

2015 Overview of Community Services in Virginia: Part I - Introduction

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Part I - Introduction

This overview describes the structure through which public community mental health, developmental, and substance abuse services are provided to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. Individual or individual receiving services replaces consumer, the term used in earlier overviews.¹

Community services boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental, and substance abuse 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 intellectual disability. The Virginia Department of Behavioral Health and Developmental Services (Department) licenses more than 900 primarily private providers that deliver more than 2,200 services at more than 7,500 locations. Besides serving many individuals through contracts with CSBs, private providers serve thousands of other individuals directly. The vital role of private providers is evident in the \$931,308,616 of Medicaid payments they received for mental health, developmental, and substance abuse services in FY 2014. This amount represents 73 percent of all payments for these services, and it is a 25 percent increase from FY 2011 payments. CSBs received \$348,474,768 of Medicaid payments in FY 2014. Part V of this overview contains additional information about Medicaid payments to private providers and CSBs.

¹ Section 37.2-100 in the Code of Virginia defines an individual or individual receiving services as a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services. In the past, individuals receiving services were referred to as consumers, clients, patients in state hospitals, or residents in state training centers.

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Public community mental health, developmental, and substance abuse services are provided by 37 operating or administrative policy CSBs, one behavioral health authority (BHA), and two local government departments with policy-advisory CSBs. In this overview, CSBs, the BHA, and policy-advisory CSBs are referred to as CSBs, unless the context clearly indicates otherwise.

- CSBs function as the single points of entry into publicly funded mental health, developmental, and substance abuse services, defined in § 37.2-100 of the Code of Virginia. This includes access to state hospital and training center services through preadmission screening, case management, services coordination, and discharge planning.
- CSBs are service providers, directly and through contracts with other providers.
- CSBs serve as advocates for individuals who are receiving or are in need of services.
- CSBs act as community educators, organizers, and planners.
- CSBs function as advisors to the local governing bodies that established them.
- CSBs are the local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 of the Code 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 authorizes BHAs in three localities; one exists in Richmond. Section III.D of this overview contains more information about types of CSBs. The term CSB includes board members and the organization that provides services, unless the context clearly indicates otherwise. Operating and administrative policy CSBs and the BHA are guided and administered by 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. Policy-advisory CSBs advise their local government departments. The city councils and county boards of supervisors that established the CSBs or BHA appoint board members.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public mental health, developmental, and substance abuse services system. The Central Office, State Facility, and CSB Partnership Agreement describes this relationship. The agreement is on the Department's web site at <http://www.dbhds.virginia.gov/library/document-library/15%20pc%20partnership%20agreement%20final.pdf>. Operating CSBs and the BHA are agents of the local governments that established them, but they are not city or county departments. Most administrative policy CSBs are city or county government departments. The Department's relationship with all CSBs is based on the community services performance contract required by § 37.2-508 of the Code, other applicable provisions in Title 37.2 of the Code, and State Board of Behavioral Health and Developmental Services policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to all CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. The table on the next page shows the date on which and the order in which each CSB was established. The map on the following page shows the location of each CSB using the map key. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at paul.gilding@dbhds.virginia.gov or (804) 786-4982 with any questions about this overview.

