

Mental Health Care in Hampton Roads: “Streeting,” Guns and Budgets



MENTAL HEALTH CARE IN HAMPTON ROADS: “STREETING,” GUNS AND BUDGETS

Most mentally ill people are not violent. Instead, they are troubled individuals who for many different reasons find it difficult to cope with the challenges of day-to-day living. However, tragic events such as those that occurred at Virginia Tech and Newtown, Conn., underline the reality that some mentally ill individuals can become violent. When they do so, the results can be catastrophic.

In the wake of these tragedies, related national and state discussions over possible gun control legislation have pushed mental illness to the forefront. Many of those who oppose comprehensive gun control legislation nonetheless opine that keeping guns out of the hands of the mentally ill should be a very high societal priority.

Hence, it is appropriate to revisit how the Commonwealth of Virginia and Hampton Roads deal with people who have mental illnesses and their access to guns.

Background

Approximately 200 mentally ill individuals were returned to the streets of Virginia in 2010, even though there was agreement among mental health professionals that they needed to be hospitalized. In the view of these professionals, either these individuals were sick enough to harm themselves or others, or they were unable to defend themselves. This is referred to as the “streeting” of individuals with mental illness; it occurs when either there is no space for mentally ill people in public facilities, or no private facility will take them. Some find the term streeting to be offensive, but it is commonly used by professionals.

Streeting occurs throughout the Commonwealth, but “appears most prevalent in Hampton Roads – where eight of nine Community Services Boards (CSBs) acknowledge streeting last year,” according to the Office of the Inspector General of the Department of Behavioral Health and Developmental Services (DBHDS).

This disturbing finding, along with others, has caused us to return for a look at mental health services in Hampton Roads; we did so previously in the 2008 State of the Region report. The relevant chapter in that report was titled, “An Almost Invisible Corner: Care for the Mentally Ill in Hampton Roads.” In it, we reported a general lack of understanding of the needs and concerns of the mentally ill in Hampton Roads.

It’s worth noting that in 2008, we were advised that regardless of what people say, they really don’t want to talk about mental illness. Thus, we were advised to steer clear of the topic. We revisit the topic in this report because events over the past several years continue to highlight the seriousness of mental illness and its impact on both individuals and the community at large.

How Common Is Mental Illness?

Nationally recognized studies cited by the U.S. Center for Mental Health Services estimate that a range of 3 percent to 5 percent of adults are likely to suffer a serious mental illness in their lifetime. Using the recommended estimate of 3.9 percent of the adult population, we can estimate the prevalence of serious mental illness in Hampton Roads' major jurisdictions. Table 1 and Graph 1 do so for adults, while Table 2 provides similar data for children and adolescents. The data are reported by CSBs, which are explained in greater detail in a subsequent section.

The numbers are not small. Fully 48,326 people in Hampton Roads have a serious mental illness (SMI), if one adopts the 3.9 percent definition favored by the U.S. Center for Mental Health Services. This large number necessarily influences discussions concerning ways to reduce violence and gun-related incidents involving mentally ill individuals. No matter what policies are proposed, the sheer difficulty in monitoring the behavior of nearly 50,000 people is immense.

Note also that potentially problematic mental health circumstances are believed to be more common among children and adolescents – between 5 percent and 11 percent of this population, depending on the level of functioning.



TABLE 1

PREVALENCE OF SERIOUS MENTAL ILLNESS (SMI) IN THE ADULT POPULATION IN HEALTH PLANNING REGION 5 (HAMPTON ROADS) BY COMMUNITY SERVICES BOARD

