

FY 2023 Overview of Community Services in Virginia

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Part 1: Introduction

The CSB Overview is intended to provide basic information for CSBs, advocacy groups, Department staff, members of the General Assembly, local government staff, staff of other human service agencies who are responsible for the provision of services in Virginia, staff from the federal government, and any other individuals seeking knowledge about the Mental Health, Developmental Disability, and Substance Use Disorder Services provided in the Commonwealth of Virginia.

This overview describes the structure through which public community mental health, developmental disabilities, and substance use disorder services are provided to individuals in need of these services and those who may have co-occurring disorders. These services are provided by 37 operating or administrative policy Community Services Boards (CSBs), one Behavioral Health Authority (BHA), and two local government departments with policy-advisory CSBs. In this overview, Administrative Policy CSBs, Operating CSBs, the BHA, and policy-advisory CSBs are referred to as CSBs, unless the context clearly indicates otherwise.

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. Any questions regarding this overview, please contact the Office of Management Services, at performancecontractsupport@dbhds.virginia.gov or (804) 225-4242.

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Part 2: Community Services Board History

Community Services Boards (CSBs)/Behavioral Health Authority here-to-fore referred as CSBs are by statute the single points of entry into publicly funded mental health, developmental disabilities, and substance use disorder services defined in § 37.2-100 and 37.2-500 and 37.2-600 of the Code of Virginia (Code)

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 (the Department) oversee the licensing of CSBs and private providers that delivered services at numerous locations throughout the Commonwealth.

CSBs provide access to state hospital and training center (state facility) services through preadmission screening, case management, services coordination, and discharge planning. CSBs are service providers, directly and through contracts with other providers. CSBs serve as advocates for individuals who are receiving or are in need of services. CSBs act as community educators, organizers, and planners. CSBs function as advisors to the local governing bodies that established them. CSBs are the local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 of the Code defines four types of CSBs: operating, administrative policy, behavioral health authority, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the Code authorizes BHAs in three localities, Chesterfield County, the City of Richmond, and the City of Virginia Beach. Operating and administrative policy CSBs and the BHA are guided and administered by BODs with statutory fiduciary and management authority and responsibilities. Policy-advisory CSBs advise their local government departments. The city councils and county boards of supervisors that established the CSBs or BHA appoint BOD members. Section III.D of this overview contains more information about types of 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 disabilities, 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 Management Services SharePoint page at <http://www.dbhds.virginia.gov/office-of-management-services> under Performance Contract. Operating CSBs and the BHA are agents of the local governments that established them, but they are not city or county departments. Most administrative policy CSBs are city or county government departments. The Department's relationship with all CSBs is based on the community services performance contract required by § 37.2-508 and § 37.2-608 of the Code, other applicable provisions in Title 37.2 of the Code, and State Board of Behavioral Health and Developmental Services policies and regulations. The Department contracts with, funds, monitors, licenses services, regulates, and provides leadership, guidance, and direction to all CSBs.

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Establishment of Community Services Boards	Map Key	Date Est.	Order Est.
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

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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

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Map of CSB Locations



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Part 3: CSB Classifications

The following table lists CSBs by DBHDS region, including a sub-region related to the catchment area of Catawba Hospital (sub-region 3.a.). The Department no longer uses health planning regions (HPRs), the geographic areas in Virginia covered by regional health planning agencies, or partnership planning regions (PPRs), formerly linked with state hospital catchment areas, in its operations.

Listing of CSBs by 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.a.) Dickenson County Behavioral Health Services Highlands CSB Mount Rogers CSB New River Valley Community Services Piedmont CSB (Sub-Region 3.a.) Planning District One Behavioral Health Services Southside CSB (Sub-Region 3.a.)	
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	

The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2021, the Department disbursed more than \$722 million of state and federal funds to 40 CSBs. Also, more than \$214 million of state funds matched federal Medicaid

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payments to CSBs for case management, mental health (MH) clinic, community MH rehabilitation, substance use disorder, and developmental disability waiver services. Currently, cities and counties provided more than \$349 million of local matching funds for CSBs.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental health or substance use disorders, developmental 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.

Emergency services, same-day mental health screening services, outpatient primary care screening and monitoring for physical health risks and follow-up services and linkage to primary health care, 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.

