



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dbhds.virginia.gov

September 1, 2009

The Honorable Charles J. Colgan, Sr., Chairman
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Colgan:

I am pleased to forward to you the Department's Report on the Implications of Distributing Funds in Item 316.KK of the 2009 *Appropriation Act* on a Per Capita Basis.

I hope that you find the information in this report helpful. I am available at your convenience to answer any questions you may have about this report.

Sincerely,

A handwritten signature in black ink that reads 'James Reinhard'. The signature is fluid and cursive, with a large loop at the end of the name.

James S. Reinhard, M.D.

JSR/prg

Attachment

pc: The Honorable Marilyn B. Tavenner
Betsey Daley
Joe Flores
Heidi R. Dix

Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker



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September 1, 2009

The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
PO Box 406
Richmond, Virginia 23219

Dear Delegate Putney:

I am pleased to forward to you the Department's Report on the Implications of Distributing Funds in Item 316.KK of the 2009 *Appropriation Act* on a Per Capita Basis.

I hope that you find the information in this report helpful. I am available at your convenience to answer any questions you may have about this report.

Sincerely,



James S. Reinhard, M.D.

JSR/prg

Attachment

pc: The Honorable Marilyn B. Tavenner
Robert P. Vaughn
Susan E. Massart
Heidi R. Dix

Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker

DBHDS

Virginia Department of
**Behavioral Health and
Developmental Services**

**Report on the Implications of Distributing Funds
in Item 316.KK of the 2009 *Appropriation Act*
on a Per Capita Basis**

**To the Chairmen of the House Appropriations and
Senate Finance Committees of the General Assembly**

August 1, 2009

Report On the Implications of Distributing Funds in Item 316.KK of the 2009 Appropriation Act on a Per Capita Basis

Introduction

The 2009 Session of the General Assembly added subparagraph 2 to Item 316.KK of the 2009 *Appropriation Act*. This addition requires the Commissioner to report on the implications of distributing the funding appropriated in paragraph KK to Community Services Boards (CSBs) based on the per capita population served by each CSB. This report presents information about distributing those funds on a per capita basis and discusses the implications of redistributing the funds on that basis.

The 2008 Session of the General Assembly appropriated \$10.3 million in Fiscal Year (FY) 2009 and \$18.0 million in FY 2010 in Item 316.KK of Grants to Localities from the General Fund to provide emergency services, crisis stabilization services, case management, and inpatient and outpatient mental health services for individuals who are in need of emergency mental health services or who meet the criteria for mental health treatment set forth pursuant to House Bill 559 and Senate Bill 246 (2008). The item also states that funding provided in it also shall be used to offset the fiscal impact of (i) establishing and providing mandatory outpatient treatment, pursuant to House Bill 499 and Senate Bill 246 (2008); and (ii) attendance at involuntary commitment hearings by community services board staff who have completed the preadmission screening report, pursuant to House Bill 560 and Senate Bill 246 (2008). In this report, those funds will be referred to as ‘mental health law reform’ funds.

Finally, Item 316.KK in the 2008 *Appropriation Act* required the Commissioner to report on the assumptions and process used to allocate funding in it across agencies and service categories, as well as the amount of the allocations, to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees. The Commissioner provided that report on September 1, 2008 (*Report Document No. 216*). That report contains information, some of which is reproduced here, on the implications of a per capita distribution of the mental health law funds.

Process for Developing the Existing Mental Health Law Allocations

It is important to note that the Department has disbursed these mental health law reform funds to all CSBs for FY 2009 and has continued those allocations for FY 2010. Thus, allocating those funds on a different basis would be a redistribution of existing funds. The Department conferred extensively with CSBs and other stakeholders to develop the original allocations of these funds for FY 2009. The Virginia Association of Community Services Boards (VACSB), the statewide organization that represents all 40 CSBs, includes the VACSB Executive Directors Forum (the Forum), which consists of the CSB executive directors.

