Trends

No Data Available

Legend:
Increase, Decrease, Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

Legend:
Improving, Worsening, Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov/agencylevel/index.cfm

EXECUTIVE PROGRESS REPORT March 2014

Background & History

Community Services

The 39 community services boards and one behavioral health authority (referred to as CSBs) serve as the primary safety net for behavioral health and developmental services in Virginia. CSBs are not part of the Department of Behavioral Health and Developmental Services (DBHDS) but are established by the 134 local governments in Virginia and may serve single or multiple jurisdictions. CSBs are key operational partners in Virginia's public behavioral health and developmental services system and their relationship with DBHDS is based on the community services performance contract, provisions of Title 37.2 of the Code of Virginia, State Board policies and regulations, and other applicable state or federal statutes and regulations.

DBHDS contracts with CSBs to provide mental health (MH), developmental (DEV), and substance abuse (SA) services. CSBs offer these services directly and through contracts with private providers, which are vital partners in delivering behavioral health and developmental services.

CSBs function as the single point of entry into publicly funded services, including access to state hospital and training center services through preadmission screening, case management and coordination of services, and discharge planning for individuals leaving state facilities.

Grants to localities (790) also fund a variety of services and supports, including:

o Contracts with non-profit consumer-run services;

o Infant and toddler intervention (Part C) services provided through local lead agencies;

o Department of Aging and Rehabilitative Services SA counselors in CSBs and activities to assure delivery of appropriate specialized services for individuals with conditions related to intellectual disability in Medicaid-funded nursing facilities;

o Individual and Family Support Program (IFSP) services, supports, and assistance;

o Virginia Autism Resource Center operation; and

o Community trust assistance to families for special needs children.

Primary Product & Services

Community MH, DEV, and SA services and supports provided by or through CSBs include:

o Emergency services;

o Acute psychiatric and substance abuse inpatient services, including SA medical detoxification;

o Outpatient services, including counseling and psychotherapy, medication services, intensive outpatient SA services, intensive in-home services, assertive community treatment, medication-assisted treatment, and behavior management;

o Case management services;

o Day support services, including day treatment or partial hospitalization, ambulatory crisis stabilization, rehabilitation, and habilitation;

o Employment services, including individual supported, group supported, and sheltered employment;

o Residential services, including highly intensive - residential treatment centers, residential detoxification, and intermediate care facilities for individuals with intellectual disability; residential crisis stabilization; intensive - group homes, primary care, intermediate rehabilitation, and long-term habilitation; supervised - supervised apartments, domiciliary care, emergency shelter or respite, and sponsored placements; and supportive - supported living arrangements and housing subsidies;

o Prevention services; and

o Ancillary services, including motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services.

Most, but not all CSBs provide Medicaid waiver services; Part C services; and peer services.

The IFSP provides up to $3,000 per year to eligible individuals with intellectual or developmental disabilities on waiver waiting lists and their families to purchase a wide array of supports, services, and other assistance that enable individuals to continue to live at home.

Future demand for community services and supports is expected to increase as Virginia's population grows and coverage increases under the Patient Protection and Affordable Care Act or other health reform measures.

Customer Base

Thousands of Virginians are affected by mental health or substance use disorders or developmental disabilities. By applying national prevalence rates to Virginia, an estimated:

- 341,773 adults have a serious mental illness (SMI) and between 117,592-143,724 children and adolescents ages 9-17 have serious emotional disturbance (SED)

- 147,346 have a developmental disability (DD), of which 71,574 ages 6+ have intellectual disability (ID) and 1 in 88 children has autism spectrum disorder

- 116,190 infants and toddlers ages 0-3 have developmental delays that may require early intervention services; and

- 175,234 adults and adolescents ages 12 -18 abuse or are dependent on an illicit drug and 477,409 abuse or are dependent on alcohol.