2023 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 (10)	Hampton-Newport News, Richmond, Rappahannock Area,	Alexandria, Arlington, Chesterfield, Henrico Area, Loudoun County, Virginia Beach, Prince William
Large Budget Rural CSB (5)	Horizon, Mount Rogers, New River Valley, Region Ten, Western Tidewater	
Medium Budget Urban CSBs (3)	Blue Ridge	Chesapeake, Norfolk,
Medium Budget Rural CSBs (10)	Cumberland Mountain, Danville-Pittsylvania, District 19, Highlands, Middle Peninsula-Northern Neck, Northwestern, Piedmont, Planning District One, Rappahannock Rapidan, Valley	
Small Budget Urban CSBs (3)	Colonial	Hanover County, Portsmouth
Small Budget Rural CSBs (8)	Alleghany Highlands, Crossroads, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg-Rockingham, Rockbridge Area, Southside	

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

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

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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. Weldon Cooper population information can be access on its web site at <https://coopercenter.org>.

2023 CSB Populations				
Weldon Cooper Center for Public Service, UVA Based on 2020 Census				
CSB	Population	Area	Density	U/R
Alexandria Community Services Board	158,675	15.3	10,370	Urban
Alleghany Highlands Community Services Board	20,880	453.4	46	Rural
Arlington County Community Services Board	237,107	25.9	9,154	Urban
Blue Ridge Behavioral Healthcare	260,016	1,181.0	220	Urban
Chesapeake Integrated Behavioral Healthcare	250,256	340.7	734	Urban
Chesterfield Community Services Board	369,943	425.7	869	Urban
Colonial Behavioral Health	177,415	272.6	651	Urban
Crossroads Community Services Board	100,735	2,761.4	36	Rural
Cumberland Mountain Community Services Board	85,384	1,498.4	57	Rural
Danville-Pittsylvania Community Services Board	102,739	1,014.0	101	Rural
Dickenson County Behavioral Health Services	13,902	332.7	42	Rural
District 19 Community Services Board	178,843	1,931.4	93	Rural
Eastern Shore Community Services Board	45,544	662.0	69	Rural
Fairfax-Falls Church Community Services Board	1,184,054	403.8	2,932	Urban
Goochland-Powhatan Community Services	55,584	545.8	102	Rural
Hampton-Newport News Community Services Board	321,663	120.1	2,678	Urban
Hanover County Community Services Board	110,903	472.8	234	Urban
Harrisonburg-Rockingham Community Services Board	138,931	868.8	160	Rural
Henrico Area Mental Health & Developmental Services	366,486	630.4	534	Urban
Highlands Community Services Board	71,310	575.8	124	Rural
Horizon Behavioral Health	263,298	2,124.5	124	Rural
Loudoun Co. Dept. of MH, SA & Developmental Services	425,204	519.9	818	Urban
Middle Peninsula-Northern Neck CSB	143,149	2,028.3	71	Rural
Mount Rogers Community Services Board	114,554	2,201.4	52	Rural
New River Valley Community Services	184,523	1,458.0	127	Rural
Norfolk Community Services Board	238,102	53.8	4,426	Urban
Northwestern Community Services Board	244,972	1,637.5	150	Rural
Piedmont Community Services Board	135,178	1,568.7	86	Rural
Planning District One Behavioral Health Services	83,165	1,384.5	60	Rural
Portsmouth Dept. of Behavioral Healthcare Services	97,883	33.1	2,957	Urban
Prince William County Community Services Board	542,646	350.2	1,550	Urban
Rappahannock Area Community Services Board	387,068	1,394.0	278	Urban
Rappahannock-Rapidan Community Services Board	184,006	1,961.3	94	Rural
Region Ten Community Services Board	267,273	2,147.0	124	Rural
Richmond Behavioral Health Authority	226,623	60.1	3,771	Urban
Rockbridge Area Community Services	40,897	1,140.9	36	Rural
Southside Community Services Board	79,604	2,009.5	40	Rural
Valley Community Services Board	128,047	1,421.4	90	Rural
Virginia Beach Community Services Board	458,028	248.3	1,845	Urban

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Western Tidewater Community Services Board	161,018	1,324.0	121	Rural
Totals	8,655,608	39,598.4	219	NA