The Department consults regularly with the Forum on policy issues, accountability enhancements, budget proposals, and the implementation of new initiatives, including ways to allocate the mental health law reform funds identified in the Governor’s introduced budget and appropriated in Item 316.KK. The Forum presented a proposal for allocating the funds for the Department’s review

Report On the Implications of Distributing Funds in Item 316.KK of the 2009 Appropriation Act on a Per Capita Basis

The Department developed and proposed an initial allocation method, based on the VACSB proposal. This proposal allocated funds to CSBs at three levels, based on their population sizes, for emergency services, case management, and outpatient staff positions and psychiatric consultation. After further dialogue with the Forum, the Department developed a revised draft allocation proposal that reflected the greater flexibility incorporated in Item 316.KK and presented it to the Forum in early May 2008 for review and comment.

This revised draft grouped CSBs into four levels by population size and allocated funds in lump sums, based on a hypothetical assignment of increasing numbers of full time equivalent (FTE) positions to CSBs, to be used for the purposes in Item 316.KK. The draft proposal, which contains a description of the rationale for this approach and a detailed projection of the allocations in FY 2009 and FY 2010 for each funding level, is attached as Appendix A.

In accordance with provisions in Item 316.KK of the 2008 *Appropriation Act*, the Commissioner convened a meeting of representatives of the VACSB, the Office of the Executive Secretary of the Supreme Court, the Department of Medical Assistance Services, the Virginia Sheriff's Association, the Medical Society of Virginia, and the Virginia Hospital and Healthcare Association on June 2, 2008. Individuals who attended this meeting are listed in Appendix B.

At this June 2 meeting, Frank Tetric, Assistant Commissioner for Services and Supports, presented the draft proposal to the group and responded to several questions. These questions included:

- (i) The rationale for allocating funds to Region 6 (Danville-Pittsylvania Community Services, Piedmont Community Services, Southside CSB, and Southern Virginia Mental Health Institute) for developing a residential crisis stabilization program;
- (ii) Increased CSB accountability in Exhibit B of the FY 2009 community services performance contract, which contains a number of continuous quality improvement performance expectations and measures related to emergency and case management services and data quality; and
- (iii) Additional reporting by CSBs on the use of the new funds.

While several stakeholders identified possible needs for additional funds, all participants agreed that sufficient information about the implementation costs of statutory changes in the involuntary commitment process was not available yet. Consequently, the group did not propose any other uses of funds appropriated for FY 2009 at that time. The group agreed that it would be helpful to meet again in August, when there might be more information about the actual effects of the statutory changes, to continue its discussions and consider possible budget amendments for the 2009 Session of the General Assembly.

The Department convened a second meeting of stakeholders on August 15; the individuals who attended this meeting are listed in Appendix B. Department staff reviewed the Commissioner's allocation memorandum, which was distributed to the stakeholders when it was sent to CSBs. Participants discussed some of the implementation challenges that had begun to be reported. Again, stakeholders acknowledged the absence of usable data; all of the challenges identified were based on anecdotes, primarily from CSBs or the court system. The participants agreed to defer any discussion about possible budget proposals at this point, due to the lack of sufficient

Report On the Implications of Distributing Funds in Item 316.KK of the 2009 Appropriation Act on a Per Capita Basis

data on the impact of the statutory changes. The group made no recommendations for changes in the FY 2009 allocations proposed by the Department. Consequently, the Department allocated mental health law reform funds to all CSBs for FY 2009 and FY 2010 using the methodology approved by the CSBs and accepted by the stakeholders.

Assumptions for Allocating Funds Appropriated in Item 316.KK

The Commissioner's September 1, 2008 report (*Report Document No. 216*) described the assumptions for allocating the mental health law reform funds appropriated in Item 316.KK. They are restated below for context in discussing the implications of a per capita distribution of those same funds.

A lack of usable, systematic data about the existing civil commitment process made it difficult to project fiscal impacts for implementing the statutory changes in the involuntary commitment process. This lack of data made considering several of the factors identified in Item 316.KK for allocating these funds problematic. The number of individuals expected to utilize services is affected by numerous, often unrelated, influences, including the availability and accessibility of CSB or other public or private services. Projection of service utilization related to civil commitment is also based on factors difficult to quantify such as the practices of individual magistrates and special justices and how local sheriffs and police officers respond to individuals with mental illnesses. As noted in the report, there appeared to be no increase or there may even have been a decrease in mandatory outpatient treatment (MOT) orders. Also, there had been no reported difficulties in obtaining independent examinations, and no clear trend was evident in the numbers of temporary detention orders (TDOs) issued or inpatient psychiatric beds used related to changes in the statutes. Similarly, as noted in that report, there was insufficient data to identify an impact on the Involuntary Mental Commitment Fund. Consequently, the Department decided to base its allocation of these funds primarily on the population sizes of CSBs.