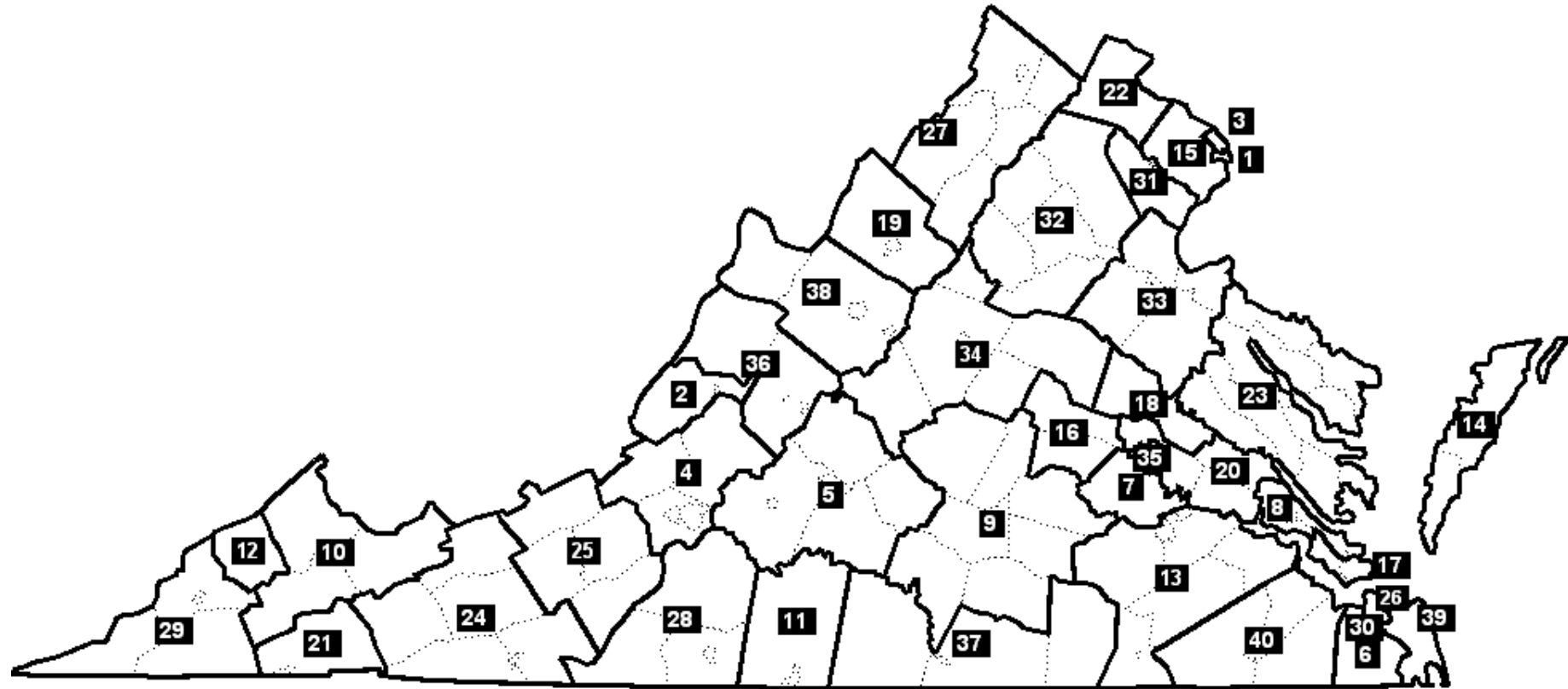
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Establishment of Community Services Boards ²	Map Key	Date	Order
Alexandria Community Services Board	1	03-25-69	7
Alleghany Highlands Community Services Board	2	12-08-81	37
Arlington County Community Services Board	3	11-23-68	2
Blue Ridge Behavioral 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	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	20	07-09-69	15
Horizon Behavioral Health	5	04-18-69	8
Highlands Community Services	21	10-31-72	32
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	27	06-25-74	36
Piedmont Community Services	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

² Information about each CSB (executive director and board chairperson, address, telephone and fax numbers, web site, e-mail address, and cities and counties served) is contained in the CSB Address List, available on the Department's web site at <http://www.dbhds.virginia.gov/library/document-library/occ-csbaddresslist.pdf>.

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Map of CSB Locations



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The following table lists CSBs by health planning region (HPR) and partnership planning region (PPR). HPRs are geographic 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. This includes reviewing and approving certificates of public need for certain health care facilities such as hospitals and nursing homes. HPRs group CSBs regionally across the state. PPRs are the same as HPRs, except PPR 7 consists of two CSBs in HPR 3, and PPR 6 consists of two CSBs in HPR 3 and one CSB in HPR 4. PPRs reflect state hospital catchment areas and are identical to regional utilization management regions.