CSB	City	Total Population	Adult Population	Adults with SMI 3.9%	Lower Limit of SMI 3%	Upper Limit of SMI 5%
Chesapeake CSB	Chesapeake	222,209	164,688	6,423	4,941	8,234
Colonial Behavioral Health	James City County	67,909	52,624	2,052	1,579	2,631
	York County	65,464	48,188	1,879	1,446	2,409
	Poquoson	12,150	9,181	358	275	459
	Williamsburg	14,068	12,831	500	385	642
Hampton-Newport News CSB	Hampton	137,436	106,162	4,140	3,185	5,308
	Newport News	180,719	136,806	5,335	4,104	6,840
Norfolk CSB	Norfolk	242,805	192,191	7,495	5,766	9,610
Portsmouth Department of Behavioral Healthcare Services	Portsmouth	95,535	72,869	2,842	2,186	3,643
Virginia Beach CSB	Virginia Beach	437,994	332,745	12,977	9,982	16,637
Western Tidewater CSB	Isle of Wight County	35,270	27,239	1,062	817	1,362
	Southampton County	18,570	14,652	571	440	733
	Franklin	8,582	6,536	255	196	327
	Suffolk	84,585	62,488	2,437	1,875	3,124

Sources: Population 2010, U.S. Census Bureau; Serious Mental Illness estimates, SAMHSA, Center for Behavioral Health Statistics and Quality, 2012

GRAPH 1

**ESTIMATED PREVALENCE OF SERIOUS EMOTIONAL DISTURBANCE (SED) AMONG ADULTS
IN HEALTH PLANNING REGION 5 (HAMPTON ROADS) BY COMMUNITY SERVICES BOARD**

