

VARIATIONS IN FUNDING AND SERVICES ACROSS CSBs FY2017

July 2018

Prepared for SJ 47 Work Group on System Structure and Financing
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Introduction and Caveats

- Purpose of presentation: to present an overview of structure, funding and services of the CSB system
- We depict graphically what you already know: amount of funding and range of services provided depends on “zip code”
- With your help, the General Assembly has already begun to rectify the problem, but we are at the beginning of an unfolding process
- We have provided you with a snapshot of the current variations in funding and services (FY2017) using data that predate STEP-VA
- The snapshot is just that – meant to be illustrative, not definitive
 - Many reasons for variations at the CSB level that a single graph cannot communicate
 - Available data quantify services delivered, but not quality or outcome
- Although current data are limited, plans are already underway at DBHDS to obtain better data about quality and outcomes

Headlines

- As noted, significant variations in services and funding levels across CSBs
- Many reasons for variations in services, including:
 - Funding
 - Amount and source
 - Workforce availability
 - Community need
 - Taking into account private provider availability
- Many reasons for variations in funding, including:
 - Local government budgets
 - Medicaid penetration
 - Type of CSB
 - Allocations of base funding to CSBs

Topic Outline

- Structural Typology of CSBs
- Variations in Funding Across CSBs
- Variations in Services Provided Across CSBs
- Variations in Demand and Capacity Across CSBs
- DBHDS Regions

Types of CSBs

- Administrative policy board (10)
 - Primarily single jurisdiction
 - CSB staff are local government employees
 - Examples include: Arlington, Alexandria, Chesterfield, Henrico, Fairfax-Falls Church
- Operating board (27)
 - Multijurisdictional
 - Employees work for CSBs
 - CSBs are separate from local governments
 - Examples include: Alleghany Highlands, Hampton Newport News, Region 10
- Policy-Advisory (2): in practice very similar to administrative boards
 - Examples: Portsmouth, Loudoun
- Behavioral Health Authority (1): in practice very similar to an operating board
 - Example: Richmond Behavioral Health Authority

Administrative Policy Boards

- Alexandria
- Arlington County
- Chesapeake Integrated BH
- Chesterfield
- Fairfax-Fall Church
- Hanover County
- Henrico County
- Loudon County (Policy-Advisory)
- Norfolk
- Portsmouth (Policy-Advisory)
- Prince William County
- Virginia Beach

Operating Boards

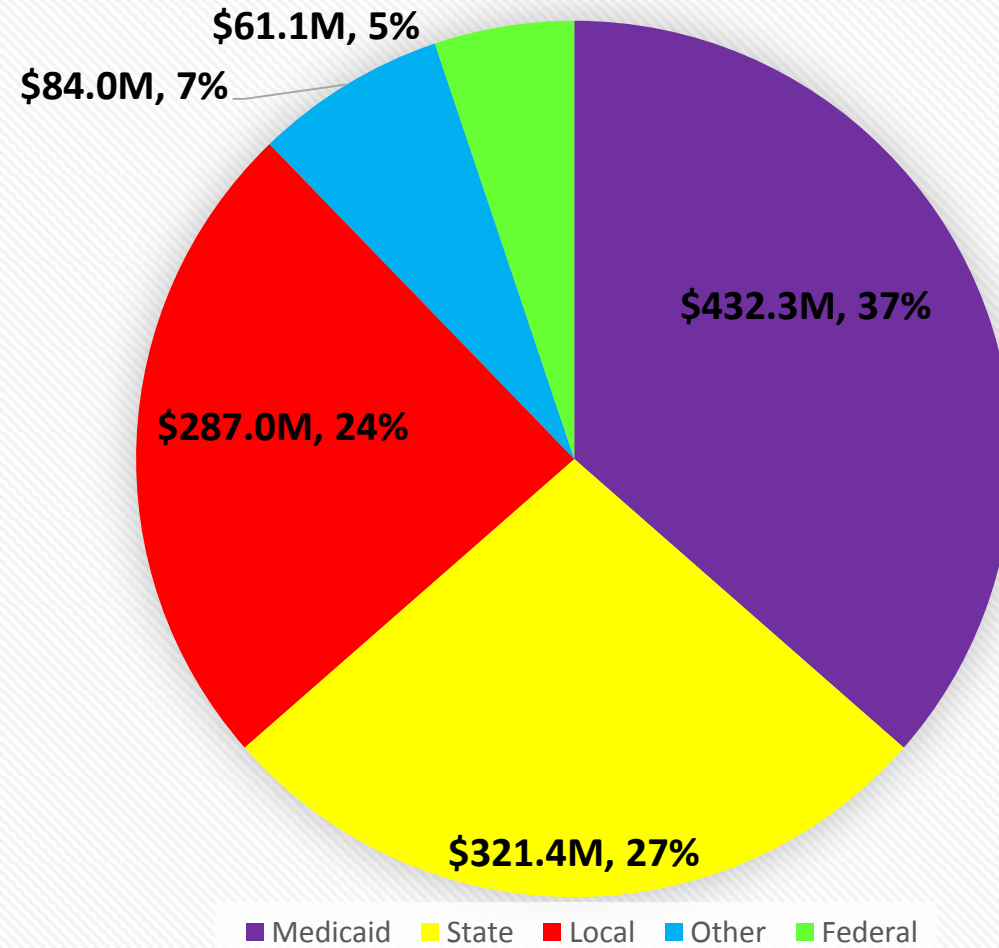
- Alleghany Highlands
- Blue Ridge Behavioral Health
- Colonial Behavioral Health
- Crossroads
- Cumberland Mountain
- Danville-Pittsylvania
- Dickenson County
- District 19
- Eastern Shore
- Goochland-Powhatan
- Hampton-Newport News
- Harrisonburg-Rockingham
- Highlands
- Horizon Behavioral Health
- Middle Peninsula-Northern Neck
- Mount Rogers
- New River Valley
- Northwestern
- Piedmont
- Planning District One
- Rappahannock Area
- Rappahannock-Rapidan
- Region Ten
- Richmond BHA
- Rockbridge Area
- Southside
- Valley
- Western Tidewater

