

2018 Overview of Community Services in Virginia - Part 1: Introduction

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This overview describes the structure that provides public community mental health, developmental, and substance use disorder services to individuals with mental health or substance use disorders, developmental disabilities, or co-occurring disorders. Thirty-seven operating or administrative policy community services boards (CSBs), one behavioral health authority (BHA), and two local government departments with policy-advisory CSBs provide these public services. Refer to page 12 for definitions of these CSBs and the BHA. In this overview, CSBs refer to CSBs, the BHA, and policy-advisory CSBs, unless the context clearly indicates otherwise.

CSBs are by statute the single points of entry into publicly funded mental health, substance use disorder, and developmental 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) licensed 1,053 primarily private providers (including 718 new providers) that delivered 2,818 services at 9,158 locations in Fiscal Year (FY) 2017. Besides serving many individuals through contracts with CSBs, private providers serve thousands of other individuals directly. The vital role of private providers is demonstrated in the table below (source: DMAS email dated 3-06-2018). Private providers received 80 percent of Medicaid payments for community behavioral health and developmental services in FY 2017.

FY 2017 Medicaid Payment for Behavioral Health and Developmental Services					
Services	CSBs	Percent	Private Providers	Percent	Total Payments
Case Management	\$156,908,631	100.00%	\$0	0.00%	\$156,908,631
Behavioral Health	\$118,890,017	12.51%	\$831,287,788	87.49%	\$950,177,805
Developmental	\$111,058,168	13.65%	\$702,427,442	86.35%	\$813,485,610
Total Payments	\$386,856,816	20.14%	\$1,533,715,230	79.86%	\$1,920,572,046

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- 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 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 city councils and boards of supervisors* 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; one exists in Richmond. Section 3.D of this overview contains more information about the types of CSBs. CSB includes board members and the organization that provides services, unless the context clearly indicates otherwise. CSB boards consist of no less than six and no more than 18 members appointed by the city councils and county boards of supervisors that established the CSBs. Operating and administrative policy CSBs and the BHA are guided and administered by boards of directors (BODs) with statutory fiduciary and management authority and responsibilities. Policy-advisory CSB boards advise their local government departments.

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 <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services> under Performance Contract Documents. Operating CSBs and the BHA 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 relationship with all CSBs is based on the community services performance contract required by § 37.2-508 of the Code and available on the web page above, other applicable provisions in Title 37.2 of the Code, and State Board of Behavioral Health and Developmental Services policies and licensing and human rights regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to all 40 CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Each clinic had a local advisory board. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 in Title 37.1 of the Code, 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. In many instances, the state mental hygiene clinic and its advisory board became the nucleus of the CSB. The table on the next page shows the date each CSB was established and the order in which they were established. The map on the page following the table shows the location of each CSB using the map key in the table. Please contact Paul R. Gilding, the Department's Director of Support Services, at paul.gilding@dbhds.virginia.gov or (804) 786-4982 with any questions about CSBs or this overview.

