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
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 Short
- 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

- Medicaid: $432.3M, 37%
- State: $321.4M, 27%
- Local: $287.0M, 24%
- Other: $84.0M, 7%
- Federal: $61.1M, 5%

[$462,482,321,897]
Mental Health CSB Funding by Source – FY2017

- Medicaid: $237.1M, 32%
- State: $148.1M, 22%
- Local: $51.4M, 8%
- Other: $17.4M, [PERCENTAGE]
- Federal: $210.5M, 32%
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

[Bar chart showing funding sources by region and type: State, Local, Federal, Medicaid, Other.]
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
    o 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):

<table>
<thead>
<tr>
<th>Greatest Number of Services Offered</th>
<th>Fewest Number of Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfax-Falls Church (40)</td>
<td>Portsmouth (18)</td>
</tr>
<tr>
<td>Arlington (37)</td>
<td>Rockbridge (18)</td>
</tr>
<tr>
<td>Virginia Beach (33)</td>
<td>Northwestern (17)</td>
</tr>
<tr>
<td>Region 10 (32)</td>
<td></td>
</tr>
</tbody>
</table>

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
### Arlington CSB (16)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>Group employment</td>
</tr>
<tr>
<td>Outpatient</td>
<td>High intensity residential</td>
</tr>
<tr>
<td>Acute inpatient</td>
<td>Crisis stabilization unit</td>
</tr>
<tr>
<td>Intense community treatment</td>
<td>Intensive residential</td>
</tr>
<tr>
<td>Ambulatory crisis stabilization</td>
<td>Supervised residential</td>
</tr>
<tr>
<td>Psychosocial rehabilitation</td>
<td>Supportive residential</td>
</tr>
<tr>
<td>Sheltered employment</td>
<td>Prevention</td>
</tr>
<tr>
<td>Transitional employment</td>
<td>Pharmacy</td>
</tr>
</tbody>
</table>

### Dickenson CSB (7)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Acute inpatient</td>
<td></td>
</tr>
<tr>
<td>Psychosocial rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Supportive residential</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Fairfax-Falls Church (10)</th>
<th>Portsmouth (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>Case management</td>
</tr>
<tr>
<td>Group employment</td>
<td></td>
</tr>
<tr>
<td>Ambulatory crisis stabilization</td>
<td>CSU</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Intensive residential</td>
</tr>
<tr>
<td>Sheltered employment</td>
<td>Supervised residential</td>
</tr>
<tr>
<td>Transitional employment</td>
<td>Supportive residential</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD outpatient</td>
<td>Partial hospitalization</td>
</tr>
<tr>
<td>SUD prevention</td>
<td>Highly intensive residential</td>
</tr>
<tr>
<td>Case management</td>
<td>Intensive residential</td>
</tr>
<tr>
<td>Detoxification</td>
<td>Supervised residential</td>
</tr>
<tr>
<td>Intensive outpatient</td>
<td>Supportive residential</td>
</tr>
<tr>
<td>Medication assisted treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Loudoun (3)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD outpatient</td>
<td></td>
</tr>
<tr>
<td>SUD prevention</td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Colonial Behavioral Health (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services</td>
</tr>
<tr>
<td>Assessment</td>
</tr>
<tr>
<td>Early intervention</td>
</tr>
<tr>
<td>Consumer monitoring</td>
</tr>
<tr>
<td>Motivational treatment</td>
</tr>
<tr>
<td>Consumer-run services</td>
</tr>
</tbody>
</table>
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*

* Population estimates are from FY 2016 data; percentages are based on estimates from 2012 data
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
GAP eligibility changed during fiscal year 2017; this may have impacted the number of people receiving case management services.
DBHDS Regions
Primary DBHDS Regions for Community Services Boards
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.
VARIATIONS IN FUNDING AND SERVICES ACROSS CSBs
FY2017

July 2018