

2006 Overview of Community Services Delivery in Virginia

This Overview of Community Services Delivery in Virginia describes the structure through which community mental health, mental retardation, and substance abuse services are provided to individuals in Virginia with mental illnesses, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). Throughout this overview, substance use disorder names a condition that an individual has, while substance abuse names the services used to treat that disorder. This overview is divided into four sections:

- a summary of the overview;
- several ways of classifying community services boards (CSBs);
- a description of the composition of CSB boards of directors, a listing of CSB powers, duties, and responsibilities, and a discussion of CSB roles; and
- information about consumers served and services delivered by CSBs in Fiscal Year (FY) 2005.

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, mental retardation, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver (with plans of care case managed by CSBs) and mental health clinic and inpatient services.

Table of Contents		Page
I. Overview Summary		2
	Establishment of the Community Services Boards (table)	3
	Community Services Boards Map	4
	Listing of CSBs by Health Planning Region (table)	5
	Combined Classification of CSBs: Budget Size and Population Density (table)	6
	Community Services Board Populations (tables)	7
II. Community Services Boards Classifications		9
A.	Number of Localities Served	9
B.	Total Community Services Board Budget (tables)	10
C.	Population Density: Urban and Rural CSB Service Areas (table)	12
D.	CSB Relationship with Local Government: Types of CSBs (table)	14
E.	Community Services Board Staffing (table)	16
III. Board Composition, Responsibilities, and Roles		17
A.	Community Services Board (CSB) Board Composition (tables)	17
B.	Relationships Between CSBs and the Department	18
C.	Community Services Board Powers, Duties, and Responsibilities	18
D.	Community Services Board Roles	20
IV. Community Services Board Services		22
	Trends in Consumers Served by Community Services Boards (table)	22
	Table 1: FY 2005 CSB Consumers Served by Core Service	23
	Table 2: FY 2005 CSB Static Capacities by Core Service	24
	Table 3: FY 2005 CSB Services Provided by Core Service	25
	Table 4: FY 2005 Unduplicated Numbers of Consumers Served by Age and Gender by Program Area	26
	Table 5: FY 2005 Unduplicated Numbers of Consumers Served by Race and Gender by Program Area	26

2006 Overview of Community Services Delivery in Virginia

Part I: Overview Summary

Public community mental health, mental retardation, and substance abuse services are provided in Virginia by community services boards (CSBs), behavioral health authorities (BHAs), or local government departments with policy-advisory CSBs. All of these organizations function as:

- single points of entry into publicly funded mental health, mental retardation, and substance abuse services, including access to state hospital and training center (state facility) services;
- service providers, directly and through contracts with other providers;
- advocates for consumers¹ and other individuals in need of services;
- community educators, organizers, and planners;
- advisors to the local governments that established them; and
- local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 of the *Code of Virginia* 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 of Virginia* authorizes behavioral health authorities in three localities; a BHA exists only in Richmond. In this overview, CSBs, BHAs, and local government departments with policy-advisory CSBs are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

BHAs and operating and administrative policy CSBs are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. Boards of directors consist of no less than six and no more than 18 members who are appointed by the city councils and county boards of supervisors that established the CSBs or BHAs. A local government department with a policy-advisory CSB is advised by that CSB. Currently, 505 individuals serve as board members on the 40 CSBs. The term CSB includes the board members and the organization that provides services, unless the context clearly indicates otherwise.

CSBs are not part of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available at www.dmhmrsas.virginia.gov, describes this arrangement. Operating CSBs and BHAs are agents of the local governments that established them, but they are not city or county government departments. Most administrative policy CSBs are city or county government departments. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 of the *Code of Virginia*, and State Mental Health, Mental Retardation and Substance Abuse Services Board (State Board) policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides consultation to 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 these 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 people in all 134 cities or counties in Virginia. The table on the next page shows the date on which each CSB was created, and the map on the page after that shows its location. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at (804) 786-4982 or paul.gilding@co.dmhmrsas.virginia.gov, with any questions about this overview.

¹ Section 37.2-100 of the *Code of Virginia* defines a consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. Consumers have been referred to as clients, patients (in state hospitals for individuals with mental illnesses), or residents (in state training centers for individuals with mental retardation); revised Title 37.2, enacted in 2005, replaces all of these terms with consumer.

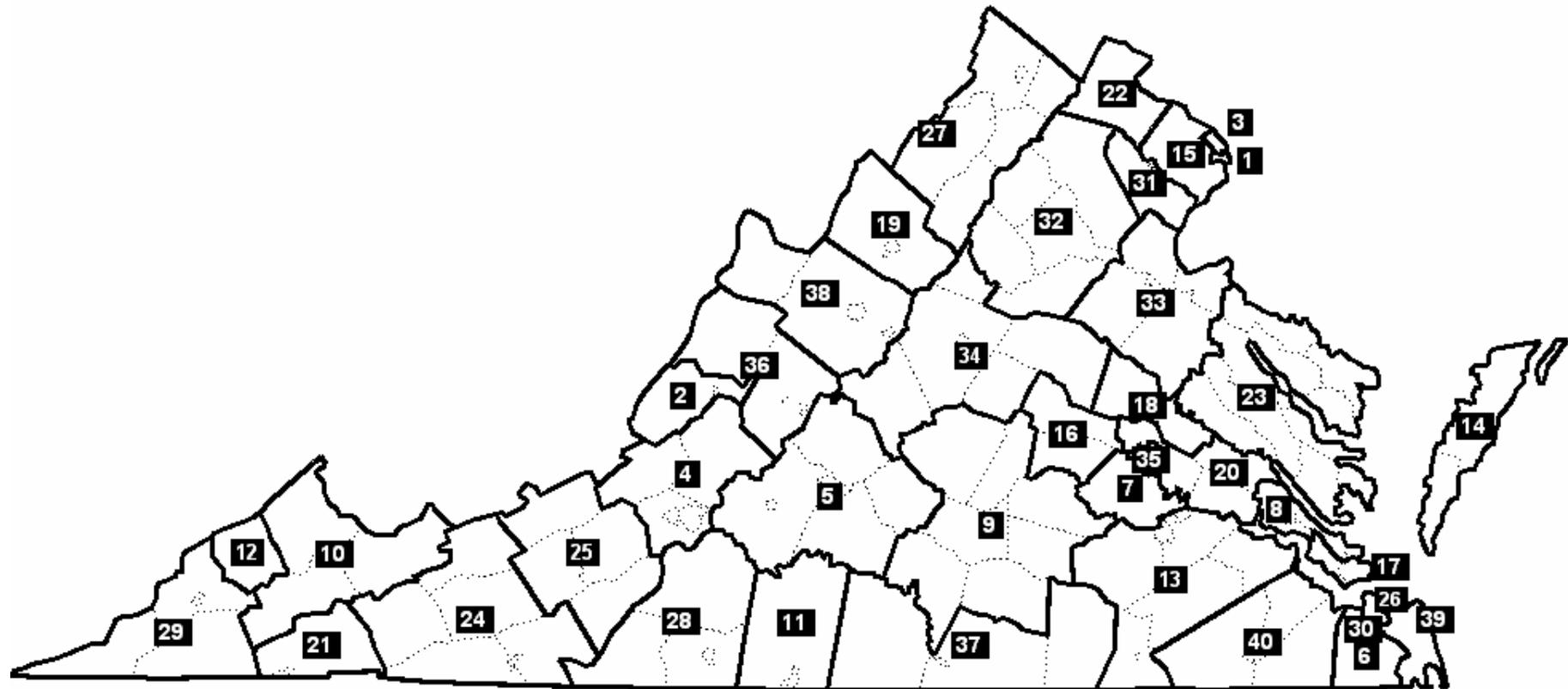
2006 Overview of Community Services Delivery in Virginia

