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The History and Workings of Virginia's Community Services Boards:

An In-Depth Look at Rappahannock Area Community Services Board

Molly Gehman

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Introduction

The everyday mental health needs of citizens in the United States are usually provided at the state and local level. After the deinstitutionalization movement which emptied many mental institutions, care shifted to community programs. However lack of funding spurred by neoliberal austerity politics of the Ronald Reagan administration combined with the rise of mass incarceration led to the criminalization of mental illness, as it was more cost effective to invest in mental health programs in prisons and jails than in community mental health programs.[1] In recent years there has been an attempt to rectify this abuse of the mentally ill by investing in community mental health programs and specifically jail diversion programs to prevent the mass incarceration of those with mental illness. The problem with this strategy is that each state has implemented individual programs with varying degrees of success.[2] The goal of this honors thesis is to explain the history and function of Virginia's community mental health program, the Virginia Community Services Boards (VACSBs), in particular the performance of the Rappahannock Area CSB (RACSB); what services are offered and the availability of those services in comparison with two other Community Services Boards (CSBs): Loudoun County CSB and Dickenson County CSB.

Mental health assistance in the Commonwealth of Virginia is operated out of the Department of Behavioral Health and Developmental Services (DBHDS). This department covers mental health, developmental disability, and addiction services for the Commonwealth. The DBHDS is managed by a nine-member civilian board appointed by the Governor of Virginia and confirmed by the General Assembly. The board is in charge of developing the programs and

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[1] Parsons, Anne E. *From Asylum to Prison: Deinstitutionalization and the Rise of Mass Incarceration after 1945.* University Press Scholarship Online, 2019. University of North Carolina Press, 2018, 125-129.

[2] Torrey, E. Fuller, Lisa Dailey, H. Richard Lamb, Elizabeth Sinclair, and John Snook, *Treat or Repeat: A State Survey of Serious Mental Illness, Major Crimes and Community Treatment,* September 2017.

financial policies which govern the operation of state hospitals, training centers, Community Services Boards (CSBs), and Behavioral Health Authorities (BHAs). They also set the long-term agenda for these facilities and review all DBHDS budget requests and federal fund applications.[3] The majority of services available to the public offered by the DBHDS are run through CSBs.[4] Detailed mental health laws, including the running and operation of the DBHDS are outlined under section 37.2 of the Code of Virginia, included under this title is a specific outline for the creation of CSBs.[5]

Public mental health services in Virginia are decentralized and operate out of thirty-nine separate, regional CSBs and one BHA. CSBs function as a single point of entry for the public into statewide mental health services.[6] While CSBs are licensed by the DBHDS, they are established by cities and counties. The governing city, county, or combination therein which creates the CSB appoints the board members, between six and eighteen individuals. This board is in charge of the allocation of federal funds within the CSB, applying for grants or loans, providing authorized services, and evaluating services and facilities that receive funds. Every CSB has core services which they must provide, as mandated by the Code of Virginia, but they also offer a variety of other services where funds are available.[7] The primary issues discovered with the CSB system, as identified by examining the RACSB, are financial disparities between CSBs and unequal access to services and unequal availability of services within a CSB. CSBs with greater service requirements do not have a correspondingly higher budget, there are also

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[3] Legislative Information System, "Title 37.2. Behavioral Health and Developmental Services", last modified 2020, accessed April 5, 2020, https://law.lis.virginia.gov/vacodefull/title37.2/.
[4] Virginia Department of Behavioral Health & Developmental Services, "Mental Health Services", accessed April 7, 2020, http://www.dbhds.virginia.gov/behavioral-health/mental-health-services.
[5] Legislative Information System, "Title 37.2. Behavioral Health and Developmental Services".
[6] Virginia Association of Community Service Boards, Inc, "Community Services Boards and the Behavioral Health Authority (CSBs/BHA)", last modified 2020, accessed April 5, 2020, https://vacsb.org/community-services-boards-and-the-behavioral-authority-csbs-and-the-bha/.
[7] Legislative Information System, "Title 37.2. Behavioral Health and Developmental Services".

geographic impediments caused by larger CSB service areas which lead to an inability to provide equitable aid to the entire region covered by a CSB.

Community-based mental health care hasn't always been a priority in Virginia, or indeed for the United States. Prior to the 1960s and 1970s mental health care primarily took place in mental institutions. The first public mental institution in the United States was Eastern State Hospital in Williamsburg, Virginia. Colonial legislators saw a need for a place to treat the mentally ill and passed a bill authorizing the construction of the hospital in 1770, the first patients were admitted on October 12, 1773.[8] This method of warehousing people with mental illness saw little change, apart from the development of new treatment methods, for the next two hundred years. By 1955 institutionalization rates were almost the highest they had ever been with nearly 500 per 100,000 adults in mental hospitals. In the next quarter century however the number of people in these institutions dropped by over half and those numbers have continued to recede.[9] There were multiple factors leading to the wave of deinstitutionalization, including a series of exposés surrounding the treatment of people within mental hospitals which increased anti-institutional sentiment within the country in the 1950s and 1960s and the development of new psychotropic drugs.[10] Perhaps the most consequential changes were at the federal level, when President John F. Kennedy signed the Community Mental Health Act into law on October 31, 1963. This law completely changed how mental health was treated in the United States. This new law, along with the advancement in pharmacology made community-based care possible.[11]

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[8] Virginia.gov, "The History of Eastern State", accessed April 6, 2020, http://www.esh.dbhds.virginia.gov/History.html.
[9] Parsons, Anne E. *From Asylum to Prison,* 44.
[10] Parsons, Anne E. *From Asylum to Prison*, 73.
[11] National Council for Behavioral Health, "Community Mental Health Act", last modified 2020, accessed April 6, 2020, https://www.thenationalcouncil.org/about/national-mental-health-association/overview/community-mental-health-act/.

The passage of Medicaid and Medicare a few years later in the mid-1960s by President Johnson helped to secure federal money for community care as states let state-run facilities be shuttered in favor of community facilities which would be funded in part by federal resources.[12]

The current model of community-based care in Virginia began in the late 1960s with the creation of the Prince William County Community Services Board and the Arlington County Community Services Board in 1968. The CSB program evolved from another program established and run by the DBHDS, mental hygiene clinics, which began in the 1940s.[13] The first multijurisdictional CSB was the Charlottesville-Albemarle Community Mental Health and Mental Retardation Services Board, founded in 1969. It was later renamed Region Ten Community Services Board.[14] Of the thirty-nine CSBs and one BHA, currently operating twenty-nine CSBs were organized by two-ten cities or counties, including the primary CSB being examined, Rappahannock Area CSB. The remaining eleven have been established by a single city or county, including the two CSBs being used for comparative study, Loudoun County CSB and Dickenson County CSB.[15] The highly regionalized CSB model offered by Virginia has only been replicated by one state government in America, the state of Georgia. The Georgia Association of Community Service Boards (GACSB) program began in 1994 and is very similar to the VACSB program. GACSB operates under the umbrella of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and functions as a community-based public safety net for people with mental health issues, developmental disabilities, and

[12] Parsons, Anne E. *From Asylum to Prison*, 77.
[13] Virginia Department of Behavioral Health & Developmental Services, *2018 Overview of Community Services in Virginia*, March 16, 2018, http://www.dbhds.virginia.gov/assets/doc/BH/oss/CSBOverviewMar2018.pdf.
[14] Region Ten, "History", last modified 2019, accessed April 7, 2020, http://regionten.org/about-us/history/.
[15] Pezzoli, John, *Role of the Private Sector, CSBs, and State Hospitals in the Continuum of Behavioral Health Care*, Virginia Department of Behavioral Health and Development Services, 2014.

addiction problems.[16] GACSB was also established under state code, O.C.G.A. 37-2-6, this section of code falls under the title which deals with mental health laws for the state, the function of DBHDD, and the formation of GACSBs.[17]