The Department proposed allocating most of the \$28,306,164 appropriated in Item 316.KK of the 2008 *Appropriation Act* as individual allocations to CSBs based on their population sizes, since their populations will have a reasonable relationship to their increased workload in implementing the mental health law reforms enacted by the 2008 General Assembly (see Appendix A). As reported in September 2008, straight per capita allocation of these funds would not be practical because CSBs with small populations would not receive sufficient funds to add enough capacity to their organizations for the purpose of implementing the involuntary commitment statutory changes. Instead, the Department proposed a base amount of resources that would be provided to all CSBs, expressed as a minimum floor of three new positions, with larger CSBs receiving proportionately greater allocations. For purposes of this allocation, the Department constructed four groupings of CSBs, based on the populations of their service areas:

- Small population CSBs include those with populations up to almost 85,000 people;
- Medium small population CSBs range from almost 85,000 to slightly more than 169,000 people;
- Medium large population CSBs range from slightly more than 169,000 to almost 254,000 people; and
- Large population CSBs are those with populations over about 254,000 people.

**Report On the Implications of Distributing Funds in Item 316.KK
of the 2009 Appropriation Act on a Per Capita Basis**

The total number of positions allocated to CSBs in these population groupings is as follows, and totaled 181 positions:

- Three positions for small,
- Four for medium small,
- Five for medium large, and
- Six for large CSBs,.

The total funds identified for individual CSB allocations divided by the total number of positions equaled an amount per position. The amount per position was multiplied by the number of positions allocated to the CSB in each population grouping to calculate the allocation for each CSB. However, it is important to understand that the numbers of positions are merely a construct, a mechanism for apportioning the funds among CSBs in amounts that would produce meaningful results; there is no requirement or expectation that a CSB will hire a specific number or type of positions with its allocation. The details of the population groupings and the calculation of the allocation for each size of CSB are contained in Appendix A.

After sharing with the Forum and stakeholders, the Department adopted the revised draft proposal, and communicated it to CSBs in a memorandum dated June 30, 2008. Subsequently, the Fairfax-Falls Church CSB expressed concerns about this methodology, since it serves a population, 1,043,092 people, that is significantly larger than any other CSB; the next closest CSB in terms of population size is Virginia Beach with 431,820 people. In response to those concerns, the Department adjusted its allocation methodology to add two additional positions each year to the allocations for the Fairfax-Falls Church CSB. This adjustment is reflected in Appendix A and in the table below.

FY 2009 and FY 2010 Item 316.KK CSB Allocations			
CSBs	CSB Population Group	FY 2009	FY 2010
6	Small-Population CSB (0-84,597 people)	\$162,430	\$198,895
15	Medium-Small Population CSB (84,580-169,158 people)	\$216,575	\$265,194
11	Medium-Large Population CSB (169,159-253,737 people)	\$270,718	\$331,492
7	Large Population CSB (253,738+ people)	\$324,862	\$397,790
1	Fairfax-Falls Church CSB (1,043,092 people)	\$433,149	\$530,387
40	Total Allocations for All 40 CSBs	\$9,908,286	\$12,132,609

Implications of Distributing These Funds on a Per Capita Basis to CSBs

Detailed information about the current FY 2010 allocations of mental health law reform funds, projected per capita allocations of those same funds, and the differences between them is displayed in Appendix C. There would be several implications of distributing these mental health law reform funds to CSBs on a per capita basis instead of the basis developed and agreed upon by the Department and the VACSB.