Variations in Funding Across CSBs

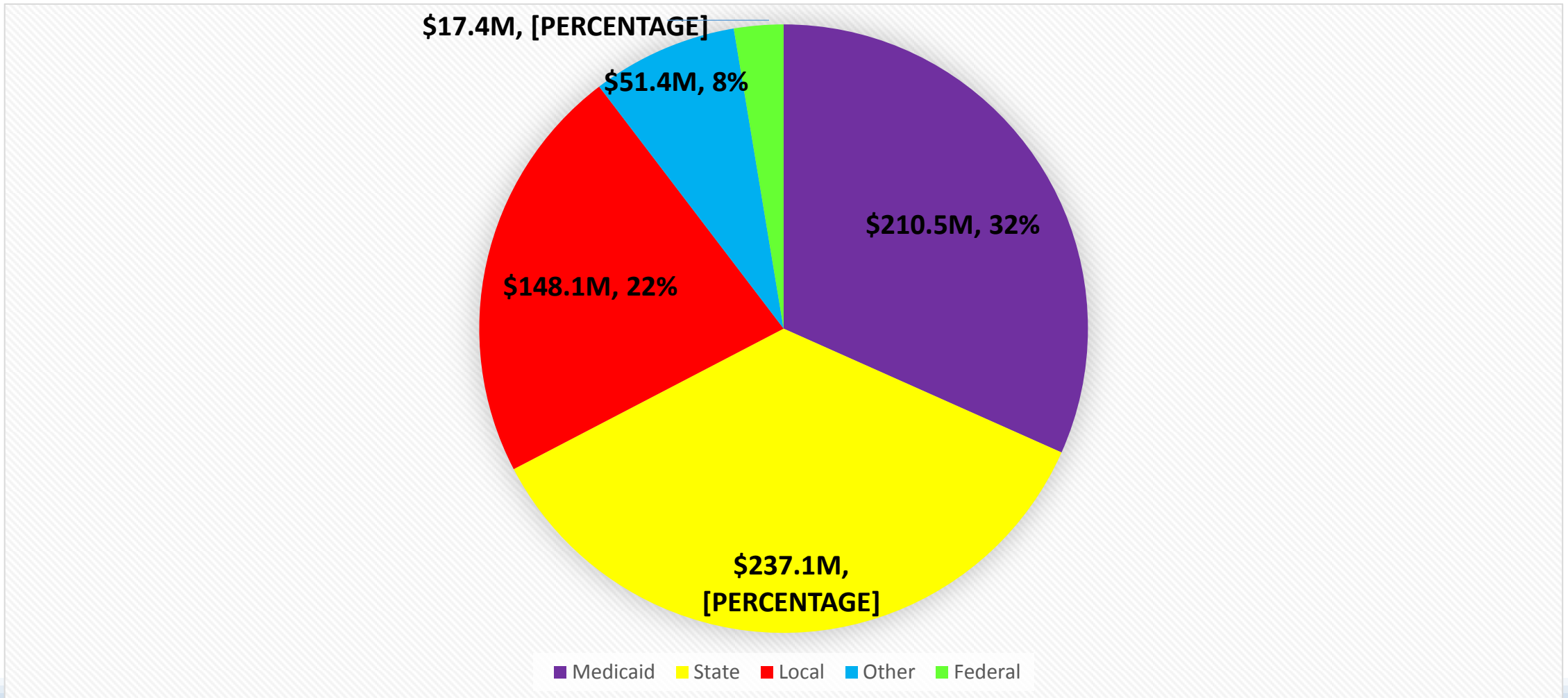
Variations in Funding Across CSBs

- The following three slides show variations in funding, specifically:
 - Total CSB funds by source
 - Mental health CSB funds by source
 - Breakdowns of funding by source for each CSB
 - CSB funding by disability, i.e. mental health, developmental disabilities, substance use disorder, other.