Literature Review

Evolution of Mental Health Care Policies and Practices in the United States

Research surrounding CSBs is lacking however, there has been more research conducted on the impact of community services in the wake of deinstitutionalization. Anne E. Parsons details the journey of people with serious mental illness from mental institutions to prisons in her book, "From Asylum to Prison". She shows that community-based services are not a new idea, when the mass wave of deinstitutionalization initially occurred, community mental health care was supposed to take over for mental institutions. Unfortunately, communities were unprepared for the influx of people with mental illness, especially in rural areas, and community programs were too expensive to succeed without more assistance than states were prepared to provide. However John F. Kennedy's signing of the Community Mental Health Act in 1963 and the passage of Medicaid and Medicare meant that reforms began to take place as states were given more federal money and dedicated resources to provide community care for people with mental illness. These reforms in mental health care also heralded a change in criminal justice policies as the late 1960s and early 1970s saw dramatic decreases in incarceration and increases in community-based alternatives. [18] The rise in mass incarceration of the late 1970s and 1980s put a stop to community release programs, during this time mental illness was criminalized as more

[16] Georgia Association of Community Service Boards Inc, "About GACSB", last modified 2020, accessed April 7, 2020, http://www.gacsb.org/about-gacsb/.
[17] Justia US Law, "37-2-6 – Community mental health, developmental disabilities, and addictive diseases service boards – Creation; membership; participation of counties; transfer of powers and duties; alternate method of establishment; bylaws; reprisals prohibited", last modified 2020, accessed April 7, 2020. https://law.justia.com/codes/georgia/2010/title-37/chapter-2/article-1/37-2-6/.
[18] Parsons, Anne E. *From Asylum to Prison*, 71-75.

people with serious mental illness were sent to prison rather than hospitals and reformation gave way to punishment.[19]

Parsons explains that the political movements which caused mental hospitals to close and the number of prisons to soar are not unrelated. There was a public sentiment of distrust for state rehabilitation efforts, both mental and criminal, which conservative politicians used to discredit community-based mental health and prison reform efforts. These suspicions, coupled with law and order politics, created a massive increase in the prison population causing many people with mental illness to cycle in and out of prisons or jails, never receiving the proper treatment. Additionally, prisons were cheaper to build and maintain than community-based programs, making this an attractive alternative to providing genuine care. The new punishment system which was created during this time was especially damaging for the mentally ill as prisons and jails began to function as dumping grounds for people with mental illness, exacerbating symptoms and creating worsening mental health issues.[20] Parsons concludes that today's prisons face a crisis of overincarceration, similar to the over institutionalization crisis of the past. She believes that it is necessary to decrease the number of people in prisons, especially those with mental illness whose condition often deteriorates in prison. However she warns against a mass exodus, as this would overwhelm community-based services. Parsons' study is primarily concerned with the mental health care system in Pennsylvania, although she gives an in-depth historical analysis of the American mental health care system. She also details the need for better community-based services in addition to prison reform.[21]

[19] Parsons, Anne E. *From Asylum to Prison*, 106-108.
[20] Parsons, Anne E. *From Asylum to Prison,* 122-125
[21] Parsons, Anne E. *From Asylum to Prison,* 152-154

Alisa Roth's "Insane: America's Criminal Treatment of Mental Illness" also provides ample examples of the criminal justice system being used as de facto mental institutions and the detrimental effect this has on people with mental illness. Much of Roth's research takes place in the Twin Towers Correctional Facility at the Los Angeles County Jail, within the mental health unit. This facility is one of the largest providers of mental health care in the country.[22] The quality of treatment however, leaves much to be desired as suicide, mostly by hanging, is the primary cause of death in jail.[23] The conditions within prisons and jails are harmful to people with mental illness, especially solitary confinement which is a common punishment for people with mental illness and worsens symptoms of serious mental illness such as psychosis, and increases the likelihood of self-harm. People with serious mental illness are more likely to be placed in solitary confinement than other prisoners as any atypical behavior is seen as an opposition to the highly disciplined structure of prisons and jails and will result in swift punishment, and those with serious mental illness are the most common recipients of these penalties. Any infraction of behavior or breach of expected norms which may be beyond the control of an individual, results in an increase in regimentation, a decrease in freedom, and further aggravates the underlying mental health condition.[24]

Roth advocates for reform of the criminal justice system, not only to assist those still incarcerated, but to hopefully prevent people with mental illness from being sent to jails or prisons. She is a proponent of jail diversion programs, which will redirect people with serious mental illness out of the criminal justice system and into community treatment programs or hospitals. One jail diversion program Roth applauds in "Insane" is Crisis Intervention Teams

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[22] Roth, Alisa. *Insane: America's Criminal Treatment of Mental Illness.* New York: Basic Books, 2018, 39.
[23] Roth, Alisa. *Insane*, 55.
[24] Roth, Alisa. *Insane,* 139.

(CIT). These are teams of, mostly first responders, who receive special training in how to interact with people who have mental illness.[25] Roth also encourages the creation of more community-based services, such as the Restoration Center, a place for people in crisis to be taken for short-term stays. The Restoration Center is not intended to replace medical attention but does reduce the chance that an individual in crisis will be arrested and lost to the system, increasing the likelihood that the individual's symptoms will grow worse the longer they are incarcerated.[26] Roth clearly shows that the warehousing of people with mental illness in jails and prisons is costly, counterproductive, and deadly.

As it has been demonstrated that the current method of imprisoning people with serious mental illness is damaging to an already vulnerable community, it is useful to briefly examine what programs different states have instituted to assist those with mental illness. In a report published by the Treatment Advocacy Center, a comprehensive survey was conducted of the fifty states' differing methods of community treatment. A letter grade was assigned to each state based on the efforts states were making to create a system which would decrease arrests and provide community assistance. Virginia and Georgia, the only two states which implement CSBs, received a "B-", this letter grade was shared with three other states. Seven states received a "B", four a "B+". No state received an "A". The first of the four "B+" states, Oregon, has a higher than average number of forensic beds and practices extensive conditional release and monitoring. Oregon also provides additional community services such as housing, medical care, and job support, Oregon is considered, by the Treatment Advocacy Center, to be the model which other states should emulate. Hawaii, similarly, has one of the largest numbers of forensic beds available of any state, they also rely heavily on conditional release and community

[25] Roth, Alisa. *Insane,* 242-246.
[26] Roth, Alisa. *Insane,* 251.

monitoring services. Maine, in contrast, has few forensic beds, but does provide extensive community treatment programs, conditional release and monitoring, and a focus on rehabilitation. The last of the four "B+" states, Missouri, also practices extensive conditional release and provides excellent follow-up care.[27]

People with mental illness have historically been shuttered away from the public view. Whether this meant locking them away in asylums or, more recently in prisons, it made little difference so long as the general public wasn't being inconvenienced by them. This lack of interest for the wellbeing of people with mental illness has often led to them receiving the cheapest quality of care that can be achieved with the minimum of effort. Federal legislation has made it possible for states to expand community-based care programs for people with mental illness and the recent turn in public and political sentiment towards institutional reform has helped to highlight the egregious issues within the prison industrial complex. States are largely responsible for determining how they implement these community-based programs and Virginia is one of only two states to adopt the CSB method. The challenge of evaluating the success of this program is that so little is known about the efficacy of the system. This thesis project attempts to fill in the gaps of our knowledge about CSBs by examining how the CSB system in Virginia operates as evidenced through the lens of a case study of one such CSB, the Rappahannock Area CSB that operates in the area that includes the University of Mary Washington. This will hopefully help to illuminate the qualities of the under-researched state mandated CSB program, provide some insight into what services are available to people with mental illness, and what the benefits and limitations of the CSB program are.

Community Services Boards in the Commonwealth of Virginia

[27] Torrey, E. Fuller, Lisa Dailey, H. Richard Lamb, Elizabeth Sinclair, and John Snook, *Treat or Repeat*.