1. **Per Capita Allocations Are Not Practical:** As noted in the Commissioner’s September 1, 2008 report, a straight per capita allocation of these funds would not be practical because CSBs with small populations would not receive sufficient funds to add enough capacity to

**Report On the Implications of Distributing Funds in Item 316.KK
of the 2009 Appropriation Act on a Per Capita Basis**

their organizations for the purpose of implementing the involuntary commitment statutory changes. The rationale developed by the Department in collaboration with CSBs and other stakeholders established a minimum floor of three new positions that would be needed to implement the mental health law changes enacted by the 2008 General Assembly, with larger CSBs receiving proportionately greater allocations for more positions.

2. **Per Capita Allocations Distribute Funds Ineffectively:** Depending on the total amount of funds to be distributed on a per capita basis, amounts allocated to smaller population CSBs would be so small that nothing meaningful could be done with those funds. Even when larger amounts are allocated, straight per capita allocations would produce amounts that might support a minimally reasonable level of effort, but not enough to support a more responsive level. For example, the assumptions on which the Department and CSBs based the allocation of the mental health law reform funds produced amounts that would enable CSBs to hire three, four, five, or six positions or eight positions for the Fairfax-Falls Church CSB. However, a straight per capita allocation would provide enough funds for a fixed number of positions but would also include small amounts of additional funds, while preventing other CSBs from receiving enough funds for an adequate minimum number of positions. For example, a straight per capita allocation of the mental health law reform funds would provide \$136,038 to the Southside CSB, enough for only two positions at \$66,296 per position, rather than the minimum of three, but this allocation also includes an additional \$3,442, which is not enough for any meaningful additional activity. Allocations of discrete amounts of funds for identified purposes, like the Department’s allocation of the mental health law reform funds, is more effective than straight per capita allocations that distribute incremental amounts not linked to associated levels of activity.

3. **Per Capita Allocations Would Leave 16 CSBs Unable To Implement Mental Health Law Reform Changes Fully Due To Insufficient Staff:** The two preceding implications mean that, if mental health law reform funds were allocated on a per capita basis, 16 CSBs would not have received enough funds to employ the minimum three positions, identified in Appendix A, needed to implement the statutory changes, based on the figures in Appendix C.

16 CSBs Not Receiving Sufficient Funds for at Least	
One Position	Two Positions
Alleghany Highlands CSB	Eastern Shore CSB
Dickenson County Behavioral Health Services	Goochland Powhatan Community Services
Rockbridge Area Community Services	Highlands Community Services
Three Positions	
Crossroads CSB	Mount Rogers Comm. MH&MR Services Bd.
Cumberland Mountain CSB	Planning District One MH&MR Services Board
Danville-Pittsylvania Community Services	Portsmouth Dept. of Behavioral Health Services
Hanover County CSB	Southside CSB
Harrisonburg-Rockingham CSB	Valley CSB

4. **Per Capita Allocations Would Conflict with the Partnership Established in the Community Services Performance Contract:** Sections 37.2-508 and 37.2-601 of the *Code of Virginia* and State Board Policy 4018 establish the Community Services Performance

**Report On the Implications of Distributing Funds in Item 316.KK
of the 2009 Appropriation Act on a Per Capita Basis**

Contract as the primary accountability mechanism between the Department and individual CSBs. State Board Policy 1034 establishes and defines the Central Office (of the Department), State Facility, and Community Services Board Partnership Agreement, which is part of the Community Services Performance Contract. The Department developed the allocation methodology for distributing mental health law reform funds on the basis of the core values and roles and responsibilities in the Partnership Agreement. If these funds were subsequently redistributed on a different basis, this action would conflict with the partnership and weaken the state's credibility with CSBs and their local governments.

5. **Disruptions in Existing Services:** Switching the basis on which these funds are allocated or distributed now could be extremely disruptive. Funds were allocated and have been expended by all 40 CSBs to phase in these positions for nine months in FY 2009 and to continue them in FY 2010. If FY 2010 state funds were redistributed on a per capita basis, more than 34 full time equivalents (FTEs) at 26 CSBs would be unfunded. Most of these 26 CSBs are small or medium budget (23) and rural (20) CSBs with few other resources to replace the state funds and positions they would lose if funds were redistributed on a per capita basis. This would significantly reduce the capacity of many of those CSBs to provide emergency services and attend all commitment hearings.