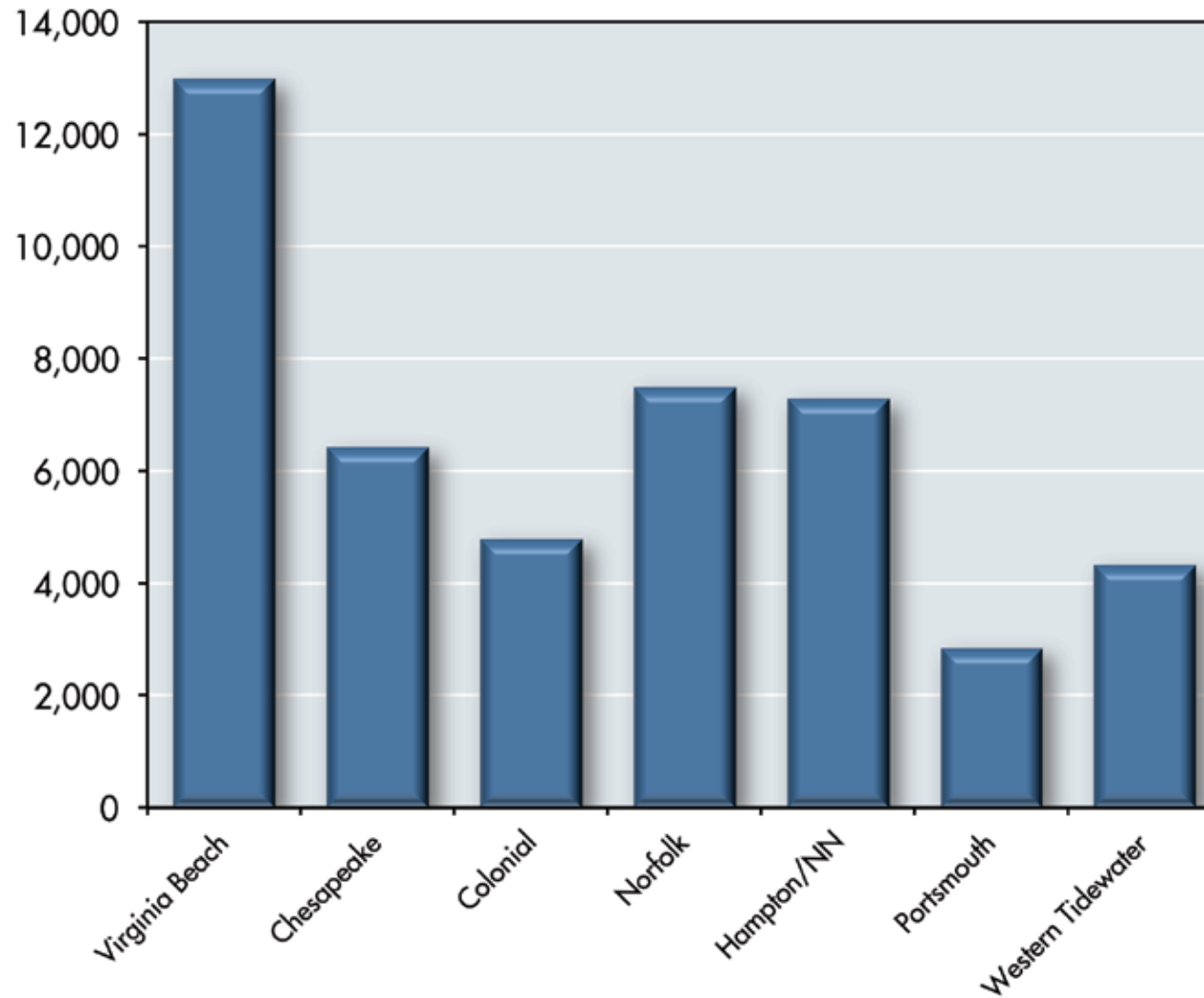


TABLE 2

**ESTIMATED PREVALENCE OF CHILD/ADOLESCENT
SERIOUS EMOTIONAL DISTURBANCE (SED)
IN HEALTH PLANNING REGION 5 (HAMPTON ROADS)
BY COMMUNITY SERVICES BOARD**

	Population Age 9 - 17	Estimated SED Level of Functioning		Estimated SED Level of Functioning	
		GAF Score < 50		GAF Score < 60	
		Lower	Upper	Lower	Upper
Chesapeake	30,188	1,509	2,113	2,717	3,321
Colonial	20,425	1,021	1,430	1,838	2,247
Hampton- Newport News	38,370	1,919	2,686	3,453	4,221
Norfolk	26,228	1,311	1,836	2,360	2,885
Portsmouth	10,630	532	744	957	1,169
Virginia Beach	52,949	2,647	3,706	4,765	5,824
Western Tidewater	18,205	910	1,274	1,638	2,003

Source: VDBHDS, Comprehensive State Plan, 2012-2018, December 2011. SED = Severe Emotional Disturbance. The GAF score emanates from the Global Assessment of Functioning Scale, which varies between 0 and 100; lower scores for an individual indicate more severe mental health disturbances. GAF scores below 50 typically are associated with greater problems and levels of need. Lower and upper-bound estimates of the number of individuals below 50 and 60 are provided.

What Happens To Those Deemed Mentally Ill?

As a result of the tragic event at Virginia Tech on April 16, 2007, much attention was paid in the immediate aftermath to the adequacy of mental health services in the Commonwealth. The Code of Virginia was amended. Now, if there is evidence that a substantial likelihood exists that an individual in the near future is a danger to self or others due to mental illness, or is substantially unable to care for himself due to mental illness, then legal action to secure an emergency custody order can be taken to ensure safety until a thorough assessment of dangerousness can be completed and a temporary detention order can be issued within six hours if warranted.

However, between April 1, 2010, and March 31, 2011, approximately 200 people in the Commonwealth met the criteria for a Temporary Detention Order (TDO), but nonetheless were released from custody because no psychiatric facility was available or willing to admit them. This means that a physician or clinical psychologist found that each of these individuals had a substantial risk of causing harm to himself/herself or to others, or that he/she was unable to defend himself/herself, but they were nonetheless put out on the streets. The Office of the Inspector General (OIG) of the Commonwealth’s Department of Behavioral Health and Developmental Services observed that:

“... to deny individuals an opportunity to receive the level of care deemed clinically and legally necessary places each person at risk not only at the time of the immediate crisis, but may create subsequent avoidable risk for the person, their family and the community. Streeting represents a failure of the Commonwealth’s public safety sector safety net system to serve Virginia’s most vulnerable citizens and places these individuals, their families, and the public at-risk” (OIG Semi-Annual Report, Oct. 1, 2010, to March 31, 2011).