Virginia's CSBs operate as single points of entry into a wider system of community services for mental health care. Rules of oversight and accountability for CSBs are set by the Virginia General Assembly and enforced primarily by the DBHDS, Department of Medical Assistance Services, and local authorities.[28] CSBs are the primary point of contact between the public and state mental health assistance. They also operate as training sites for state facilities, providing a variety of mental health training and CIT training. While many of these mental health and training initiatives operated by and in partnership with CSBs have been a subject of study, not much has been written about CSBs. The raw data pertaining to the numerical efficacy of CSBs exists primarily in yearly reports released by regional CSBs and county or city governments. However, little is known about the history of the CSB program or why this program was adopted by the Commonwealth of Virginia, how the essential services required by all CSBs were chosen and if they are beneficial to the public, or how different regional CSB programs compare to one another. What research does exist is primarily on the role of communities and community services in providing mental health care and particularly on the effectiveness of jail diversion programs.[29]

One of the essential programs provided by CSBs and mandated by the code of Virginia are emergency services.[30] These are services provided for individuals who require urgent mental health assistance. Emergency services often take the form of crisis counselling and emergency mental evaluations.[31] The Virginia General Assembly ordered the DBHDS to conduct an

[28] Virginia Association of Community Service Boards, Inc, "Community Services Boards and the Behavioral Health Authority (CSBs/BHA)".
[29] Virginia Department of Behavioral Health & Developmental Services, "Training, Resources, and Evaluator Lists", last modified 2020, accessed March 30, 2020, http://23.29.59.143/forensic-services/training-resources.
[30] Virginia Association of Community Service Boards, Inc, "Community Services Boards and the Behavioral Health Authority (CSBs/BHA)".
[31] Rappahannock Area Community Services Board, "Emergency Services", accessed April 12, 2020, https://rappahannockareacsb.org/portfolio-view/emergency-services/.

assessment of emergency evaluation procedures in various emergency departments for people facing possible involuntary civil commitment after receiving numerous complaints about long delays. Over a period of two weeks CSB staff filled out survey responses for each of their emergency evaluations. The wait time for an evaluation varied from 0 minutes to 703 minutes, the majority of evaluations were conducted within an hour and a half. The study determined that the primary factor determining wait time for a request for an emergency evaluation was location. Other contributing factors included the number of people already waiting for an evaluation, population density, and the presence of mental health support such as a CIT. The people most likely to receive a speedy evaluation were those under an emergency custody order and already at a CSB. Responses within a CSB facility were significantly shorter than responses within any other emergency department. At a CSB the median wait time was ten minutes, in contrast the median wait time for a hospital emergency department was thirty-five minutes and for a police station forty-three minutes.[32]

Jail diversion programs, many of which are classified as a subset of emergency services, are not required to be present at every CSB by the Virginia code, but are vital to keeping people with mental illness out of jails and prison. According to The Program Annual Review for fiscal year 2017, individuals who utilize jail diversion programs are 28% less likely to require emergency or crisis services from a CSB 180 days after being released from the diversion program compared with the 180 days before admittance into the program. The same report shows that those who enroll in a jail diversion program while incarcerated served 35.2% fewer days in jail. There are multiple types of jail diversion programs, including: CITs, pre-trial services, jail diversion therapists and case management. The purpose of these programs is to

[32] "Response Time of Public Outpatient Mental Health Providers to Requests for Emergency Evaluations," *Developments in Mental Health Law* 34, no. 4 (December 2015): 10-13.

identify individuals who have been diagnosed with a serious mental illness, divert them from the criminal justice system or prevent them from becoming a further victim of the system if they have already interacted with it, and to connect them with resources to provide treatment. These programs are also overseen by the DBHDS, within the Office of Forensic Services. The Program Annual Review for fiscal year 2017 released by the DBHDS provides comprehensive information regarding jail diversion programs and efforts by all participating CSBs, it shows the efficacy of these programs as a whole in 2017. [33] While it is important information to have, the broad scope of the data leaves questions as to how individual CSBs perform. The nature of the CSB program is highly individualized and even within participating CSBs the type and quality of jail diversion program can vary. Similarly, there is no ability to gauge whether CSBs without jail diversion programs would benefit from them or if they would be a superfluous waste of budgetary resources. The lack of comparative studies between CSBs makes it impossible to evaluate the value of these initiatives for the CSB program. This thesis is an attempt to provide a small comparative study for some of the initiatives offered by CSBs.

<u>Mental Health Policies and Practices in the Commonwealth of Virginia, Role of CSBs</u>

Title 37.2-Chapter 5 of the Code of Virginia stipulates the governance and creation of CSBs.[34] Since 1968, the Commonwealth of Virginia has required that every city or county establish, either on its own or in conjunction with other localities, a CSB. These CSBs operate under the authority of the DBHDS and have certain services which are mandated by the Virginia Code which must be provided through the CSBs.[35] These services are emergency services, same-

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[33] Virginia Department of Behavioral Health and Developmental Services, *Jail Diversion Initiatives,* Program Annual Review FY2017, Virginia Department of Behavioral Health & Developmental Services, 2018, http://23.29.59.143/assets/doc/forensic/jail-diversion-annual-report-fy17.pdf.
[34] Legislative Information System, “37.2-500. Purpose; community services board; services to be provided”, last modified 2020, accessed April 7, 2020, https://law.lis.virginia.gov/vacode/title37.2/chapter5/section37.2-500/.
[35] Virginia Association of Community Service Boards, Inc, "Community Services Boards and the Behavioral Health Authority (CSBs/BHA)”.

day mental health screening services, outpatient primary care screening and monitoring services for physical health, and when funds are available, case management services.[36] CSBs function as a single point of entry into Virginia's mental health system, funneling individuals with mental illness, developmental disabilities, and substance abuse problems into the appropriate sector which can best meet their needs.[37]

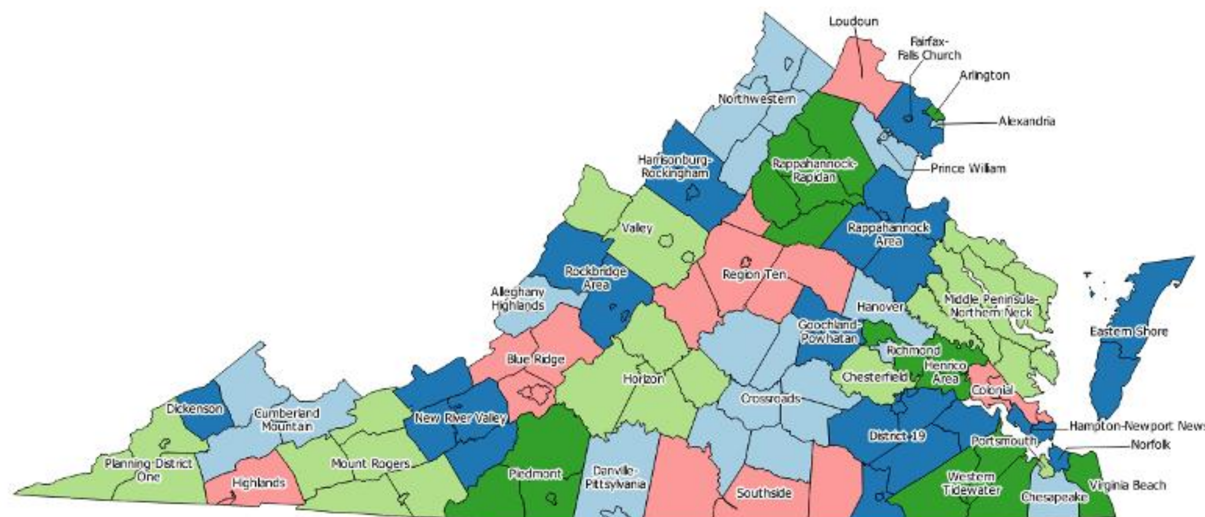

Fig 1., Map of Community Service Boards and Jurisdiction Areas, Commonwealth of Virginia[38]