Only a portion of persons with diagnosable disorders will need services at any given time and an even smaller number will require or seek public services. Those seeking public services are likely to have the most serious and complex needs or medical conditions requiring specialized services and supports or to lack or have inadequate insurance coverage. Many will have serious behavioral challenges or co-occurring combinations of mental illness, substance use disorder, or intellectual disability; be involved with the criminal justice system; or will be veterans experiencing behavioral health issues.

In FY 2012, 216,951 individuals (unduplicated) received services and supports provided by CSBs. The table below provides numbers receiving MH, DEV, SA, and Early Intervention services, excluding emergency and ancillary services. A May 2013 survey of CSB waiting lists documented 13,685 individuals waiting for CSB services, including 4,486 waiting for MH services; 8,095 waiting for DEV services; and 1,104 waiting for SA services. Demands for behavioral health and developmental services are expected to increase as Virginia's population grows and coverage increases under the Affordable Care Act or other health reform measures.

Customer Listing

No Data Available

Key Agency Statistics

The following statistics provide a snapshot of CSB operations during FY 2012:

Finances

Funds depicted in the table below include general fund dollars and federal funds derived from the Substance Abuse Prevention and Treatment (SAPT) and the Community Mental Health Services (CMHS) block grants funded by the Substance Abuse and Mental Health Administration (SAMHSA); Part C Early Intervention grant funds for infants and toddlers with developmental delays; and other grants for SA and MH services. In FY 2013, general funds include $30 million for compliance with the U.S. Department of Justice settlement agreement for transition of individuals from training centers to community services.

CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated by the Commonwealth and are not included in the Appropriation Act and, therefore, are not included in the following table.

Fund Sources

No Data Available

Revenue Summary Statement

Revenue collections are from various federal grant funds. A small amount was collected from CSBs for miscellaneous administrative services.

Key Risk Factors

- *Inadequate community behavioral health services capacity:* Extensive variations in regional and local service availability and some notable gaps in important basic services that prevent behavioral health crises and support an individual's recovery continue to exist. Most significantly, these include a range of crisis and emergency services including acute inpatient care; basic outpatient, case management, and psychiatry services; wrap-around recovery-focused housing and employment supports; and timely access to services in the community and in local jails.
- *Inadequate community developmental services capacity:* Compliance with the DOJ settlement agreement requires considerable expansion of community services and supports that allow individuals to remain in their home communities and successfully transition training center residents to the community. These include new and enhanced waiver slots to address extensive medical and behavioral needs, crisis prevention and stabilization services, and individual and family supports.
- *Services system implementation of Health Care Reform and Medicaid Managed Care:* Implementation activities at the state and federal levels will significantly affect Virginia's behavioral health and developmental services system, including:
  - Potentially significant expansion of newly insured and Medicaid enrollees seeking public MH, DEV, and SA services;
  - Compliance with health benefits design, covered services, and service delivery requirements;
  - Medicaid care coordination and managed care implementation;
  - Provider workforce capacity pressures; and
  - Integration of physical and mental health services
  - Potentially change the array of services funded by block grants administered by the federal Substance Abuse and Mental Health Services Administration.

Performance Highlights

DBHDS contracts with the 40 CSBs, through the community services performance contract for the delivery of publicly funded community MH, DEV, and SA services. The contract establishes CSB and DBHDS requirements for service provision, reporting, and other responsibilities that are not in statute or regulation. The two year contract is updated annually.

DBHDS anticipates CSBs will be influenced by the following.

- CSB are participating in Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TCS), a transformational behavioral health change process to implement recovery-oriented and person-centered systems of care (ROSC) across Virginia.
- As Virginia implements Medicaid managed behavioral healthcare, CSBs and other providers must have the capability to evaluate their practices and services in clinical treatment programs, monitor outcomes, and document the effectiveness of their services.