The OIG findings raised such a high level of concern that a subsequent 90-day study was conducted. In that study, the term streeting was replaced with “failed temporary detention order.” During the study, 72 people that mental health professionals found met the criteria for a temporary detention order nonetheless received less intensive treatment than the hospitalization that was clinically indicated; 273 cases resulted in the issuance of a temporary detention order beyond a six-hour time limit. **Hampton Roads led Virginia with 99 of the 345 instances statewide of failing to comply with the letter of the law in meeting the needs of the mentally ill (OIG Review of Emergency Services, Report No. 206-11, Feb. 28, 2012).**

The finding of failed temporary detention orders, or streeting, is not intended to be a criticism of the professionals who work in the system. Instead, it is a reflection on the system itself and the failure on the part of all levels of government to fund an adequate level of facilities and services. There is every reason to believe that those working in the system do the best they can given the limited options, programs and services with which they have to work.

TABLE 3

**SURVEY OF THE HOMELESS IN SOUTH HAMPTON ROADS:
POINT IN TIME COUNT, 2012**

Category	Western Tidewater	Norfolk	Chesapeake	Portsmouth	Virginia Beach	Totals
Homeless Persons						1,424
Sheltered	30	510	27	154	349	1,070
Unsheltered	7	56	22	178	91	354
Severely Mentally Ill						128
Sheltered	1	57	0	11	21	90
Unsheltered	0	0	0	15	23	38

THE HOMELESS AND MENTAL ILLNESS

Streeting is only one of several concerns about the treatment of the mentally ill in our region. A point-in-time survey of the homeless in South Hampton Roads was undertaken in 2012; it found significant numbers of people who were deemed to be severely mentally ill. **Of the 1,424 people interviewed as part of the survey of the homeless (conducted by local officials as part of a U.S. Department of Housing and Urban Development requirement), 128, or 8.9 percent, were found to be severely mentally ill (see Table 3).** This percentage actually is below that reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), which found that about 30 percent of people who are chronically homeless have mental health conditions.

JAILS AND MENTAL ILLNESS

The Virginia Compensation Board is required by law to complete a survey of the 64 local and regional jails and jail farms in the Commonwealth to determine the number of inmates with mental illness. In July 2012, there were 26,669 inmates in the Average Daily Population of the jails; 28 percent of them were in Hampton Roads, and 86 percent were males.

Of these inmates, 39 percent of the females and 21 percent of the males were reported to be mentally ill in 2012. Table 4 reports the mental illnesses of individuals in jails in Hampton Roads. Note that 1,487 were judged mentally ill (20 percent of the inmate population). Table 5 provides a snapshot of 2,964 mentally ill inmates in July 2012. More than 500 of them were charged with violent crimes and more than 1,000 with felonies.

There are three major lessons to be drawn here. First, significant proportions of those in jail are deemed mentally ill. Second, many who are imprisoned have committed violent crimes. Third, because the definition and identification of mental illness are not rigidly standardized, the numbers presented here should be regarded as approximations.

Nonetheless, the historic traditions of putting the mentally ill in jail and/or charging them with crimes apparently still hold true.

TABLE 4

MENTAL ILLNESS IN JAILS IN HAMPTON ROADS, 2012

Jail Location	Schizophrenia or Delusional	Bipolar or Major Depressive	Mild Depression	Anxiety Disorders	PTSD	Other Mental Illnesses	Mentally Ill with No Diagnosis	Total Mental Illness Population	Total Jail Population	Percentage Mentally Ill
Southampton County	2	0	2	2	1	1	0	9	95	9.5%
Va Peninsula	8	14	0	1	1	15	2	43	400	10.8%
HR Regional	108	85	0	17	14	106	12	392	892	43.9%
Chesapeake City	107	134	0	46	0	0	0	347	1,141	30.4%
Western Tidewater	17	15	0	4	2	0	0	45	654	6.9%
Hampton City	8	18	0	7	1	6	0	51	414	12.3%
Newport News City	15	25	9	6	0	20	0	75	515	14.6%
Norfolk City	48	30	0	2	5	66	13	164	1,419	11.6%
Portsmouth City	8	4	6	0	2	0	0	20	408	4.9%
Virginia Beach City	94	177	0	0	12	11	0	341	1,442	23.6%
Total Hampton Roads	415	502	17	85	38	225	27	1	7	20.1%
Statewide	1,056	1,663	697	540	324	973	545	6,322	26,669	23.7%
HR	39%	30%	2%	16%	12%	23%	5%	24%	28%	27.7

Source: Compensation Board Report: 2012 Mental Illness in Jails Report, Nov. 1, 2012

What offenses did these mentally ill individuals commit, or what were they charged with committing? Table 5 reports this.

violent. The following table indicates the offenses for which mentally ill people were being held in Hampton Roads jails in July of last year.