There are thirty-nine CSBs and one BHA spread out across Virginia, as seen in Figure 1. The CSB that this thesis will be examining is the Rappahannock Area CSB (RACSB). The RACSB covers the city of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford.[39] Each CSB is operated by a board, which is appointed by the governing body of the establishing city or county, if multiple localities are establishing a CSB

[36] Legislative Information System, "37.2-500. Purpose; community services board; services to be provided".
[37] Virginia Association of Community Service Boards, Inc, "Community Services Boards and the Behavioral Health Authority (CSBs/BHA)".
[38] Virginia Department of Behavioral Health & Developmental Services, "Community Services Boards (CSBs)", last modified 2020, accessed March 31, 2020, http://www.dbhds.virginia.gov/community-services-boards-csbs.
[39] Rappahannock Area Community Services Board, "Home", last modified 2020, accessed March 31, 2020, https://rappahannockareacsb.org/.

then a board of supervisors from the areas is responsible for establishing the board. One-third of the board members must be people who have received services, or have family members who have received services, and at least one board member must currently be receiving services. No board member can work for an organization which receives money from any CSB.[40] The RACSB is comprised of an executive director and a fifteen-person board, three representatives from each county or city represented in RACSB although currently two positions are vacant.[41]

The RACSB coverage area includes the University of Mary Washington, which resides in the city of Fredericksburg, and the county which I was raised in, King George County. It was chosen to be the focus of this case study initially for this reason. Upon further examination of RACSB it was found to be a multijurisdictional CSB, which provides services for a wide geographic area, including rural and suburban demographics. The counties and city which are covered also provide disparate median household incomes for the individuals living within the region. These parameters were used to set the bounds of the study and narrow the thesis inquiry. This broad sampling of data in one CSB has provided the opportunity to observe the services offered by the CSB program to a region representative of much of the Commonwealth of Virginia. RACSB offers all of the mandated mental health services laid out in the Virginia Code, their website provides information about the multitudes of help available to the public. Including locations and times of availability for the various accessible aid. Primary mental health services include: same day access, mental health outpatient services, assertive community treatment, peer services, mental health case management, child and adolescent services, emergency services,

[40] Legislative Information System. "37.2-501. Community services board; appointment; membership; duties of fiscal agent", last modified 2020, accessed March 31, 2020, https://law.lis.virginia.gov/vacode/title37.2/chapter5/section37.2-501/.
[41] Rappahannock Area Community Services Board, "About Us", last modified 2020, accessed March 31, 2020, https://rappahannockareacsb.org/about-us/#board.

jail-based services, residential services, and day services through the Kenmore Club.[42] RACSB works in consort with multiple partners to provide these mental health services, both private and state, these associates can dictate the location and availability of certain resources.[43] The primary means of collecting data about RACSB is through the official website and reports released by RACSB and the DBHDS.

Examining the services available at RACSB is the central goal of this thesis, to provide context for these services, two other CSBs are bring briefly examined as well. The other CSBs being used as a comparison are Loudoun CSB and Dickenson CSB. Loudoun CSB is located in an affluent suburban area and serves Loudoun County.[44] Dickenson CSB is located in a poor, rural area of Virginia and serves Dickenson County.[45] These differences in geography, suburban verses rural, mimic some of the obstacles to full coverage which RACSB experiences in its vast coverage area. Additionally, issues of access, whether that is based on location or funding, is a component that I believe will be mirrored depending on what section of RACSB is being addressed. The primary means of collecting data on these CSBs will again be the official CSB websites and reports released by Loudoun County and Dickenson County CSBs and the DBHDS.

The element used to determine which CSBs were chosen in this comparison were median household income. This data was gathered from the United States Census Bureau. Loudoun County has the highest median household income according to 2017 inflation-adjusted dollars, while Dickenson County has the lowest median household income. As can be seen in Table 1,

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[42] Rappahannock Area Community Services Board, "Mental Health", last modified 2020, accessed April 7, 2020, https://rappahannockareacsb.org/portfolio/mental-health/.
[43] Rappahannock Area Community Services Board, "Resources", last modified 2020, accessed April 7, 2020, https://rappahannockareacsb.org/resources/.
[44] Loudoun County Government, "Community Services Board", last modified 2020, accessed March 31, 2020, https://www.loudoun.gov/458/Community-Services-Board.
[45] Dickenson County Behavioral Services, "Welcome", last modified 2019, accessed March 31, 2020, https://www.dcbhs.com/.

the median household income for these counties, according to 2017 inflation-adjusted dollars, is $129,588 for Loudoun County and $29,916 for Dickenson County, a difference of $99,672. As noted in Table 2, the combined median household incomes of Caroline County, King George County, Spotsylvania County, Stafford County, and the City of Fredericksburg is $81,434 and is above Virginia's total median household income of $68,766, which can be seen in Table 1, by $12,668.[46] While RACSB does not sit in the exact middle, it is close to the median.

Table 1: Partial List of the Median Household Income (In 2017 Inflation-Adjusted Dollars) for the Counties and Cities of Virginia	
Virginia	$68,766.00
Caroline County	$60,925.00
Dickenson County	$29,916.00
Fredericksburg City	$57,258.00
King George County	$84,770.00
Loudoun County	$129,588.00
Spotsylvania County	$81,434.00
Stafford County	$103,005.00

Source: United States Census Burau, "Median Household Income (In 2017 Inflation-Adjusted Dollars)", Accessed April 19, 2020, https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2017.DP03&vintage=2017&t=Income%20%28Households,%20Families,%20Individuals%29&g=0400000US51.050000&hidePreview=false&cid=DP03_0001E&tp=true.

[46] United States Census Bureau, "Median Household Income (In 2017 Inflation-Adjusted Dollars)", Accessed April 19, 2020, https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2017.DP03&vintage=2017&t=Income%20%28Households,%20Families,%20Individuals%29&g=0400000US51.050000&hidePreview=false&cid=DP03_0001E&tp=true.

Table 2: Partial List of the Median Household Income (In 2017 Inflation-Adjusted Dollars) for the Community Services Boards of Virginia, Calculated Using Data from the United States Census Bureau		
CSB/BHS	Area	Median Household Income
Dickenson County BHS	Dickenson County	$29,916.00
Rappahannock Area CSB	Caroline County, King George County, Spotsylvania County, Stafford County, Fredericksburg City	$81,434.00
Loudoun County CSB	Loudoun County	$129,588.00

Source adapted from: United States Census Bureau, "Median Household Income (In 2017 Inflation-Adjusted Dollars)".

Additionally, the population of these areas provides some context for the volume of people served by each CSB. As seen in Table 3, census data shows that as of 2018 Fredericksburg had a population of 29,144 people, Caroline County has a population of 30,772, King George County had a population of 26,575, Spotsylvania County had a population of 134,238, and Stafford County had a population of 148,960. Combined the RACSB had a population of 370,689.[47] Table 4 shows that in 2018, Loudoun County had a population of 406,850 and Dickenson County had a population of 14,523. It should be noted that while the majority of the population data remained relatively consistent, Loudoun County grew by several thousand people between 2018 and 2019.[48]

Table 3: Population Estimates as of July 1, 2018 for the Counties and City within the Rappahannock Area Community Services Board Coverage Area					
	City of Fredericksburg	Caroline County	King George County	Spotsylvania County	Stafford County
Population	29,144	30,772	26,575	134,283	149,960

Source: United States Census Bureau, "Fredericksburg City, Virginia; Caroline County, Virginia; King George County, Virginia; Spotsylvania County, Virginia; Stafford County, Virginia", accessed April 9, 2020, https://www.census.gov/quickfacts/fact/table/fredericksburgcityvirginia,carolinecountyvirginia,kinggeorgecountyvirginia,spotsylvaniacountyvirginia,staffordcountyvirginia/PST045219.