Listing of CSBs by Health Planning Region (HPR) and Partnership Planning Region (PPR)		
HPR 1 (PPR 1) Northwestern Virginia (8 CSBs)	Harrisonburg-Rockingham CSB Horizon Behavioral Health Northwestern Community Services Rappahannock Area CSB	Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
HPR 2 (PPR 2) Northern Virginia (5 CSBs)	Alexandria CSB Arlington County CSB Fairfax-Falls CSB	Loudoun County Department of MH, SA and Developmental Services Prince William County CSB
HPR 3	<i>Health Planning Region 3 contains 10 CSBs, organized into three PPRs.</i>	
PPR 7 (2 CSBs) Catawba Region	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare	
PPR 3 Southwestern Virginia (6 CSBs)	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services	
PPR 6 (2 CSBs) Southern Region	Danville-Pittsylvania Community Services Piedmont Community Services	
PPR 6 (1 CSB)	Southside CSB	
HPR 4 Central Virginia (8 CSBs) PPR 4 (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	
HPR 5 (PPR 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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The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2014, the Department disbursed \$315 million of state and federal funds to 40 CSBs. Also, more than \$174 million of state funds matched federal Medicaid payments to CSBs for case management, mental health (MH) clinic, community MH rehabilitation, substance abuse, and intellectual disability waiver services. Finally, cities and counties provided \$252 million of local matching funds for CSBs.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental health or substance use disorders, intellectual disability, or co-occurring disorders. CSB services draw upon all available community resources and people's natural supports to promote the recovery, self-determination, empowerment, and resilience of individuals receiving services. CSBs offer various combinations of 10 core services: emergency, ancillary, consumer-run, local inpatient, outpatient, case management, day support, employment, residential, and prevention services. The Core Services Taxonomy, which is available at <http://www.dbhds.virginia.gov/library/document-library/occ-2010-coreservicestaxonomy7-2v2.pdf>, 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 of Virginia. Thirty CSBs also offer infant and toddler intervention (Part C) services through separate contracts with the Department.

2015 Combined Classification Of CSBs: 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 (7)	Hampton-Newport News, Richmond BHA	Alexandria, Arlington, Chesterfield, Henrico Area, Virginia Beach
Large Budget Rural CSB (4)	Horizon, Mount Rogers, New River Valley, Region Ten	
Medium Budget Urban CSBs (5)	Blue Ridge, Rappahannock Area	Loudoun County DMHSADS, Norfolk, Prince William County
Medium Budget Rural CSBs (9)	Crossroads, Cumberland Mountain, Danville-Pittsylvania, District 19, Highlands, Middle Peninsula-Northern Neck, Piedmont, Valley, Western Tidewater	
Small Budget Urban CSB (4)	Colonial	Chesapeake, Hanover County, Portsmouth DBHS
Small Budget Rural CSBs (10)	Alleghany Highlands, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg-Rockingham, Northwestern, Planning District One, Rappahannock-Rapidan, Rockbridge Area, Southside	

Budget Size is based on FY 2014 end of fiscal year performance contract (CARS) reports: Very Large = \$100 million plus; Large = \$31 to \$100 million; Medium = \$16 million to \$31 million; Small = less than \$16 million

Population Density: Urban = 200 people or more per square mile; Rural = less than 200 people per square mile.

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The table below displays the population, geographic area, population density, and urban (200 or more people per square mile) or rural (less than 200 people) classification of the 40 CSBs.

2015 CSB Populations (2014 Estimates, Weldon Cooper Center for Public Service, UVA)				
CSB	Population	Area	Density	U/R
Alexandria Community Services Board	155,230	15.3	10,146	Urban
Alleghany Highlands Community Services Board	22,142	453.4	49	Rural
Arlington County Community Services Board	229,302	25.9	8,853	Urban
Blue Ridge Behavioral Healthcare	257,015	1,181.0	218	Urban
Chesapeake Integrated Behavioral Healthcare	235,638	340.7	692	Urban
Chesterfield Community Services Board	330,043	425.7	775	Urban
Colonial Behavioral Health	165,812	272.6	608	Urban
Crossroads Community Services Board	104,787	2,761.4	38	Rural
Cumberland Mountain Community Services Board	97,044	1,498.4	65	Rural
Danville-Pittsylvania Community Services	106,520	1,014.0	105	Rural
Dickenson County Behavioral Health Services	15,741	332.7	47	Rural
District 19 Community Services Board	174,761	1,931.4	90	Rural
Eastern Shore Community Services Board	46,077	662.0	70	Rural
Fairfax-Falls Church Community Services Board	1,157,136	403.8	2,866	Urban
Goochland-Powhatan Community Services	50,409	545.8	92	Rural
Hampton-Newport News Community Services Board	321,907	120.1	2,680	Urban
Hanover County Community Services Board	102,714	472.8	217	Urban
Harrisonburg-Rockingham Community Services Board	131,565	868.8	151	Rural
Henrico Area Mental Health & Developmental Services	345,432	630.4	548	Urban
Highlands Community Services	72,633	575.8	126	Rural
Horizon Behavioral Health	259,487	2,124.5	122	Rural
Loudoun Co. Dept. of MH, SA & Developmental Services	361,708	519.9	696	Urban
Middle Peninsula-Northern Neck CSB	142,457	2,028.3	70	Rural
Mount Rogers Community Services Board	121,366	2,201.4	55	Rural
New River Valley Community Services	182,757	1,458.0	125	Rural
Norfolk Community Services Board	246,394	53.8	4,580	Urban
Northwestern Community Services	229,395	1,637.5	140	Rural
Piedmont Community Services	142,525	1,568.7	91	Rural
Planning District One Behavioral Health Services	93,195	1,384.5	67	Rural
Portsmouth Dept. of Behavioral Healthcare Services	96,802	33.1	2,925	Urban
Prince William County Community Services Board	494,893	350.2	1,413	Urban
Rappahannock Area Community Services Board	347,246	1,394.0	249	Urban
Rappahannock-Rapidan Community Services Board	171,341	1,961.3	87	Rural
Region Ten Community Services Board	246,469	2,147.0	115	Rural
Richmond Behavioral Health Authority	213,504	60.1	3,552	Urban
Rockbridge Area Community Services	41,357	1,140.9	36	Rural
Southside Community Services Board	85,465	2,009.5	43	Rural
Valley Community Services Board	123,247	1,421.4	87	Rural
Virginia Beach Community Services Board	451,672	248.3	1,819	Urban
Western Tidewater Community Services Board	153,101	1,324.0	116	Rural
Totals	8,326,289	39,598.4	210	NA

