#### 2020 Overview of Community Services in Virginia - Part 1: Introduction

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#### **Part 1: Introduction**

This overview describes the structure through which public community mental health, developmental, and substance use disorder services are provided to individuals with mental health or substance use disorders, developmental disabilities, or co-occurring disorders. Public community mental health, developmental, and substance use disorder services are provided by 37 operating or administrative policy CSBs, one behavioral health authority (BHA), and two local government departments with policy-advisory CSBs. In this overview, CSBs, the BHA, and policy-advisory CSBs are referred to as CSBs, unless the context clearly indicates otherwise.

Community services boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental, and substance use disorder services. While CSBs are the focus of this overview, private providers are vital partners and major resources in serving individuals with mental health or substance use disorders or developmental disabilities. The Virginia Department of Behavioral Health and Developmental Services (Department) licenses private providers that delivered services at numerous locations throughout the Commonwealth in Fiscal Year (FY) 2019. Besides serving many individuals through contracts with CSBs, private providers serve thousands of other individuals directly. The vital role of private providers is evident in the \$1,073,949,409 of Medicaid payments they received for mental health, developmental, and substance use disorder services in FY 2019. CSBs received \$452,737,294 of Medicaid payments in FY 2019, a \$21,518,600 increase over the amount received in FY 2018. CSBs received 29.7 percent of all Medicaid payments in FY 2019.

• CSBs function as the single points of entry into publicly funded mental health, developmental, and substance use disorder services, defined in § 37.2-100 of the Code of Virginia (Code). This

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includes access to state hospital and training center (state facility) services through preadmission screening, case management, services coordination, and discharge planning.

- CSBs are service providers, directly and through contracts with other providers.
- CSBs serve as advocates for individuals who are receiving or are in need of services.
- CSBS act as community educators, organizers, and planners.
- CSBs function as advisors to the local governing bodies that established them.
- CSBs are the local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 of the Code defines three types of CSBs: operating, administrative policy, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the Code authorizes BHAs in three localities, Chesterfield County, the City of Richmond, and the City of Virginia Beach. Section III.D of this overview contains more information about types of CSBs. The term CSB includes board of directors (BOD) members and the organization that provides services, unless the context clearly indicates otherwise. Operating and administrative policy CSBs and the BHA are guided and administered by BODs with statutory fiduciary and management authority and responsibilities. BODs consist of no less than six and no more than 18 members. Policy-advisory CSBs advise their local government departments. The city councils and county boards of supervisors that established the CSBs or BHA appoint BOD members.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public mental health, developmental, and substance use disorder services system. The Central Office, State Facility, and CSB Partnership Agreement describes this relationship. The agreement is available on the Department's Office of Support Services web page at <a href="http://www.dbhds.virginia.gov/office-of-management-services">http://www.dbhds.virginia.gov/office-of-management-services</a> under Performance Contract. Operating CSBs and the BHA are agents of the local governments that established them, but they are not city or county departments. Most administrative policy CSBs are city or county government departments. The Department's relationship with all CSBs is based on the community services performance contract required by § 37.2-508 and § 37.2-608 of the Code, other applicable provisions in Title 37.2 of the Code, and State Board of Behavioral Health and Developmental Services policies and regulations. The Department contracts with, funds, monitors, licenses services, regulates, and provides leadership, guidance, and direction to all CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. The table on the next page shows the date on which and the order in which each CSB was established. The map on the following page shows the location of each CSB using the map key. Please contact Tiffany Ford, the Department's Director of the Office of Management Services, at <a href="tiffany.ford@dbhds.virginia.gov">tiffany.ford@dbhds.virginia.gov</a> or (804) 786-4982 or Chaye Neal-Jones at <a href="theap.eneal-jones@dbhds.virginiqa.gov">chaye.neal-jones@dbhds.virginiqa.gov</a> or (804) 225-4242 with any questions about this overview.

2020 Overview of Community Services in Virginia - Part 2: Summary

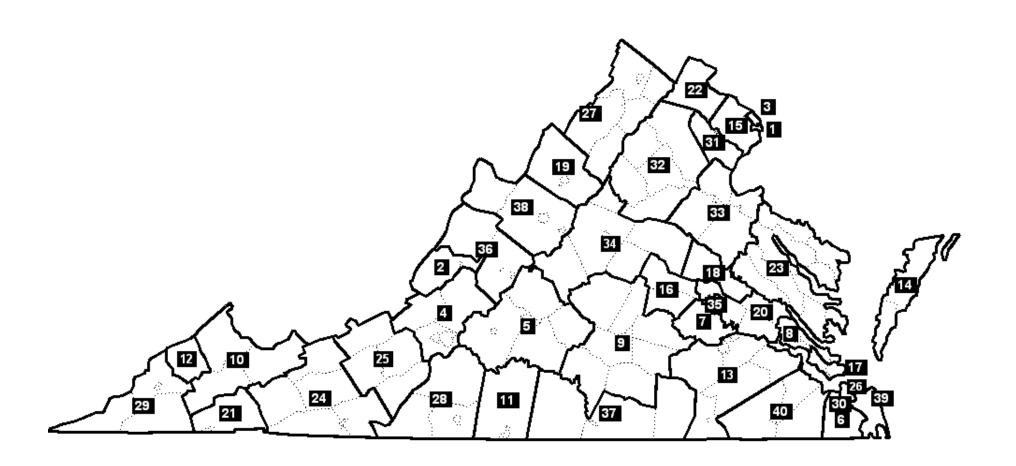
Establishment of Community Services Boards <sup>1</sup>	Map Key	Date	Order
Alexandria Community Services Board	1	03-25-69	7
Alleghany Highlands Community Services Board	2	12-08-81	37
Arlington County Community Services Board	3	11-23-68	2
Blue Ridge Behavioral Healthcare	4	01-20-69	4
Chesapeake Integrated Behavioral Healthcare	6	05-24-69	12
Chesterfield Community Services Board	7	08-11-71	21
Colonial Behavioral Health	8	01-05-71	17
Crossroads Community Services Board	9	12-06-73	34
Cumberland Mountain Community Services Board	10	06-07-72	25
Danville-Pittsylvania Community Services Board	11	10-31-72	31
Dickenson County Behavioral Health Services	12	06-24-82	39
District 19 Community Services Board	13	09-18-73	33
Eastern Shore Community Services Board	14	07-26-71	20
Fairfax-Falls Church Community Services Board	15	01-15-69	3
Goochland-Powhatan Community Services	16	04-12-82	38
Hampton-Newport News Community Services Board	17	02-23-71	18
Hanover County Community Services Board	18	05-31-72	24
Harrisonburg-Rockingham Community Services Board	19	03-24-72	23
Henrico Area Mental Health & Developmental Services Board	20	07-09-69	15
Highlands Community Services Board	21	10-31-72	32
Horizon Behavioral Health	5	04-18-69	8
Loudoun County Dept. of MH, SA & Developmental Services	22	05-20-69	11
Middle Peninsula-Northern Neck Community Services Board	23	02-28-74	35
Mount Rogers Community Services Board	24	09-21-72	28
New River Valley Community Services	25	07-01-69	14
Norfolk Community Services Board	26	03-09-69	6
Northwestern Community Services Board	27	06-25-74	36
Piedmont Community Services Board	28	10-16-72	29
Planning District One Behavioral Health Services	29	07-28-72	26
Portsmouth Department of Behavioral Healthcare Services	30	04-22-69	9
Prince William County Community Services Board	31	11-21-68	1
Rappahannock Area Community Services Board	33	06-09-70	16
Rappahannock-Rapidan Community Services Board	32	10-30-72	30
Region Ten Community Services Board	34	02-03-69	5
Richmond Behavioral Health Authority	35	04-28-69	10
Rockbridge Area Community Services	36	10-14-82	40
Southside Community Services Board	37	09-13-72	27
Valley Community Services Board	38	06-15-71	19
Virginia Beach Community Services Board	39	06-20-69	13
Western Tidewater Community Services Board	40	12-01-71	22