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

¹ Information about each CSB (names of the executive director and board chairman, address, telephone and fax numbers, e-mail address, and cities and counties served) is contained in the CSB Address List, available on the Department's web site at www.dmhmrzas.virginia.gov.

² Each CSB's location is shown with the corresponding map key number on the map on the next page.

2006 Overview of Community Services Delivery in Virginia



2006 Overview of Community Services Delivery in Virginia

Overview Summary

The following table lists CSBs by health planning region. Health planning regions (HPRs) are the geographical areas in Virginia that are covered by regional health planning agencies. These agencies are responsible for health planning activities under Title 32.1 of the *Code of Virginia*, including reviewing and approving certificates of public need for certain health care facilities, such as hospitals and nursing homes. HPRs are used to group CSBs regionally across the state.

Listing of CSBs by Health Planning Region (HPR)	
HPR 1 Northwestern Virginia (8 CSBs)	Central Virginia Community Services Harrisonburg-Rockingham Community Services Board Northwestern Community Services Rappahannock Area Community Services Board Rappahannock-Rapidan Community Services Board Region Ten Community Services Board Rockbridge Area Community Services Board Valley Community Services Board
HPR 2 Northern Virginia (5 CSBs)	Alexandria Community Services Board Arlington Community Services Board Fairfax-Falls Church Community Services Board Loudoun County Community Services Board Prince William County Community Services Board
HPR 3 Southwestern Virginia (10 CSBs)	Alleghany Highlands Community Services Blue Ridge Behavioral Healthcare Cumberland Mountain Community Services Danville-Pittsylvania Community Services Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers Community MH & MR Services Board New River Valley Community Services Piedmont Community Services Planning District One Behavioral Health Services
HPR 4 Central Virginia (8 CSBs)	Chesterfield Community Services Board Crossroads Services Board District 19 Community Services Board Goochland-Powhatan Community Services Hanover County Community Services Board Henrico Area Mental Health & Retardation Services Richmond Behavioral Health Authority Southside Community Services Board
HPR 5 Eastern Virginia (9 CSBs)	Chesapeake Community Services Board Colonial Services Board Eastern Shore Community Services Board Hampton-Newport News Community Services Board Middle Peninsula-Northern Neck Community Services Board Norfolk Community Services Board Portsmouth Department of Behavioral Healthcare Services Virginia Beach Department of Human Services Western Tidewater Community Services Board

2006 Overview of Community Services Delivery in Virginia Overview Summary

The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2005, the Department disbursed \$227 million of state and federal funds to 40 CSBs. Also, more than \$120 million of state funds matched federal Medicaid reimbursements for state plan option rehabilitation services, case management, and mental retardation waiver services. Finally, cities and counties provided almost \$180 million of local matching funds in FY 2005.

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 illnesses, mental retardation, or substance use disorders, responding to their expressed needs and preferences. CSB services draw upon all available community resources and people's natural supports, such as family, friends, and work or school, to support the recovery, self-determination, empowerment, and resilience of consumers and assist them to realize their fullest potentials. Community services are provided through a diverse network of CSBs and their directly operated and contractual services. Eleven CSBs serve one city or county; 29 CSBs serve from two to 10 localities. CSBs offer varying combinations of nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited 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 of Virginia*. Core services are defined in the Core Services Taxonomy, available on the Department's web site at www.dmhmrzas.virginia.gov.

2006 Combined Classification Of CSBs: Budget Size and Population Density		
Budget Size & Population Density	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy-Advisory CSB (1)
Large Budget Urban CSBs (10)	Blue Ridge, Hampton-Newport News, Richmond BHA	Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Henrico Area, Prince William County, Virginia Beach
Large Budget Rural CSB (2)	Central Virginia, Region Ten	
Medium Budget Urban CSBs (5)	Colonial, Norfolk, Rappahannock Area	Chesapeake, Loudoun County
Medium Budget Rural CSBs (12)	Crossroads, Cumberland Mountain, Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, Mount Rogers, New River Valley, Northwestern, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater	
Small Budget Urban CSB (2)		Hanover County, Portsmouth DBHS
Small Budget Rural CSBs (9)	Alleghany Highlands, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg- Rockingham, Highlands, Planning District One, Rockbridge Area, Southside	

Budget Size is based on FY 2005 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

Population Density: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile.