[47] United States Census Bureau, "Fredericksburg City, Virginia; Caroline County, Virginia; King George County, Virginia; Spotsylvania County, Virginia; Stafford County, Virginia", accessed April 9, 2020, https://www.census.gov/quickfacts/fact/table/fredericksburgcityvirginia,carolinecountyvirginia,kinggeorgecountyvirginia,spotsylvaniacountyvirginia,staffordcountyvirginia/PST045219.

[48] United States Census Bureau, "Loudoun County, Virginia; Dickenson County, Virginia", accessed April 9, 2020, https://www.census.gov/quickfacts/fact/table/loudouncountyvirginia,dickensoncountyvirginia/PST045219.

Table 4: Population Estimates as of July 1, 2018 for Counties within the Loudoun County and Dickenson County Community Services Boards		
	Loudoun County	Dickenson County
Population	406,850	14,523

Source: United States Census Bureau, "Loudoun County, Virginia; Dickenson County, Virginia", accessed April 9, 2020, https://www.census.gov/quickfacts/fact/table/loudouncountyvirginia,dickensoncountyvirginia/PST045219.

Results

All CSBs are largely reliant on the resources from their community rather than state facilities. The state operates eight adult behavioral health facilities, one for juveniles, two training centers, a medical center, and a behavioral rehabilitation center. They are located at various locations across the state, providing decent coverage, but not sufficient space for all of the people who require assistance. The majority of mental health care falls to the CSBs, which rely heavily on local resources.[49]

Standard emergency services being offered by RACSB include a 24/7 call center for people in crisis. They also offer emergency services therapists who provide short-term crisis counselling and referrals to additional community assistance, these therapists can also triage more serious cases and screen for the chance that commitment, either voluntary or involuntary, may be required. The emergency services therapists from RACSB work out of the Crisis Assessment Center which is located in the Emergency Department of Mary Washington Hospital in Fredericksburg, Virginia.[50] This is one example of a major weakness in how RACSB operates, many of the services offered are location specific. Fredericksburg is the most centralized location within RACSB, but it is still a long distance for people to travel if they are in crisis. The journey from Mary Washington Hospital to Caroline County, the furthest county within RACSB limits,

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[49] Virginia Department of Behavioral Health & Developmental Services, "Facilities", accessed April 8, 2020, http://www.dbhds.virginia.gov/about-dbhds/facilities.
[50] Rappahannock Area Community Services Board, "Emergency Services".

is 25.6 miles and takes almost 40 minutes.[51] Additionally, the limited number of psychiatric beds post-deinstitutionalization and Mary Washington Hospital being the only facility being used to evaluate people with serious mental illness, leads to a long time delay. Despite the report stating that response times for emergency evaluations are generally around 90 minutes,[52] that doesn't necessarily equate to how long a person can be kept waiting to be admitted. According to RACSB, the wait time for a bed can take up to eight hours. RACSB also runs a crisis stabilization program out of the Sunshine Lady House of Mental Health Wellness and Recovery. This is a temporary residential facility with a maximum twelve-bed capacity which provides 24-hour care for up to fifteen days.[53] The facility is also located in Fredericksburg and aids not only those going through a mental health crisis, but also people suffering from drug addiction.[54]

Another emergency mental health service offered by RACSB is CIT training.[55] CIT is a jail diversion program which began in 2007 and expanded in 2008, RACSB was one of the CSBs which received funding for this program under the expansion. The CIT program employs over forty hours of training in various interdisciplinary methods to assist police and first responders in their ability to react to the public and specifically people with serious mental illness. This training increases the likelihood that people who have a serious mental illness will be properly identified and diverted out of the criminal justice system, receiving the treatment they need, and

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[51] Google Maps, "Directions for driving from Mary Washington Hospital, to Caroline County, Virginia", accessed April 7, 2020, https://www.google.com/maps/dir/Mary+Washington+Hospital,+Sam+Perry+Boulevard,+Fredericksburg,+VA/Caroline+County,+VA/@38.1619755,-77.5486345,11z/data=!3m1!4b1!4m15!4m14!1m5!1m1!1s0x89b6c1e367d708a3:0x50cd41b90fd094a!2m2!1d-77.4845979!2d38.3099293!1m5!1m1!1s0x89b6cdd402a089ff:0x6e427b7a7f3dc27f!2m2!1d-77.2864879!2d38.0445557!3e0!4e1.

[52] "Response Time of Public Outpatient Mental Health Providers to Requests for Emergency Evaluations," 13.

[53] Rappahannock Area Community Services Board, "Emergency Services".

[54] VA Coalition for the Prevention of Elder Abuse, "Sunshine Lady House for Mental Health Wellness and Recovery", last modified 2020, accessed April 7, 2020, http://www.vcpea.org/program/41752/sunshine-lady-house-mental-health-wellness-and-recovery.

[55] Rappahannock Area Community Services Board, "Emergency Services".

that volatile situations will be diffused.[56] Since the program was put in place at RACSB over four hundred members of law enforcement have been trained in crisis intervention.[57] Loudoun County CSB also provides 24/7 crisis counselling, and recently added two more emergency rooms from which Emergency Services Clinicians respond.[58] and crisis intervention services including a CIT program. Loudoun County CSB has a dedicated CIT Assessment Center which is open every day from 7:00AM to 11:00PM.[59] Dickenson County CSB only offers crisis counselling via a hotline number.[60]

Same day access services offered at RACSB, these are mental health assessments without the need for an appointment, the assessment takes approximately two hours. Same day services are available at clinics open in each of the areas represented within RACSB. While the geographic access is better for same day access, the clinics do not share the same hours of operation or availability. The Fredericksburg Clinic is open Monday through Thursday, Spotsylvania Clinic is open Tuesday through Thursday, Stafford and Caroline Clinics are open Tuesday/Thursday, King George Clinic is open Tuesday and Wednesday.[61] This service is difficult to find on the websites Loudoun County CSB and Dickenson County CSB. It appears that neither have same day access, although as of 2017 Loudoun County CSB was attempting to develop same day access services as part of their outpatient program.[62]

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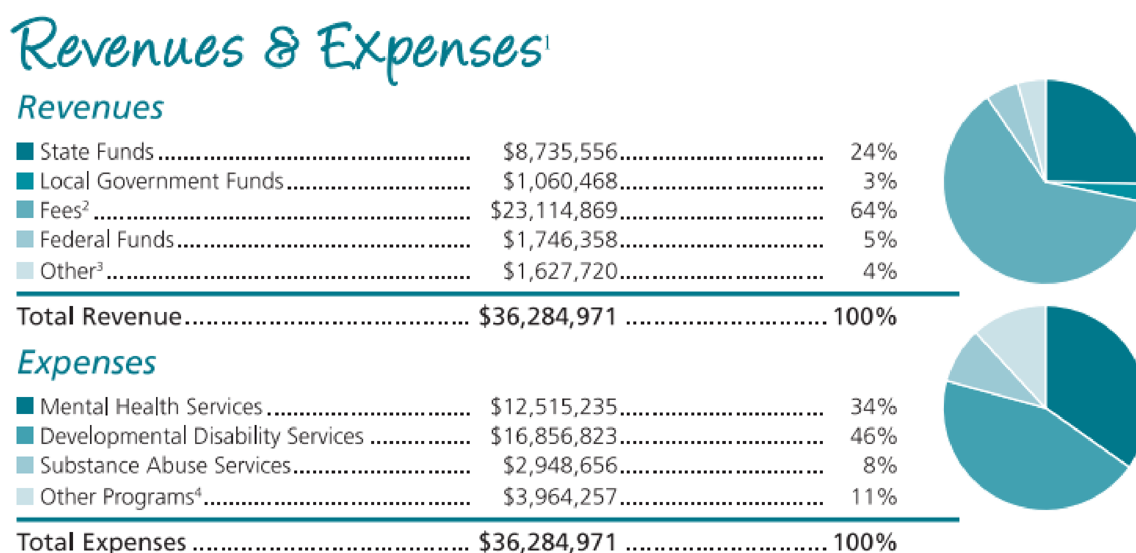
[56] Virginia Department of Behavioral Health and Development Services. "Crisis Intervention Teams (CIT) and Jail Diversion*",* accessed April 7, 2020, http://www.dbhds.virginia.gov/forensic-services/crisis-intervention-teams-cit-and-jail-diversion.
[57] Rappahannock Area Community Services Board, "Mental Health".
[58] *Annual Report*, Virginia Association of Community Services Boards, 2017, https://vacsb.org/wp-content/uploads/2018/04/VACSB-Annual-Report-Final-Version.pdf.
[59] Loudoun County Government, "Emergency Mental Health Services", accessed April 7, 2020, https://www.loudoun.gov/1413/Emergency-Mental-Health-Services.
[60] Dickenson County Behavioral Services, "Outpatient Mental Health & Substance Abuse Services", last modified 2019, accessed April 7, 2020, https://www.dcbhs.com/mental-healthsubstance-abuse.
[61] Rappahannock Area Community Services Board, "Same Day Access", accessed April 7, 2020, https://rappahannockareacsb.org/portfolio-view/same-day-access/.
[62] Smith, Diane C, *Notice to Offerors Addendum No. 1*, Loudoun County Government, November 22, 2017, https://www.loudoun.gov/DocumentCenter/View/130168/Addendum-1?bidId=.