More than 1,000 of the mentally ill people in Hampton Roads jails are being held on felony charges; over 500 are listed as

TABLE 5					
MOST SERIOUS OFFENSE OF INMATES WITH MENTAL ILLNESSES IN HAMPTON ROADS JAILS: JULY 2012					
Jail	Felony	Misdemeanor	Drugs	Violent	Non-Violent
Southampton County	9	0	1	3	5
Va Regional	45	8	4	16	33
HR Regional	328	42	35	222	113
Chesapeake City	276	85	110	102	149
Western Tidewater	33	3	6	20	10
Hampton City	41	32	19	15	39
Newport News City	47	26	14	23	36
Norfolk City	112	54	16	70	80
Portsmouth City	8	12	2	5	13
Virginia Beach City	264	57	52	85	184
Total Hampton Roads	1	319	259	561	662
Statewide	4,351	1,424	1,058	1,792	2,925
HR	27%	22%	24%	31%	23%

Source: Compensation Board Report: 2012 Mental Illness in Jails Report, Nov. 1, 2012

RESIDENTIAL LIVING AND THE MENTALLY ILL

It would be a mistake, however, to conclude that most mentally ill people are warehoused in our prisons. Table 6 discloses that 82 percent of those officially deemed mentally ill lived in residences in 2012. Only 16 percent of those not living in private residences were in jail or detention centers, while 9 percent were homeless.

TABLE 6

TYPES OF RESIDENCE FOR INDIVIDUALS RECEIVING CSB MENTAL HEALTH SERVICES IN VIRGINIA: FY 2012

Total Individuals	113,552			
Private Residences	92,663	81.6%		
Non-private Residences	20,889	18.4%		
Community Placements			10,279	49%
Jails and Prisons			2,484	12%
Juvenile Detention Centers			855	4%
Inpatient Beds and Nursing Homes			682	3%
Other Institutions			256	1%
Homeless or Homeless Shelters			1,910	9%
Unknown or Not Collected			4,423	21%

Note: Community placements are in boarding homes, foster homes, licensed adult living facilities or community residential programs.
Source: Virginia Department of Behavioral Health and Developmental Services, Fiscal Year 2012 Annual Report, Dec. 1, 2012

WAITING FOR TREATMENT

There can be a waiting list of services for those who have been diagnosed with a mental illness and for whom treatment in a public facility or program is appropriate. Table 7 provides statistics by Community Services Boards in Hampton Roads with respect to the numbers of people they served between January and April 2011, the number and percentage of those who suffer serious mental illness, and the waiting lists for their services.

Table 8 provides the same information for children served by CSBs, the number and percentage with a serious emotional disorder, and the number who were on their waiting lists for the same time period.

TABLE 7

ADULT INDIVIDUALS WITH SERIOUS MENTAL ILLNESS SERVED OR ON WAITING LISTS BY CSBS IN HAMPTON ROADS: JANUARY THROUGH APRIL 2011

CSB	Adult SMI Prevalence	Number Served	Number with SMI	Percent with SMI	Waiting List
Chesapeake	6,423	1,297	555	43%	58
Colonial	4,784	1,769	678	38%	66
Hampton	9,476	5,488	2,447	45%	14
Norfolk	7,495	2,633	1,781	68%	89
Portsmouth	2,842	1,303	833	64%	0
Virginia Beach	12,977	2,226	1,563	70%	159
Western Tidewater	4,324	874	698	80%	26
Total Hampton Roads	48,321	15,590	8,555	55%	412
Total Virginia	239,747	76,630	45,963	60%	4,017

Note: SMI represents the number of people with serious mental illness.
Source: Department of Behavioral Health and Developmental Services