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Tables below display the population, geographic area, population density, and urban or rural classification of partnership planning regions (PPRs) and health planning regions (HPRs). PPRs and HPRs are described on page 5.

2015 CSB Partnership Planning Region Populations (2014 Estimates, Weldon Cooper)				
Region	Population	Area	Density	U/R
Northwestern Virginia (PPR 1)	1,550,107	12,695.4	122	Rural
Northern Virginia (PPR 2)	2,398,269	1,315.1	1,824	Urban
Catawba Region (PPR 7)	279,157	1,634.4	171	Rural
Southwestern Virginia (PPR 3)	582,736	7,450.8	78	Rural
Southern Region (PPR 6)	334,510	4,592.2	73	Rural
Central Virginia (PPR 4)	1,321,650	6,827.6	194	Rural
Eastern Virginia (PPR 5)	1,859,860	5,082.9	366	Urban
Totals	8,326,289	39,598.4	210	NA

2015 CSB Health Planning Region Populations (2014 Estimates, Weldon Cooper)				
Region	Population	Area	Density	U/R
Northwestern Virginia (HPR 1)	1,550,107	12,695.4	122	Rural
Northern Virginia (HPR 2)	2,398,269	1,315.1	1,824	Urban
Southwestern Virginia (HPR 3)	1,110,938	11,667.9	95	Rural
Central Virginia (HPR 4)	1,407,115	8,837.1	159	Rural
Eastern Virginia (HPR 5)	1,859,860	5,082.9	366	Urban
Totals	8,326,289	39,598.4	210	NA

Part III - CSB Classifications

- A. **Number of Localities Served:** Since 1968, the 133 local governments have established 40 CSBs. Information about specific localities served by each CSB is contained in the CSB Address List at <http://www.dbhds.virginia.gov/library/document-library/occ-csbaddresslist.pdf>.

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

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

2015 Overview of Community Services in Virginia: Part III - CSB Classifications

B. Total CSB Budgets: The total budget of a CSB is an indication of its workload, organizational complexity, and size. The 40 CSBs are ranked in the following table based on their total budget sizes in millions of dollars. Total budgets consist of state, local matching, and federal funds; fees including Medicaid; and other funds, including workshop sales, retained earnings, and one-time funds. Total budgets are based on Fiscal Year (FY) 2014 end of the fiscal year performance contract reports. This is the latest year for which actual complete funding information is available. The total amount of all CSB budgets was \$1.06 billion. The statewide ratio of state to local matching funds was 51.05 to 48.95 percent. Fees included \$348,474,768 of Medicaid payments, which was 32.76 percent of total funds.