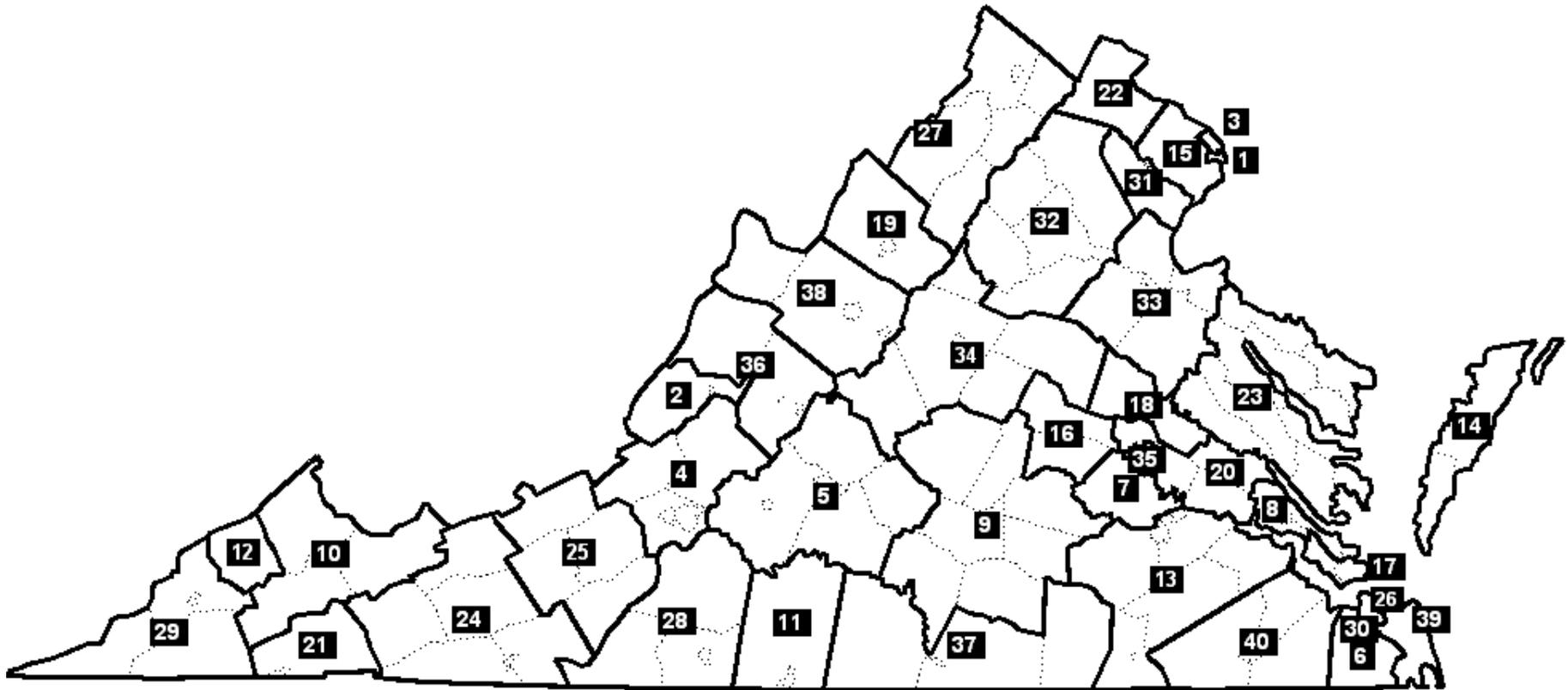
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Establishment of Community Services Boards ¹	Map Key	Date	Order
Alexandria Community Services Board	1	03-25-69	7
Alleghany Highlands Community Services Board	2	12-08-81	37
Arlington County Community Services Board	3	11-23-68	2
Blue Ridge Behavioral 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

¹ 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 <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services>.