CSB Funding by Source – FY2017



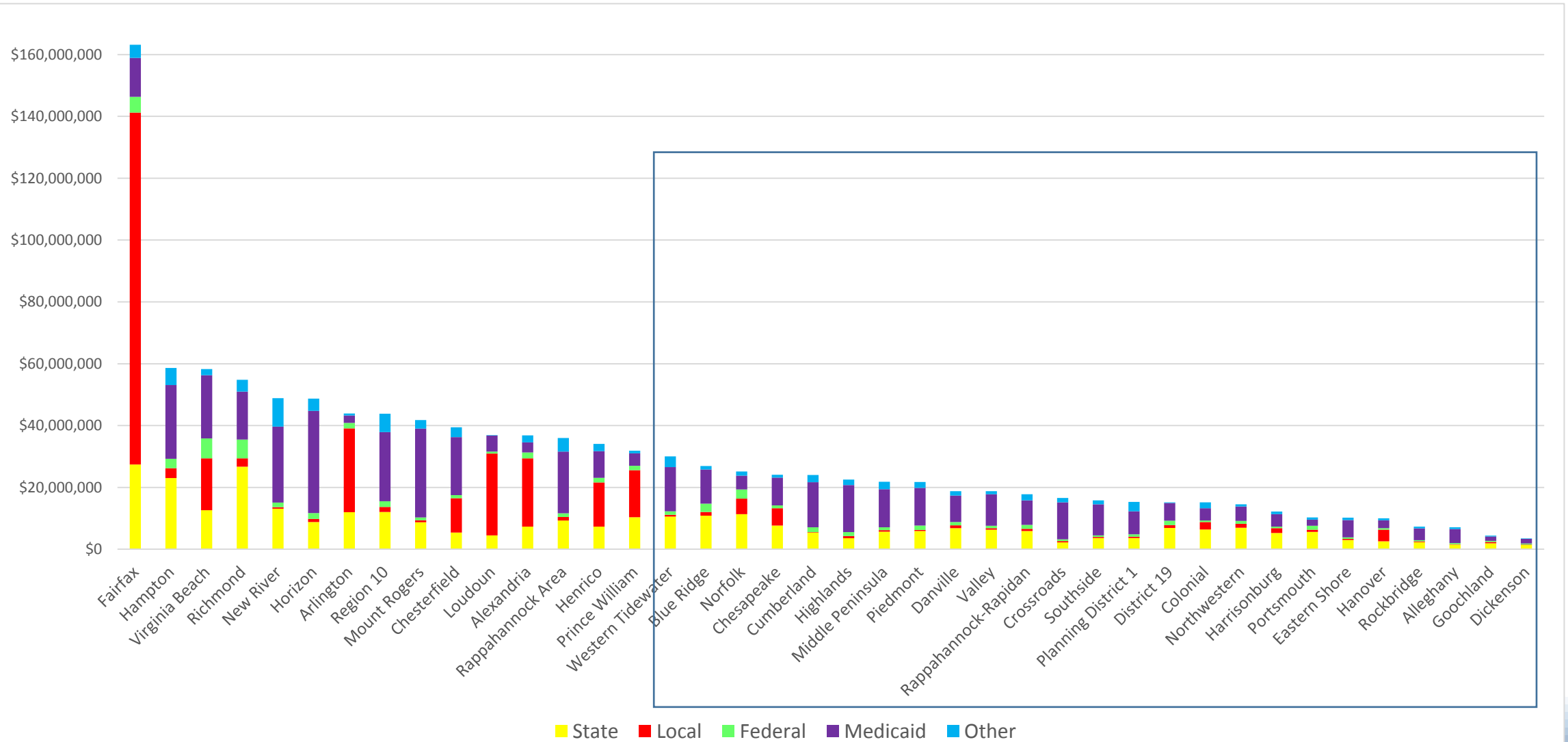
Mental Health CSB Funding by Source – FY2017