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

2023 DBHDS Region Populations (2021 Estimates, Weldon Cooper)				
Region	Population	Area	Density	U/R
Region 1: Northwestern Virginia	1,675,372	13,148.8	127.42	Rural
Region 2: Northern Virginia	2,547,686	1,315.1	1937.3	Urban
Region 3: Southwestern Virginia	1,130,375	13,224	85.48	Rural
Region 4: Central Virginia	1,409,117	6,827.6	206.39	Urban
Region 5: Eastern Virginia	1,893,058	5,082.9	372.4	Urban
Totals	8,655,608	39,598.4	218.6	NA

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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) 2022 end of the fiscal year performance contract reports. This is the latest year for which actual complete funding information is available. The total amount of all CSB budgets was more than \$1.433 billion. The statewide ratio of state to local matching funds was 56.20 to 43.80 percent. Fees included \$446,027,450 of Medicaid payments, which was 31.12 percent of total funds. “Other” includes sales and other income earned by the CSBs. The source for the CSB funds by source is the FY 2022 End of the Fiscal Year Financial Reports.

FY 2022 Statewide Total CSB Funds by Source					
State Funds	Local Match	Fees	Federal	Other	Total Funds
\$448,284,489	\$349,410,946	\$516,086,768	\$102,164,354	\$17,205,543	\$1,433,152,100
31.28%	24.38%	36.01%	7.13%	1.20%	100.00%
FY 2023 CSB Total Budgets (in Millions)					
Rank	CSB	Amount	Rank	CSB	Amount
Very Large Budget (\$100+ Million) CSBs (1)					
1	Fairfax-Falls Church CSB	207.54			
Large Budget (\$36 to \$100 Million) CSBs (15)					
16	Alexandria CSB	40.91	7	Mount Rogers CSB	62.27
8	Arlington County CSB	56.57	3	New River Valley Community Services	74.40
15	Chesterfield CSB	40.82	13	Rappahannock Area CSB	42.68
5	Hampton-Newport News CSB	65.57	4	Region Ten CSB	67.63
12	Horizon Behavioral Health	46.26	2	Richmond BHA	83.55
14	Henrico Area MH & Dev. Services	42.16	11	Loudoun County DMHSADS	48.16
10	Prince William County CSB	53.07	9	Virginia Beach CSB	56.16
6	Western Tidewater CSB	64.28			
Medium Budget (\$19 to \$36 Million) CSBs (13)					
17	Blue Ridge Behavioral Healthcare	35.92	25	Middle Peninsula-Northern Neck CSB	24.17
22	Chesapeake Integrated BH Care	26.93	20	Norfolk CSB	30.22
21	Cumberland Mountain CSB	28.02	26	Northwestern Community Services	23.18
23	Danville-Pittsylvania Com. Services	24.73	19	Piedmont Community Services	30.65
27	District 19 CSB	20.15	28	Rappahannock-Rapidan CSB	22.90
18	Highlands Community Services	32.27	24	Valley CSB	24.57
29	Planning District One BH Services	21.11			
Small Budget (Less Than \$19 Million) CSBs (11)					
37	Alleghany Highlands CSB	11.74	31	Harrisonburg-Rockingham CSB	17.60
30	Colonial Behavioral Health	18.01	35	Hanover County CSB	13.12
32	Crossroads CSB	17.22	36	Portsmouth DBHS	11.84
40	Dickenson County Behavioral Health	6.24	38	Rockbridge Area Comm. Services	9.51
34	Eastern Shore CSB	13.25	33	Southside Community Services	15.11
39	Goochland-Powhatan Comm. Services	6.27			

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Population Density – Urban and Rural CSB Service Areas

Urban CSBs have population densities of 200 people or more per square mile. Rural CSBs have population densities of less than 200 people per square mile (ref. subdivision A.6 of § 15.2-3602 of the Code). The following table lists the 40 CSBs alphabetically in the urban and rural sections. The number preceding the CSB’s name is its population density ranking in descending order from the densest. The figure in parentheses after the CSB’s name is its total population ranking in descending order from the largest population. Populations are the 2021 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.