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Map of CSB Locations

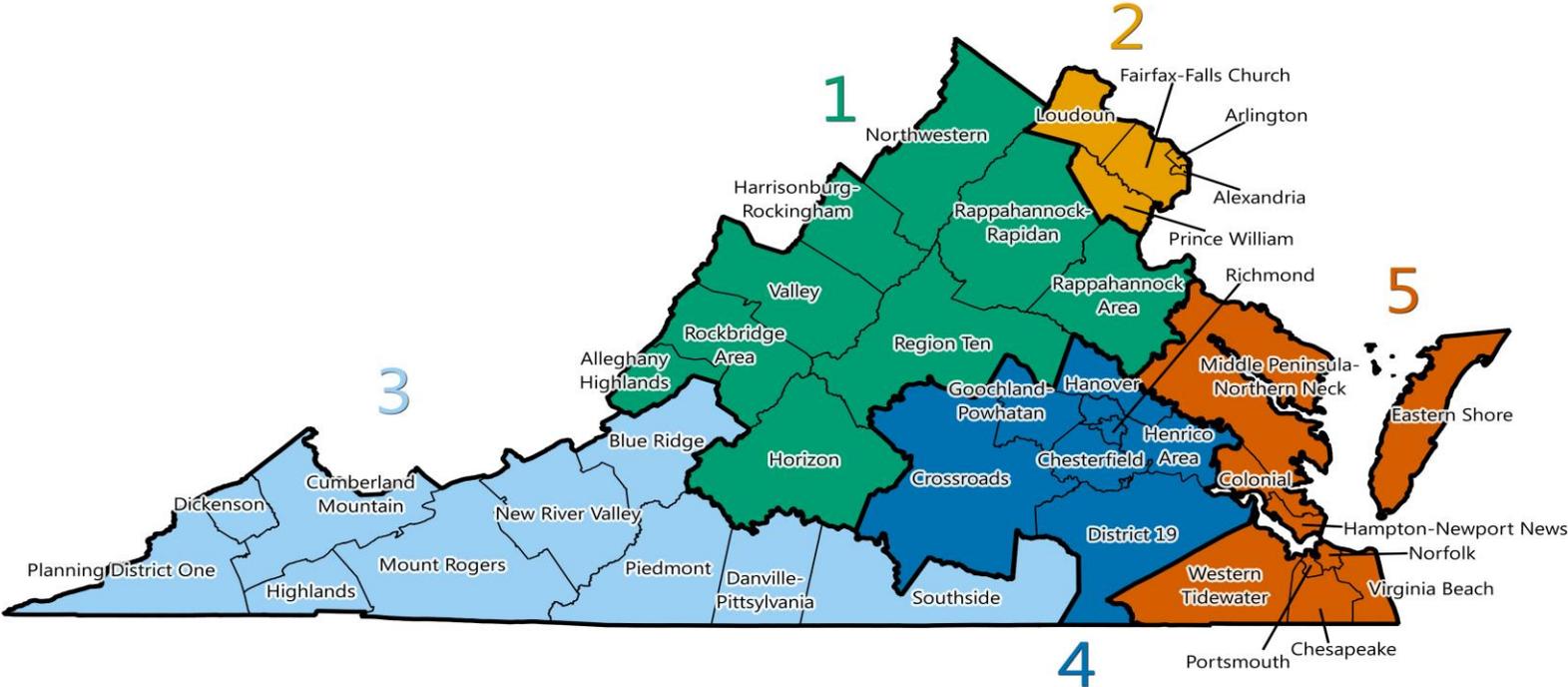


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The following table lists CSBs by primary DBHDS region, including two sub-regions related to the catchment areas of Catawba Hospital (sub-region 3.a.) and Southern Virginia Mental Health Institute (sub-region 3.b.). The following Department divisions 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 and Licensing and the Business Analytics Center of Excellence; and Policy and Public Information. The map on the next page shows the primary DBHDS regions. The Department no longer uses health planning regions (HPRs), the geographic areas covered by regional health planning agencies, or partnership planning regions (PPRs), formerly linked with state hospital catchment areas.

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 Mental Health, Substance Abuse and Developmental Services	Fairfax-Falls CSB Prince William County CSB
Region 3 Southwestern Virginia (10 CSBs)	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 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)	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover County CSB Henrico Area Mental Health and Developmental Services Board Richmond Behavioral Health Authority	
Region 5 Eastern Virginia (9 CSBs)	Chesapeake Integrated Behavioral Healthcare Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB	

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Primary DBHDS Regions for Community Services Boards

Office of Data Quality and Visualization

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The Department first funded local services through CSBs in FY 1971, distributing \$480,078 to 14 CSBs. In FY 2017, the Department disbursed \$373 million of state and federal grant funds to 40 CSBs. Also, more than \$213 million of state funds matched the federal share of Medicaid payments to CSBs for case management, mental health (MH) clinic, community MH rehabilitation, substance use disorder, ARTS Waiver, GAP, 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 wellness 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 disabilities, 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, available at <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services> 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.

2018 Combined 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 (8)	Hampton-Newport News, Rappahannock Area, Richmond♦	Alexandria, Arlington, Chesterfield, Loudoun County* Virginia Beach
Large Budget Rural CSB (4)	Horizon, Mount Rogers, New River Valley, Region Ten	
Medium Budget Urban CSBs (5)	Blue Ridge	Chesapeake, Henrico Area, Norfolk, Prince William County
Medium Budget Rural CSBs (7)	Cumberland Mountain, Danville-Pittsylvania, Highlands, Middle Peninsula-Northern Neck, Piedmont, Valley, Western Tidewater	
Small Budget Urban CSBs (3)	Colonial	Hanover County, Portsmouth*
Small Budget Rural CSBs (12)	Alleghany Highlands, Crossroads, Dickenson, District 19, Eastern Shore, Goochland-Powhatan, Harrisonburg-Rockingham, Northwestern, Planning District One, Rappahannock-Rapidan, Rockbridge Area, Southside	

Budget Size: Very Large = \$100 million plus, Large = \$36 to \$100 million, Medium = \$19 to \$36 million, Small = less than \$19 million; source: FY 2017 Community Automated Reporting System (CARS) reports

Population Density: Urban = 200 or more people/sq. mile; Rural = less than 200 people/sq. mile

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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.