2006 Overview of Community Services Delivery in Virginia

Overview Summary

2006 Community Services Board Populations (2004 Final Estimates, Weldon Cooper Center, UVA)				
Community Services Board	Population	Area	Density	U/R
Alexandria Community Services Board	133,000	15.3	8,693	Urban
Alleghany Highlands Community Services	22,800	453.4	50	Rural
Arlington Community Services Board	193,600	25.9	7,475	Urban
Blue Ridge Behavioral Healthcare	242,500	1,181.0	205	Urban
Central Virginia Community Services	232,100	2,124.5	109	Rural
Chesapeake Community Services Board	210,600	340.7	618	Urban
Chesterfield Community Services Board	282,400	425.7	663	Urban
Colonial Services Board	142,300	272.6	522	Urban
Crossroads Services Board	99,000	2,761.4	36	Rural
Cumberland Mountain Community Services	98,300	1,498.4	66	Rural
Danville-Pittsylvania Community Services	107,400	1,014.0	106	Rural
Dickenson County Behavioral Health Services	16,300	332.7	49	Rural
District 19 Community Services Board	169,700	1,931.4	88	Rural
Eastern Shore Community Services Board	51,800	662.0	78	Rural
Fairfax-Falls Church Community Services Board	1,043,700	403.8	2,585	Urban
Goochland-Powhatan Community Services	44,200	545.8	81	Rural
Hampton-Newport News Community Services Board	326,400	120.1	2,718	Urban
Hanover County Community Services Board	94,800	472.8	201	Urban
Harrisonburg-Rockingham CSB	113,700	868.8	131	Rural
Henrico Area Mental Health & Retardation Services	302,600	630.4	480	Urban
Highlands Community Services	68,800	575.8	119	Rural
Loudoun County Community Services Board	244,000	519.9	469	Urban
Middle Peninsula-Northern Neck CSB	136,000	2,028.3	67	Rural
Mt. Rogers Community MH&MR Services Board	119,800	2,201.4	54	Rural
New River Valley Community Services	166,700	1,458.0	114	Rural
Norfolk Community Services Board	235,200	53.8	4,372	Urban
Northwestern Community Services	201,600	1,637.5	123	Rural
Piedmont Community Services	138,600	1,568.7	88	Rural
Planning District One Behavioral Health Services	93,900	1,384.5	68	Rural
Portsmouth Dept. of Behavioral Healthcare Services	98,200	33.1	2,967	Urban
Prince William County Community Services Board	396,600	350.2	1,132	Urban
Rappahannock Area Community Services Board	291,200	1,394.0	209	Urban
Rappahannock-Rapidan Community Services Board	150,600	1,961.3	77	Rural
Region Ten Community Services Board	213,500	2,147.0	99	Rural
Richmond Behavioral Health Authority	193,200	60.1	3,215	Urban
Rockbridge Area Community Services Board	39,300	1,140.9	34	Rural
Southside Community Services Board	86,700	2,009.5	43	Rural
Valley Community Services Board	112,500	1,421.4	79	Rural
Virginia Beach Department of Human Services	434,000	248.3	1,748	Urban
Western Tidewater Community Services Board	133,900	1,324.0	101	Rural
TOTALS	7,481,500	39,598.4	189	NA

2006 Overview of Community Services Delivery in Virginia

Overview Summary

2006 Community Services Board Region Populations				
2004 Final Estimates, Weldon Cooper Center at UVA (official state population figures)				
Region	Population	Area	Density	U/R
Northwestern Virginia (HPR 1)	1,354,500	12,695.4	107	Rural
Northern Virginia (HPR 2)	2,010,900	1,315.1	1,529	Urban
Southwestern Virginia (HPR 3)	1,075,100	11,667.9	92	Rural
Central Virginia (HPR 4)	1,272,600	8,837.1	144	Rural
Eastern Virginia (HPR 5)	1,768,400	5,082.9	348	Urban
TOTALS	7,481,500	39,598.4	189	NA

The two preceding tables display the population, geographical area, population density, and urban or rural classification of the 40 CSBs and the five health planning regions (HPRs) in Virginia. Each CSB's HPR identification is contained in the CSB Address List, mentioned at the bottom of page 3, and is listed in the table on page 5. The following table groups CSBs by population size (small, medium, or large).

2006 Classification of Community Services Boards by Population Size			
Community Services Board Populations (2004 Final Estimates): 7,481,500 total			
14 Large Population Community Services Boards [200,000 + people]: 4,656,400 total			
Community Services Board	Population	Community Services Board	Population
Blue Ridge Behavioral Healthcare	242,500	Loudoun County CSB	244,000
Central Virginia Community Services	232,100	Norfolk CSB	235,200
Chesapeake CSB	210,600	Northwestern Community Services	201,600
Chesterfield CSB	282,400	Prince William County CSB	396,600
Fairfax-Falls Church CSB	1,043,700	Rappahannock Area CSB	291,200
Hampton-Newport News CSB	326,400	Region Ten CSB	213,500
Henrico Area MH&R Services	302,600	Virginia Beach Dept. of Human Services	434,000
14 Medium Population Community Services Boards [100,000 - 200,000 people]: 2,011,000 total			
Alexandria CSB	133,000	Mt. Rogers MH&MR Services Board	119,800
Arlington CSB	193,600	New River Valley Community Services	166,700
Colonial Services	142,300	Piedmont Community Services	138,600
Danville-Pittsylvania Comm. Services	107,400	Rappahannock-Rapidan CSB	150,600
District 19 CSB	169,700	Richmond Behavioral Health Authority	193,200
Harrisonburg-Rockingham CSB	113,700	Valley CSB	112,500
Middle Peninsula-Northern Neck CSB	136,000	Western Tidewater CSB	133,900
12 Small Population Community Services Boards [Less than 100,000 people]: 814,100 total			
Alleghany Highlands Comm. Services	22,800	Hanover County CSB	94,800
Crossroads Services Board	99,000	Highlands Community Services	68,800
Cumberland Mountain Comm. Services	98,300	Planning District One BH Services	93,900
Dickenson County Behavioral Health	16,300	Portsmouth DBHS	98,200
Eastern Shore Community Services	51,800	Rockbridge Area CSB	39,300
Goochland-Powhatan Comm. Services	44,200	Southside CSB	86,700

2006 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

Introduction

A community services board (CSB) can be classified or categorized in several ways: number of cities and counties served, total budget size, urban or rural population density, and its relationship with its local government or governments. In this overview, community services boards, behavioral health authorities, and local government departments with a policy-advisory CSBs are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

- A. Number of Localities Served:** Since 1968, the 134 local governments (cities or counties) in Virginia have established 40 CSBs.

Eleven CSBs serve one city or county: Alexandria, Arlington, Chesapeake, Chesterfield, Dickenson County, Hanover County, Loudoun County, Norfolk, Portsmouth, Richmond, and Virginia Beach

Seven CSBs serve two localities: Alleghany Highlands, Danville-Pittsylvania, Eastern Shore, Goochland-Powhatan, Hampton-Newport News, Harrisonburg-Rockingham, and Highlands

Five CSBs serve three localities: Cumberland Mountain, Fairfax-Falls Church, Henrico Area, Prince William County, and Southside

Six CSBs serve four localities: Colonial, Piedmont, Planning District One, Rockbridge Area, Valley, and Western Tidewater

Four CSBs serve five localities: Blue Ridge, New River Valley, Rappahannock Area, and Rappahannock-Rapidan

Four CSBs serve six localities: Central Virginia, Mount Rogers, Northwestern, and Region Ten

One CSB serves seven counties: Crossroads

One CSB serves nine localities: District 19

One CSB serves ten counties: Middle Peninsula-Northern Neck

Historically, distinctions were made among CSBs based on the number of jurisdictions that they served. For instance, CSBs that served a single jurisdiction, referred to as single jurisdiction CSBs, were classified differently for some purposes than CSBs that served more than one city or county, referred to as multi-jurisdictional CSBs. For example, the Department interacted differently with single jurisdiction and multi-jurisdictional CSBs in conducting its Financial Management reviews of them.