TABLE 8

CHILDREN WITH SERIOUS EMOTIONAL DISORDERS SERVED BY CSBS ON WAITING LISTS IN HAMPTON ROADS: JANUARY THROUGH APRIL 2011

CSB	SED Prevalence	Number Served	Number with SED	Percent with SED	Waiting List
Chesapeake	2,113	228	82	36	0
Colonial	1,430	556	266	48	3
Hampton	2,686	2,720	2,379	87	0
Norfolk	1,836	460	173	38	0
Portsmouth	744	35	33	94	0
Virginia Beach	3,706	415	252	61	22
Western Tidewater	1,274	523	324	62	28
Total Hampton Roads	13,789	4,937	3,509	71	53
Total Virginia	66,094	31,262	20,251	65	1,699

Source: Department of Behavioral Health and Developmental Services

GUNS AND THE MENTALLY ILL

The elementary school massacre in Newtown, Conn., quickly provoked passionate national debate concerning restrictions on gun ownership and use. Proposals immediately surfaced to reduce the sale of assault rifles, diminish the size of magazine clips holding additional cartridges, expand background checks, and review and perhaps overhaul mental health policies and protocols.

Ours is not to conduct analysis and discussion here of the need for gun control legislation (many aspects of which apparently are supported by large majorities of the American public), but rather to examine the extent to which laws and regulations might keep guns out of the hands of those who are mentally ill. Virtually all participants in the debate believe this would be a good thing.

Here are a few things to consider. First, relatively few mentally ill people are overtly violent, but those that are can commit horrible crimes. Second, very few of the individuals who have used guns or bombs to murder multiple people were identified ahead of time either as being dangerously mentally ill, or sufficiently worrisome pre-tragedy that they should be denied the right to purchase a gun. Third, if one relies upon the U.S. Center for Mental Health Services definition of serious mental illness, then we have 48,326 people with serious mental illnesses in Hampton Roads. Because the Commonwealth no longer institutionalizes most mentally ill people, it is almost a Sisyphean task for any combination of responsible authorities to monitor successfully the behavior of 48,326 individuals. Fourth, a very high proportion of murders are committed by people using a hand gun, such as a 9 mm semi-automatic. These weapons now are rather easily acquired in states such as Virginia because of our relatively lax gun laws. It matters not whether one is mentally ill. Guns, it seems, are readily available in Virginia – too readily available, many would say.

All things considered, given current laws and conditions, it is difficult to keep guns out of the hands of dangerously mentally ill individuals.

True, a national system of identity checks could prevent the direct sale of a gun to a dangerously mentally ill person, but the Commonwealth’s lax gun laws mean that he or she often has the ability to acquire desired guns by other means. More potentially dangerous mentally ill people could be institutionalized, in which case their behavior would be more easily tracked, but the Commonwealth has steadily moved away from this model to the community-based treatment of the mentally ill. More people could be identified as dangerously mentally ill by appropriately qualified professionals in many different venues (work, schools, police, social welfare agencies, churches, etc.), but then how would they be treated and monitored, and who would pay for this?

Our analysis is a bit discouraging. If we are to keep guns out of the hands of dangerously mentally ill people, then we need national gun control legislation that at a minimum includes a national system of identity checks. We also need to narrow the differences between the laws of the various states, for example, Virginia versus Maryland. Further, we must change how we treat the mentally ill. Streeting, for example, must

come to an end, but this will not occur unless we are willing to fund mental health treatment more generously.

Nothing is forever; our circumstances can and do change. Currently, however, a degree of pessimism is merited with respect to our ability to keep guns out of the hands of the mentally ill in the Commonwealth of Virginia.

Mental Health Services Delivery In Virginia

Although mental illness is generally recognized today as a sickness from which one can suffer, its treatment usually follows a different path than is true for physical illnesses. When an individual gets physically sick, he or she visits a private physician and then might be referred to an outpatient provider or hospital for treatment. Some who are mentally ill follow such a route. The majority, however, are treated by a public provider of services.

Community Services Boards are the keystones of the public provision of mental health services in Virginia. There are 39 CSBs and one closely related behavioral health authority that provide mental health services directly to Virginians, or do so via contracts with private providers. Seven CSBs (see Table 9) exist in Hampton Roads, which is almost co-terminus with the Commonwealth's State Health Planning Region 5.