2018 CSB Populations (2017 Estimates, Weldon Cooper Center for Public Service, UVA)				
CSB	Population	Area	Density	U/R
Alexandria Community Services Board	160,719	15.3	10,504	Urban
Alleghany Highlands Community Services Board	21,255	453.4	47	Rural
Arlington County Community Services Board	239,074	25.9	9,231	Urban
Blue Ridge Behavioral Healthcare	257,801	1,181.0	218	Urban
Chesapeake Integrated Behavioral Healthcare	242,655	340.7	712	Urban
Chesterfield Community Services Board	340,020	425.7	799	Urban
Colonial Behavioral Health	171,327	272.6	628	Urban
Crossroads Community Services Board	103,451	2,761.4	37	Rural
Cumberland Mountain Community Services Board	91,887	1,498.4	61	Rural
Danville-Pittsylvania Community Services Board	103,524	1,014.0	102	Rural
Dickenson County Behavioral Health Services	14,682	332.7	44	Rural
District 19 Community Services Board	173,056	1,931.4	90	Rural
Eastern Shore Community Services Board	45,041	662.0	68	Rural
Fairfax-Falls Church Community Services Board	1,181,523	403.8	2,926	Urban
Goochland-Powhatan Community Services	51,871	545.8	95	Rural
Hampton-Newport News Community Services Board	318,898	120.1	2,655	Urban
Hanover County Community Services Board	106,375	472.8	225	Urban
Harrisonburg-Rockingham Community Services Board	135,355	868.8	156	Rural
Henrico Area Mental Health & Developmental Services	353,255	630.4	560	Urban
Highlands Community Services Board	70,949	575.8	123	Rural
Horizon Behavioral Health	261,208	2,124.5	123	Rural
Loudoun Co. Dept. of MH, SA & Developmental Services	396,068	519.9	762	Urban
Middle Peninsula-Northern Neck CSB	141,277	2,028.3	70	Rural
Mount Rogers Community Services Board	117,549	2,201.4	53	Rural
New River Valley Community Services	183,054	1,458.0	126	Rural
Norfolk Community Services Board	246,256	53.8	4,577	Urban
Northwestern Community Services Board	233,566	1,637.5	143	Rural
Piedmont Community Services Board	139,714	1,568.7	89	Rural
Planning District One Behavioral Health Services	89,755	1,384.5	65	Rural
Portsmouth Dept. of Behavioral Healthcare Services	95,440	33.1	2,883	Urban
Prince William County Community Services Board	513,915	350.2	1,467	Urban
Rappahannock Area Community Services Board	360,264	1,394.0	258	Urban
Rappahannock-Rapidan Community Services Board	174,369	1,961.3	89	Rural
Region Ten Community Services Board	253,174	2,147.0	118	Rural
Richmond Behavioral Health Authority	222,853	60.1	3,708	Urban
Rockbridge Area Community Services	40,860	1,140.9	36	Rural
Southside Community Services Board	83,060	2,009.5	41	Rural
Valley Community Services Board	124,013	1,421.4	87	Rural
Virginia Beach Community Services Board	454,448	248.3	1,830	Urban
Western Tidewater Community Services Board	156,459	1,324.0	118	Rural
Totals	8,470,020	39,598.4	214	NA

2018 Overview of Community Services in Virginia - Part 3: CSB Classifications

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

Region	Population	Area	Density	U/R
Region 1: Northwestern Virginia	1,604,064	12,695.4	126	Rural
Region 2: Northern Virginia	2,491,299	1,315.1	1,894	Urban
Region 3: Southwestern Virginia	1,151,975	11,667.9	99	Rural
Region 4: Central Virginia	1,350,881	8,837.1	153	Rural
Region 5: Eastern Virginia	1,871,801	5,082.9	368	Urban
Totals	8,470,020	39,598.4	214	NA

Part 3: CSB Classifications

- A. 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 <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services>.

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, the Department made distinctions among CSBs based on the number of jurisdictions they served. The Department classified CSBs that served a single county or city 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 on page 12 of this overview. 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 some CSBs that served larger numbers of localities. The remaining classifications, total CSB budget size, service area population density, and relationship with local government, are much more meaningful ways to classify or categorize CSBs for analytical or comparative purposes.

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B. Total CSB Budget Size: 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 payments; and other funds, including workshop sales, retained earnings, and one-time funds. Total budget information comes from FY 2017 end-of-the-fiscal year performance contract CARS reports. This is the latest year for which complete actual funding information is available. The total amount of all CSB budgets exceeded \$1.2 billion. The statewide ratio of state to local matching funds was 52.95 to 47.05 percent. Fees included \$427,489,915 of Medicaid payments, which was 35.20 percent of the total funds.