26 CSBs Losing State Funds and Positions With Per Capita Distribution		
Alexandria	Eastern Shore	Piedmont
Alleghany Highlands	Goochland-Powhatan	Planning District One
Arlington County	Hanover County	Portsmouth
Colonial	Harrisonburg-Rockingham	Rappahannock-Rapidan
Crossroads	Highlands	Richmond
Cumberland Mountain	Middle Peninsula-Northern	Rockbridge Area
Danville-Pittsylvania	Neck	Southside
Dickenson County	Mount Rogers	Valley
District 19	New River Valley	Western Tidewater

Another indication of the disruptive potential of redistributing these funds on a per capita basis is that a per capita distribution would shift \$2,263,877 from the 26 CSBs that would lose funds to the 14 CSBs that would gain funds. Changing the method for distributing these funds to a per capita allocation after the Department has made these allocations would redistribute 18.66 percent of the total amount of funds appropriated and already distributed.

Conclusion

The Department developed the methodology it used to distribute the mental health law reform funds in close collaboration with all 40 CSBs through the VACSB. Other methods were considered, but the approach ultimately adopted and implemented was determined to be the most effective and practical. Per capita distribution schemes are sometimes viewed on the surface as more reasonable, but this perspective fails to account for the other factors or variables present in the very complex mix of funding resources existing across the 40 CSBs. Also, a redistribution of funds already committed to the CSBs would be extremely disruptive of existing services and

**Report On the Implications of Distributing Funds in Item 316.KK
of the 2009 Appropriation Act on a Per Capita Basis**

could adversely affect the state-local partnership that has contributed to the effective delivery of community behavioral health and developmental services over the past 30 years.

Appendix A: Proposed FY 2009 and FY 2010 CSB Allocations of Mental Health Law Reform Funds (Revised)

The Department proposes allocating most of the \$28,306,164 appropriated in item 316.KK of the 2008 Appropriation Act as individual allocations to CSBs based on their population sizes, since their populations will have a reasonable relationship to their increased workload in implementing the mental health law reforms enacted by the 2008 General Assembly.

2008 Classification of Community Services Boards by Population Size							
Small CSBs (6)		Medium Small CSBs (15)		Medium Large CSBs (11)		Large CSBs (8)	
0 - 84,579		84,580 - 169,158		169,159 - 253,737		253,738 +	
Highlands	69,705	Colonial	147,518	Blue Ridge	245,673	Fairfax-Falls Church	1,043,092
Eastern Shore	52,109	Piedmont	140,581	Central Virginia	239,528	Virginia Beach	431,820
Goochland-Powhatan	46,581	Western Tidewater	139,229	Norfolk	234,219	Prince William Co.	415,998
Rockbridge Area	40,565	Middle Peninsula	138,894	Region Ten	220,946	Hampton-NN	326,880
Alleghany Highlands	22,879	Alexandria	135,385	Chesapeake	215,271	Henrico Area	309,952
Dickenson County	15,841	Mount Rogers	120,060	Northwestern	210,714	Rappahannock Area	306,359
		Harrisonburg-Rockingham	117,247	Arlington County	198,557	Chesterfield	294,453
		Valley	115,457	RBHA	193,882	Loudoun County	268,924
		Danville-Pittsylvania	106,984	District 19	169,938		
		Crossroads	101,506	New River Valley	169,812		
		Portsmouth	98,318	Rappahannock-Rap	161,352		
		Hanover County	96,374				
		Cumberland Mountain	96,311				
		Planning District One	93,193				
		Southside	88,139				
Totals	247,680	Totals	1,735,196	Totals	2,259,892	Totals	3,397,478

Methodology: Total state population minus Fairfax-Falls Church (extreme outlier): 7,640,246 - 1,043,092 = 6,597,154
 6,597,154 ÷ 39 CSBs = 169,158 which is the average population per CSB
 169,158 x 0.5 = 84,579 and 169,158 + 84,579 = 253,737 for the boundaries for ¼ and ¾ boundaries to create four population groups: small, medium-small, medium-large, and large

There are significant gaps in the populations of the CSBs on the boundaries of these four classifications: between Highlands and Southside (18,434), Colonial and Rappahannock-Rapidan (13,834), and Blue Ridge and Loudoun County (23,251).

Source: Weldon Cooper Center for Public Service (UVA) Final 2006 Population Estimates; these are the latest official state population figures.