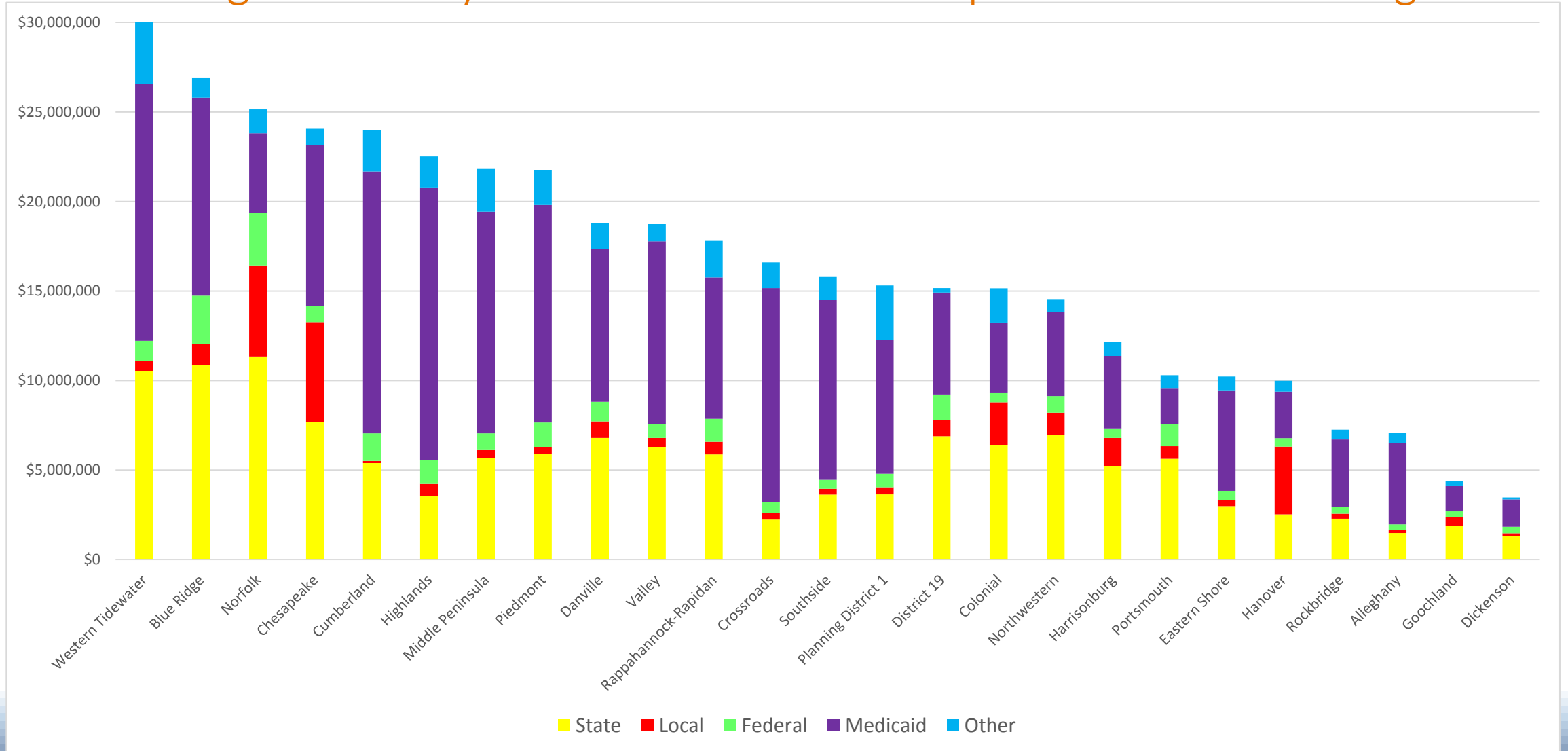
CSB Funding by Source

- Local funding is a key determinant of variation in CSB funding
- Greater proportions of local funds allow for more flexibility, as well as more ownership and buy-in from localities
- State general funds also provide a degree of flexibility in providing services
- Greater proportions of Medicaid funds come with restrictions on which services are provided as well as who can receive the services