<sup>&</sup>lt;sup>1</sup> Information about each CSB (executive director and board chairperson, address, telephone, emergency, and fax numbers, web site, e-mail address, and cities and counties and region served) is contained in the CSB Address List, available under Performance Contract Resources on the Department's Office of Support Services web page at <a href="http://www.dbhds.virginia.gov/office-of-management-services">http://www.dbhds.virginia.gov/office-of-management-services</a>.

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# **Map of CSB Locations**



The following table lists CSBs by primary DBHDS region, including two sub-regions related to the catchment areas of Catawba Hospital (sub-region 3.a.) and Southern Virginia Mental Health Institute (sub-region 3.b.). The following Department divisions and offices use the primary DBHDS regions: the Divisions of Behavioral Health Services; Forensic Services; Finance and Administration, including the Offices of Grants Management and Information Services and Technology; Quality Management and Development, including the Offices of Human Rights, Licensing, and Data Analytics, and Policy and Public Information. The Department no longer uses health planning regions (HPRs), the geographic areas in Virginia covered by regional health planning agencies, or partnership planning regions (PPRs), formerly linked with state hospital catchment areas, in its operations.

	Listing of CSBs by Primary DBHDS Regions					
Region 1 Northwestern Virginia (9 CSBs)	Alleghany Highlands CSB Harrisonburg-Rockingham CSB Horizon Behavioral Health Northwestern CSB Rappahannock Area CSB	Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB				
Region 2 Northern Virginia (5 CSBs)	Alexandria CSB Arlington County CSB Loudoun County Department of Mer Developmental Services					
Blue Ridge Behavioral Healthcare (Sub-Region 3.a.) Cumberland Mountain CSB Danville-Pittsylvania CSB (Sub-Region 3.b) Dickenson County Behavioral Health Services Highlands CSB Wount Rogers CSB Mount Rogers CSB New River Valley Community Services Piedmont CSB (Sub-Region 3.b) Planning District One Behavioral Health Services Southside CSB (Sub-Region 3.b)						
Region 4 Central Virginia (7 CSBs)	ervices velopmental Services Board rity					
Region 5 Eastern Virginia (9 CSBs)	tern Virginia Middle Peninsula-Northern Neck CSB					

The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2017, the Department disbursed \$373 million of state and federal funds to 40 CSBs. Also, more than \$200 million of state funds matched federal Medicaid payments to CSBs for case management, mental health (MH) clinic, community MH rehabilitation, substance use disorder, and developmental disability waiver services. Finally, cities and counties provided almost \$285 million of local matching funds for CSBs.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental health or substance use disorders, developmental disability, or co-occurring disorders. CSB services draw on all available community resources and people's natural supports to promote the recovery, self-determination, empowerment, and resilience of individuals receiving services. CSBs offer various combinations of 10 core services: emergency, ancillary, consumer-run, local inpatient, outpatient, case management, day support, employment, residential, and prevention services. The Core Services Taxonomy, which is available at <a href="http://www.dbhds.virginia.gov/office-of-management-services">http://www.dbhds.virginia.gov/office-of-management-services</a> under Performance Contract Resources, defines core services. Only emergency services and, subject to the availability of funds appropriated for them, case management services are mandated by § 37.2-500 or § 37.2-601 of the Code. Thirty CSBs also offer infant and toddler intervention (Part C) services through separate contracts with the Department.

2020 Comb	ined Classification Of CSBs: Total Budget	Size and Population Density
Budget Size & Population Density	Operating CSBs (27) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy-Advisory CSB (2)
Very Lg. Budget Urban CSB (1)		Fairfax-Falls Church
Large Budget Urban CSBs (10)	Hampton-Newport News, Richmond, Rappahannock Area,	Alexandria, Arlington, Chesterfield, Henrico Area, Loudoun County, Virginia Beach, Prince William
<b>Large Budget</b> Horizon, Mount Rogers, New River Valley, <b>Rural CSB</b> (5) Region Ten, Western Tidewater		
Medium Budget Urban CSBs (3)	Blue Ridge	Chesapeake, Norfolk,
Medium Budget Rural CSBs (7)	Cumberland Mountain, Danville-Pittsylvania, Highlands, Middle Peninsula-Northern Neck, Northwestern, Piedmont, Valley	
Small Budget		Hanover County, Portsmouth
_	Alleghany Highlands, Crossroads, Dickenson, District 19, Eastern Shore, Goochland-Powhatan, Harrisonburg- Rockingham, Planning District One, Rappahannock-Rapidan, Rockbridge Area, Southside	

**Budget Size**: Very Large = \$100 million plus; Large = \$36 to \$100 million; Medium = \$19 million to \$36 million; Small = less than \$19 million (Source: FY 2019 CARS reports)

**Population Density**: Urban = 200 or more people/sq. mile; Rural = less than 200 people/sq. mile The table below displays the population, geographic area, population density, and urban (U = 200 or more people per square mile) or rural (R = less than 200 people) classification of the CSBs.