Appendix A: Proposed FY 2009 and FY 2010 CSB Allocations of Mental Health Law Reform Funds (Revised)

Allocation Methodology: A minimum floor of three new positions forms the base of this proposed allocation mechanism, with larger CSBs receiving proportionately greater allocations. The total number of positions allocated to CSBs in the population groupings from the previous page (three positions for small, four for medium-small, five for medium-large, and six for large CSBs) totals 181 positions. The total funds identified for individual CSB allocations divided by the total number of positions equals an amount per position. The amount per position is multiplied by the number of positions allocated to the CSB in each population grouping to calculate the individual allocation for each CSB. However, it is important to understand that the numbers of positions are merely a construct, a mechanism for apportioning the funds among CSBs; there is no requirement or expectation that a CSB hire a specific number or type of positions with its allocation.

Proposed FY 2009 Individual CSB Allocations			
6 Small CSBs	15 Medium-Small CSBs	11 Medium-Large CSBs	8 Large CSBs
3 positions x 6 CSBs = 18	4 positions x 15 CSBs = 60	5 positions x 11 CSBs = 55	6 positions x 8 CSBs = 48
\$9,800,000 ÷ 181 total positions = \$54,143.65 per position			
\$54,143.65 x 3 positions	\$54,143.65 x 4 positions	\$54,143.65 x 5 positions	\$54,143.65 x 6 positions
\$162,430 per CSB	\$216,575 per CSB	\$270,718 per CSB	\$324,862 per CSB
\$974,580 Total	\$3,248,625 Total	\$2,977,898	\$2,598,896 Total

Notes: Subsequent to the original allocations, the Fairfax-Falls Church CSB expressed concerns about this methodology, since it serves a population (1,043,092 people) that is significantly larger than any other CSB. In response to those concerns, the Department adjusted its allocation methodology to add two additional positions each year to the allocations for the Fairfax-Falls Church CSB, increasing its FY 2009 allocation to \$433,149. Total allocations for the four sizes of CSBs plus Fairfax-Falls Church CSB now equal \$9,908,286. This amount plus \$250,000 for one residential crisis stabilization program in Region 6 (the one region without a residential crisis stabilization program) and \$141,714 set aside to cope with unforeseen situations equal \$10,300,000. Individual CSB allocations are based on a phased implementation of the FY 2010 allocations over nine to 10 months in FY 2009. The residential crisis stabilization program allocation is based on a phased implementation of the FY 2010 allocation of \$750,000 over three months in FY 2009.

Proposed FY 2010 Individual CSB Allocations			
6 Small CSBs	15 Medium-Small CSBs	11 Medium-Large CSBs	8 Large CSBs
3 positions x 6 CSBs = 18	4 positions x 15 CSBs = 60	5 positions x 11 CSBs = 55	6 positions x 8 CSBs = 48
\$12,000,000 ÷ 181 total positions = \$66,298.34 per position			
\$66,298.34 x 3 positions	\$66,298.34 x 4 positions	\$66,298.34 x 5 positions	\$66,298.34 x 6 positions
\$198,895 per CSB	\$265,193.36 per CSB	\$331,492 per CSB	\$397,790 per CSB
\$1,193,370 Total	\$3,977,900 Total	\$3,646,410	\$3,182,320 Total

Notes: Subsequent to the original allocations, the Fairfax-Falls Church CSB expressed concerns about this methodology, since it serves a population (1,043,092 people) that is significantly larger than any other CSB. In response to those concerns, the Department adjusted its

Appendix A: Proposed FY 2009 and FY 2010 CSB Allocations of Mental Health Law Reform Funds (Revised)

allocation methodology to add two additional positions each year to the allocations for the Fairfax-Falls Church CSB, increasing its FY 2010 allocation to \$530,387. The total allocations for the four sizes of CSBs plus the Fairfax-Falls Church CSB now equal \$12,132,609. This amount plus \$750,000 for full-year funding for the Region 6 crisis stabilization program leaves \$5,123,555 to be allocated in FY 2010 for other residential crisis stabilization programs, additional individual allocations to CSBs, or other purposes listed in item 316.KK related to implementing HB 499/SB 246 and associated legislation.