FY 2014 Statewide Total Funds by Source					
State Funds	Local Match	Fees	Federal	Other	Total Funds
\$263,224,793	\$252,355,563	\$463,049,487	\$53,573,889	\$31,421,888	\$1,063,625,620
24.75%	23.73%	43.54%	5.04%	2.94%	100.00%

FY 2014 CSB Total Budgets (in Millions)					
Rank	CSB	Amount	Rank	CSB	Amount
Very Large Budget (\$100+ Million) CSBs (1)			1	Fairfax-Falls Church CSB	147.30
Large Budget (\$31 to \$100 Million) CSBs (11)					
10	Alexandria CSB	34.55	7	Mount Rogers CSB	38.28
9	Arlington County CSB	37.06	6	New River Valley Community Services	42.53
11	Chesterfield CSB	33.96	8	Region Ten CSB	37.11
2	Hampton-Newport News CSB	59.34	5	Richmond BHA	44.72
12	Henrico Area MH & Dev. Services	32.26	3	Virginia Beach CSB	51.83
4	Horizon Behavioral Health	45.05			
Medium Budget (\$16 to \$31 Million) CSBs (14)					
14	Blue Ridge Behavioral Healthcare	27.99	21	Middle Peninsula-Northern Neck CSB	20.85
26	Crossroads CSB	16.58	17	Norfolk CSB	24.60
19	Cumberland Mountain CSB	21.58	23	Piedmont Community Services	19.82
25	Danville-Pittsylvania Com. Services	17.23	13	Prince William County CSB	29.45
24	District 19 CSB	17.46	15	Rappahannock Area CSB	27.61
22	Highlands Community Services	20.39	20	Valley CSB	20.89
16	Loudoun County DMHSADS	25.71	18	Western Tidewater CSB	22.80
Small Budget (Less Than \$16 Million) CSBs (14)					
38	Alleghany Highlands CSB	7.43	33	Harrisonburg-Rockingham CSB	10.65
27	Chesapeake Integrated BH Care	15.94	29	Northwestern Community Services	14.80
30	Colonial Behavioral Health	13.20	32	Planning District One BH Services	11.69
40	Dickenson County Behavioral Health	3.16	34	Portsmouth DBHS	10.43
36	Eastern Shore CSB	9.49	28	Rappahannock-Rapidan CSB	15.36
39	Goochland-Powhatan Comm. Services	4.45	37	Rockbridge Area Comm. Services	7.60
35	Hanover County CSB	9.60	31	Southside CSB	12.86

2015 Overview of Community Services in Virginia: Part III - CSB Classifications

C. Population Density - Urban and Rural CSB Service Areas: Urban CSBs have population densities of 200 people or more per square mile. Rural CSBs have population densities of less than 200 people per square mile (ref. subdivision A.6 of § 15.2-3602 of the Code of Virginia). 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 2014 Estimates from the Weldon Cooper Center for Public Service at the University of Virginia. The Center issues these official state population figures each January.

2015 CSB Service Area Population Density					
Rank	CSB	Density	Rank	CSB	Density
Urban Community Services Boards (17): 200 or More People per Square Mile					
1	Alexandria (21)	10,146	14	Henrico Area (6)	548
2	Arlington (15)	8,853	11	Loudoun County (4)	696
16	Blue Ridge (10)	218	3	Norfolk (12)	4,580
12	Chesapeake (13)	692	5	Portsmouth (32)	2,925
10	Chesterfield (7)	775	9	Prince William County (2)	1,413
13	Colonial (20)	608	15	Rappahannock Area (5)	249
6	Fairfax-Falls Church (1)	2,866	4	Richmond (16)	3,552
7	Hampton-Newport News (8)	2,680	8	Virginia Beach (3)	1,819
17	Hanover County (30)	217			
Rural Community Services Boards (23): Less Than 200 People per Square Mile					
36	Alleghany Highlands (39)	49	35	Mount Rogers (27)	55
39	Crossroads (29)	38	21	New River Valley (17)	125
34	Cumberland Mountain (31)	65	19	Northwestern (14)	140
25	Danville-Pittsylvania (28)	105	27	Piedmont (23)	91
37	Dickenson County (40)	47	33	Planning District One (33)	67
28	District 19 (18)	90	29	Rappahannock-Rapidan (19)	87
31	Eastern Shore (37)	70	24	Region Ten (11)	115
26	Goochland-Powhatan (36)	92	40	Rockbridge Area (38)	36
18	Harrisonburg-Rockingham (25)	151	38	Southside (34)	43
20	Highlands (35)	126	30	Valley (26)	87
22	Horizon (9)	122	23	Western Tidewater (22)	116
32	Middle Peninsula-Northern Neck (24)	70			