2020 CSB Populations (2019 Estimates, Weldon Cooper Center for Public Service, UVA)				
CSB	Population	Area	Density	U/R
Alexandria Community Services Board	159,152	15.3	10,402	Urban
Alleghany Highlands Community Services Board	20,646	453.4	,	Rural
Arlington County Community Services Board	242,152	25.9	9,350	Urban
Blue Ridge Behavioral Healthcare	257,118	1,181.0	218	
Chesapeake Integrated Behavioral Healthcare	245,745	340.7	712	Urban
Chesterfield Community Services Board	350,760	425.7	824	Urban
Colonial Behavioral Health	173,092	272.6	635	Urban
Crossroads Community Services Board	102,529	2,761.4	37	Rural
Cumberland Mountain Community Services Board	89,457	1,498.4	60	Rural
Danville-Pittsylvania Community Services Board	100,934	1,014.0	100	Rural
Dickenson County Behavioral Health Services	14,229	332.7	43	Rural
District 19 Community Services Board	172,366	1,931.4	89	Rural
Eastern Shore Community Services Board	44,371	662.0	67	Rural
Fairfax-Falls Church Community Services Board	1,181,802	403.8	2,927	Urban
Goochland-Powhatan Community Services	53,339	545.8	97	Rural
Hampton-Newport News Community Services Board	316,753	120.1	2,637	Urban
Hanover County Community Services Board	107,928	472.8	228	Urban
Harrisonburg-Rockingham Community Services Board	136,205	868.8	157	Rural
Henrico Area Mental Health & Developmental Services	359,081	630.4	570	Urban
Highlands Community Services Board	70,435	575.8	122	Rural
Horizon Behavioral Health	262,428	2,124.5	124	Rural
Loudoun Co. Dept. of MH, SA & Developmental Services	413,546	519.9	795	Urban
Middle Peninsula-Northern Neck CSB	141,144	2,028.3	70	Rural
Mount Rogers Community Services Board	116,046	2,201.4	53	Rural
New River Valley Community Services	184,532	1,458.0	127	Rural
Norfolk Community Services Board	245,054	53.8	4,555	Urban
Northwestern Community Services Board	238,150	1,637.5	145	Rural
Piedmont Community Services Board	137,346	1,568.7	88	Rural
Planning District One Behavioral Health Services	87,333	1,384.5	63	Rural
Portsmouth Dept. of Behavioral Healthcare Services	94,581	33.1	2,857	Urban
Prince William County Community Services Board	523,891	350.2	1,496	Urban
Rappahannock Area Community Services Board	372,270	1,394.0	267	Urban
Rappahannock-Rapidan Community Services Board	179,035	1,961.3	91	Rural
Region Ten Community Services Board	257,452	2,147.0	120	Rural
Richmond Behavioral Health Authority	226,841	60.1	3,774	
Rockbridge Area Community Services	40,704	1,140.9	36	Rural
Southside Community Services Board	81,538	2,009.5	41	Rural
Valley Community Services Board	125,231	1,421.4		Rural
Virginia Beach Community Services Board	452,643	248.3	1,823	Urban
Western Tidewater Community Services Board	157,590	1,324.0	119	Rural
Totals	8,535,519	39,598.4		NA

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Tables below display the population, geographic area, population density, and the urban or rural classification of the five primary DBHDS regions.

2020 Prime DBHDS Region Populations (2019 Estimates, Weldon Cooper)							
Region	Population	Area	Density	U/R			
Region 1: Northwestern Virginia	1,632,121	13,148.8	124	Rural			
Region 2: Northern Virginia	2,520,543	1,315.1	1,917	Urban			
Region 3: Southwestern Virginia	1,139,038	13,224	86	Rural			
Region 4: Central Virginia	1,372,844	6,827.6	201	Urban			
Region 5: Eastern Virginia	1,,870,973	5,082.9	368	Urban			
Totals	8,535,519	39,598.4	216	NA			

#### **Part 3: CSB Classifications**

4. Number of Localities Served: Since 1968, the 133 local governments in Virginia have established 40 CSBs. Information about specific localities served by each CSB is contained in the CSB Address List, available under Performance Contract Resources on the Department's Office of Support Services web page at <a href="http://www.dbhds.virginia.gov/office-of-management-services">http://www.dbhds.virginia.gov/office-of-management-services</a>.

Localities Served	Number of CSBs	Localities Served	Number of CSBs
One City or County	11	Six Cities or Counties	3
Two Cities or Counties	7	Seven Cities or Counties	1
Three Cities or Counties	5	Nine Cities or Counties	1
Four Cities or Counties	6	Ten Cities or Counties	1
Five Cities or Counties	5	Total for 40 CSBs	133

Historically, distinctions were made among CSBs based on the number of jurisdictions they served. CSBs that served a single locality were classified differently for some purposes than CSBs that served more than one city or county. In 1998, the General Assembly defined three types of CSBs in § 37.2-100 of the Code. The three types of CSBs are defined in section 3.D below. Consequently, this first classification based on number of localities served became largely irrelevant, except as a measure of how complex local government relationships might be for a particular CSB. The remaining classifications (total budget size, population density, and relationship with local government) are much more meaningful ways to classify or categorize CSBs for analytical or comparative purposes.

**B.** Total CSB Budgets: The total budget of a CSB is an indication of its workload, organizational complexity, and size. The 40 CSBs are ranked in the following table based on their total budget sizes in millions of dollars. Total budgets consist of state, local matching, and federal funds; fees including Medicaid; and other funds, including workshop sales, retained earnings, and one-time funds. Total budgets are based on Fiscal Year (FY) 2019 end of the fiscal year performance contract reports. This is the latest year for which actual complete funding information is available. The total amount of all CSB budgets was more than \$1.3 billion. The statewide ratio of state to local matching funds was 51.05 to 48.95 percent. Fees included \$452,737,294 of Medicaid payments, which was 34.03 percent of total funds. Other includes onetime state and federal funding and onetime retained state and federal earnings.