The outpatient primary care screening and monitoring services being offered at RACSB are available in each county and city within the covered area. The same clinics which offer same day access provide outpatient primary care, meaning that availability is an issue as not all clinics are open as frequently.[63] Loudoun County CSB offers two locations within the county which provide outpatient services. These clinics are open Monday through Friday, by walk-in or appointment.[64] Dickenson County CSB has one location in the county, however no hours are listed on their website to let people know when people can go there for assistance.[65]

RACSB also offers case management services, which are to be offered when funds permit. Case managers operate out of the five aforementioned clinics which also provide same day and outpatient services, and out of the Rappahannock Regional Jail, Rappahannock Juvenile Detention Center, and the Micah Ecumenical Ministries' Hospitality Center. The job of case managers is to aid in understanding the various courses of treatment, healthcare options, and community services which are available, as well as monitoring that treatment once it has begun. They also act as liaisons between individuals receiving assistance and those providing care, and help the public maneuver through various official arenas, such as Social Services and housing.[66] Loudoun County CSB also provides case management services, although these are for people with developmental disabilities not mental illness.[67] However, monitoring services are offered for people with serious mental illness in the form of Linking Individuals & Navigating Care (LINC). This is a program in partnership with a nonprofit that assists young people with mental

[63] Rappahannock Area Community Services Board, "Mental Health Outpatient Services", accessed April 7, 2020, https://rappahannockareacsb.org/portfolio-view/mental-health-outpatient-services/.
[64] Loudoun County Government, "Outpatient Services", accessed April 7, 2020, https://www.loudoun.gov/1414/Outpatient-Services.
[65] Dickenson County Behavioral Services, "Outpatient Mental Health &Substance Abuse Services".
[66] Rappahannock Area Community Services Board, "Mental Health Case Management", accessed April 7, 2020, https://rappahannockareacsb.org/portfolio-view/mental-health-case-management/.
[67] Loudoun County Government, "Case Management/Support Coordination", accessed April 7, 2020, https://www.loudoun.gov/1336/Case-Management-Support-Coordination.

illness and their families to navigate the services available and is aimed towards education. It is also only for people who have experienced their first psychotic episode within the last three years.[68] Loudoun County CSB also has supervised living services, which provide support for people with mental illness assisting them in living on their own.[69] Dickenson County CSB also provides case management services, however there is no information as to what kind of case management is offered.[70]



Revenues & Expenses[1]

Revenues

Source	Amount	Percent
State Funds	$8,735,556	24%
Local Government Funds	$1,060,468	3%
Fees[2]	$23,114,869	64%
Federal Funds	$1,746,358	5%
Other[3]	$1,627,720	4%
Total Revenue	**$36,284,971**	**100%**

Expenses

Service	Amount	Percent
Mental Health Services	$12,515,235	34%
Developmental Disability Services	$16,856,823	46%
Substance Abuse Services	$2,948,656	8%
Other Programs[4]	$3,964,257	11%
Total Expenses	**$36,284,971**	**100%**

Fig 2., Revenues and Expenses of Rappahannock Area Community Services Board for Fiscal Year 2016[71]

RACSB revenue is $36,284,971 annually according to the 2016 annual report. Figure 2 shows a detailed breakdown of where RACSB gets its funding. The majority of funds are garnered through fees, state funding coming in at a distant second. The data does not however indicate whether the fees are paid for by private or public health insurance, which would assist in

[68] Loudoun County Government, "LINC (Linking Individuals & Navigating Care)", accessed April 7, 2020, https://www.loudoun.gov/3662/LINC-Linking-Individuals-Navigating-Care.
[69] Loudoun County Government, "Supervised Living Services", accessed April 7, 2020, https://www.loudoun.gov/1417/Supervised-Living-Services.
[70] Dickenson County Behavioral Services, "Outpatient Mental Health & Substance Abuse Services".
[71] *Fiscal Year 2016 Annual Report*, Rappahannock Area Community Services Board.

determining the relative affluence of the individuals seeking assistance from RACSB and the quality of care afforded to them in comparison with other CSBs. Figure 3 expands on how many individuals are aided by the services provided by RACSB. Mental health services account for 34% of the total expenditures and 11,718 people were assisted using these services. The most used was outpatient services, seeing 6,421 people.[72] Taking a look at Table 5, which shows specific services measured by the Virginia Association of Community Services Boards (VACSB) Report from 2017, and will be used for comparative data for Loudoun County CSB and Dickenson County CSB, RACSB's most used service was crisis screening assessments, with 2,803 people being served. The next highest, with almost two thousand fewer, is jail clients, serving 869. The least used service was the Governor's Access Plan (GAP) Assessments, with 133 people.[73] GAP Assessments are part of a Medicaid plan which provides some medical and behavioral care for people who meet the criteria.[74]

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[72] *Fiscal Year 2016 Annual Report*, Rappahannock Area Community Services Board, 2016, https://rappahannockareacsb.org/wp-content/uploads/2017/06/2016_RACSB_Annual_Report_FINAL.pdf.
[73] *Annual Report*, Virginia Association of Community Services Boards.
[74] New River Valley Community Services, Governor's Access Plan (GAP), last modified 2020, accessed April 8, 2020, http://www.nrvcs.org/governors-access-plan-gap/.

Individuals Served in Fiscal Year 2016

Mental Health Services

Service	Individuals
Outpatient Services	6,421
Emergency Services	1,774
Residential Crisis Stabilization	302
Local Inpatient Services	83
Case Management	810
Psychosocial Rehabilitation (Kenmore Club)	115
Supervised Apartments	22
Supported Living	43
Program for Assertive Community Treatment	11
Assessments and Evaluations	1,953
Total:	11,718

Developmental Disability Services

Service	Individuals
Support Coordination	618
Day Health and Rehabilitation	182
Transitional/Supported Employment	4
Highly Intensive/Intermediate Care Facilities	12
Group Homes	56
Respite Group Home	48
Supported Living Arrangement	1
Supervised Apartments	22
Sponsored Placement	25
Early Intervention[1]	842
Infant/Child Support Coordination[1]	824
Total:	2,634

Substance Abuse Services

Service	Individuals
Outpatient Services	1,418
Emergency Services	913
Case Management	379
Social Detoxification[1]	86
Residential Services	29
Total:	2,825

Prevention Services

Service	Individuals
DARE To Be You – Rappahannock Area	130
Healthy Families Rappahannock Area	1,593
Media Detective/Media Ready	12
Mental Health First Aid Training (adult and youth)	149
Program for Teen Parents[3]	67
Project LINK	553
Rappahannock Area Kids on the Block	5,521
Second Step	192
Too Good for Drugs	432
Total:	8,649

Individuals that receive more than one service are counted once in each applicable service area. Information current as of 9/1/2016 and subject to change without notice.