2015 Overview of Community Services in Virginia: Part III - CSB Classifications

- 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 of Virginia. The relationship between a CSB and its local government or governments, denoted by the CSB's type, is a very meaningful way to classify CSBs. Section 37.2-500 of the Code requires every city and county to establish or join a CSB, unless it establishes a behavioral health authority (BHA), and to designate the type of CSB it has established or joined.
1. **Administrative policy CSB** means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, developmental, and substance abuse services. The administrative policy CSB denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection A of § 37.2-504 and § 37.2-505. Administrative policy CSB includes the organization that provides mental health, developmental, and substance abuse services through local government staff or through contracts with other organizations and providers, unless the context indicates otherwise. An administrative policy CSB does not employ its staff. There are 10 administrative policy CSBs; eight are city or county government departments; two are not, but use local government staff to provide services.
 2. **Behavioral health authority (BHA)** means a public body and a body corporate organized in accordance with the provisions of Chapter 6 (§ 37.2-600 et seq.) that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, developmental, and substance abuse services. BHA also includes the organization that provides these services through its own staff or through contracts with other organizations and providers, unless the context indicates otherwise. Chapter 6 authorizes Chesterfield County and the cities of Richmond and Virginia Beach to establish a BHA; only Richmond has done so. In many ways, a BHA most closely resembles an operating CSB, but it has several 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 Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, developmental, and substance abuse services. The operating CSB denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection A of § 37.2-504 and § 37.2-505. Operating CSB also includes the organization that provides such services through its own staff or through contracts with other organizations and providers, unless the context indicates otherwise. The 27 operating CSBs employ their own staff and are not city or county government departments.
 4. **Policy-Advisory CSB** means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to provide advice on policy matters to the local government department that provides mental health, developmental, and substance abuse services directly or through contracts with other organizations and providers pursuant to subsection A of § 37.2-504 and § 37.2-505. The policy-advisory CSB denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated

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in subsection B of § 37.2-504. The CSB has no operational powers or duties; it is an advisory board to a local government department. There are two local government departments with policy-advisory CSBs, the Loudoun County Department of Mental Health, Substance Abuse and Developmental Services and the Portsmouth Department of Behavioral Healthcare Services.

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

- 27 operating CSBs,
- 10 administrative policy CSBs,
- 2 policy-advisory CSBs to local government departments, and
- 1 behavioral health authority.

Type of CSB Designation Status			
Name of CSB	Type	Name of CSB	Type
Alexandria ¹	Admin. Policy	Highlands	Operating
Alleghany Highlands	Operating	Loudoun County DMHSADS ^{1,2}	Policy-Adv.
Arlington County 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 ¹	Admin. Policy
Chesterfield ¹	Admin. Policy	Northwestern	Operating
Colonial	Operating	Piedmont	Operating
Crossroads	Operating	Planning District One	Operating
Cumberland Mountain	Operating	Portsmouth DBHS ^{1,2}	Policy-Adv.
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 ¹	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 (8 administrative policy CSBs and Loudoun County and Portsmouth policy advisory CSBs with local government departments).

² Portsmouth and Loudoun are the only policy-advisory CSBs to local government departments.

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

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	Virginia Beach CSB
Henrico Area Mental Health & Developmental Services	

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

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

Table 12: FY 2014 CSB Staffing	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Service FTEs	4,583.07	67.21	901.74	5,552.02
CSB Developmental Service FTEs	3,509.25	40.66	397.79	3,947.70
CSB Substance Abuse Service FTEs	1,049.89	17.09	280.33	1,347.31
CSB Emergency and Ancillary Service FTEs	689.37	14.55	94.49	798.41
CSB Administration FTEs	0.00	0.00	1,180.65	1,180.65
Total CSB Full-Time Equivalents	9,831.58	139.51	2,855.00	12,826.09

Part IV - CSB Board 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 of Virginia govern CSB appointments; § 37.2-602 and § 37.2-603 govern BHA appointments. Sections 37.2-501 and 37.2-602 require appointments to be broadly representative of the community. One-third of the appointments must be individuals who are receiving or who have received services or family members of such individuals, and at least one shall be an individual who currently is receiving services.