FY 2019 Statewide Total CSB Funds by Source						
State Funds	Local Match	Fees	Federal	Other	<b>Total Funds</b>	
\$344,385,223	\$330,255,466	\$518,890,130	\$77,441,755	\$59,314,474	\$1,330,287,049	
25.89%	24.83%	39.01%	5.82%	4.66%	100.00%	

FY 2019 CSB Total Budgets (in Millions)				
	mount		9 ,	mount
Very Large Budget (\$100+ Million) CSI	Bs (1)	1	Fairfax-Falls Church CSB	196.85
Large Budget (\$	36 to S	\$100	Million) CSBs (15)	
16 Alexandria CSB	38.93	7	Mount Rogers CSB	48.80
8 Arlington County CSB	48.72	5	New River Valley Community Services	53.91
11 Chesterfield CSB	41.57	14	Rappahannock Area CSB	40.37
3 Hampton-Newport News CSB	62.31	9	Region Ten CSB	44.50
6 Horizon Behavioral Health	50.52	2	Richmond BHA	65.53
15 Henrico Area MH & Dev. Services	39.65	12	Loudoun County DMHSADS	41.19
13 Prince William County CSB	40.64	4	Virginia Beach CSB	58.03
10 Western Tidewater CSB	41.82			
Medium Budget	(\$19 t	o \$3	6 Million) CSBs (10)	
17 Blue Ridge Behavioral Healthcare	31.18	23	Middle Peninsula-Northern Neck CSB	23.76
22 Chesapeake Integrated BH Care	24.97	18	Norfolk CSB	26.63
20 Cumberland Mountain CSB	26.24	26	Northwestern Community Services	20.17
25 Danville-Pittsylvania Com. Services	21.14	21	Piedmont Community Services	25.24
19 Highlands Community Services	26.41	24	Valley CSB	22.50
Small Budget (Le	ss Tha	ın \$	19 Million) CSBs (14)	
37 Alleghany Highlands CSB	8.28	32	Harrisonburg-Rockingham CSB	13.80
30 Colonial Behavioral Health			Hanover County CSB	11.22
31 Crossroads CSB	16.00	28	Planning District One BH Services	16.48
40 Dickenson County Behavioral Health	4.13	36	Portsmouth DBHS	11.14
29 District 19 CSB	16.30	27	Rappahannock-Rapidan CSB	18.54
34 Eastern Shore CSB	11.61	38	Rockbridge Area Comm. Services	7.84
39 Goochland-Powhatan Comm. Services			Southside CSB	13.64
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C. Population Density – Urban and Rural CSB Service Areas: Urban CSBs have population densities of 200 people or more per square mile. Rural CSBs have population densities of less than 200 people per square mile (ref. subdivision A.6 of § 15.2-3602 of the Code). The following table lists the 40 CSBs alphabetically in the urban and rural sections. The number preceding the CSB's name is its population density ranking in descending order from the densest. The figure in parentheses after the CSB's name is its total population ranking in descending order from the largest population. Populations are the 2018 Estimates from the Weldon Cooper Center for Public Service at the University of Virginia. The Center issues these official state population figures each January for the preceding calendar year.

2020 CSB Servi	ice Area Po	pula	ntion Density	
Rank CSB	Density		ank CSB	Density
Urban Community Services Boar	ds (17): 20	0 or	More People per Square M	ile
1 Alexandria (21)	10,493	14	Henrico Area (6)	569
2 Arlington (15)	9,171	11	Loudoun County (4)	783
17 Blue Ridge (10)	218	3	Norfolk (12)	4,537
12 Chesapeake (13)	712	6	Portsmouth (31)	2,859
10 Chesterfield (7)	819	9	Prince William County (2)	1,504
13 Colonial (20)	629	15	Rappahannock Area (5)	266
5 Fairfax-Falls Church (1)	2,947	4	Richmond (16)	3,807
7 Hampton-Newport News (8)	2,606	8	Virginia Beach (3)	1,813
16 Hanover County (28)	227			
Rural Community Services Board	ls (23): Les	s Th	an 200 People per Square M	<b>Iile</b>
36 Alleghany Highlands (39)	45	35	Mount Rogers (27)	53
39 Crossroads (30)	37	20	New River Valley (17)	126
34 Cumberland Mountain (32)	59	19	Northwestern (14)	146
25 Danville-Pittsylvania (29)	100	30	Piedmont (24)	88
37 Dickenson County (40)	44	33	Planning District One (33)	63
28 District 19 (19)	90	27	Rappahannock-Rapidan (18)	92
32 Eastern Shore (37)	67	23	Region Ten (11)	119
26 Goochland-Powhatan (36)	96	40	Rockbridge Area (38)	35
18 Harrisonburg-Rockingham (25)	156	38	Southside (34)	40
22 Highlands (35)	123	29	Valley (26)	88
21 Horizon (9)	124	24	Western Tidewater (22)	116
31 Middle Peninsula-Northern Neck (23)	70			

D. CSB Relationship with Local Government – Types of CSBs: In 1998, the General Assembly revised the statute to define three types of CSBs in § 37.2-100 of the Code. The relationship between a CSB and its local government or governments, denoted by the CSB's type, is a very meaningful way to classify CSBs. Section 37.2-500 of the Code requires every city and county to establish or join a CSB, unless it establishes a behavioral health authority (BHA), and to designate the type of CSB it has established or joined.

- 1. Administrative policy CSB means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, developmental, and substance use disorder services. The administrative policy CSB denotes the board of directors (BOD), the members of which are appointed pursuant to § 37.2-501 with the duties enumerated in subsection A of § 37.2-504 and § 37.2-505. The administrative policy CSB also includes the organization that provides mental health, developmental, and substance use disorder services through local government staff or through contracts with other organizations and providers, unless the context indicates otherwise. An administrative policy CSB does not employ its staff. There are 10 administrative policy CSBs; eight are city or county government departments; two are not, but use local government staff to provide services.
- 2. **Behavioral health authority** (BHA) means a public body and a body corporate organized in accordance with the provisions of Chapter 6 (§ 37.2-600 et seq.) that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, developmental, and substance use disorder services. BHA also includes the organization that provides these services through its own staff or through contracts with other organizations and providers, unless the context indicates otherwise. Chapter 6 authorizes Chesterfield County and the cities of Richmond and Virginia Beach to establish a BHA; only Richmond has done so. In many ways, a BHA most closely resembles an operating CSB, but it has several duties in § 37.2-605 that are not given to CSBs.
- 3. **Operating CSB** means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, developmental, and substance use disorder services. The operating CSB denotes the BOD, the members of which are appointed pursuant to § 37.2-501 with the duties enumerated in subsection A of § 37.2-504 and § 37.2-505. The operating CSB also includes the organization that provides such services through its own staff or through contracts with other organizations and providers, unless the context indicates otherwise. The 27 operating CSBs employ their own staff and are not city or county government departments.
- 4. **Policy-Advisory CSB** means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to provide advice on policy matters to the local government department that provides mental health, developmental, and substance use disorder services directly or through contracts with other organizations and providers pursuant to subsection A of § 37.2-504 and § 37.2-505. The policy-advisory CSB denotes the board, the members of which are appointed pursuant to § 37.2-501 with the duties enumerated in subsection B of § 37.2-504. The CSB board has no operational duties; it is an advisory board to a local government department. There are two policy-advisory CSBs, the Loudoun County Department of Mental Health, Substance Abuse and Developmental Services and the Portsmouth Department of Behavioral Healthcare Services.