[1] New program initiated in FY 2016.

[2] No longer reported as part of the State Performance Contract.

[3] Currently offered in Spotsylvania County only.

Fig 3., Individuals Served by Rappahannock Area Community Services Board in Fiscal Year 2016[75]

Table 5: Rappahannock Area Community Services Board Fiscal Year 2017 Partial Data	
Jail Clients Served	869
Crisis Uniform Pre-Admission Screening Assessments	2,803
Governor's Access Plan (GAP)	133
Trainings	Number Trained
Mental Health First Aid	163
REVIVE!	60

Source: *Annual Report*, Virginia Association of Community Services Boards, 2017, https://vacsb.org/wp-content/uploads/2018/04/VACSB-Annual-Report-Final-Version.pdf.

[75] *Fiscal Year 2016 Annual Report*, Rappahannock Area Community Services Board.

Table 6: Loudoun County Community Services Board Fiscal Year 2017 Partial Data	
Jail Clients Served	580
Crisis Uniform Pre-Admission Screening Assessments	1,649
Governor's Access Plan (GAP)	28
Trainings	Number Trained
Mental Health First Aid	92
REVIVE!	2

Source: *Annual Report*, Virginia Association of Community Services Boards.

Loudoun County CSB has a budget which slightly higher than RACSB's according to the fiscal report which was released for 2016. However the report was for the entirety of Loudoun County, and did not only refer to the CSB. It also didn't break down the budget in a similar way, separating all CSB functions under the heading of Mental Health, Substance Abuse and Development Services. The final budget came out to $39,021,212, which is $2,736,241 more than RACSB's final budget.[76] The services offered are harder to quantify, as all reports found were of Loudoun County CSB as a function of Loudoun County, however the data supplied by the VACSB annual report, and shown in Table 6, can be used as a comparative measure. This report shows that Loudoun County CSB crisis screening and assessments was the most used service, with 1,649 people, followed by 580 jail clients. The Governor's Access Plan (GAP) Assessments have the fewest number of people served, with 28.[77]

Dickenson County CSB has a budget which is significantly lower than RACSB and Loudoun County CSB. Like Loudoun County CSB, Dickenson County CSB's financial report was released as part of Dickenson County's 2016 financial report. Unlike Loudoun County, CSB

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[76] *Comprehensive Annual Financial Report*, Loudoun County Virginia, June 30, 2016, https://www.loudoun.gov/DocumentCenter/View/124748/FY-16-Comprehensive-Annual-Financial-Report?bidId=.
[77] *Annual Report*, Virginia Association of Community Services Boards.

functions are outlined separately and easy to identify within the financial disclosure. Dickenson County CSB's final budget is $154,140, however they had an actual budget of $157,139, meaning that they went overbudget by $2,999. Dickenson County's actual budget is lower than RACSB's budget by $36,127,832.[78] The services offered are harder to quantify, like Loudoun County CSB, as all reports found are a function of Dickenson County, therefore the VACSB report, as seen in Table 7, will again be used to provide some context for services data in relation to RACSB. This report shows that in Dickenson County CSB GAP assessments were the most utilized service, with 144 people, followed by crisis screening at 59 people, only 3 jail clients were helped.[79]

Table 7: Dickenson County Community Services Board Fiscal Year 2017 Partial Data	
Jail Clients Served (Pre-screenings)	3
Crisis Uniform Pre-Admission Screening Assessments	59
Governor's Access Plan (GAP)	144
Trainings	Number Trained
Mental Health First Aid	N/A
REVIVE!	10

Source: *Annual Report*, Virginia Association of Community Services Boards.

In summary, of the three services that the Virginia Code mandates all CSBs provide; emergency services, same day access services, and outpatient primary care screening and monitoring services, only the RACSB supplies them all. The quality of those services, however, is not equal. The RACSB emergency services are limited to the city of Fredericksburg. It is a central location within the region covered by RACSB but is still not a convenient location to lower income citizens who do not have the ability to drive quickly to Fredericksburg. It is also

[78] *Annual Financial Report*, Dickenson County Virginia, June 30, 2016, https://dickensonva.org/DocumentCenter/View/689/Audit-2016.
[79] *Annual Report*, Virginia Association of Community Services Boards.

implausible that those in need of emergency aid will be able to reach Mary Washington Hospital in a safe and timely manner when they are in crisis. The ancillary emergency services offered, such as CIT training, are again location specific.[80] Compared to Loudoun County CSB, which has two emergency hospitals providing services for a single county and a dedicated CIT facility, the coverage area of RACSB is severely lacking. [81] Although it is much better than Dickenson County CSB, which is only able to offer crisis counselling through a hotline telephone. [82] RACSB same day access services and outpatient primary care services are available through clinics which are open in each county and city within the RACSB area. Unfortunately the availability of the clinics is unequitable. [83] Loudoun County on the other hand has no same day access, but two locations for outpatient care in one county and more regular hours of operation. [84] Dickenson county also has no same day access and only one location for outpatient care, and no hours listed.[85]

The 2016 annual budget for RACSB was $2,736,241 less than the budget for Loudoun County CSB and $36,127,832 higher than the budget for Dickenson County CSB. This is not large difference between RACSB and Loudoun County CSB, and not too surprising as Loudoun County has a slightly larger population than the combined RACSB region.[86] The difference in funding between the first two CSBs and Dickenson County CSB may be explained by the source of the money. The majority of RACSB's budget comes from fees, if this is also true of the other CSBs then the income of the individual seeking services, their ability to pay, the likelihood of

[80] Rappahannock Area Community Services Board, "Emergency Services".
[81] *Annual Report*, Virginia Association of Community Services Boards.
[82] Dickenson County Behavioral Services, "Outpatient Mental Health & Substance Abuse Services".
[83] Rappahannock Area Community Services Board, "Same Day Access".
[84] Loudoun County Government, "Outpatient Services".
[85] Dickenson County Behavioral Services, "Outpatient Mental Health &Substance Abuse Services".
[86] United States Census Bureau, "Loudoun County, Virginia; Dickenson County, Virginia".

having insurance or Medicaid/Medicare will factor into how much money the CSB receives.[87] The disparity in budget between RACSB and Loudoun County CSB becomes an issue however, when considered in combination with the numbers from the partial data of services provided by the VACSB 2017 Annual Report. This shows that of those services listed, RACSB provided assistance for 4,028 people, Loudoun County CSB provided services for 2,351 people and Dickenson County CSB provided services for 216 people. There is not enough data to extrapolate if the ratio of these numbers will hold true for overall mental health services provided by each CSB.[88] Instead only these specific services must be examined, and RACSB is providing assistance to nearly twice the number of individuals that Loudoun County CSB has provided services for with a smaller budget.

Discussion and Policy Reform Suggestions

At the beginning of the examination of RACSB and the two comparison CSBs, Loudoun County CSB and Dickenson County CSB, the expected result was that Loudoun County CSB would have more services available, at a better quality, and provide assistance to more people. On the other end of the spectrum, Dickenson County CSB would lag far behind the other two, in terms of available services, quality of services and people assisted, primarily because it is much lower in terms of median household income and is in a remote geographic location in the state. RACSB would exist in a middle-ground between the two CSBs, it would perhaps be slightly more in line with the expected available services, quality of services and people assisted as Loudoun County CSB, because RACSB has a median household income above the state median.