In 1998, the General Assembly revised the statute to define three types of CSBs in § 37.2-100 of the *Code of Virginia*. Then, this first classification, based on number jurisdictions served, became largely irrelevant, except as a measure of how complex local government relationships might be for a particular CSB. The remaining classification categories in this overview (total budget size, population density, and relationship with local government) are much more meaningful bases on which to classify or categorize CSBs, for instance for analytical or comparative purposes. Finally, information about CSB staffing is contained at the end of this section (Community Services Boards Classifications) of the overview.

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

B. Total Community Services Board Budget

The total budget of a CSB is at least an indirect 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. The total budget figures in this table include state, local matching, and federal funds; fee revenues, including Medicaid; and other miscellaneous revenues, such as sheltered workshop sales and retained earnings. Budget size is based on total revenues shown in Fiscal Year (FY) 2005 fourth quarter performance contract reports, excluding any one-time grants. The total amount of all revenues in all CSB budgets in FY 2005, the latest year for which information is available, was \$716.79 million.

FY 2005 Community Services Boards Total Budgets (Revenues)					
Rank	CSB	Amount	Rank	CSB	Amount
Large Budget (\$20 Million Plus) Community Services Boards (12 CSBs)					
7	Alexandria CSB	23.68	2	Hampton-Newport News CSB	41.27
11	Arlington CSB	21.13	4	Henrico Area MH&R Services	25.12
8	Blue Ridge Behavioral Healthcare	21.65	12	Prince William County CSB	20.76
6	Central Virginia Community Services	25.55	9	Region Ten CSB	23.06
5	Chesterfield CSB	25.82	3	Richmond BHA	30.15
1	Fairfax-Falls Church CSB	120.10	10	Virginia Beach Dept. of H.S.	21.48
Medium Budget (\$10 to \$20 Million) Community Services Boards (17 CSBs)					
22	Chesapeake CSB	13.21	18	New River Valley Com. Services	15.40
29	Colonial Services	10.08	15	Norfolk CSB	18.17
25	Crossroads Services Board	11.64	28	Northwestern Comm. Services	10.49
19	Cumberland Mountain Com. Services	14.93	24	Piedmont Community Services	12.00
27	Danville-Pittsylvania Com. Services	10.95	17	Rappahannock Area CSB	15.94
16	District 19 CSB	16.57	26	Rappahannock-Rapidan CSB	11.10
14	Loudoun County CSB	18.96	20	Valley CSB	14.58
23	Middle Peninsula-Northern Neck CSB	12.48	21	Western Tidewater CSB	14.20
13	Mount Rogers Community MH&MR	19.24			
Small Budget (Less Than \$10 Million) Community Services Boards (11CSBs)					
38	Alleghany Highlands Comm. Services	5.04	31	Highlands Community Services	9.03
40	Dickenson County Behavioral Health	2.19	30	Planning District One BHS	9.81
35	Eastern Shore Community Services	6.97	33	Portsmouth DBHS	8.69
39	Goochland-Powhatan Comm. Services	4.58	37	Rockbridge Area CSB	6.34
32	Hanover County CSB	8.95	34	Southside CSB	8.54
36	Harrisonburg-Rockingham CSB	6.92			

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

The following table combines information from the population size table near the beginning of this overview and the total budget table on the preceding page to categorize CSBs by population size and total budget size.

2006 Combined Community Services Board Characteristics: Population and Budget Size			
	Small Population Less Than 100,000 (12 CSBs)	Medium Population 100,000 to 200,000 (14 CSBs)	Large Population More Than 200,000 (14 CSBs)
Large Budget (12 CSBs)		Alexandria Arlington Richmond BHA	Blue Ridge Central Virginia Chesterfield Fairfax-Falls Church Hampton-Newport News Henrico Area Prince William County Region Ten Virginia Beach
Medium Budget (17 CSBs)	Crossroads Cumberland Mountain	Colonial Danville-Pittsylvania District 19 Middle Peninsula-Northern Neck Mount Rogers New River Valley Piedmont Rappahannock-Rapidan Valley Western Tidewater	Chesapeake Loudoun County Norfolk Northwestern Rappahannock Area
Small Budget (11 CSBs)	Alleghany Highlands Dickenson County Eastern Shore Goochland-Powhatan Hanover County Highlands Planning District One Portsmouth DBHS Rockbridge Area Southside	Harrisonburg-Rockingham	

Budget Size is based on FY 2005 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

Population Size: Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people. Population statistics are based on the 2004 Final Estimates, Weldon Cooper Center For Public Service at the University of Virginia (official state population figures).

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

C. Population Density: Urban and Rural CSB Service Areas

CSBs with population densities of 175 people or more per square mile are classified as urban; CSBs with less than 175 people per square mile are categorized as rural. The 40 CSBs are listed alphabetically in the urban and rural sections of the following table. 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), based on the 2004 Final Estimates, from the Weldon Cooper Center for Public Service at the University of Virginia (the official state population figures).

2006 Community Services Board Catchment Area Population Density					
Rank	CSB	Density	Rank	CSB	Density
Urban Community Services Boards (17): 175 or More People per Square Mile					
1	Alexandria (24)	8,693	13	Henrico Area (5)	480
2	Arlington (15)	7,475	14	Loudoun County (8)	469
16	Blue Ridge (9)	205	3	Norfolk (10)	4,372
11	Chesapeake (13)	618	5	Portsmouth (31)	2,967
10	Chesterfield (7)	663	9	Prince William County (3)	1,132
12	Colonial (20)	522	15	Rappahannock Area (6)	209
7	Fairfax-Falls Church (1)	2,585	4	Richmond (16)	3,215
6	Hampton-Newport News (4)	2,718	8	Virginia Beach (2)	1,748
17	Hanover County (32)	201			
Rural Community Services Boards (23): Less Than 175 People per Square Mile					
36	Alleghany Highlands (39)	50	35	Mount Rogers (25)	54
22	Central Virginia (11)	109	21	New River Valley (18)	114
39	Crossroads (29)	36	19	Northwestern (14)	123
34	Cumberland Mountain (30)	66	27	Piedmont (21)	88
23	Danville-Pittsylvania (28)	106	32	Planning District One (33)	68
37	Dickenson County (40)	49	31	Rappahannock-Rapidan (19)	77
26	District 19 (17)	88	25	Region Ten (12)	99
30	Eastern Shore (36)	78	40	Rockbridge Area (38)	34
28	Goochland-Powhatan (37)	81	38	Southside (34)	43
18	Harrisonburg-Rockingham (26)	131	29	Valley (27)	79
20	Highlands (35)	119	24	Western Tidewater (23)	101
33	Middle Peninsula-Northern Neck (22)	67			

The table on the next page categorizes CSBs by the combined characteristics of budget size, population density, population size, and type of CSB (operating CSB, administrative policy CSB, local government department with a policy-advisory CSB, or behavioral health authority).

