



Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

Information for Disability Commission Workgroup

Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) are authorized in the Code of Virginia and deemed responsible for community-based treatment for individuals with mental illness, intellectual disability, and substance use disorders.

CSB/BHAs are local public agencies connected to the local governing bodies that created CSB/BHAs. Funded through a combination of state General Funds, local funds, federal block grant funds, Medicaid fees, and other fees, CSB/BHAs have certain mandates in Code as well as mandates in regulation. Code service mandates are:

- 24/7 Emergency services and pre-admission screening for involuntary inpatient detention and admissions
- Case management within available resources
- Discharge planning for individuals being discharged from state facilities
- Oversight of mandated outpatient treatment.

CSB/BHAs have Performance Contracts encompassing all funding and reporting with the Department of Behavioral Health and Developmental Services (DBHDS) as directed by the Code. CSB/BHA service programs are licensed by DBHDS. Additionally, CSB/BHAs have provider agreements with the Department of Medical Assistance Services (DMAS) and many CSB/BHAs have provider agreements with the Department of Rehabilitative Services (DRS).

In addition to the broad services areas of mental health, intellectual disability and substance use disorders, there are services and programs that impact youth and adults with additional and specialized needs, although not all CSB/BHA have all of the following programs

- 30 CSB/BHAs are lead agencies for Part C/Early Intervention Services for Infants and Toddlers with Disabilities (IDEA).
- Regional projects involving veterans and their families through the Virginia Wounded Warrior projects,
- Regional geriatric projects for seniors with pressing mental health needs along with aging issues,
- General Fund “Systems of Care” projects for youth with highly acute and complex needs,
- regional diversion projects for individuals at high risk of hospitalization in a state psychiatric facility,
- General and local fund targeted jail diversion programs and jail services for individuals with serious mental illness who are at risk of arrest or in jail for charges as well as involvement in local CIT programs with public safety agencies.

- Agreements with Drug Courts for services
- .Norfolk CSB participates with the Norfolk Court in the only Mental Health Court in the Commonwealth.

In 2009, CSB/BHAs served an unduplicated count of 198,032 individuals in on-going services. Service needs persist and have been exacerbated by the economic environment as individuals lose jobs and insurance coverage. Budget reductions have diminished the ability of CSB/BHAs to assure and maintain full service capacity; however, CSB/BHAs have tried to minimize impact of reductions on consumer services through consolidation of services, reconfiguration of services and staff, and reducing vital administrative services that would have enhanced growth and capacity-building.

Besides **adequate funding for each of the service areas**, the following information addresses services that are needed and touches on issues that can arise within funding streams and the parameters of those funding streams:

Mental Health -a broad area and one that can be split a bit into basic mental health services and then services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

- Basic MH services for conditions like depression, mild bi-polar, anxiety (all of these are real problems for those who need help) would consist of:
 - Assessment
 - Outpatient Counseling/therapy
 - Possibly medication and medication monitoring.

Access and payment can be issues since managed care in both private insurance and Medicaid sends people to different venues for those services and the limits have been unproductive. Hopefully, the federal parity laws will change some of the practices. Clearly health reform has the potential to do so for all plans. CSB/BHAs continue to receive requests for services from individuals who cannot access their mental health benefits or have exhausted the limits of their insurance. At the same time, quite a few CSB/BHAs can no longer afford to provide these services unless an individual has SMI or SED or is in need of Emergency Services.

Adults with SMI need:

- Case management,
- Psychiatry, medication and med monitoring,
- Psycho-education,
- Psycho-social day,
- A variety of community supports, even PACT services, that are critical in maintaining community tenure and avoiding facility placement. It is a combination of recovery-focused medical and community supports that cannot do without each other.
- Housing is a critical component for the other treatments to succeed but housing alone cannot do it.
- Supported employment as individuals feel ready to begin entering some type of employment
- Coordination with primary care.

These supports must be able to vary in intensity as needed. A good example is PACT.