Contrary to expectations, RACSB has almost identical services to Loudoun County CSB, and in some cases more services were provided at RACSB. Dickenson County CSB was as

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[87] *Fiscal Year 2016 Annual Report*, Rappahannock Area Community Services Board.
[88] *Annual Report*, Virginia Association of Community Services Boards.

expected the last in services provided. [89] The quality of services offered were in line with expectations, Loudoun County CSB offers a better quality for those services which are provided, more locations and better access than either of the other two CSBs. The greatest variation from expected results is in the number of people served. Examining only the data provided from the VACSB 2017 Annual Report, RACSB assisted 1,677 more people than Loudoun County CSB and 3,812 more than Dickenson County CSB.[90] This is doubly surprising, not only because Loudoun County CSB has a higher median household income, but also because the combined populations of Fredericksburg, Caroline County, King George County, Spotsylvania County, and Stafford County[91] do not equal the population of Loudoun County, although it is far greater than Dickenson County.[92] The RACSB coverage area serves 36,161 fewer people than the Loudoun County CSB, yet RACSB assists more people, in the selected data, on a smaller budget. Contrary to the expectations at the beginning of this examination, RACSB is very nearly equal to Loudoun County CSB in all respects except access and availability of services and surpasses Loudoun County CSB in services provided and people assisted.

Many of the shortfalls of the RACSB system come down to money, access, and availability. Dealing first with the financial disparity, Loudoun County CSB has a larger budget than RACSB even though that facility didn't assist as many people, it also experienced a surplus in fiscal year 2016.[93] The funding for CSBs comes from a combination sources; such as Medicaid reimbursements, state funds, and local taxes. The funding which comes from the state is determined by the DBHDS, based on past allocations. This method, according to the Joint

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[89] Rappahannock Area Community Services Board, "Mental Health".
[90] *Annual Report*, Virginia Association of Community Services Boards.
[91] United States Census Bureau, "Fredericksburg City, Virginia; Caroline County, Virginia; King George County, Virginia; Spotsylvania County, Virginia; Stafford County, Virginia".
[92] United States Census Bureau, "Loudoun County, Virginia; Dickenson County, Virginia".
[93] *Comprehensive Annual Financial Report*, Loudoun County Virginia.

Legislative Audit and Review Commission (JLARC) is problematic, as past initiatives do not determine future endeavors and the current structure does not take into account a locality's ability to subsidize state efforts.[94] As was seen in Dickenson County CSB which exceeded the total budget in 2016.[95] One recommendation that JLARC makes which might help to address these financial disparities is to switch to a formula-based method of allocating state funds. This would allow CSBs to track the programs which are especially popular, such as crisis screening at RACSB and Loudoun County CSB or GAP assessments at Dickenson County CSB and adjust their budget requests accordingly. Also mentioned is a possibility of grant funding, to supplement new initiatives, and meet specific community needs.[96] A combination of these two proposals would be best to address the financial disparity. This would allow CSBs the opportunity to set their own agenda based on the past needs of the community, while planning for future assistance.

The next major disparity between the CSBs goes together, access and availability of assistance. In this instance, access means the ability of an individual to obtain help from a location without it being a hardship to reach that location. Availability means that an individual can receive help when needed and that the time it takes to get aid is not prohibitively long. RACSB has clinics open in each of the five areas covered by RACSB, but emergency evaluations are only available in Fredericksburg,[97] and the rest of the programs, while available at the regional clinics, have restricted times.[98] In contrast, Loudoun County CSB, which serves fewer people across a smaller area, has more emergency services and more clinics open in a

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[94] Virginia Association of Counties, "JLARC Examines CSB Funding, STEP-VA Implementation", last modified June 19, 2019, accessed April 9, 2020, https://www.vaco.org/jlarc-examines-csb-funding-step-va-implementation/?highlight=csb.
[95] *Annual Financial Report*, Dickenson County Virginia.
[96] Virginia Association of Counties, "JLARC Examines CSB Funding, STEP-VA Implementation".
[97] Rappahannock Area Community Services Board, "Emergency Services".
[98] Rappahannock Area Community Services Board, "Same Day Access".

single county.[99] Money does factor into why Loudoun has better coverage and RACSB fewer days/hours available at the clinics, as does geography, RACSB is a larger area and therefore harder to blanket with essential services. However, while community services are vital for the treatment of people with mental illness, it cannot be done without proper resources. If the state were to build an emergency services clinic in each county, all of which would be linked together and able to share information, it would allow CSBs to spend money on staffing and keeping the facilities running.

RACSB and Loudoun County CSB are more similar than was originally anticipated and while the contrasts between the two are constructive for analysis, they are not as dissimilar as had been expected. Dickenson County CSB unfortunately serves not only as a stark contrast to RACSB, but also highlights how the CSB program can let lower income, rural areas slip through the cracks. The highly individualized and segmented nature of CSBs leaves vulnerable communities at a disadvantage. However, as Loudoun County CSB shows, even affluent areas can fail to reach the minimum services required by a CSB. [100] The primary disadvantage RACSB faces is a budgetary shortfall, which does not allow the CSB to provide adequate availability and access to the entire region. This problem is again created by the individualistic nature of CSBs; most of the budget is provided by Medicaid reimbursements, local funds, and the DBHDS funding.[101] A change in how CSBs are funded would provide those CSBs in lower income areas with more opportunity to provide more services with better access, while the CSBs in higher income areas would still be able to supplement funding with fees.

<u>Conclusion</u>

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[99] *Annual Report*, Virginia Association of Community Services Boards.
[100] Smith, Diane C, *Notice to Offerors Addendum No. 1*.
[101] Virginia Association of Counties, “JLARC Examines CSB Funding, STEP-VA Implementation”.

There is a mental health crisis in the United States, "…one in five Americans have a diagnosable mental illness; one in 25 have a serious impairment."[102] Even with these extremely high numbers approximately half of individuals aren't treated. For most of those people it is because they cannot afford to obtain proper treatment. Adequate community-based mental health care is the best way to provide assistance to the millions of Americans left to suffer alone.[103] According to the VACSB Annual 2017 Report, Virginia's CSBs receive 41% of their budgets from Medicaid. Community-based care is clearly essential for people without the means to pay for private care and Virginia's CSB program is designed to be accessible to lower income individuals. If however, more state funds were used in place of local resources for lower income areas it could assist those CSBs in bringing more people who fall between the coverage gaps into the CSB for assistance.

Future researchers should examine how money is distributed within the greater Virginia CSB program and how it is allocated to individual CSBs. The budgetary disparity between CSBs shows that there are serious wealth gaps which create unequitable access to services. Additionally in the future, it would be useful to examine how multijurisdictional CSBs operate in comparison with single jurisdictional CSBs. Questions to answer include: does the budget stretch farther because of the smaller coverage area or is there a greater ability to tap into local resources? How does geography affect coverage? How does the board of the CSB remedy jurisdictional conflicts and allocate resources fairly? The answer to these questions were not the focus of this thesis, but the lack of previous research to provide context or satisfactory answers did impede the drawing of some conclusions. For example, RACSB has a noted access problem, all of the emergency services are located in Fredericksburg, but it is impossible to know if those

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[102] Roth, Alisa. *Insane*, 202.
[103] Roth, Alisa. *Insane*, 203.

decisions were made because the location was central to the RACSB region or because of a board ruling in which Fredericksburg members of the board were able to lobby successfully for their city to be the prime location for these services.[104] In the end some assumptions had to be made, in this case that Fredericksburg was the most central and therefore logical location for limited resource allocation, but further research should detail how these decisions are made.

Community-based care has been a promise to citizens that has been a long-time in coming. People with mental illness deserve the dignity of quality treatment after years of neglect and abuse. The mission statement of RACSB states that their goal is to "…serve the community by providing desperately needed services for people with behavioral health concerns."[105] For many people the help offered by CSBs is hope, it is the saving grace which can change a life. Without these services people in crisis would be sent to jails and prisons where many experience worsening symptoms or take their own lives. People released from prison would be without help navigating the often complex and baffling world of bureaucracy in addition to trying to maintain their mental health treatment. Individuals in crisis would be without a place to get emergency assistance and evaluations. The services offered by Virginia's CSBs are vital, but the system itself is underexplored. It is a highly complex system, which harnesses federal, state, and local initiatives to produce essential services, it is therefore critical to thoroughly examine the program and ensure that it is functioning effectively.

[104] Rappahannock Area Community Services Board, "Emergency Services".
[105] Rappahannock Area Community Services Board, "About Us".

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