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

2006 Combined Characteristics of Community Services Boards		
Budget Size, Population Density, and Population Size	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy Advisory CSB (1)
Large Budget, Urban, Large Population (7)	Blue Ridge Hampton-Newport News	Chesterfield, Fairfax-Falls Church, Henrico Area, Prince William County, Virginia Beach
Large Budget, Urban, Medium Population (3)	Richmond BHA	Alexandria Arlington
Large Budget, Rural, Large Population (2)	Central Virginia Region Ten	
Medium Budget, Urban, Large Population (4)	Norfolk Rappahannock Area	Chesapeake Loudoun County
Medium Budget, Urban, Medium Population (1)	Colonial	
Medium Budget, Rural Large Population (1)	Northwestern	
Medium Budget, Rural, Medium Population (9)	Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, Mount Rogers, New River Valley, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater	
Medium Budget, Rural, Small Population (2)	Crossroads Cumberland Mountain	
Small Budget, Urban, Small Population (2)		Hanover County Portsmouth DBHS
Small Budget, Rural, Medium Population (1)	Harrisonburg-Rockingham	
Small Budget, Rural, Small Population (8)	Alleghany Highlands, Dickenson County, Eastern Shore, Goochland-Powhatan, Highlands, Planning District One, Rockbridge Area, Southside	

Budget Size is based on FY 2005 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

Population Density: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile. Population statistics are based on the 2004 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures)

Population Size: Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people.

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

D. Community Services Board Relationship with Local Government: Types of CSBs

A meaningful classification of community services boards is the relationship between a CSB and its local government or governments. While CSBs are agents of the local governments that established them, most CSBs are not city or county government departments. Section 37.2-100 of the *Code of Virginia* defines three types of CSBs. Chapter 6 of Title 37.2 of the *Code of Virginia* authorizes behavioral health authorities (BHAs) to provide community services in two cities and one county.

Operating community services board or ***operating board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the *Code of Virginia* 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, mental retardation, and substance abuse services. The operating CSB or operating board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the *Code*. Operating CSB or operating board also includes the organization that provides such services, through its own staff or through contracts with other organizations and providers. The 28 operating CSBs employ their own staff and are not city or county government departments.

Administrative policy community services board or ***administrative policy board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the *Code of Virginia* 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, mental retardation, and substance abuse services. The administrative policy CSB or administrative policy board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the *Code of Virginia*. Mental health, mental retardation, and substance abuse services are provided through local government staff or through contracts with other organizations and providers. The 10 administrative policy CSBs do not employ their own staff. Seven administrative policy CSBs are city or county government departments; three administrative policy boards are not local government departments, but they use local government staff to provide services.

Policy-advisory community services board or ***policy-advisory board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the *Code of Virginia* 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, mental retardation, and substance abuse services pursuant to § 37.2-504 A and § 37.2-505 of the *Code of Virginia*. The policy-advisory CSB or policy-advisory board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 B of the *Code of Virginia*. The policy-advisory board has no operational powers or duties; it is an advisory board to the local government department. There is one local government department with a policy-advisory CSB, the Portsmouth Department of Behavioral Healthcare Services.

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

Behavioral health authority (BHA) or **authority** means a public body and a body corporate and politic organized in accordance with the provisions of Chapter 6 of Title 37.2 of the *Code of Virginia* that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, mental retardation, and substance abuse services. BHA or authority also includes the organization that provides such services through its own staff or through contracts with other organizations and providers. Chapter 6 authorizes Chesterfield, Richmond, and Virginia Beach to establish authorities; a BHA exists only in Richmond. A BHA most closely resembles an operating CSB, but it has several powers or duties, listed in § 37.2-605 of the *Code of Virginia*, that are not given to CSBs.

Section 37.2-500 of the *Code of Virginia* requires each city and county to designate the type of CSB that it has already established. This requirement was effective on July 1, 1998. The following table shows the designation status for each CSB.

Community Services Board Designation Status			
Name of CSB	Type	Name of CSB	Type
Alexandria ¹	Admin Policy	Highlands	Operating
Alleghany Highlands	Operating	Loudoun County ¹	Admin Policy
Arlington ¹	Admin Policy	Middle Peninsula-Northern Neck	Operating
Blue Ridge	Operating	Mount Rogers	Operating
Central Virginia	Operating	New River Valley	Operating
Chesapeake ¹	Admin Policy	Norfolk	Operating
Chesterfield ¹	Admin Policy	Northwestern	Operating
Colonial	Operating	Piedmont	Operating
Crossroads	Operating	Planning District One	Operating
Cumberland Mountain	Operating	Portsmouth DBHS ¹	LG Dept. ²
Danville-Pittsylvania	Operating	Prince William County	Admin Policy
Dickenson County	Operating	Rappahannock Area	Operating
District 19	Operating	Rappahannock-Rapidan	Operating
Eastern Shore	Operating	Region Ten	Operating
Fairfax-Falls Church	Admin Policy	Richmond BHA	BHA
Goochland-Powhatan	Operating	Rockbridge Area	Operating
Hampton-Newport News	Operating	Southside	Operating
Hanover County	Admin Policy	Valley	Operating
Harrisonburg-Rockingham	Operating	Virginia Beach ¹	Admin Policy
Henrico Area ¹	Admin Policy	Western Tidewater	Operating

¹ Actual city or county government department (7 CSBs and the Portsmouth DBHS)

² The only local government department with a policy-advisory CSB

There are:

28 operating CSBs

10 administrative policy CSBs

1 local government department with a policy-advisory CSB

1 behavioral health authority

2006 Overview of Community Services Delivery in Virginia

Community Services Boards Classifications

E. Community Services Board Staffing

The ten administrative policy CSBs and the one local government department with a policy-advisory CSB (Portsmouth) use local government staff to deliver services. The staff in directly-operated programs of these CSBs are employees of those local governments. Seven single jurisdiction CSBs and one multi-jurisdictional CSB (Henrico Area) operate as city or county government departments. These CSBs are:

Alexandria CSB	Henrico Area Mental Health & Retardation Services
Arlington CSB	Loudoun County CSB
Chesapeake CSB	Portsmouth Department of Behavioral Healthcare Services
Chesterfield CSB	Virginia Beach Department of Human Services

One single jurisdiction administrative policy CSB (Hanover County) and 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.

Staff of the 28 operating community services boards are employees of those CSBs, and staff of the Richmond Behavioral Health Authority (RBHA) are employees of the RBHA.