2023 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)	10,370	14	Henrico Area (6)	534
2	Arlington (15)	9,154	11	Loudoun County (4)	818
17	Blue Ridge (10)	220	3	Norfolk (12)	4,426
12	Chesapeake (13)	734	6	Portsmouth (31)	2,957
10	Chesterfield (7)	869	9	Prince William County (2)	1,550
13	Colonial (20)	651	15	Rappahannock Area (5)	278
5	Fairfax-Falls Church (1)	2,932	4	Richmond (16)	3,771
7	Hampton-Newport News (8)	2,678	8	Virginia Beach (3)	1,845
16	Hanover County (28)	234			
Rural Community Services Boards (23): Less Than 200 People per Square Mile					
36	Alleghany Highlands (39)	46	35	Mount Rogers (27)	52
39	Crossroads (30)	36	20	New River Valley (17)	127
34	Cumberland Mountain (32)	57	19	Northwestern (14)	150
25	Danville-Pittsylvania (29)	101	30	Piedmont (24)	86
37	Dickenson County (40)	42	33	Planning District One (33)	60
28	District 19 (19)	93	27	Rappahannock-Rapidan (18)	94
32	Eastern Shore (37)	69	23	Region Ten (11)	124
26	Goochland-Powhatan (36)	102	40	Rockbridge Area (38)	36
18	Harrisonburg-Rockingham (25)	160	38	Southside (34)	40
22	Highlands (35)	124	29	Valley (26)	90
21	Horizon (9)	124	24	Western Tidewater (22)	121
31	Middle Peninsula-Northern Neck (23)	71			

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

1. **Administrative policy CSB** means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health,

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developmental disabilities, and substance use disorder services. The administrative policy CSB denotes the board of directors (BOD), the members of which are appointed pursuant to § 37.2-501 with the duties enumerated in subsection A of § 37.2-504 and § 37.2-505. The administrative policy CSB also includes the organization that provides mental health, developmental disabilities, and substance use disorder services through local government staff or through contracts with other organizations and providers, unless the context indicates otherwise. An administrative policy CSB does not employ its staff. There are 10 administrative policy CSBs; eight are city or county government departments; two are not, but use local government staff to provide services.

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

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

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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&DSB	Admin. Policy	Virginia Beach CSB	Admin. Policy
Highlands CSB	Operating	Western Tidewater CSB	Operating

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

Local Government Department CSBs	
Alexandria CSB	Loudoun County Department of Mental Health, 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 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 disabilities, and substance use disorder), emergency and ancillary services, and administration in programs operated directly by CSBs. A full-time equivalent is not the same as a position. For example, a part-time position employed for 20 hours per week is one position, but it is a ½ FTE. The number of FTEs in a CSB usually will be less than the number of positions. However, the number of FTEs is a more accurate indicator of personnel resources available to deliver services or provide support for services. Peer staff FTEs are individuals who are receiving or have received services and are employed by CSBs as peers to deliver direct services.

Table 12: FY 2023 CSB Staffing	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Service FTEs	4,315.66	137.27	769.62	5,222.55
CSB Developmental Service FTEs	3,275.55	1.78	405.31	3,682.64
CSB Substance Use Disorder Service FTEs	1,180.26	126.91	292.85	1,600.02
CSB Emergency and Ancillary Service FTEs	1,077.03	47.73	144.38	1,269.14
CSB Administration FTEs	0.00	0.00	1,622.35	1,622.35
Total CSB Full-Time Equivalents	10,078.39	273.57	3,065.59	13,396.70

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Part 4: CSB Board of Directors Roles and Responsibilities

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

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

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

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Numbers of Individuals and Family Members on CSB BODs								
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								
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 2004								
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 2005								
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 2006								
Individuals	77	15.34%	82	16.87%	72	14.81%	81	16.60%
Family Members	149	29.68%	151	31.07%	144	29.63%	160	32.79%
Subtotal	226	45.02%	233	47.94%	216	44.44%	241	49.39%
Total Members	502	100.00%	486	100.00%	486	100.00%	488	100.00%
Total Appointments	531		531		527		527	
FY 2007								
Individuals	80	14.65%	50	11.52%	62	13.57%	82	19.07%
Family Members	142	27.79%	135	32.72%	130	28.45%	135	31.40%
Subtotal	222	43.44%	185	42.63%	192	42.01%	217	50.47%
Total Members	511	100%	434	100.00%	457	100%	430	100%
Total Appointments	546		498		507		501	

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 and 37.2-608 of the Code, other applicable provisions

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in Title 37.2 of the Code, State Board policies and regulations, and other applicable state or federal statutes or regulations.