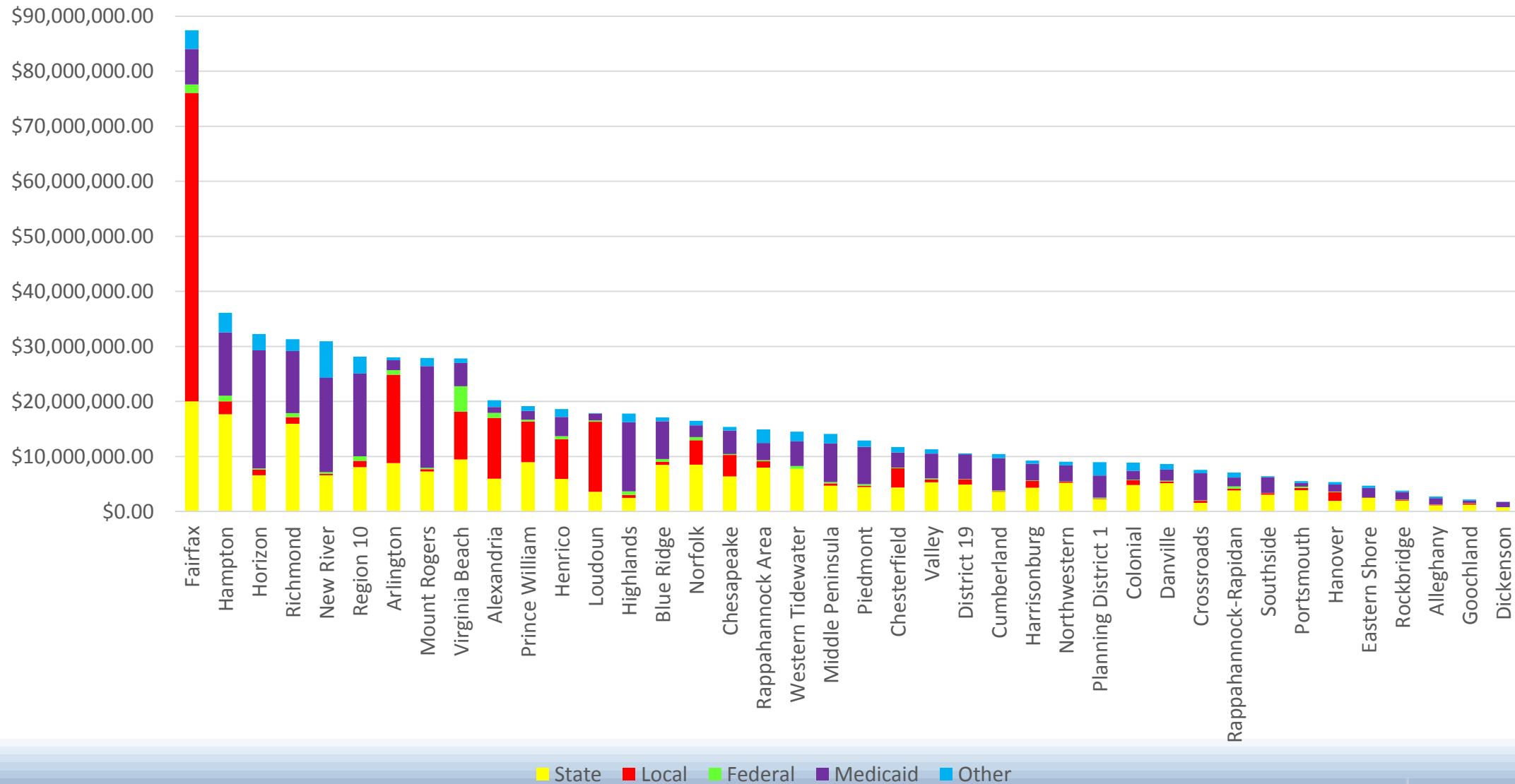
Funding Sources by CSB – FY2017



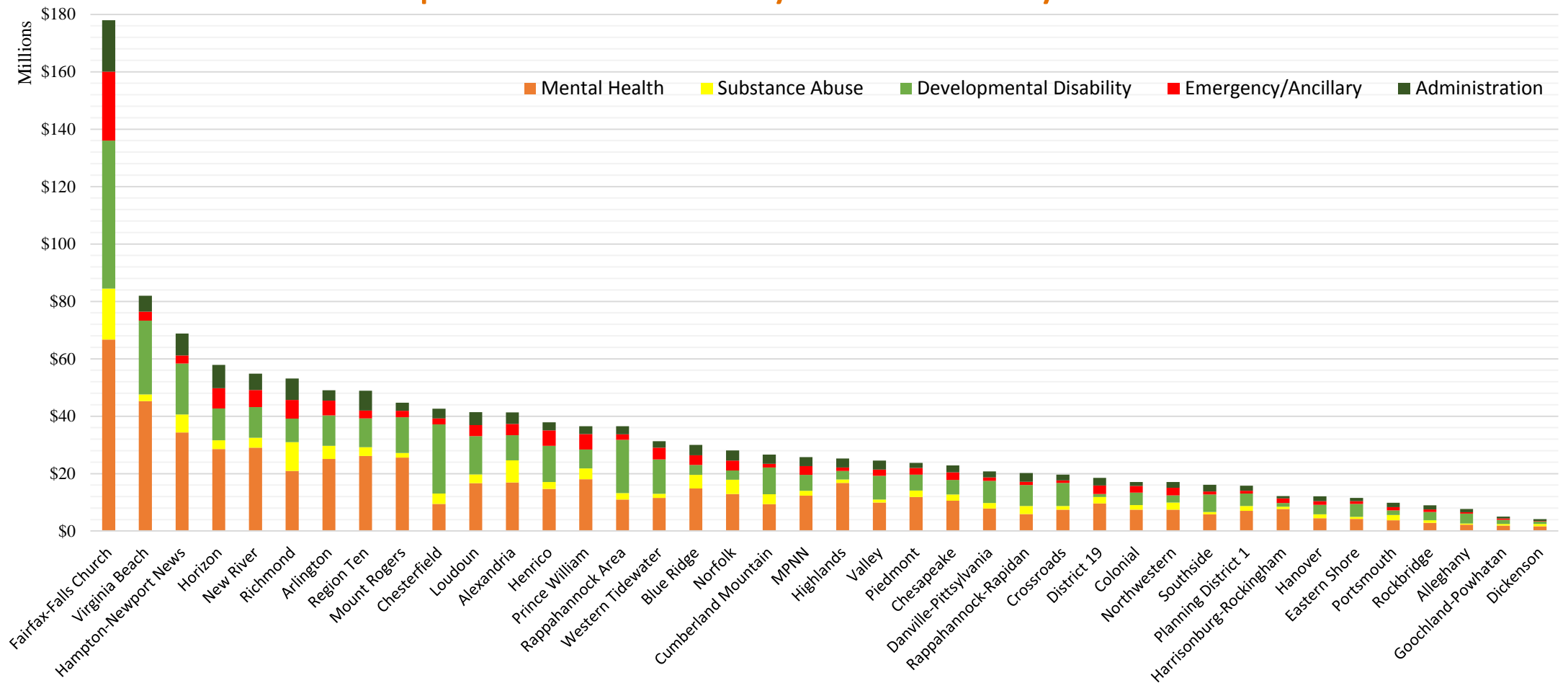
Funding Sources by CSB – FY2017 – Close-up on 25 Smallest Budgets



Mental Health Funding Sources – FY2017



CSB Expenditures by Disability – FY2017



Variations in Services Across CSBs

Variations in Services Across CSBs

- DBHDS groups the types of CSB services into the following categories in the Community Consumer Survey (CCS3):
 - Mental Health
 - Developmental Services
 - Substance Use Disorder Services
 - Emergency and Ancillary Services
- Across these categories, CCS3 captures a total of 50 service categories

Variations in Services Across CSBs

- The following slides provide measures of services to demonstrate the ways that variation can be quantified
- It is important to re-emphasize what these lists and numbers do **not** show:
 - How many people were served? [CCS3 **does** have recipient data]
 - How much service was provided? [Some quantity data **are** available]
 - Quality and outcome of services
 - If a service is not provided by a CSB, is there any need for it beyond what is already available from private providers?
 - If a service is provided, is it provided at the desired level
 - e.g. would the CSB provide it to more people if they had the requisite funding?
 - CCS3 does not directly correspond to STEP-VA; most STEP-VA services are recorded as a part of a more broadly defined service type, or even multiple service types

Variations in Number of Services Provided at CSBs – FY2017

High end and low end of services captured by CCS3 (out of 50):

Greatest Number of Services Offered	Fewest Number of Services Offered
Fairfax-Falls Church (40)	Portsmouth (18)
Arlington (37)	Rockbridge (18)
Virginia Beach (33)	Northwestern (17)
Region 10 (32)	

Median number of services offered: 25

Variations in Services Across CSBs

- The following slides will show variations in CSB services across the following categories:
 - Mental Health Services
 - Developmental Services
 - Substance Use Disorder Services
 - Emergency Services and Ancillary Services

Mental Health Services – FY2017

- Most consistently available services
 - Outpatient and case management services were provided at all 40 CSBs
- Arlington (16), Fairfax-Falls Church (15), Region 10 (14), District 19 (13), and Virginia Beach (13) provided the most categories or types of mental health services
- Dickenson, Eastern Shore and Goochland-Powhatan all provided 7 types of mental health service, the fewest categories or types of services

Snapshot: Variations in Mental Health Services – FY2017

Arlington CSB (16)	
Case management	Group employment
Outpatient	High intensity residential
Acute inpatient	Crisis stabilization unit
Intense community treatment	Intensive residential
Ambulatory crisis stabilization	Supervised residential
Psychosocial rehabilitation	Supportive residential
Sheltered employment	Prevention
Transitional employment	Pharmacy