The numbers of full-time equivalents (FTEs) by program area (mental health, mental retardation, and substance abuse) and for administration are listed below for programs that are operated directly by CSBs. A full-time equivalent is not the same thing as a position. For example, a part-time position that is staffed for 20 hours per week is one position; but it is a one-half FTE. Thus, the number of FTEs in an organization will usually be less than the number of positions; but the number of FTEs is a more accurate indicator of the personnel resources available to deliver services or provide administrative support for those services.

2006 Community Services Board Staffing				
Program Area	Consumer Service FTEs	Support Staff FTEs	Total FTEs	Percent
Mental Health	3,475.67	869.07	4,344.74	40.19
Mental Retardation	3,062.02	567.24	3,629.26	33.57
Substance Abuse	1,464.62	306.33	1,770.95	16.38
Administration	0.00	1,065.69	1,065.69	9.86
Total FTEs	8002.31	2,808.33	10,810.64	100.00
Percent	74.02	25.98	100.00	

SOURCE: FY 2006 community services performance contracts

2006 Overview of Community Services Delivery in Virginia

Part III: Board Composition, Responsibilities, and Roles

A. Community Services Board (CSB) Board Composition

The board of directors 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 of Virginia* govern CSB appointments; § 37.2-602 and § 37.2-603 govern behavioral health authority (BHA) appointments. Members are eligible to serve no more than three full three-year terms, exclusive of filling vacancies (partial terms). Appointments run from July 1 to June 30 or January 1 to December 31. All appointments may not be filled at any particular point during each year. Information about board member appointments is displayed below. CSBs provide this information in their performance contracts with the Department. All years in the following tables are fiscal years (July 1 through June 30), rather than calendar years.

Filled and Vacant Board Appointments										
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Filled	482	483	486	493	489	495	493	489	493	505
Vacant	18	30	25	20	24	22	24	30	29	19
Total	500	513	511	513	513	517	517	519	522	524

Numbers of Consumers and Family Members on Community Services Boards								
Percent means percent of total board members	1991		1993		1995		1996	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Consumers	2	.41	17	3.44	10	2.03	11	2.30
Family Members	54	11.02	90	18.22	70	14.20	80	16.74
Subtotal	56	11.43	107	21.66	80	16.23	91	19.04
TOTAL Members	490	100.00	494	100.00	493	100.00	478	100.00
	1997		1998		1999		2000	
Consumers	15	3.11	20	4.14	47	9.67	40	8.11
Family Members	96	19.92	96	19.87	118	24.28	144	29.21
Subtotal	111	23.03	116	24.01	165	33.95	184	37.32
TOTAL Members	482	100.00	483	100.00	486	100.00	493	100.00
	2001		2002		2003		2004	
Consumers	47	9.61	39	7.88	36	7.30	42	8.59
Family Members	121	24.74	140	28.28	145	29.41	139	28.42
Subtotal	168	34.35	179	36.16	181	36.71	181	37.01
TOTAL Members	489	100.00	495	100.00	493	100.00	489	100.00
	2005		2006		2007		2008	
Consumers	48	9.74	45	8.91				
Family Members	139	28.19	143	28.32				
Subtotal	187	37.93	188	37.23				
TOTAL Members	493	100.00	505	100.00				

2006 Overview of Community Services Delivery in Virginia

Board Composition, Responsibilities, and Roles

Sections 37.2-501 and 37.2-602 of the *Code of Virginia* require that appointments to CSBs or BHAs be broadly representative of the community. It further requires that one-third of the appointments be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom shall be a consumer receiving services. These sections do not specify how or to whom consumers and family members are identified. Section 37.2-100 of the *Code of Virginia* defines consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. It defines family member as an immediate family member of the consumer or the principal caregiver of a consumer. A principal caregiver is defined as a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the consumer.

B. Relationships Between CSBs and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (Department)

CSBs are agents of the local governments that established them; they are not part of the Department. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 of the *Code of Virginia*, State Board policies and regulations, and other applicable state or federal statutes or regulations. The Department:

- contracts with CSBs for local mental health, mental retardation, and substance abuse services;
- licenses CSBs and other providers to deliver services;
- monitors the operations of CSBs through performance contract reports, community consumer submission extracts, other reports, and reviews of CPA audits;
- provides funds, consultation, technical assistance, guidance, and direction to CSBs; and
- 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 system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available on the agency's web site at www.dmhmrzas.virginia.gov, describes this arrangement.

C. Community Services Board Powers, Duties, and Responsibilities

Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, and 37.2-508 of the *Code of Virginia* contain the following powers and duties of a CSB or local government department with a policy-advisory CSB. The powers and duties of a behavioral health authority, contained in § 37.2-605, § 37.2-606, and § 37.2-607, are the same or very similar to those of an operating CSB, except a BHA has several additional powers and duties.

1. Function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care.
2. Review and evaluate public and private community mental health, mental retardation, and substance abuse 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.

2006 Overview of Community Services Delivery in Virginia Board Composition, Responsibilities, and Roles

3. Submit to the governing body of each county or city that established it an annual performance contract for community mental health, mental retardation, and substance abuse 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. For 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. 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. For 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. Institute a reimbursement system to maximize the collection of fees from persons receiving services under its jurisdiction or supervision and from responsible third party payors. All fees collected shall be included in the performance contract and used only for community mental health, mental retardation, and substance abuse purposes.
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 of Rehabilitative Services offices. The agreements shall specify the services to be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
14. Develop and submit to the Department information needed to prepare the Comprehensive State Plan for mental health, mental retardation, and substance abuse services.

2006 Overview of Community Services Delivery in Virginia Board Composition, Responsibilities, and Roles

15. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers 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 consumers and family members of consumers 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 individual consumers 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 and local government departments with 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 operating boards, 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. 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.
21. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any person 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 plan shall include the mental health, mental retardation, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the consumer will need upon discharge. The plan shall identify the public or private agencies that have agreed to provide these services. No person shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
22. Submit an annual performance contract to the Department.
23. 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 consumer care position with the CSB, pursuant to § 37.2-506.
24. 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 consumers in the CSB's services and comply with other provisions of those regulations.
25. Satisfy the applicable licensing regulations, adopted pursuant to § 37.2-403 et seq. of the *Code of Virginia*, for services that the CSB operates.

D. Community Services Board Roles

Inherent in the enabling legislation is the concept of a community services board, including its board of directors, as an accountable service provider. A CSB is accountable to the consumers that it serves and their families, its local government(s), communities in its service area, the

2006 Overview of Community Services Delivery in Virginia

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:** The CSB must structure and manage its internal organization so that it can effectively discharge its statutory powers and duties.
2. **Financial:** The CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures, fulfilling its fiduciary responsibilities.
3. **Programmatic:** The CSB must provide services and supports that promote recovery, self-determination, empowerment, resilience, health, and the highest level of consumer participation 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 reflective of evidence-based or best practices.