FY 2017 Statewide Total CSB Funds by Source					
State Funds	Local Match	Fees	Federal	Other	Total Funds
\$320,687,563	\$284,946,271	\$496,992,291	\$56,640,701	\$55,075,984	\$1,214,342,810
26.41%	23.47%	40.93%	4.66%	4.53%	100.00%

FY 2017 CSB Total Budgets (in Millions)					
Rank	CSB	Amount	Rank	CSB	Amount
Very Large Budget (\$100+ Million) CSBs (1)			1	Fairfax-Falls Church CSB	164.16
Large Budget (\$36 to \$100 Million) CSBs (12)					
12	Alexandria CSB	36.99	9	Mount Rogers CSB	43.63
7	Arlington County CSB	45.69	6	New River Valley Community Services	49.99
10	Chesterfield CSB	38.36	13	Rappahannock Area CSB	36.89
2	Hampton-Newport News CSB	62.40	8	Region Ten CSB	44.96
5	Horizon Behavioral Health	50.87	3	Richmond BHA	58.41
11	Loudoun County DMHSADS	38.00	4	Virginia Beach CSB	54.36
Medium Budget (\$19 to \$36 Million) CSBs (12)					
17	Blue Ridge Behavioral Healthcare	27.65	20	Middle Peninsula-Northern Neck CSB	23.35
23	Chesapeake Integrated BH Care	21.69	18	Norfolk CSB	26.51
19	Cumberland Mountain CSB	24.11	22	Piedmont CSB	22.56
25	Danville-Pittsylvania CSB	20.12	16	Prince William County CSB	32.65
21	Highlands CSB	22.70	24	Valley CSB	21.49
14	Henrico Area MH & Dev. Services	34.71	15	Western Tidewater CSB	34.51
Small Budget (Less Than \$19 Million) CSBs (15)					
37	Alleghany Highlands CSB	7.39	33	Harrisonburg-Rockingham CSB	12.59
29	Colonial Behavioral Health	15.69	30	Northwestern CSB	15.59
27	Crossroads CSB	16.72	31	Planning District One BH Services	15.57
40	Dickenson County Behavioral Health	3.56	34	Portsmouth DBHS	10.41
28	District 19 CSB	15.99	26	Rappahannock-Rapidan CSB	17.97
35	Eastern Shore CSB	10.35	38	Rockbridge Area Comm. Services	7.34
39	Goochland-Powhatan Comm. Services	4.43	32	Southside CSB	13.64
36	Hanover County CSB	10.29			

2018 Overview of Community Services in Virginia - Part 3: CSB Classifications

C. CSB Service Area Population Density - Urban and Rural CSBs: 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 2017 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.

2018 CSB Service Area Population Density					
Rank	CSB (Population Rank)	Density	Rank	CSB (Pop. Rank)	Density
Urban Community Services Boards (17): 200 or More People per Square Mile					
1	Alexandria CSB (21)	10,504	14	Henrico Area MH&DS Board (6)	560
2	Arlington County CSB(14)	9,231	11	Loudoun County DMHSADS (4)	762
17	Blue Ridge Behavioral Health (10)	218	3	Norfolk CSB (12)	4,557
12	Chesapeake Integrated Behavioral (13)	712	6	Portsmouth DBHS (31)	2,883
10	Chesterfield CSB(7)	799	9	Prince William County CSB(2)	1,467
13	Colonial Behavioral Health(20)	628	15	Rappahannock Area CSB (5)	258
5	Fairfax-Falls Church CSB (1)	2,926	4	Richmond BHA(16)	3,708
7	Hampton-Newport News CSB (8)	2,655	8	Virginia Beach CSB (3)	1,830
16	Hanover County CSB (28)	225			
Rural Community Services Boards (23): Less Than 200 People per Square Mile					
36	Alleghany Highlands CSB (39)	47	35	Mount Rogers CSB (27)	53
39	Crossroads CSB (30)	37	20	New River Valley Com. Sv. (17)	126
34	Cumberland Mountain CSB (32)	61	19	Northwestern CSB (15)	143
25	Danville-Pittsylvania CSB (29)	102	28	Piedmont CSB (24)	89
37	Dickenson County BHS (40)	44	33	Planning District One BHS (33)	65
27	District 19 CSB (19)	90	29	Rappahannock-Rapidan CSB (18)	89
32	Eastern Shore CSB (37)	68	23	Region Ten CSB (11)	118
26	Goochland-Powhatan Comm. Serv. (36)	95	40	Rockbridge Area Comm. Sv. (38)	36
18	Harrisonburg-Rockingham CSB (25)	156	38	Southside CSB (34)	41
21	Highlands CSB (35)	123	30	Valley CSB (26)	87
22	Horizon Behavioral Health(9)	123	24	Western Tidewater CSB (22)	118
31	Middle Peninsula-Northern Neck CSB (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.