Dickenson CSB (7)
Case management
Outpatient
Acute inpatient
Psychosocial rehabilitation
Supportive residential
Prevention
Pharmacy

Developmental Services – FY2017

- Most consistently available service
 - All 40 CSBs had developmental case management services.
- Fairfax-Falls Church CSB provided the most categories of developmental services (10)
- Portsmouth provided the fewest (2)

Snapshot: Variations in ID/DD Services in FY2017

Fairfax-Falls Church (10)	
Case management	Group employment
Ambulatory crisis stabilization	CSU
Rehabilitation	Intensive residential
Sheltered employment	Supervised residential
Transitional employment	Supportive residential

Portsmouth (2)
Case management
Rehabilitation

Substance Use Disorder Services – FY2017

- Most consistently available services
 - All 40 CSBs provided SUD outpatient and SUD prevention services
- Fairfax-Falls Church provided the most categories of SUD services (11)
- Loudoun provided the fewest (3)

Snapshot: Variations in SUD Services in FY2017

Fairfax-Falls Church (11)	
SUD outpatient	Partial hospitalization
SUD prevention	Highly intensive residential
Case management	Intensive residential
Detoxification	Supervised residential
Intensive outpatient	Supportive residential
Medication assisted treatment	

Loudoun (3)
SUD outpatient
SUD prevention
Case management

Emergency Services and Ancillary Services

- Most consistently available service (mandated by Code)
 - All 40 CSBs provided emergency services and assessment services
- Colonial Behavioral Health provided the most categories of emergency and ancillary services (6)
- Crossroads, Goochland-Powhatan, Rockbridge and Southside provided only emergency services and assessment and no additional ancillary services

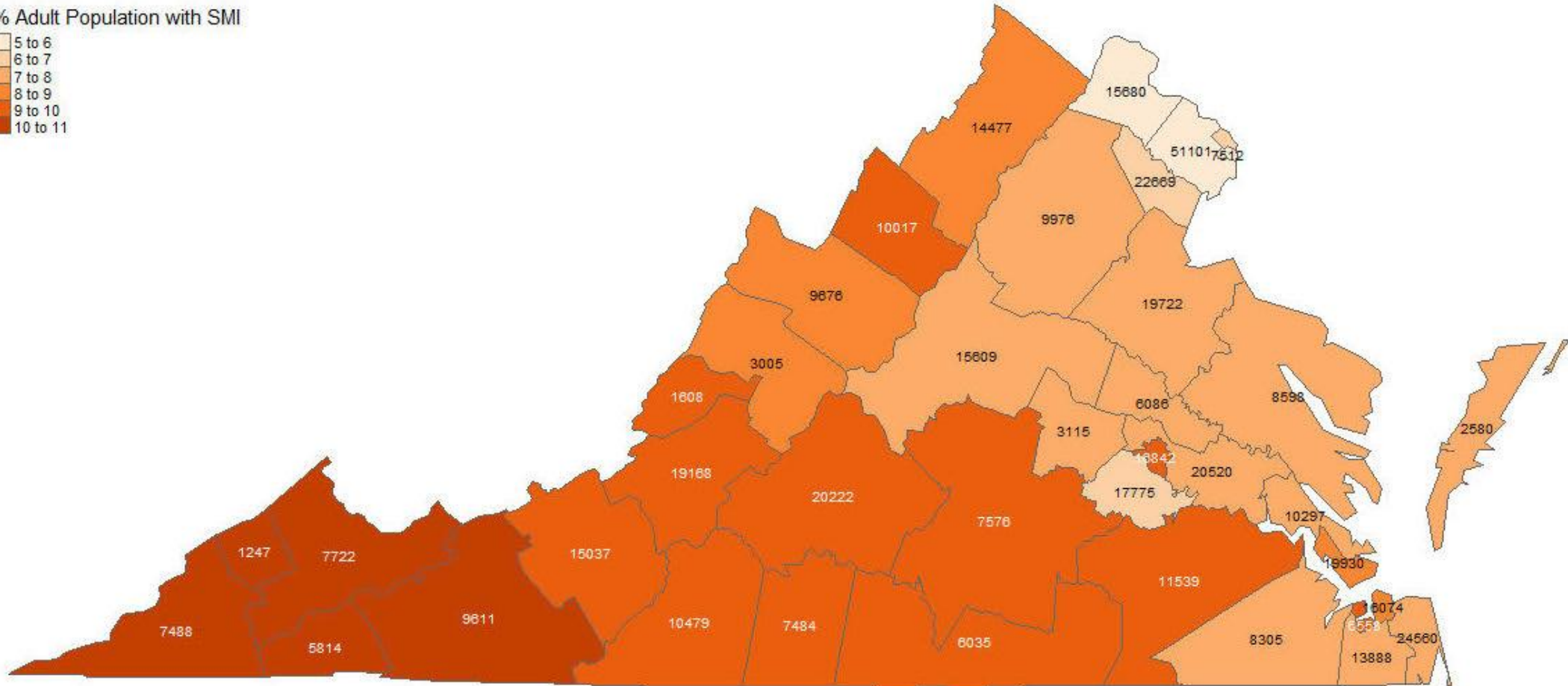
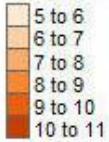
Snapshot: Emergency and Ancillary Services – FY2017

Colonial Behavioral Health (6)
Emergency services
Assessment
Early intervention
Consumer monitoring
Motivational treatment
Consumer-run services