- CSBs are experiencing increasing demand for community MH and SA services and are serving individuals with serious disabilities and complex needs that require a range of evidence-based services and supports that help prevent the need for more intensive interventions.
- The DOJ settlement agreement requires enhanced case management for many individuals receiving services under the agreement. CSBs are working with community agencies to provide critical supports that keep families intact and reduce the need for costly out-of-home placements. This includes work with housing agencies to access integrated housing and with employment services organizations to create supported and integrated or competitive work opportunities. To meet settlement agreement requirements, CSBs are improving their risk management and quality improvement processes, incident reporting, and collection and analysis of outcome measures.

Performance Measures

Management Discussion & Analysis

General Information about the Ongoing Status of the Agency

DBHDS contracts with CSBs. The community services performance contract supports CSBs' delivery of publicly funded community MH, DEV, and SA services; authorizes DBHDS to fund those services; and establishes CSB and DBHDS requirements for service provision, resource allocation, reporting, and other responsibilities that are not established in statute or regulation. The two year contract is updated annually.

DBHDS anticipates CSBs will be influenced by the following.

- CSB are participating in Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TCS), a transformational behavioral health change process to implement recovery-oriented and person-centered systems of care (ROSC) across Virginia.
- As Virginia implements Medicaid managed behavioral healthcare, CSBs and other providers must have the capability to evaluate their practices and services in clinical treatment programs, monitor outcomes, and document the effectiveness of their services.
- CSBs are experiencing increasing demand for community MH and SA services and are serving individuals with serious disabilities and complex needs that require a range of evidence-based services and supports that help prevent the need for more intensive interventions.
- The DOJ settlement agreement requires enhanced case management for individuals receiving services under the agreement. CSBs are working with community agencies to provide critical supports that keep families intact and reduce the need for costly out-of-home placements. This includes work with housing agencies to access integrated housing and with employment services organizations to create supported and integrated or competitive work opportunities.
- To meet settlement agreement requirements, CSBs are improving their risk management and quality improvement processes, incident reporting, and collection and analysis of outcome measures.

Information Technology

The 40 CSBs maintain their own IT systems. CSBs have purchased information systems from various vendors; Credible (14), Unicare (10), and Anasazi (8) have the greatest presence. Almost all CSBs have implemented certified EHRs, and the remaining CSBs are in the process of doing so. CSBs are also in varying stages of pursuing meaningful use certification and funding.

While all large and many medium size CSBs have in-house IT staff, some medium and most small CSBs do not. This poses challenges to those CSBs, particularly regarding data quality and using data for management purposes. The added data reporting requirements associated with the DOJ Settlement Agreement are imposing significant workload burdens on CSB IT systems as well as service staff.

Given the variety of IT system platforms and the difficulties CSBs have in sharing data among themselves, there is a serious lack of accurate and comparable statewide service and financial data readily available to CSBs, and the absence of a statewide data warehouse hosted by the Department and accessible to CSBs only exacerbates these problems.

Workforce Development

Operating CSBs and the BHA maintain their own human resources management and development systems, and administrative policy CSBs are parts of their local government systems. Many CSBs, especially those not part of local governments, face continuing challenges in attracting and retaining well-qualified staff due to lack of resources for adequate compensation. Additionally, some rural CSBs face special challenges in attracting staff to their areas. All CSBs will face challenges in adapting to and complying with their employer responsibilities under the Affordable Care Act related to health insurance. While all large and many medium size CSBs have in-house HRM staff, some medium and most small CSBs do not. This poses challenges to those CSBs in effectively managing their human resources.

Physical Plant

CSBs maintain their own buildings. However, 13 group homes for individuals with intellectual disabilities were funded through DBHDS and constructed in Health Planning Region V (Eastern Virginia) for individuals who are leaving SEVTC. Similarly, DBHDS has approved funding of 13 homes for individuals who are leaving CVTC. Two of these homes have been constructed; four are under construction with completion scheduled before the end of 2013 and the rest are in planning or design. No additional state funded and managed projects are planned.

NOTE: This is one of five DBHDS Executive Progress Reports. See Department of Behavioral Health and Developmental Services (720); Mental Health Treatment Centers (792); Intellectual Disabilities Training Centers (793); and Virginia Center for Behavioral Rehabilitation (794).