2018 Overview of Community Services in Virginia - Part 3: CSB Classifications

1. **Administrative policy CSB** means the public body organized in accordance with the provisions § 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. Administrative policy CSB denotes the board of directors whose members are appointed pursuant to § 37.2-501 with the powers and 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 contracts with other organizations and providers, unless the context indicates otherwise. 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 § 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. A BHA also includes the organization that provides these services through its own staff or 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 powers or 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 § 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, substance use disorder, and developmental services. Operating CSB denotes the board of directors whose members are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection A of § 37.2-504 and § 37.2-505. The operating CSB also includes the organization that provides these services through its own staff or 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 § 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 whose members are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection B of § 37.2-504. The CSB board has no operational powers or 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 in § 37.2-500 of the Code 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.

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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 Designation 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&DS Board	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. Eight administrative policy CSBs and the two policy-advisory CSBs operate as city or county government departments.

Local Government Department CSBs (10)	
Alexandria CSB	Loudoun County Department of Mental Health, Substance Abuse and Developmental Services
Arlington County CSB	
Chesapeake CSB	Norfolk CSB
Chesterfield CSB	Portsmouth Department of Behavioral Healthcare Services
Hanover County CSB	
Henrico Area Mental Health & Developmental Services Board	Virginia Beach CSB

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Two administrative policy CSBs that serve more than one locality (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. The Richmond BHA employs its own staff.

The following table displays numbers of full-time equivalents (FTEs) by program area (mental health, developmental, and substance use disorder services), 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.

FY 2017 CSB Staffing in Directly Operated CSB Programs	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Service FTEs	4,538.94	105.32	762.49	5,406.75
CSB Developmental Service FTEs	3,726.59	30.00	465.22	4,221.81
CSB Substance Use Disorder Service FTEs	981.86	56.93	248.96	1,287.75
CSB Emergency and Ancillary Service FTEs	902.12	25.51	150.59	1,078.22
CSB Administration FTEs	0.00	0.00	1,362.34	1,362.34
Total CSB Full-Time Equivalents	10,149.51	217.76	2,989.60	13,356.87

Part 4: CSB Roles

A. 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 govern appointments to CSB boards; § 37.2-602 and § 37.2-603 govern appointments to BHA boards. 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 appointment shall be an individual who currently is receiving services. Section 37.2-100 of the Code, available at <https://law.lis.virginia.gov/vacode/title37.2/chapter1/section37.2-100/>, defines individual or individual receiving services and family member. In FY 1991, after this requirement was established in the Code, CSBs reported two individuals and 54 family members out of 490 appointed board members or 11.43 percent of all appointments.

In 2018, appointments to 14 CSBs did not meet the requirement for one-third of the members being individuals receiving services or family members with four CSBs below 20 percent, and 19 CSBs had no individual currently receiving services appointed as a member. While CSBs can offer recommendations for board appointments and inform their local governments of the statutory requirements above, local governments are responsible for complying with these requirements. The table on the next page displays information about board member appointments. All appointments may not be filled at any particular point during each year. Differences between total members and total appointments are vacant appointments.

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Numbers of Individuals and Family Members on CSB Boards of Directors								
Percent means of total members	FY 1999		FY 2000		FY 2001		FY 2002	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Individuals	47	9.67%	40	8.11%	47	9.61%	39	7.88%
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%
Total Members	486	100.00%	493	100.00%	489	100.00%	495	100.00%
Total Appointments	511		513		513		517	
	FY 2003		FY 2004		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%
Total Appointments	517		519		522		524	
	FY 2007		FY 2008		FY 2009		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%
Total Appointments	528		526		534		527	
	FY 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%
Total Appointments	528		528		534		531	
	FY 2015		FY 2016		FY 2017		FY 2018	
Individuals	77	15.34%	82	16.87%	72	14.81%	72	14.72%
Family Members	149	29.68%	151	31.07%	144	29.63%	142	29.04%
Subtotal	226	45.02%	233	47.94%	216	44.44%	214	43.76%
Total Members	502	100.00%	486	100.00%	486	100.00%	489	100.00%
Total Appointments	531		531		527		527	