The individual CSB allocations do not earmark any funds for particular services, such as emergency services, case management services, or residential crisis stabilization programs or for specific positions (FTEs). The language in item 316.KK about the uses for these funds is fairly broad; the amendment states that these funds shall be used to provide emergency services, crisis stabilization services, case management, and inpatient and outpatient mental health services for individuals who are in need of emergency mental health services or who meet the criteria for mental health treatment set forth pursuant to HB 559 and SB 246. Funding provided in this item also shall be used to offset the fiscal impact of (i) establishing and providing mandatory outpatient treatment pursuant to HB 499 and SB 246; and (ii) attendance at involuntary commitment hearings by CSB staff who have completed the preadmission screening report, pursuant to HB 560 and SB 246. Generally speaking, CSBs need to use their individual allocations for the purposes specified in this item, particularly emergency services, psychiatric consultation, case management services, and outpatient services related to the civil commitment process and crisis stabilization services. Individual CSBs could pool some or all of their individual allocations on a sub-regional or regional basis to address the purposes stated in Item 316#2c if they wish to implement regional programs, such as residential crisis stabilization programs.

CSBs must use their individual allocations to:

1. Address the changes in Chapter 8 of Title 37.2 of the *Code of Virginia* related to the civil involuntary commitment process, such as attendance at all commitment hearings and initiation of treatment during the temporary detention period;
2. Address the Emergency Services and Case Management Services Performance Expectations and Goals in Exhibit B of the FY 2009 and FY 2010 performance contracts; and
3. Increase their mandatory outpatient treatment (MOT) capacity.

The following table summarizes the proposed allocations of the funds in item 316.KK in the 2008 Appropriation Act.

Summary of Proposed FY 2009 and FY 2010 Allocations of Item 316.KK Funds		
Purposes/Uses	FY 2009	FY 2010
Individual CSB Allocations	\$9,908,286	\$12,132,609
Region 6 Residential Crisis Stabilization Program	\$250,000	\$750,000
Additional Funds Available in FY 2010	\$0	\$5,123,555
Funds Reserved for Unforeseen Situations	\$141,714	\$0
Total Funds	\$10,300,000	\$18,006,164

Appendix B: Attendees at Item 316.KK Stakeholder Meetings

June 2, 2008 Meeting

Karin Addison, Virginia Chapter of the American Academy of Pediatrics
Mary Ann Bergeron, Virginia Association of Community Services Boards (VACSB)
George E. Braunstein, VACSB
Jennifer Faison, VACSB
Paul R. Gilding, Department of Behavioral Health and Developmental Services (DBHDS)
Karl R. Hade, Executive Secretary, Office, Supreme Court of Virginia (OES/SCV)
W. Scott Johnson, Hancock, Daniel & Nagle, P.C, representing the Medical Society of Virginia
John Jones, Virginia Sheriff's Association
Elizabeth S. Long, Virginia Hospital and Healthcare Association
Gregory Lucyk, OES/SCV
Catherine Hancock, Department of Medical Assistance Services
James M. Martinez, DBHDS
James S. Reinhard, DBHDS
John Rickman, OES/SCV
Aimee Seibert, Virginia College of Emergency Physicians
Joel Silverman, M.D., Medical Society of Virginia
Teja Stokes, DBHDS
Frank L. Tetrick, DBHDS
Ruth Anne Walker, DBHDS
Cal Whitehead, representing the Psychiatric Society of Virginia
Joy Yeh, Ph.D., DBHDS

August 15, 2008 Meeting

Karin Addison, Virginia Chapter of the American Academy of Pediatrics
George E. Braunstein, Virginia Association of Community Services Boards (VACSB)
Jennifer Faison, VACSB
Paul R. Gilding, DBHDS
John Jones, Virginia Sheriff's Association
Elizabeth S. Long, Virginia Hospital and Healthcare Association
Gregory Lucyk, OES/SCV
James M. Martinez, DBHDS
Raymond R. Ratke, DBHDS
James S. Reinhard, DBHDS
Joy Yeh, DBHDS