The 1998 General Assembly enacted the requirement for each city and county to designate the type of CSB that it established or joined; this was effective on July 1, 1998. The following table shows the current designation for each CSB.

2020 Overview of Community Services in Virginia - Part 3: CSB Classifications

Types of CSBs					
Type of CSB	Number	Type of CSB	Number		
Operating CSB	27	Policy-advisory CSB	2		
Administrative policy CSB	10	Behavioral health authority	1		
	Type of CSB D	esignation Status			
Name of CSB	Type	Name of CSB	Type		
Alexandria CSB	Admin. Policy	Horizon Behavioral Health	Operating		
Alleghany Highlands CSB	Operating	Loudoun County DMHSADS	Policy-Advisory		
Arlington County CSB	Admin Policy	Middle Peninsula-Northern Neck	Operating		
Blue Ridge Behavioral Health	Operating	Mount Rogers CSB	Operating		
Chesapeake Integrated BH	Admin. Policy	New River Valley Com. Services	Operating		
Chesterfield CSB	Admin. Policy	Norfolk CSB	Admin. Policy		
Colonial Behavioral Health	Operating	Northwestern CSB	Operating		
Crossroads CSB	Operating	Piedmont CSB	Operating		
Cumberland Mountain CSB	Operating	Planning District One BHS	Operating		
Danville-Pittsylvania CSB	Operating	Portsmouth DBHS	Policy-Advisory		
Dickenson County BHS	Operating	Prince William County CSB	Admin. Policy		
District 19 CSB	Operating	Rappahannock Area CSB	Operating		
Eastern Shore CSB	Operating	Rappahannock-Rapidan CSB	Operating		
Fairfax-Falls Church CSB	Admin. Policy	Region Ten CSB	Operating		
Goochland-Powhatan CS	Operating	Richmond BHA	BHA		
Hampton-Newport News CSB	Operating	Rockbridge Area Com. Services	Operating		
Hanover County CSB	Admin. Policy	Southside CSB	Operating		
Harrisonburg-Rockingham CSB	Operating	Valley CSB	Operating		
Henrico Area MH&DSB	Admin. Policy	Virginia Beach CSB	Admin. Policy		
Highlands CSB	Operating	Western Tidewater CSB	Operating		

**E. CSB Staffing:** The 10 administrative policy CSBs and two policy-advisory CSBs to local government departments use local government staff to deliver services. Staffs in the directly-operated programs of these CSBs are employees of those local governments. Seven single jurisdiction and one multi-jurisdictional (Henrico Area) administrative policy CSBs and the two policy-advisory CSBs operate as city or county government departments.

Local Government Department CSBs				
Alexandria CSB	Loudoun County Department of Mental Health,			
Arlington County CSB	Substance Abuse and Developmental Services			
Chesapeake CSB	Norfolk CSB			
Chesterfield CSB	Portsmouth Department of Behavioral			
Hanover County CSB	Healthcare Services			
Henrico Area Mental Health &	Virginia Basah CCD			
Developmental Services Board	Virginia Beach CSB			

Two multi-jurisdictional administrative policy CSBs (Fairfax-Falls Church and Prince William County) use local government employees to deliver services, but these CSBs are not city or county government departments. Staffs of the 27 operating CSBs are employees of those CSBs. Richmond Behavioral Health Authority staff are employees of the authority.

The following table displays numbers of full-time equivalents (FTEs) by program area (mental health, developmental, and substance use disorder), emergency and ancillary services, and administration in programs operated directly by CSBs. A full-time equivalent is not the same as a position. For example, a part-time position employed for 20 hours per week is one position, but it is a ½ FTE. The number of FTEs in a CSB usually will be less than the number of positions. However, the number of FTEs is a more accurate indicator of personnel resources available to deliver services or provide support for services. Peer staff FTEs are individuals who are receiving or have received services and are employed by CSBs as peers to deliver direct services.

Table 12: FY 2019 CSB Staffing	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Service FTEs	4,556.35	111.83	827.78	5,495.96
CSB Developmental Service FTEs	3,593.51	25.00	505.44	4,123.95
CSB Substance Use Disorder Service FTEs	1,088.35	97.50	305.21	1,491.06
CSB Emergency and Ancillary Service FTEs	945.12	34.13	173.39	1,152.64
CSB Administration FTEs	0.00	0.00	1,457.72	1,457.72
Total CSB Full-Time Equivalents	10,183.33	268.46	3,269.54	13,721.33

#### Part 4: CSB Roles

4. **CSB Board Composition:** The board of directors (BOD) of each CSB consists of no less than six and no more than 18 members, appointed by the city councils or county boards of supervisors that established it. Sections 37.2-501 and 37.2-502 of the Code govern CSB appointments; § 37.2-602 and § 37.2-603 govern BHA appointments. Sections 37.2-501 and 37.2-602 require appointments to be broadly representative of the community. One-third of the appointments must be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services, and at least one shall be an individual who currently is receiving services. In FY 1991, after this requirement was established, CSBs reported two individuals and 54 family members out of 490 appointed board members or 11.43 percent of all appointments.

Section 37.2-100 defines individual or individual receiving services as a current direct recipient of public or private mental health, developmental, or substance use disorder treatment, rehabilitation, or habilitation services. It defines family member as an immediate family member of an individual receiving services or the principal caregiver of that individual.

While CSBs can offer recommendations for board appointments and inform their local governments of these statutory requirements, those local governments are responsible for complying with the requirements. Information about board member appointments is displayed below. All appointments may not be filled at any particular point during each year. Differences between Total Appointments and Total Members are vacant appointments