Children with SED need:

- A similar combination of medical and community supports, which include intensive in-home services as well as therapeutic day treatment, clinic or school-based.
- Family education and intervention that can help the family remain together.
- Coordination with primary care.
- Really good case management for monitoring and oversight.
- Stability and consistency with care givers-difficult in tight times.
Again, the level of intensity must be flexible and this is further complicated in that schools have to be part of the consideration and school-based treatment is often very beneficial in keeping a child with SED in school. A good example is a “youth/family system of care”

Individuals with Intellectual Disability/Developmental Disabilities

- Community supports that provide venues for daily activities that are satisfying for individuals-may be any number of things: volunteering, employment, day support, etc. Waiver slots can provide these through Medicaid **if** one is fortunate enough to have a precious waiver slot.
- Housing arrangements that provide the support and supervision needed for the individual and the arrangement is based upon what the individual needs to function in his/her community.
- Really good case management for monitoring and oversight
- Family involvement whenever possible.
- Coordination with primary care
- Ability to address behavioral and mental health needs of people with ID/DD in a systematic way that does not result in additional trauma for the person.
- Stability and consistency with care givers-difficult in tight times.

Youth and Adults with Substance Use:

- Access to immediate screening, assessment and treatment, which can be counseling, medication, or a combination that promote recovery
- Really good case management and monitoring over time
- Housing arrangements that are stable and avoid a drug/alcohol environment
- Employment supports
- SA education and support groups that continue to help people understand their addictions and why. Science shows us that counseling and therapy can actually produce changes in the brain for substance users but it has to be reinforced
- Family reinforcement for recovery.

For populations with severe needs, what is most effective is a combination of treatment, medical services and supports that can vary in intensity and type over time but always allow for episodes of crisis. And yes, sometimes crisis stabilization and/or hospitalization may be necessary in order to provide stabilization of condition.

If ever there was an area where exceptions are the “rule”, it is this arena because of the complex and acute conditions of individuals and the need for planning and implementation to be focused on person-centeredness.

Additional Information related to sensory and physical disabilities:

- When CSB/BHAs serve individuals with mental illness, intellectual disability, and substance use disorders, if these individuals have sensory or physical disabilities, their needs are accommodated based on the level of service they may need. Many individuals with intellectual disability have sensory and physical disabilities as well as the medical complexities that manifest with intellectual disability. Accommodation is made for all the disabling conditions the person may have. This is especially true when a person has an ID Waiver slot because of the Medicaid funding that supports such accommodation. Private ID waiver providers also accommodate the physical and sensory needs of individuals with an ID Waiver slot.
- CSB/BHAs and some state facilities support specialized programs for individuals who have mental illness and who may be deaf, deaf-blind or severely hearing impaired. Unfortunately, funding for these highly specialized clinicians has been reduced and some CSB/BHAs must utilize sign interpreters in order to provide mental health treatment. As well, some individuals with SMI and who are deaf or deaf-blind remain in state facilities because of the lack of these specialized clinicians in some communities.

What about Autism Spectrum Disorder (ASD) and Developmental Disabilities (DD)?

JLARC reported on the need to establish a home for ASD/DD services and to develop services to meet the critical needs of Virginians with these conditions. The Joint Commission reviewed the report and felt strongly that the JLARC recommendations needed strong response. The General Assembly directed funding and positions to the Department of Behavioral Health and Developmental Services (DBHDS) to develop the planning and response to the recommendations. Many organizations have been part of the DBHDS workgroups, including the VACSB and the planning has been on-going at the level of coordination with other state agencies as well as local agencies and all impacted family, consumer and provider groups.

In November, DBHDS will make public to the General Assembly the substantial and significant planning that has been done and the recommendations of the workgroups. It will then be the pleasure of the General Assembly and the Administration to propose action.

Some foundational elements include:

- Developing the information needed to assess who are the individuals needing services, where they live, assessment of need, determination services needed, and action that will develop services in both public and private sectors.
- Single point of entry for families and consumers to utilize in requesting assessment and services.
- What funding streams can be utilized to assist individuals and families immediately and over time.
- Recommendations that help providers, schools and communities want to make an investment in such needed services.