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

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

Numbers of Individuals and Family Members on CSBs								
Percent means of total members	FY 1997		FY 1998		FY 1999		FY 2000	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Individuals	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%
Total Appointments	500		513		511		513	
	FY 2001		FY 2002		FY 2003		FY 2004	
Individuals	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%
Total Appointments	513		517		517		519	
	FY 2005		FY 2006		FY 2007		FY 2008	
Individuals	48	9.74%	45	8.91%	46	9.06%	46	9.16%
Family Members	139	28.19%	143	28.32%	158	31.10%	142	28.29%
Subtotal	187	37.93%	188	37.23%	204	40.16%	188	37.45%
Total Members	493	100.00%	505	100.00%	508	100.00%	502	100.00%
Total Appointments	522		524		528		526	
	FY 2009		FY 2010		FY 2011		FY 2012	
Individuals	61	12.25%	55	11.20%	54	10.80%	49	9.84%
Family Members	160	32.13%	174	35.44%	170	34.00%	170	34.14%
Subtotal	221	44.38%	229	46.64%	224	44.80%	219	43.98%
Total Members	498	100.00%	491	100.00%	500	100.00%	498	100.00%
Total Appointments	534		527		528		528	
	FY 2013		FY 2014		FY 2015		FY 2016	
Individuals	69	13.85%	80	16.39%	77	15.34%		%
Family Members	169	33.94%	154	31.56%	149	29.68%		%
Subtotal	238	47.79%	234	47.95%	226	45.02%		%
Total Members	498	100.00%	488	100.00%	502	100.00%		100.00%
Total Appointments	534		531		531			

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

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

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public mental health, developmental, and substance abuse services system. The Central Office, State Facility, and CSB Partnership Agreement describes this relationship. The agreement is available at <http://www.dbhds.virginia.gov/library/document-library/15%20pc%20partnership%20agreement%20final.pdf>.

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 of Virginia contain the following powers and duties of a CSB. The powers and duties of a behavioral health authority in § 37.2-605, § 37.2-606 § 37.2-607, and § 37.2-615, are the same or very similar to those of an operating CSB, except a BHA has several additional powers and duties.

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

2015 Overview of Community Services in Virginia: Part IV - CSB Board Roles

7. In the case of an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. The Department shall approve the selection of the executive director for adherence to minimum qualifications established by the Department and the salary range of the executive director. In the case of an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director who meets the minimum qualifications established by the Department and prescribe his duties. In the case of a local government department with a policy-advisory CSB, the local government department director shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the local government department director employed by the city or county.
8. 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. All fees collected shall be included in the performance contract and used only for community mental health, developmental, and substance abuse services 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 for Aging and Rehabilitative Services offices. The agreements shall specify the services to be provided to individuals. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
14. Develop and submit to the Department the necessary information for the preparation of the Comprehensive State Plan for Behavioral Health and Developmental Services.
15. Take all necessary and appropriate actions to maximize the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, and evaluation.
16. Institute, singly or in combination with other CSBs or BHAs, a dispute resolution mechanism that is approved by the Department and enables individuals receiving services and family members of individuals receiving services to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB or BHA.

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17. Release data and information about each individual receiving services to the Department so long as the Department implements procedures to protect the confidentiality of that data and information.
18. In the case of administrative policy boards or local government departments with a policy-advisory boards, carry out other duties and responsibilities as assigned by the governing body of each city or county that established it.
19. In the case of an operating board, have authority to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.
20. 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 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 discharge plan shall be completed prior to the individual's discharge. The plan shall be prepared with the involvement and participation of the individual and must reflect the individual's preferences to the greatest extent possible. It shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge and identify the public or private agencies that have agreed to provide these services. No individual shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
22. 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.
23. Submit a performance contract to the Department.
24. May enter into joint agreements with one or more CSBs or BHAs to provide treatment, habilitation, or support services for individuals with specialized and complex service needs and associated managerial, operational, and administrative services and supports to promote clinical, programmatic, or administrative effectiveness and efficiency.
25. Assure the human rights, enumerated in § 37.2-400 of the Code of Virginia and the Human Rights Regulations adopted by the State Board, of individuals receiving the CSB's services and comply with other provisions of those regulations.
26. 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. 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 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.