2020 Overview of Community Services in Virginia - Part 4: CSB Roles

Numbers of Individuals and Family Members on CSB BODs									
Percent means of	FY 1999		FY 2000		FY 2001		FY 2002		
total members	No.	Percent	No.	Percent	No.	Percent	No.	Percent	
Individuals	47	9.67%	40	8.11%	47	9.61%	39	7.885	
Family Members	118	24.28%	144	29.21%	121	24.74%	140	28.28%	
Subtotal	165	33.95%	184	37.32%	168	34.35%	179	36.16%	
<b>Total Members</b>	486	100.00%	493	100.00%	489	100.00%	495	100.00%	
<b>Total Appointments</b>	511		513		513		517		
	FY	2003	FY 2004		FY	FY 2005		FY 2006	
Individuals	36	7.30%	42	8.59%	48	9.74%	45	8.91%	
Family Members	145	29.41%	139	28.42%	139	28.19%	143	28.32%	
Subtotal	181	36.71%	181	37.01%	187	37.93%	188	37.23%	
Total Members	493	100.00%	489	100.00%	493	100.00%	505	100.00%	
<b>Total Appointments</b>	517		519		522		524		
	FY	2007	FY	Z <b>2008</b>	FY	Z <b>2009</b>	FY 2010		
Individuals	46	9.06%	46	9.16%	61	12.25%	55	11.20%	
Family Members	158	31.10%	142	28.29%	160	32.13%	174	35.44%	
Subtotal	204	40.16%	188	37.45%	221	44.38%	229	46.64%	
Total Members	508	100.00%	502	100.00%	498	100.00%	491	100.00%	
<b>Total Appointments</b>	528		526		534		527		
		2011	FY 2012		FY 2013		FY 2014		
Individuals	54	10.80%	49	9.84%	69	13.85%	80	16.39%	
Family Members	170	34.00%	170	34.14%	169	33.94%	154	31.56%	
Subtotal	224	44.80%	219	43.98%	238	47.79%	234	47.95%	
Total Members	500	100.00%	498	100.00%	498	100.00%	488	100.00%	
<b>Total Appointments</b>	528		528		534		531		
		2015		Z <b>2016</b>		Z <b>2017</b>		Y 2018	
Individuals	77	15.34%	82	16.87%	72	14.81%	81	16.60%	
Family Members	149	29.68%	151	31.07%	144	29.63%	160	32.79%	
Subtotal	226	45.02%	233	47.94%	216	44.44%	241	49.39%	
Total Members		100.00%		100.00%		100.00%	488	100.00%	
<b>Total Appointments</b>	531		531		527		527		
	FY 2019		FY 2020		FY 2021		FY 2022		
Individuals	80	16.39%							
Family Members	142	29.10%							
Subtotal	222	45.49%							
Total Members	523	100%							
<b>Total Appointments</b>	488								

**B.** Relationships Between CSBs and the Virginia Department of Behavioral Health and Developmental Services (Department): CSBs are agents of the local governments that established them. CSBs are not part of the Department. The Department's relationship with all CSBs is based on the community services performance contract required by § 37.2-508 of the Code, other applicable provisions in Title 37.2 of the Code, State Board policies and regulations, and other applicable state or federal statutes or regulations.

- The Department contracts with CSBs for local mental health, developmental, and substance use disorder services.
- The Department licenses CSBs and other providers to deliver services.
- The Department monitors the operations of CSBs through performance contract reports, community consumer submission extracts, other reports, CPA audits, and CSB reviews.
- The Department provides funds, leadership, guidance, direction, and consultation to CSBs.
- The Department encourages and supports utilization management and review and quality assurance activities conducted by CSBs.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public mental health, developmental, and substance use disorder services system. The Central Office, State Facility, and CSB Partnership Agreement describes this relationship. The agreement is available under Performance Contract Resources on the Office of Support Services web page at <a href="http://www.dbhds.virginia.gov/office-of-managementt-services">http://www.dbhds.virginia.gov/office-of-managementt-services</a>.

- C. CSB Duties, and Responsibilities as defined in the Code of Virginia: Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, 37.2-508, and 37.2-512 of the Code of Virginia contain the following duties of a CSB. The duties of a behavioral health authority in § 37.2-605, § 37.2-606 § 37.2-607, and § 37.2-615, are the same or very similar to those of an operating CSB, except a BHA has several additional responsibilities.
  - 1. Function as the single point of entry into publicly funded mental health, developmental, and substance use disorder services in order to provide comprehensive mental health, developmental, and substance use disorder services within a continuum of care.
  - 2. Review and evaluate public and private community mental health, developmental, and substance use disorder services and facilities that receive funds from the CSB and advise the local governing body of each city or county that established the CSB as to its findings.
  - 3. Submit to the governing body of each county or city that established the CSB a performance contract for community mental health, developmental, and substance use disorder services for its approval prior to submission of the contract to the Department.
  - 4. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
  - 5. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
  - 6. In the case of operating and administrative policy CSBs, make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the State Board.
  - 7. In the case of an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. The Department shall approve the selection of the executive director for adherence to minimum qualifications established by the Department and the salary range of the executive director. In the case of an administrative policy CSB, participate with local government in the appointment and

annual performance evaluation of an executive director who meets the minimum qualifications established by the Department and prescribe his duties. In the case of a local government department with a policy-advisory CSB, the local government department director shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the local government department director employed by the city or county.

- 8. Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the board and establish procedures for the collection of those fees. All fees collected shall be included in the performance contract and shall be used only for community mental health, developmental, and substance use disorder services purposes. Institute a reimbursement system to maximize the collection of fees from individuals receiving services under its jurisdiction or supervision and from responsible third party payors. Boards shall not attempt to bill or collect fees for time spent participating in commitment hearings for involuntary admissions.
- 9. Accept gifts, donations, bequests, or grants of money or property from any source and use them as authorized by the governing body of each city or county that established it.
- 10. Seek and accept funds through federal grants. In accepting grants, the CSB shall not bind the governing body of any county or city that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
- 11. Disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established the CSB.
- 12. Apply for and accept loans as authorized by the governing body of each county or city that established the CSB.
- 13. Develop joint written agreements, consistent with policies adopted by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department for Aging and Rehabilitative Services offices. The agreements shall specify the services to be provided to individuals. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
- 14. Develop and submit to the Department the necessary information for the preparation of the Comprehensive State Plan for Behavioral Health and Developmental Services.
- 15. Take all necessary and appropriate actions to maximize the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, and evaluation.
- 16. Institute, singly or in combination with other CSBs or BHAs, a dispute resolution mechanism that is approved by the Department and enables individuals receiving services and family members of individuals receiving services to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB or BHA.
- 17. Release data and information about each individual receiving services to the Department so long as the Department implements procedures to protect the confidentiality of that data and information.