Variations in Demand and Capacity Across CSBs

- The following three slides show variations in:
 - Community demand
 - Staffing capacity

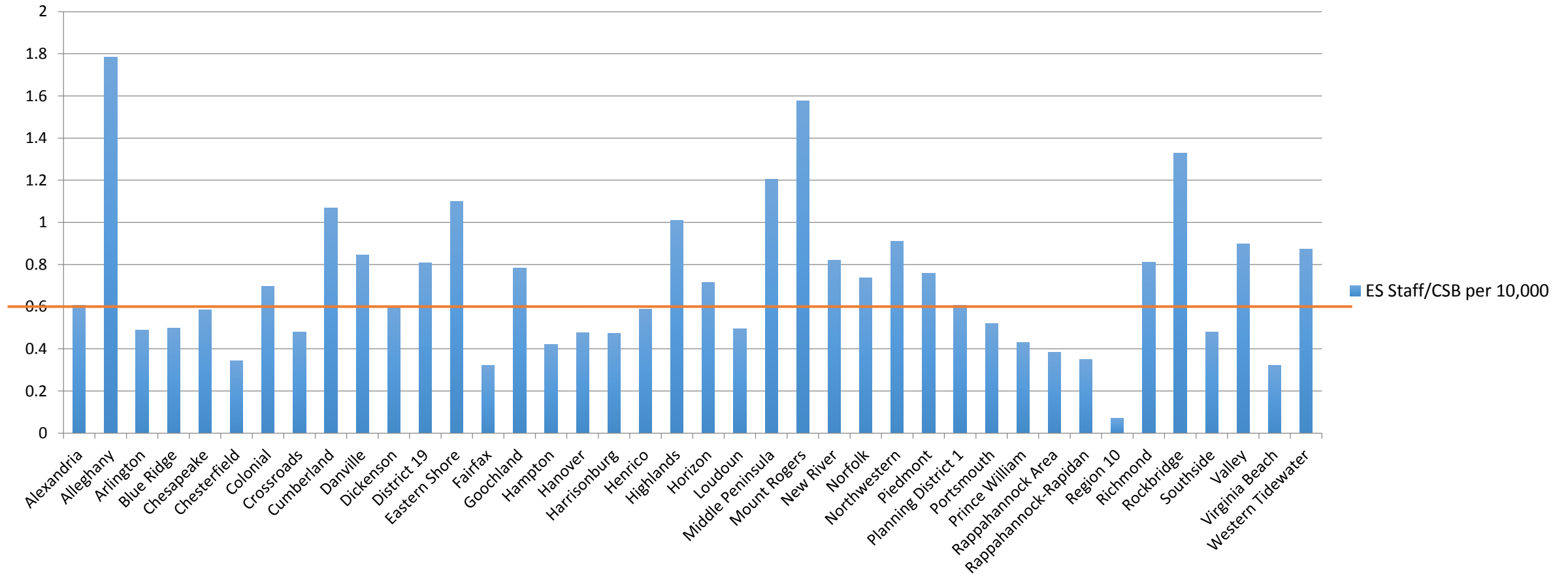
Estimated % of Adult Population with SMI – FY 2012*



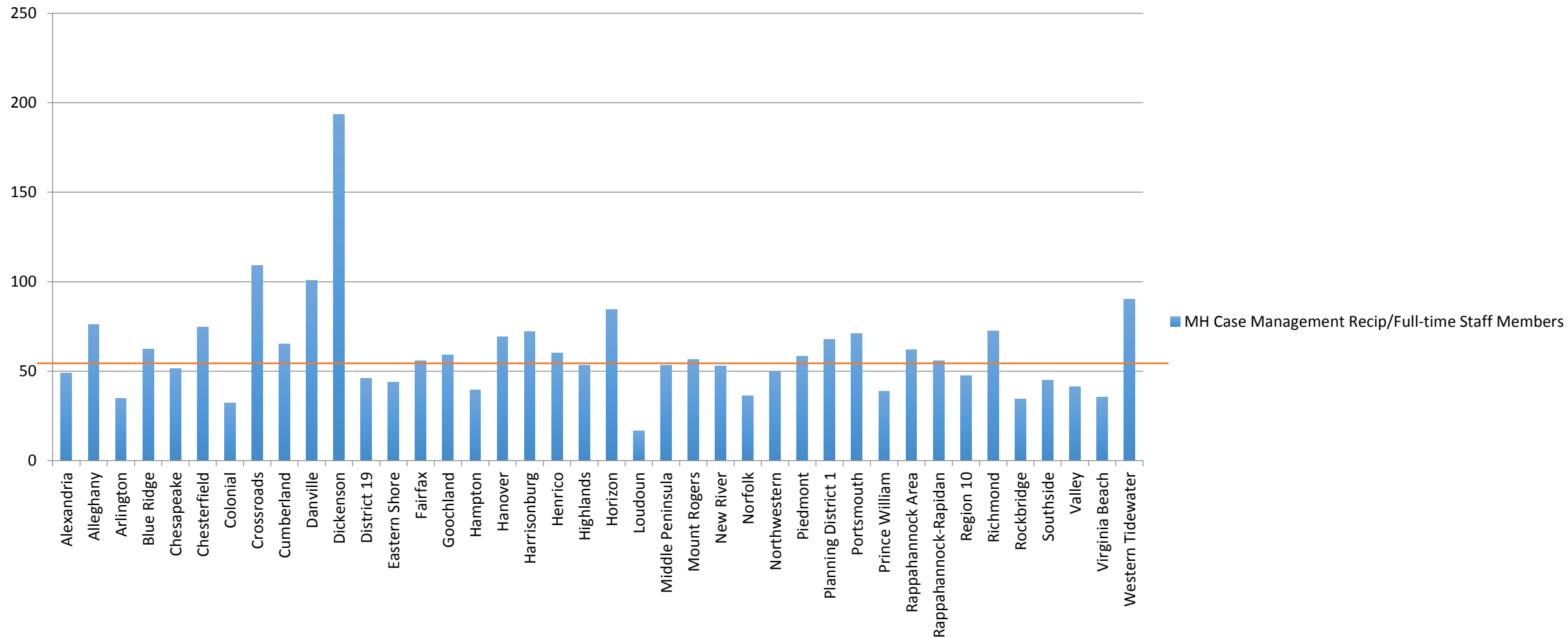
Variations in Staffing Capacity Across CSBs