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

- A CSB, as the local agency responsible for providing public mental health, mental retardation, and substance abuse services, is a source of professional expertise and a channel for the concerns of individuals. It 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 must actively seek, facilitate, and value input from and participation by consumers, family members, other agencies, advocacy groups, and other individuals.
- A CSB functions as a **community organizer** as it coordinates the development of needed services in the community. To do this, a CSB must work closely with public and private human services agencies, consumers, family members, and advocacy groups.
- A CSB is also a **community planner**, planning the development of services and facilities to meet identified needs and working with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community, providing information, evaluations, referrals, and assistance to and generating 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, and for community acceptance of and support for consumers and the CSB's services.

Among these many responsibilities and roles, four define the essential nature of a CSB; others support or complement these four roles. Fundamentally, a community services board is:

1. the **single point of entry** into publicly funded mental health, mental retardation, and substance abuse services for its service area, including access to state hospital and training center services through preadmission screening, case management, and coordination of services;
2. a **provider** of services, directly and through contracts with other organizations and providers,
3. an **advocate** for consumers and services, and
4. the local **focal point of accountability and responsibility** for services and resources.

2006 Overview of Community Services Delivery in Virginia

Part IV: Community Services Board Services

In FY 2005 (July 1, 2004 through June 30, 2005), CSBs offered varying combinations of six core services, directly and through contracts: emergency, local inpatient, outpatient and case management, day support, residential, and prevention and early intervention. Tables 1 through 5 on the following pages display information derived from fourth quarter (annual) performance contract reports submitted by the CSBs about numbers of consumers served, static capacities available, units of services provided, and characteristics of the consumers served in FY 2005, the latest year for which this information is available. Services, beds and slots, units of service, and consumers are defined in the Core Services Taxonomy, issued by the Department and available on its web site at www.dmhmrzas.virginia.gov. In FY 2006, the new Core Services Taxonomy 7 split some of the existing core services categories; the new taxonomy includes nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited services.

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, mental retardation, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver (with plans of care case managed by CSBs) and mental health clinic and inpatient services.

The table below displays trends by program area (mental health, mental retardation, or substance abuse services) in numbers of consumers served by CSBs since FY 1986. Consumers served are not unduplicated numbers in this table. Some consumers received more than one type of service in a program area and sometimes received services in more than one program area. Variations from year to year reflect several factors, including changing service definitions and occasional budget reductions.

Trends in Consumers Served by Community Services Boards				
Fiscal Year	Mental Health	Mental Retardation	Substance Abuse	Totals
1986	135,182	20,329	52,942	208,453
1988	161,033	22,828	80,138	263,999
1990	152,811	30,198	101,816	284,825
1991	161,536	28,493	103,288	293,317
1992	160,115	27,525	78,358	265,998
1993	158,363	27,610	80,359	266,332
1994	168,208	28,680	87,863	284,751
1995	177,320	29,141	88,471	294,932
1996	174,126	30,006	90,750	294,882
1997	179,607	30,655	90,430	300,692
1998	185,647	32,509	96,556	314,712
1999	178,279	33,087	93,436	304,802
2000	180,783	26,086	88,186	295,055
2001	178,420	33,238	102,037	313,695
2002	176,735	33,933	91,904	302,572
2003	180,110	34,103	86,979	301,102
2004	181,396	35,038	78,008	294,442
2005	188,289	39,414	76,141	303,844

2006 Overview of Community Services Delivery in Virginia

Table 1: FY 2005 Community Services Board Consumers Served by Core Service				
Program Area Core Service	Mental Health	Mental Retardation	Substance Abuse	Grand Totals
Emergency Services	42,768		8,665	51,433
Adult Psychiatric or Substance Abuse Inpatient	3,279		97	3,376
Community-Based SA Medical Detox Inpatient			1,465	1,465
Total Local Inpatient Services	3,279		1,562	4,841
Outpatient Services	76,445	138	37,601	114,184
Intensive In-Home Services	2,584			2,584
Substance Abuse Motivational Treatment			451	451
Case Management Services	45,384	15,801	11,600	72,785
Assertive Community Treatment	706			706
Opioid Detoxification Services			197	197
Opioid Treatment Services			1,932	1,932
Consumer Monitoring Services	73	1,319		1,392
Total Outpatient & Case Management	125,192	17,258	51,781	194,231
Day Treatment/Partial Hospitalization	473		1,583	2,056
Therapeutic Day Treatment - C&A	1,854			1,854
Rehabilitation/Habilitation	5,645	2,454		8,099
Sheltered Employment	51	1,056		1,107
Individual Supported Employment	695	1,170	13	1,878
Group Supported Employment	55	731		786
Alternative Day Support Arrangements	108	482	23	613
Total Day Support Services	8,881	5,893	1,619	16,393
Highly Intensive Residential Services	337	95	4,208	4,640
Intensive Residential Services	202	784	3,806	4,792
Jail-Based Habilitation Services			1,800	1,800
Supervised Residential Services	1,350	572	304	2,226
Supportive Residential Services	5,682	1,286	969	7,937
Family Support Services	129	2,917	6	3,052
Total Residential Services	7,700	5,654	11,093	24,447
Early Intervention Services	469	10,609	1,421	12,499
Total Consumers Served ¹	188,289	39,414	76,141	303,844
Individualized Services Plans ²	580	3,256		3,836
Special Projects ³	2,658		1,738	4,396
Total Unduplicated Consumers	115,173	26,050	53,909	195,132

¹ Total Consumers Served are not unduplicated numbers of individuals. Some consumers receive more than one type of service or services in more than one program area.

² Consumers receiving services through Mental Health Discharge Assistance Plans or the Medicaid Mental Retardation Home and Community-Based Waiver.

³ Consumers receiving services from MH PACT teams (1,019) and non-CSA mandated child and adolescent MH services (1,639) and from SA State Facility Diversion Projects (1,738).

Individualized Services Plans and Special Projects identify numbers of consumers receiving services through these initiatives, but they received and are counted in core services listed above in this table.

2006 Overview of Community Services Delivery in Virginia

Community Services Board Services

With the implementation of the Community Consumer Submission (software that extracts individual consumer data from CSB information systems and transmits the encrypted data to the Department), a totally unduplicated count of consumers at CSBs across all program areas, rather than only in each area, is available. In FY 2005, 174,183 distinct individuals received services from CSBs.