- 18. In the case of administrative policy boards or local government departments with a policy-advisory boards, carry out other duties and responsibilities as assigned by the governing body of each city or county that established it.
- 19. In the case of an operating board, have authority to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.
- 20. Be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the CSB. When preadmission screening reports are required by the court on an emergency basis, ensure the development of the report for the court. To accomplish this coordination, establish a structure and procedures involving staff from the CSB and, as appropriate, representatives from (i) the state hospital or training center serving the CSB's service area, (ii) the local department of social services, (iii) the health department, (iv) the Department for Aging and Rehabilitative Services office in the CSB's service area, (v) the local school division, and (vi) other public and private human services agencies, including licensed hospitals.
- 21. Provide preadmission screening services prior to admission to a state hospital for any person who requires emergency mental health services while in a city or county served by the CSB. In the case of inmates incarcerated in a regional jail, if the CSB serves a county or city that participates in a regional jail, review any existing Memorandum of Understanding between the CSB and any other CSBs that serve the regional jail to ensure that such memorandum sets forth the roles and responsibilities of each CSB in the preadmission screening process, provides for communication and information sharing protocols between the CSBs, and provides for due consideration, including financial consideration, should there be disproportionate obligations on one of the CSBs.
- 22. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any individual who, prior to admission, resided in a city or county served by the CSB or chooses to reside after discharge in a county or city served by the CSB. The CSB serving the county or city in which the individual will reside following discharge shall be responsible for arranging transportation for the individual upon request following the discharge protocols developed by the Department. The discharge plan shall be completed prior to the individual's discharge. The plan shall be prepared with the involvement and participation of the individual and must reflect the individual's preferences to the greatest extent possible. It shall include the mental health, developmental, substance use disorder, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge and identify the public or private agencies that have agreed to provide these services. No individual shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
- 23. Provide information, if available, to all licensed hospitals about alcohol and substance use disorder services available to minors.
- 24. Conduct a criminal background check and obtain a search of the registry of founded complaints of child abuse and neglect on any applicant who accepts employment in any direct care position with the CSB.
- 25. Submit a performance contract to the Department. The performance contract includes the Community Services Performance Contract, the Administrative Policies and Procedures,

and the Partnership Agreement. The contract also includes by reference the Services Taxonomy.

- 26. May enter into joint agreements with one or more CSBs or BHAs to provide treatment, habilitation, or support services for individuals with specialized and complex service needs and associated managerial, operational, and administrative services and supports to promote clinical, programmatic, or administrative effectiveness and efficiency.
- 27. Assure the human rights, enumerated in § 37.2-400 of the Code of Virginia and the Human Rights Regulations adopted by the State Board, of individuals receiving the CSB's services and comply with other provisions of those regulations.
- 28. Satisfy the applicable licensing regulations, adopted pursuant to § 37.2-403 et seq. of the Code of Virginia, for services that the CSB operates.
- 29. Provide the services included in the System Transformation, Excellence, and Performance in Virginia (STEP-VA) and funded pursuant to Item HH in the FY 2019 Appropriation Act.
- **D. CSB Roles:** The concept of a CSB, including its board of directors, as an accountable service provider is inherent in the enabling legislation. A CSB is accountable to the individuals that it serves and their families, its local government(s), communities in its service area, the Department, the State Board, the Department of Medical Assistance Services, the General Assembly, and various federal funding sources. A CSB provides three kinds of accountability.
  - 1. **Organizational:** A CSB must structure and manage its internal organization so that it can effectively discharge its statutory responsibilities, and duties.
  - 2. **Financial:** A CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures to fulfill its fiduciary responsibilities.
  - 3. **Programmatic:** A CSB must provide services and supports that promote recovery, self-determination, empowerment, resilience, health, and the highest level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. These services and supports are individualized, accessible, effective, inclusive, responsive, and integrated into the community and they reflect evidence-based or best practices.

A CSB fills several complementary roles to carry out its statutory responsibilities, and duties and to provide this accountability.

- A CSB is the local agency responsible for providing public mental health, developmental, and substance use disorder services. Thus, it is a source of professional expertise and a channel for the concerns of individuals. Therefore, a CSB functions as an **advisor to local government** about unmet needs, current services, and future service trends and directions.
- A CSB helps the public understand the need for and meaning of treatment in the community.
  As an educator, a CSB actively seeks, facilitates, and values input from and participation by
  individuals receiving services, their family members, other agencies, advocacy groups, and
  other individuals.
- A CSB functions as a **community organizer** when it coordinates the development of needed services in the community. In this role, a CSB works closely with public and private

human services agencies, individuals receiving services, their family members, and advocacy groups.

- A CSB is a **community planner**. In this role, it plans the development of services and facilities to meet identified needs and works with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community. In this role, they provide information, evaluations, referrals, and assistance to and generate support among other professional groups and individuals.
- CSB board members and staff are **advocates** for the development and expansion of services, for individuals not receiving needed services, for community acceptance of and support for individuals receiving services, and for the CSB's services.

Among these many responsibilities and roles, four define the essential nature of a CSB. The other responsibilities support or complement these four essential roles.

- 1. A CSB functions as the **single point of entry** into publicly funded mental health, developmental, and substance use disorder services for its service area. This includes access to state hospital and training center services through preadmission screening, case management, services coordination, and discharge planning.
- 2. A CSB is a service **provider**, directly and through contracts with other organizations and providers.
- 3. A CSB is an **advocate** for individuals receiving services and for the services it provides.
- 4. A CSB is the local **focal point of accountability and responsibility** for services and resources.

## Part V: Services: Data About Individuals Receiving Services from CSBs

The table on the following page displays the **duplicated** numbers of individuals who received services from CSBs in each program area (mental health, developmental, and substance use disorder services). Numbers of individuals are not unduplicated in this table; some individuals received more than one type of service in a program area and sometimes received services in more than one program area. In these situations, the individuals are counted more than once in each program area and in multiple program areas. Thus, this table displays the total numbers of individuals receiving all of the services they received; it provides a picture of the total volume of services provided by all CSBs. Some variations in the numbers from year to year reflect changing service definitions and budget reductions.

The Department established a fourth program area, Emergency and Ancillary Services and are services available outside of a program area (SAOPA), in FY 2008. SAOPA consists of emergency services and ancillary services (motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services). This produced an apparent decrease from individuals served in the three program areas in FY 2007, since some services in the program areas, such as emergency services, moved to SAOPA. The first footnote below the table contains more information about this change. Beginning in FY 2016 the Department grouped these services under Emergency and Ancillary Services.

The Department's Annual Reports contain more detailed information about individuals who received services, the services received, and all of the funds for and costs of services. Links to all of the reports are shown in the following table. Click on the link to read the report.