B. Relationships Between CSBs and the 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 provisions in Title 37.2 of the Code, State Board policies and regulations, and other state or federal statutes or regulations. The Department:

- contracts with CSBs for local mental health, developmental, and substance use disorder services;
- licenses CSBs and all other providers to deliver services;
- monitors operations of CSBs through monthly community consumer submissions containing data about individuals receiving services and the services they received, mid-year and end-of-the-fiscal year CARS financial reports, other reports, CPA audits, and CSB reviews;

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- provides funds, leadership, guidance, direction, and consultation to all 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 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 Documents on the Office of Support Services web page at <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services>.

- C. CSB Powers, Duties, and Responsibilities:** Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, 37.2-508, and 37.2-512 of the Code, at <https://law.lis.virginia.gov/vacode/title37.2/chapter5/>, contain the following powers and duties of a CSB or its board of directors. The powers and duties of a behavioral health authority in § 37.2-605, § 37.2-606 § 37.2-607, and § 37.2-615, at <https://law.lis.virginia.gov/vacode/title37.2/chapter6/>, 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, 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 per § 37.2-508.
 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 or her duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewable contract that contains performance objectives and evaluation criteria. The Department shall approve the selection of the director for adherence to the Department's minimum qualifications and the salary range of the director. For an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director who meets the Department's minimum qualifications 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 executive director who meets the minimum qualifications established by the Department.

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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. CSBs 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 the CSB.
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 the BHA, 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 from the CSB 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 the CSB.
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 the CSB.

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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 the 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 or his representative and must reflect the individual's preferences to the greatest extent possible. The plan 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 shall 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. Satisfy the applicable Department licensing regulations, adopted pursuant to § 37.2-403 et seq. of the Code, for services that the CSB operates.
26. Assure the human rights enumerated in § 37.2-400 of the Code 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.

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- 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 powers, 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 powers, 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 the following four essential roles.

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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 5 - Services: Data on Individuals Receiving Services From CSBs

The table on the next 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 effort provided by all CSBs. Some variations in the numbers from year to year reflect changing service definitions and budget reductions or increases.

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

The Department's Annual Reports contain more detailed information about individuals who received services, services they received, funds and expenditures for and costs of all services, major new initiative and accomplishments, and systemic performance and outcome measures. The table below shows links to all of the reports; click on the link to read the report.

Annual Report	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

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Duplicated Numbers of Individuals Who Received Services From CSBs						
Fiscal Year	Duplicated Individuals by Program Area					CSB Totals
	Mental Health (MH) Services	Developmental (DV) Services	Substance Use Disorder (SUD) Services			
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
1992	160,115	27,525	78,358			265,998
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	195,794	36,004	73,633			305,431
2007	207,454	36,573	73,829			317,856
2008 ¹	161,046	36,141	57,219			340,302
2009 ¹	165,066	35,350	52,104			343,972
Fiscal Year	MH Services	DV Services	SUD Services	Emergency Services	Ancillary Services	CSB Totals
2010 ²	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	185,261	27,801	43,026	62,264	100,093	418,445
2017	197,060	33,091	43,088	62,391	101,727	437,357

¹ In FY 2008, 85,896 individuals received services available outside of a program area (emergency services and ancillary services); in FY 2009, 89,462 individuals received these services; these individuals are included in the CSB Totals.

² 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; other organizations provide Part C services in some localities.

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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 Department's 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 FY 2015 figures.

Unduplicated Numbers of Individuals Who Received Services From CSBs							
Fiscal Year	Unduplicated Individuals by Program Area					Total Program Area Individuals	Total Unduplicated Individuals Across a CSB
	Mental Health Services	Develop- Mental Services	Substance Use Disorder Services	Emergency Services	Ancillary Services		
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	73,123		243,619	
2009 ¹	104,831	27,172	40,723	80,225		252,951	
2010 ²	108,158	19,374	38,661	57,082	28,076	251,351	
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

¹ The Department established a fourth program area, services available outside of a program area (emergency services and ancillary services), in FY 2008.

² 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; other organizations provide Part C services in some localities.