- There are many reasons for variations in the following two slides
- The following show CSB capacity for the two statutorily mandated services:
 - Emergency Services
 - Case Management
- Emergency Services Staff per 10,000 population (slide 31)
 - Reflects access across CSBs
- MH Case Management Recipients per Full-time Staff Member (slide 32)
 - Reflects utilization across CSBs
 - GAP eligibility changed during fiscal year 2017; this may have impacted the number of people receiving case management services

Emergency Services Full-Time Staff per 10,000 population



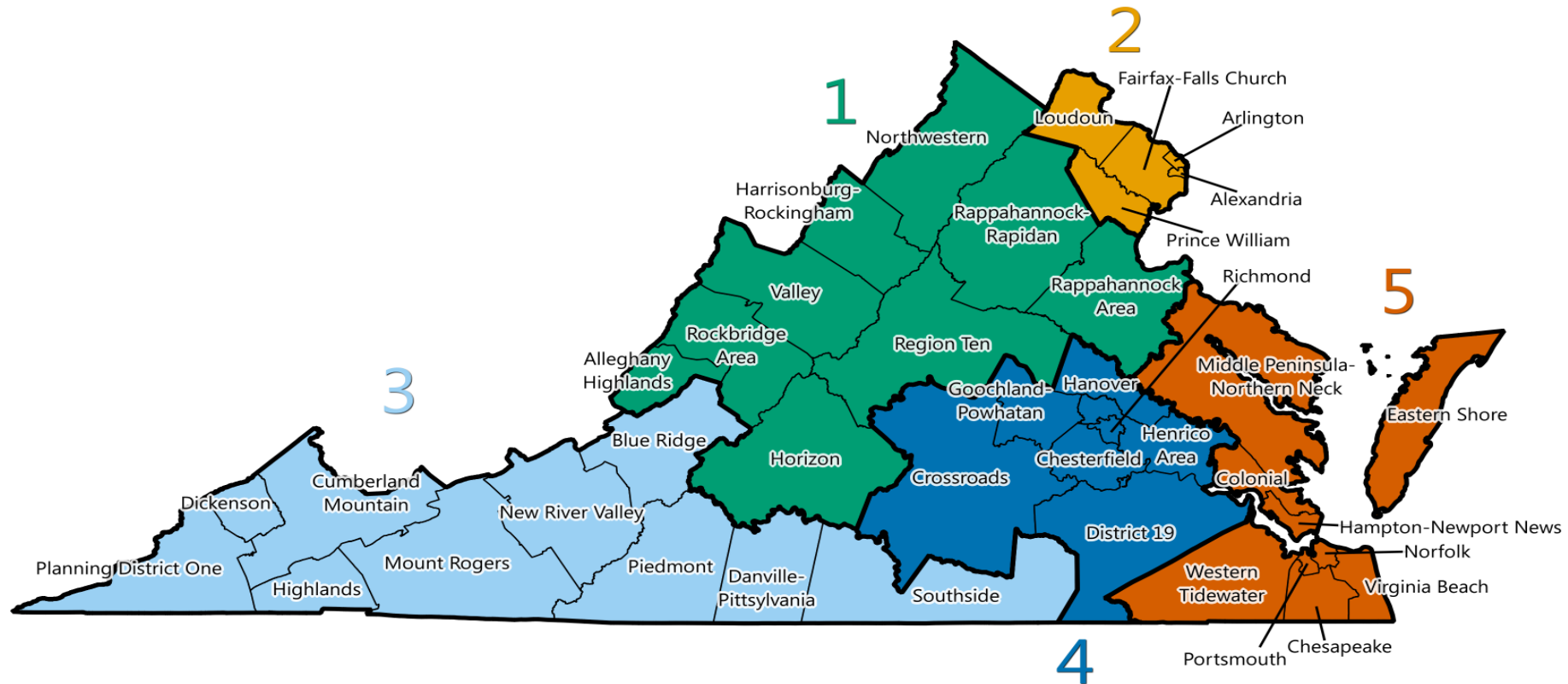
MH Case Management Recipients per Full-time Staff Member



GAP eligibility changed during fiscal year 2017; this may have impacted the number of people receiving case management services.

DBHDS Regions

DBHDS Regions



Primary DBHDS Regions for Community Services Boards

DBHDS Regions

- The DBHDS regions were originally created to correspond to state hospital catchment areas
- More recently, the regions were reconstituted to manage local inpatient purchase of service (LIPOS) funds regionally rather than by individual CSBs
- Current regional programs include:
 - LIPOS
 - DAP (Discharge assistance planning)
 - CSUs (Crisis stabilization units)
 - adult and children's units
 - REACH (Regional Education Assessment Crisis Response and Habilitation)
 - Children's Crisis Services
- Regions also serve a strategic planning function

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