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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 abuse services. Thus, it is a source of professional expertise and a channel for the concerns of individuals. Therefore, a CSB functions as an **advisor to local government** about unmet needs, current services, and future service trends and directions.
- A CSB helps the public understand the need for and meaning of treatment in the community. As an **educator**, a CSB actively seeks, facilitates, and values input from and participation by individuals receiving services, their family members, other agencies, advocacy groups, and other individuals.
- A CSB functions as a **community organizer** when it coordinates the development of needed services in the community. In this role, a CSB works closely with public and private human services agencies, individuals receiving services, their family members, and advocacy groups.
- A CSB is a **community planner**. In this role, it plans the development of services and facilities to meet identified needs and works with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community. In this role, they provide information, evaluations, referrals, and assistance to and generate support among other professional groups and individuals.
- CSB board members and staff are **advocates** for the development and expansion of services, for individuals not receiving needed services, for community acceptance of and support for individuals receiving services, and for the CSB's services.

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

1. A CSB function as the **single point of entry** into publicly funded mental health, developmental, and substance abuse 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 **provider** of services, 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.

2015 Overview of Community Services in Virginia: Part V - Services

Part V - Services: Trends in Individuals Receiving Services from CSBs

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 intellectual disability. Besides serving many individuals through contracts with CSBs, private providers serve thousands of other individuals directly. The vital role of private providers in the services system is evident in the following table that shows Medicaid payments to private providers and CSBs for covered mental health, developmental, and substance abuse services in FY 2014.

Medicaid Services	Private Providers	%	CSBs	%
Mental Health Rehabilitation Services	\$449,536,006	81%	\$105,420,703	19%
Mental Health Clinic Services	\$1,464,373	41%	\$2,141,800	59%
Substance Abuse Services	\$370,659	28%	\$949,421	72%
Habilitation (ID Waiver) Services	\$479,937,578	82%	\$105,086,145	18%
Case Management and Other Services	\$0	0%	\$134,876,699	100%
Total Medicaid Payments	\$931,308,616	73%	\$348,474,768	27%

The table below displays trends by program area (mental health, developmental, and substance abuse services) in numbers of individuals who received services from CSBs. 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. Variations from year to year reflect changing service definitions and budget reductions. More detailed information about individuals and services is contained in the Department's FY 2014 Annual Report, available at [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3852014/\\$file/RD385.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3852014/$file/RD385.pdf).

Trends in Numbers of Individuals Who Received Services From CSBs				
Fiscal Year	Mental Health	Developmental	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
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

2015 Overview of Community Services in Virginia: Part V - Services

Trends in Numbers of Individuals Who Received Services From CSBs						
Fiscal Year	Mental Health	Developmental	Substance Abuse	SAOPA		Totals
				Emergency	Ancillary	
2008 ¹	161,046	36,141	57,219	85,896		340,302
2009	165,066	35,350	52,104	89,462		343,972
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

¹ The Department established a fourth program area, services available outside of a program area (SAOPA), in FY 2008. It consisted of emergency, motivational treatment, consumer monitoring, assessment and evaluation, early intervention, and consumer-run services. This produced an apparent decrease from individuals served in the three program areas in FY 2007, since some services in them moved to SAOPA. In FY 2012, SAOPA was renamed Emergency and Ancillary Services.

² The decrease in individuals receiving developmental services reflects deletion of Infant and Toddler Intervention (Part C) Services from the performance contract. They are funded in a separate contract administered by the Department. In FY 2014, 16,272 infants and toddlers received Part C services.

The table below displays trends by program area in numbers of unduplicated individuals who received services from CSBs. The figures in the Totals column are the sums of figures in the preceding columns for each year. However, those figures still include some duplication since some individuals receive services in more than one program area. The figures in the Total Unduplicated column are completely unduplicated numbers of individuals who received services.

Trends in Unduplicated Numbers of Individuals Who Received Services From CSBs								
Fiscal Year	Mental Health	Developmental	Substance Abuse	SAOPA		Totals	Total Unduplicated	
				Emergency	Ancillary			
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	104,831	27,172	40,723	80,225		252,951		
2010 ²	108,158	19,374	38,661	57,082	28,076	251,351		194,662
2011	107,892	20,387	36,769	58,553	28,328	251,929		196,951
2012	113,552	20,562	36,743	60,057	52,859	283,773		216,951
2013	112,121	20,248	34,382	58,300	55,392	280,443		213,902
2014	115,452	21,103	33,035	63,599	76,034	309,223		222,419