<b>Annual Report</b>	Division of Automated Legislative Services Link
FY 2010	https://rga.lis.virginia.gov/Published/2010/RD382/PDF
FY 2011	https://rga.lis.virginia.gov/Published/2012/RD62/PDF
FY 2012	https://rga.lis.virginia.gov/Published/2012/RD360/PDF
FY 2013	https://rga.lis.virginia.gov/Published/2014/RD70/PDF
FY 2014	https://rga.lis.virginia.gov/Published/2014/RD385/PDF
FY 2015	https://rga.lis.virginia.gov/Published/2015/RD438/PDF
FY 2016	https://rga.lis.virginia.gov/Published/2016/RD556/PDF
FY 2017	https://rga.lis.virginia.gov/Published/2017/RD552/PDF
FY 2018	https://rga.lis.virginia.gov/Published/2018/RD203/PDF
FY 2019	https://rga.lis.virginia.gov/Published/2019/RD471/PDF

2020 Overview of Community Services in Virginia - Part 5: Services

Duplicated Numbers of Individuals Who Received Services From CSBs								
T2:1	CCD							
Fiscal	Ment	al Health	Developmen	tal Substa	ance Use	CSB Totals		
Year	Se	ervices	Services	Disorde	er Services	Totals		
1986 13		35,182	20,329	52	2,942	208,453		
1988	16	51,033	22,828	80	),138	263,999		
1990	15	52,811	30,198	10	1,816	284,825		
1992	16	50,115	27,525	78	3,358	265,998		
1994	16	58,208	28,680	87	,863	284,751		
1995	17	77,320	29,141	88	3,471	294,932		
1996	17	74,126	30,006	90	),750	294,882		
1997	17	79,607	30,655	90	,430	300,692		
1998	18	35,647	32,509	96	5,556	314,712		
1999	17	78,279	33,087	93	3,436	304,802		
2000	18	30,783	26,086	88	3,186	295,055		
2001	17	78,420	33,238	103	2,037	313,695		
2002	17	76,735	33,933	91	,904	302,572		
2003	18	30,110	34,103	86	5,979	301,102		
2004	18	31,396	35,038	78	3,008	294,442		
2005	18	38,289	39,414	76	5,141	303,844		
2006	19	95,794	36,004	73	3,633	305,431		
2007	20	)7,454	36,573	73	3,829	317,856		
2008 <sup>1</sup>		61,046	36,141	57	',219	340,302		
2009 <sup>1</sup>	16	65,066	35,350	52	2,104	343,972		
	Γ	Dunlicated Ir	ndividuals by P	Program Area				
Fiscal	Mental	Develop-	Substance	SAO		CSB		
Year		mental	Use Disorder	Emergency	Ancillary	Totals		
	Services	Services	Services	Services	Services			
2010 <sup>2</sup>	171,506	25,909	51,204	57,082	45,959	351,660		
2011	174,183	26,912	48,964	58,553	39,223	353,814		
2012	181,410	27,161	49,090	60,057	67,723	385,441		
2013	180,176	26,399	46,632	58,300	71,852	383,359		
2014	182,424	27,887	45,001	63,599	82,435	401,346		
2015	185,854	28,037	46,211	69,153	96,064	425,319		
2016	188,382	28,116	43,556	70,853	102,826	433,733		
2017	200,456	33,482	43,781	71,185	104,624	453,537		
		,	16 200		·	· · · · · · · · · · · · · · · · · · ·		
2018	221,012	29,823	46,389	71,750	108,788	477,762		

<sup>&</sup>lt;sup>1</sup> The Department established a fourth program area, services available outside of a program area (SAOPA), in FY 2008. In FY 2008, 85,896 individuals received SAOPA services; in FY 2009, 89,462 individuals received SAOPA services; these individuals are included in total CSB figures.

### 2020 Overview of Community Services in Virginia - Part 5: Services

The decrease in individuals receiving developmental services reflects deletion of Infant and Toddler Intervention (Part C) Services from the FY 2010 performance contract. The Department now funds Part C services in a separate contract since not all CSBs provide these services. The table below displays the **unduplicated** numbers of individuals who received services from CSBs. Until FY 2010, figures are unduplicated only within program areas. Beginning in FY 2010, figures are unduplicated at the individual CSB level, but not across all CSBs. The figures in the Total Program Area column are sums of figures in the preceding columns for each year. However, those figures still include significant duplication since many individuals receive services in more than one program area, particularly in emergency services and in mental health or substance use disorder services. The figures in the Total Unduplicated column are completely unduplicated numbers of individuals who received services within a CSB. Beginning with FY 2016, the DBHDS data warehouse, One Source, produced figures that are unduplicated across all CSBs. If an individual received services at more than one CSB, he or she was counted only once. This accounts for some of the decreases from most of the FY 2015 figures.

Unduplicated Numbers of Individuals Who Received Services From CSBs								
	Und	Total	Total					
<b>Fiscal</b>	Mental	Develop-	Substance	SAO	PA	Program	Unduplicated	
Year	Health	Mental	Use Disorder	Emergency Ancillary		Area	Individuals	
	Services	Services	Services	Services	Services	Individuals	Across a CSB	
2001	105,169	23,843	59,968			188,980		
2002	107,351	24,903	59,895			192,149		
2003	109,025	25,207	57,526			191,758		
2004	109,175	23,925	53,854			186,954		
2005	115,173	26,050	53,909			195,132		
2006	118,732	26,893	52,416			198,041		
2007	126,632	27,619	53,905			208,156		
2008 1	101,796	25,053	43,657	73,1	23	243,619		
$2009^{1}$	104,831	27,172	40,723	80,225		252,951		
2010 <sup>2</sup>	108,158	19,374	38,661	57,082	28,076	251,351	194,662	
2011	107,892	20,387	36,769	58,553	28,328	251,929	196,951	
2012	113,552	20,562	36,743	60,057	52,859	283,773	216,951	
2013	112,121	20,248	34,382	58,300	55,392	280,443	213,902	
2014	115,452	21,103	33,035	63,599	76,034	309,223	222,419	
2015	118,919	21,235	32,964	69,153	90,007	332,278	232,079	
2016	115,669	20,938	30,180	62,264	93,130	322,181	216,270	
2017	120,751	24,903	30,549	62,391	93,111	331,705	218,121	
2018	120,703	22,980	30,435	62,557	95,157	331,465	218,894	
2019	123,413	23,064	29,837	60,003	99,324	335,641	218,851	

<sup>&</sup>lt;sup>1</sup> The Department established a fourth program area, services available outside of a program area (SAOPA), in FY 2008. These services are grouped under Emergency Services and Ancillary Services.

<sup>&</sup>lt;sup>2</sup> The decrease in individuals receiving developmental services reflects deletion of Infant and Toddler Intervention (Part C) Services from the FY 2010 performance contract. The Department now funds Part C services in a separate contract since not all CSBs provide these services.