Appendix C: FY 2010 Mental Health Law Reform CSB Allocations

Community Services Board	FY 2010 Allocations¹	2009 Population²	Per Capita Allocations³	Difference⁴
Alexandria CSB	\$265,194	136,601	\$215,272	(\$49,922)
Alleghany Highlands CSB	\$198,895	22,632	\$35,666	(\$163,229)
Arlington County CSB	\$331,492	203,126	\$320,109	(\$11,383)
Blue Ridge Behavioral Healthcare	\$331,492	244,789	\$385,767	\$54,275
Central Virginia Community Services	\$331,492	240,191	\$378,521	\$47,029
Chesapeake CSB	\$331,492	215,906	\$340,249	\$8,757
Chesterfield CSB	\$397,790	298,850	\$470,962	\$73,172
Colonial Services Board	\$265,194	150,589	\$237,315	(\$27,879)
Crossroads CSB	\$265,194	101,015	\$159,191	(\$106,003)
Cumberland Mountain CSB	\$265,194	96,605	\$152,241	(\$112,953)
Danville-Pittsylvania Community Services	\$265,194	106,306	\$167,529	(\$97,665)
Dickenson Co. Behavioral Health Services	\$198,895	16,319	\$25,717	(\$173,178)
District 19 CSB	\$331,492	170,618	\$268,879	(\$62,613)
Eastern Shore CSB	\$198,895	52,185	\$82,239	(\$116,656)
Fairfax-Falls CSB	\$530,387	1,044,086	\$1,645,390	\$1,115,003
Goochland-Powhatan Comm. Services	\$198,895	47,852	\$75,411	(\$123,484)
Hampton-Newport News CSB	\$397,790	325,425	\$512,842	\$115,052
Hanover County CSB	\$265,194	96,992	\$152,851	(\$112,343)
Harrisonburg-Rockingham CSB	\$265,194	118,909	\$187,390	(\$77,804)
Henrico Area MH & R Services Bd.	\$397,790	313,834	\$494,576	\$96,786
Highlands Community Services	\$198,895	70,300	\$110,787	(\$88,108)
Loudoun County CSB	\$397,790	278,909	\$439,537	\$41,747
Middle Peninsula-Northern Neck CSB	\$265,194	140,221	\$220,976	(\$44,218)
Mt. Rogers Comm. MH&MR Services Board	\$265,194	119,187	\$187,829	(\$77,365)
New River Valley Community Services	\$331,492	170,018	\$267,934	(\$63,558)
Norfolk CSB	\$331,492	235,915	\$371,782	\$40,290
Northwestern Community Services	\$331,492	213,596	\$336,609	\$5,117
Piedmont Community Services	\$265,194	139,303	\$219,530	(\$45,664)
Planning District One MH&MR Services Bd.	\$265,194	94,017	\$148,163	(\$117,031)
Portsmouth Dept. of BH Services	\$265,194	97,851	\$154,205	(\$110,989)
Prince William County CSB	\$397,790	423,485	\$667,376	\$269,586
Rappahannock Area CSB	\$397,790	314,529	\$495,671	\$97,881
Rappahannock-Rapidan CSB	\$331,492	165,879	\$261,411	(\$70,081)
Region Ten CSB	\$331,492	222,265	\$350,271	\$18,779
Richmond Behavioral Health Authority	\$331,492	194,974	\$307,262	(\$24,230)
Rockbridge Area Community Services	\$198,895	39,875	\$62,840	(\$136,055)
Southside CSB	\$265,194	86,323	\$136,038	(\$129,156)
Valley CSB	\$265,194	116,239	\$183,183	(\$82,011)
Virginia Beach CSB	\$397,790	430,349	\$678,193	\$280,403
Western Tidewater CSB	\$265,194	142,707	\$224,894	(\$40,300)
TOTALS	\$12,132,609	7,698,772	\$12,132,608	

¹ Current FY 2010 mental health law reform allocation to each CSB based on annualizing FY 2009 allocations.

² 2009 population figures are based on the 2007 Final Estimates Weldon Cooper Center for Public Service.

³ Per capita allocations calculated by dividing the total amount (\$12,132,609) by the total population and multiplying each CSB's population by the result (\$1.5759148).

⁴ Differences between current FY 2010 allocations and per capita allocations; decreases in parentheses.