify, profile, and prioritize
- Assess and adjust drivers

**Implementation**
- Initial improvement cycles
- Deploy data systems
- Assess fidelity
- Manage change
- Monitor and improve drivers

**Full Implementation**
- Monitor implementation and outcomes
- Achieve fidelity and outcomes
- Monitor and improve drivers

**System Support**
- Business and process goals are informed by TAAC and approved by CGO.
- One month/quarterly" check" in focus areas is provided by central office, with visits to other districts and offices.
- Regional and stakeholder technical assistance is provided by central office, including Regional Consultants and external providers.
- Primary metrics are programmed, but data can be accessed and can be accessed.
- Services are integrated/improved across Step (Implementation data)

**Implementation Process**
- Emphasize primary metrics with input from TAAC, seek QAR approval, bring to DMC for implementation into EHR
- DBHDS approval works with CSBS to identify and disseminate funding

**Evaluation and Improvement**
- Cross-Step needs of STEP-VA cross-step goals of increasing access quality
- DBHDS and CSBS share definition of the Step in the context of STEP-VA cross-step goals of increasing access quality
- DBHDS and CSBS evaluate best practices within Virginia and in other states
- DBHDS and CSBS conduct evidence studies related to Step

**Success Metrics**
- The expected outcomes and the expected readiness of organizations and communities to adopt or increase access to equitable care.
- The success of the innovation and the impact of the readiness of organizations and communities to adopt or increase access to equitable care.

**Drivers**
- The use of the innovation and the impact of the readiness of organizations and communities to adopt or increase access to equitable care.
- The success of the innovation and the impact of the readiness of organizations and communities to adopt or increase access to equitable care.