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

CSB Duties, and Responsibilities as defined in the Code of Virginia

Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, 37.2-508, and 37.2-512 of the Code of Virginia contain the following duties of a CSB. The duties of a behavioral health authority in § 37.2-605, § 37.2-606 § 37.2-607, and § 37.2-615, are the same or very similar to those of an operating CSB, except a BHA has several additional responsibilities.

1. Function as the single point of entry into publicly funded mental health, developmental disabilities, and substance use disorder services in order to provide comprehensive mental health, developmental disabilities, and substance use disorder services within a continuum of care.
2. Review and evaluate public and private community mental health, developmental disabilities, 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 disabilities, and substance use disorder services for its approval prior to submission of the contract to the Department.
4. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
5. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
6. In the case of operating and administrative policy CSBs, make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the State Board.
7. In the case of an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria.
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

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and shall be used only for community mental health, developmental disabilities, and substance use disorder services purposes.

9. Institute a reimbursement system to maximize the collection of fees from individuals receiving services under its jurisdiction or supervision and from responsible third party payors. Boards shall not attempt to bill or collect fees for time spent participating in commitment hearings for involuntary admissions.
10. 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.
11. 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.
12. 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.
13. Apply for and accept loans as authorized by the governing body of each county or city that established the CSB.
14. 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.
15. Develop and submit to the Department the necessary information for the preparation of the Comprehensive State Plan for Behavioral Health and Developmental Services.
16. 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.
17. 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.
18. 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.
19. 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.
20. 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.
21. Be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the CSB.
22. 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.

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23. 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.
24. Provide information, if available, to all licensed hospitals about alcohol and substance use disorder services available to minors.
25. 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.
26. Submit a performance contract to the Department. The performance contract includes the Community Services Performance Contract, the Administrative Policies and Procedures, and the Partnership Agreement. The contract also includes by reference the Services Taxonomy.
27. 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.
28. 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.
29. Satisfy the applicable licensing regulations, adopted pursuant to § 37.2-403 et seq. of the Code of Virginia, for services that the CSB operates.
30. Provide the services included in the System Transformation, Excellence, and Performance in Virginia (STEP-VA) and funded pursuant to Item HH in the FY 2019 Appropriation Act.

CSB Roles

The concept of a CSB, including its board of directors, as an accountable service provider is inherent in the enabling legislation. A CSB is accountable to the individuals that it serves and their families, its local government(s), communities in its service area, the Department, the State Board, the Department of Medical Assistance Services, the General Assembly, and various federal funding sources. A CSB provides three kinds of accountability.

1. **Organizational:** A CSB must structure and manage its internal organization so that it can effectively discharge its statutory responsibilities, and duties.
2. **Financial:** A CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures to fulfill its fiduciary responsibilities.
3. **Programmatic:** A CSB must provide services and supports that promote recovery, self-determination, empowerment, resilience, health, and the highest level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. These services and supports are individualized, accessible, effective, inclusive, responsive, and integrated into the community and they reflect evidence-based or best practices.
4. A CSB fills several complementary roles to carry out its statutory responsibilities, and duties and to provide this accountability.
5. A CSB is the local agency responsible for providing public mental health, developmental disabilities, 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

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advisor to local government about unmet needs, current services, and future service trends and directions.

6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. Among these many responsibilities and roles, four define the essential nature of a CSB. The other responsibilities support or complement these four essential roles.
12. A CSB functions as the single point of entry into publicly funded mental health, developmental disabilities, 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.
13. A CSB is a service provider, directly and through contracts with other organizations and providers.
14. A CSB is an advocate for individuals receiving services and for the services it provides.
15. A CSB is the local focal point of accountability and responsibility for services and resources.