Program Area	Mental	Mental	Substance	Grand
Core Service	Health	Retardation	Abuse	TOTAL
Adult Psychiatric or Substance Abuse Inpatient	77.93		1.27	79.20
Community-Based SA Medical Detox Inpatient			25.74	25.74
Total Local Inpatient Services Beds	77.93		27.01	104.94
Day Treatment/Partial Hospitalization	100.41		235.20	335.61
Therapeutic Day Treatment - C&A	920.00			920.00
Rehabilitation/Habilitation	2,290.00	1,952.80		4,242.80
Sheltered Employment	30.00	919.50		949.50
Group Supported Employment	26.00	685.70		711.70
Total Day Support Services Slots	3,366.41	3,558.00	235.20	7,159.61
Highly Intensive Residential Services	60.15	88.00	137.10	285.25
Intensive Residential Services	154.06	768.00	571.41	1,493.47
Jail-Based Habilitation Services			353.00	353.00
Supervised Residential Services	932.64	504.69	118.00	1,555.33
Total Residential Services Beds	1,146.85	1,360.69	1,179.51	3,687.05

Decimal fractions of beds and slots result from calculating these capacities for contracted services, where a CSB purchases a number of bed days or days of service, which must be converted to numbers of beds or day support slots. For example, 183 bed days of purchased local inpatient services equal one half (.5) of a bed.

Slots means the maximum number of distinct consumers who could be served during a day or a half-day session in most day support programs. It is the number of slots for which the program or service is staffed. For example, in rehabilitation programs, the number of slots is not the total number of members in the whole program, it is the number of members who can be served at the same time during a session.

Beds means the total number of beds for which the facility or program is licensed and staffed or the number of beds contracted for during the contract period.

Provider service hours (used on the next page in Table 3) measure the amount of staff effort related to the provision of services. Provider service hours are hours that are available from all staff who provide direct and consumer-related services to consumers. For staff with multiple responsibilities, such as program managers who provide some consumer services, only the portion of time actually available for those services is counted. For example, if a mental health director serves consumers during 20 percent of the work week, that time should be included in provider service hour calculations as a .2 FTE

2006 Overview of Community Services Delivery in Virginia

Community Services Board Services

Table 3: FY 2005 Community Services Board Services Provided by Core Service				
Program Area	Mental Health	Mental Retardation	Substance Abuse	Grand Totals
Core Service/Unit of Service				
Emergency Provider Service Hours	367,571		49,406	416,977
Adult Psychiatric or Substance Abuse Inpatient	22,651		462	23,113
Community-Based SA Medical Detox Inpatient			7,234	7,234
Total Local Inpatient Bed Days	22,651		7,696	30,347
Outpatient Services	855,141	1,174	505,886	1,362,201
Intensive In-Home Services	245,743			245,743
Substance Abuse Motivational Treatment			1,409	1,409
Case Management Services	1,075,678	549,906	156,510	1,782,094
Assertive Community Treatment	95,546			95,546
Opioid Detoxification Services			21,271	21,271
Opioid Treatment Services			87,749	87,749
Consumer Monitoring Services	3,445	6,837		10,282
Total Outpatient and Case Management Provider Service Hours	2,275,553	557,917	772,825	3,606,295
Day Treatment/Partial Hospitalization	91,331		245,403	336,734
Therapeutic Day Treatment – C&A	753,922			753,922
Rehabilitation/Habilitation	2,876,274	2,307,255		5,183,529
Total Day Support Hours	3,721,527	2,307,255	245,403	6,274,185
Sheltered Employment	6,019	162,610		168,629
Group Supported Employment	5,638	123,062		128,700
Total Day Support Days of Service	11,657	285,672		297,329
Individual Supported Employment	25,083	89,418	75	114,576
Alternative Day Support Arrangements	10,166	29,264	2,407	41,837
Total Day Support Provider Service Hours	35,249	118,682	2,482	156,413
Highly Intensive Residential Services	17,832	30,120	38,043	85,995
Intensive Residential Services	47,933	393,002	167,025	607,960
Jail-Based Habilitation Services			135,929	135,929
Supervised Residential Services	287,204	169,211	30,220	486,635
Total Residential Bed Days	352,969	592,333	371,217	1,316,519
Supportive Residential Services	596,056	914,487	19,322	1,529,865
Total Residential Provider Service Hours	596,056	914,487	19,322	1,529,865
Prevention Services	24,457	5,917	318,374	348,748
Early Intervention Services	7,659	276,015	30,073	313,747
Total Prevention & Early Intervention Provider Service Hours	32,116	281,932	348,447	662,495

Core services in the table above are organized by the different types of service units (i.e., day support hours, days of service, bed days, and provider service hours) in day support and residential services.

2006 Overview of Community Services Delivery in Virginia

Community Services Board Services

Table 4: FY 2005 Unduplicated Numbers of Consumers Served by Age and Gender by Program Area									
Age	Mental Health Services			Mental Retardation Services			Substance Abuse Services		
	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
0-2	456	353	4	5,768	3,467	19	97	68	0
3-12	7,710	4,132	38	1,199	658	4	493	310	4
13-17	7,131	6,320	39	809	507	3	4,657	2,409	16
18-22	4,698	4,043	22	1,238	893	8	4,839	1,943	18
23-59	33,013	36,573	206	5,713	4,739	15	24,995	12,985	85
60-64	1,383	2,260	6	198	225	0	289	129	1
65-74	1,323	2,264	11	199	225	0	187	90	1
75+	776	1,617	17	61	61	0	54	25	6
Unknown	211	255	312	9	12	20	90	73	45
Subtotal	56,701	57,817	655	15,194	10,787	69	35,701	18,032	176
Total	115,173			26,050			53,909		
CSB Total	195,132								

Table 5: FY 2005 Unduplicated Numbers of Consumers Served by Race and Gender by Program Area									
Race	Mental Health Services			Mental Retardation Services			Substance Abuse Services		
	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
Alaskan	30	40	0	11	6	0	17	14	0
Asian	679	729	5	359	265	0	341	87	1
Black	17,051	15,149	34	4,105	2,937	6	11,838	5,563	13
Indian	198	186	1	22	24	0	134	73	0
Other	2,448	2,578	10	943	619	3	2,492	724	0
White	34,821	37,542	64	9,240	6,619	9	20,146	11,222	34
Unknown	280	306	55	174	123	10	190	60	12
Not Coll.	1,194	1,287	486	340	194	41	543	289	116
Subtotal	56,701	57,817	655	15,194	10,787	69	35,701	18,032	176
Total	115,173			26,050			53,909		
CSB Total	195,132								

With the implementation of the Community Consumer Submission in FY 2004, a totally unduplicated count of consumers at CSBs across all program areas, rather than only in each area, was available for the first time. In FY 2005, 174,183 distinct individuals received services from CSBs. The difference between that figure and the sum of the unduplicated number of consumers in each program area, shown in the tables above, gives some indication of the numbers of consumers who may be receiving services in more than one program area: 20,949 individuals in FY 2005.