Part 5: Services Provided

Data about Individuals Receiving Services from CSBs

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

Overview of Community Services in Virginia - Part 5: Services

Duplicated Numbers of Individuals Who Received Services From CSBs						
Fiscal Year	Duplicated Individuals by Program Area				CSB Totals	
	Mental Health Services	Developmental Disabilities Services	Substance Use Disorder 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	161,046	36,141	57,219		340,302	
2009	165,066	35,350	52,104		343,972	

Duplicated Individuals by Program Area						
Fiscal Year	Mental Health Services	Develop-mental Services	Substance Use Disorder Services	SAOPA		CSB Totals
				Emergency Services	Ancillary Services	
2010	171,506	25,909	51,204	57,082	45,959	351,660
2011	174,183	26,912	48,964	58,553	39,223	353,814
2012	181,410	27,161	49,090	60,057	67,723	385,441
2013	180,176	26,399	46,632	58,300	71,852	383,359
2014	182,424	27,887	45,001	63,599	82,435	401,346
2015	185,854	28,037	46,211	69,153	96,064	425,319
2016	188,382	28,116	43,556	70,853	102,826	433,733
2017	200,456	33,482	43,781	71,185	104,624	453,537
2018	221,012	29,823	46,389	71,750	108,788	477,762
2019	221,980	29,592	47,154	69,152	113,096	480,974
2020	225,532	30,227	46,272	63,207	113,343	478,581
2021	215,489	28,850	41,711	60,197	107,744	453,961
2022	208,105	28,078	39,615	60,133	104,851	440,782
2023	205,843	28,291	37,599	55,659	105,871	433,263

1 The Department established a fourth program area, Services Available Outside of a Program Area (SAOPA), in FY 2008. In FY 2008, 85,896 individuals received SAOPA services; in FY 2009, 89,462 individuals received SAOPA services; these individuals are included in total CSB figures.

Overview of Community Services in Virginia - Part 5: Services

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

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

Unduplicated Numbers of Individuals Who Received Services From CSBs							
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	SAOPA			
				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	194,662
2011	107,892	20,387	36,769	58,553	28,328	251,929	196,951
2012	113,552	20,562	36,743	60,057	52,859	283,773	216,951
2013	112,121	20,248	34,382	58,300	55,392	280,443	213,902
2014	115,452	21,103	33,035	63,599	76,034	309,223	222,419
2015	118,919	21,235	32,964	69,153	90,007	332,278	232,079
2016	115,669	20,938	30,180	62,264	93,130	322,181	216,270
2017	120,751	24,903	30,549	62,391	93,111	331,705	218,121
2018	120,703	22,980	30,435	62,557	95,157	331,832	218,894
2019	123,413	23,064	29,837	60,003	99,324	335,641	218,851
2020	126,079	23,549	28,789	54,980	99,172	332,569	214,066
2021	124,209	23,824	26,447	51,752	94,898	321,130	208,596
2022	122,164	23,554	24,610	52,543	92,914	315,785	210,078
2023	120,479	23,546	23,239	49,186	91,382	307,832	206,286

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

Overview of Community Services in Virginia - Part 5: Services

- The decrease in individuals receiving developmental disabilities services reflects deletion of Infant and Toddler Intervention (Part C) Services from the FY 2010 performance contract. The Department now funds Part C services in a separate contract since not all CSBs provide these services. The decrease in individuals who received services in FY 2021 and FY 2022 can be attributed to the COVID-19 Epidemic.

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

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

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
FY 2018	https://rga.lis.virginia.gov/Published/2018/RD203/PDF
FY 2019	https://rga.lis.virginia.gov/Published/2019/RD471/PDF
FY 2020	https://rga.lis.virginia.gov/Published/2020/RD624/PDF
FY 2021	https://rga.lis.virginia.gov/Published/2021/RD378/PDF
FY 2022	https://dbhds.virginia.gov/wp-content/uploads/2023/06/DBHDS-2022-Annual-Report-FINAL-DRAFT.pdf

The COVID-19 pandemic that affected the United States and most certainly the commonwealth of Virginia is ways that it had never experienced. It had a dramatic effect on the ability for CSBs to continue to provide the level of services it provided in previous years. The CSBs experienced a significant loss of clinical and administrative staff that resulted in both an inability to provide needed services or to manage the overall responsibilities required in the Code of Virginia or of their local governments. The Governor issued two Executive Orders, Executive Order 70 in August of 2020 which required the state hospitals and the CSBs to prioritize admissions of individuals in need of care by fast-tracking the admission responsibilities of the CSBs. The Governor also issued Executive Order 84 which suspended the requirements placed on Boards of Directors of CSBs allowing them to meet virtually in order to continue to do their work required to address CSB matters