In addition to listing the jurisdictions covered by the CSBs, Table 9 indicates the classification of the CSB in terms of its legal relationship with its local government. While CSBs are agents of the local governments that established them, most CSBs are not city or county government departments. The classifications as defined in the Code of Virginia are:

- **Operating community services board:** They directly provide mental health, developmental and substance abuse services. These boards employ their own staff, but are not city or county government departments.

- **Administrative policy community services board:** Services are provided through local government staff or through contracts with other organizations and providers.

- **Policy-advisory community services board:** Portsmouth has the only such CSB in Virginia. This board provides advice to the city of Portsmouth, but does not have operational powers or duties. The city provides its own services through its own employees.

Community Services Boards are operational partners with the Virginia Department of Behavioral Health and Developmental Services and the statewide system of services established under the department. The department operates eight state hospitals that provide treatment for mental illnesses. Eastern State Hospital in Williamsburg is the nearest facility providing care in Hampton Roads.

While CSBs are the principal providers of publicly funded mental health services, there are many private providers that deliver their services for private payment or reimbursement from a public source. The Department of Behavioral Health and Developmental Services has granted licenses to more than 750 providers that deliver more than 1,800 services at 6,000-plus locations in the Commonwealth.

In FY 2012, 222,823 people received services in the publicly operated behavioral health and developmental services system. Of that number, 113,552 (50.9 percent) received CSB mental health services, but only 4,742 (2.1 percent) received treatment in state hospitals. Progressively, Virginia has backed away from the notion of maintaining state facilities for the mentally ill.

TABLE 9

COMMUNITY SERVICES BOARDS IN HAMPTON ROADS

Community Services Board	Type	Population	Area	Density	Communities Served
Chesapeake CSB	Administrative Policy	225,898	340.7	663	Chesapeake
Colonial Behavioral	Operating	161,343	272.6	592	James City, York, Poquoson and Williamsburg
Hampton-Newport News CSB	Operating	318,399	120.1	2,651	Hampton and Newport News
Norfolk CSB	Administrative Policy	243,985	53.8	4,535	Norfolk
Portsmouth Department of Behavioral Healthcare Services	Policy-Advisory	96,368	33.1	2,911	Portsmouth
Virginia Beach CSB	Administrative Policy	441,246	248.3	1,777	Virginia Beach
Western Tidewater CSB	Operating	148,543	1,324.00	112	Isle of Wight, Southampton and Franklin
Total HR		1,635,782	2392.6	683.7	
Statewide		8,096,613	39,598.40	204	

Note: Health Planning Region 5 also includes the Eastern Shore CSB and the Middle Peninsula-Northern Neck CSB.

Funding Mental Health Services

Mental health programs are funded by an interesting and highly variable combination of federal, state and local revenues, as well as from fees paid by individuals or insurance programs. Funding sources vary considerably among programs, primarily because of differing contributions of local governmental units. Table 10 examines the funding of CSBs in Hampton Roads. The percentage contribution by local governments varies from a high of 27.4 percent in Virginia Beach to a low of 2.7 percent in Western Tidewater (see Graph 2). The Hampton-Newport News CSB, though it handles a smaller population than the comparable CSB in Virginia Beach, nonetheless spends more on mental health activities than Virginia Beach.

Across the state, the comparable percentages vary from a high of 69.6 percent in Fairfax County to a low of 1.1 percent in Cumberland. The statewide average for local government funding is 23.2 percent.

A National Alliance on Mental Illness report, "State Mental Health Cuts: The Continuing Crisis" (November 2011), summarized Virginia's support of mental health programs as follows:

- **In FY 2009, Virginia spent \$93.81 per capita compared to the national average of \$122.90.**
- **Virginia's budget for mental health declined from \$424.3 million in FY 2009 to \$386.6 million in FY 2012 – a reduction of \$37.7 million, or 8.9 percent. This was the 11th-largest percentage reduction among the states.**
- **It is fair to say that the funding of mental health programs has not been one of the highest priorities either of the General Assembly or local governmental units.**

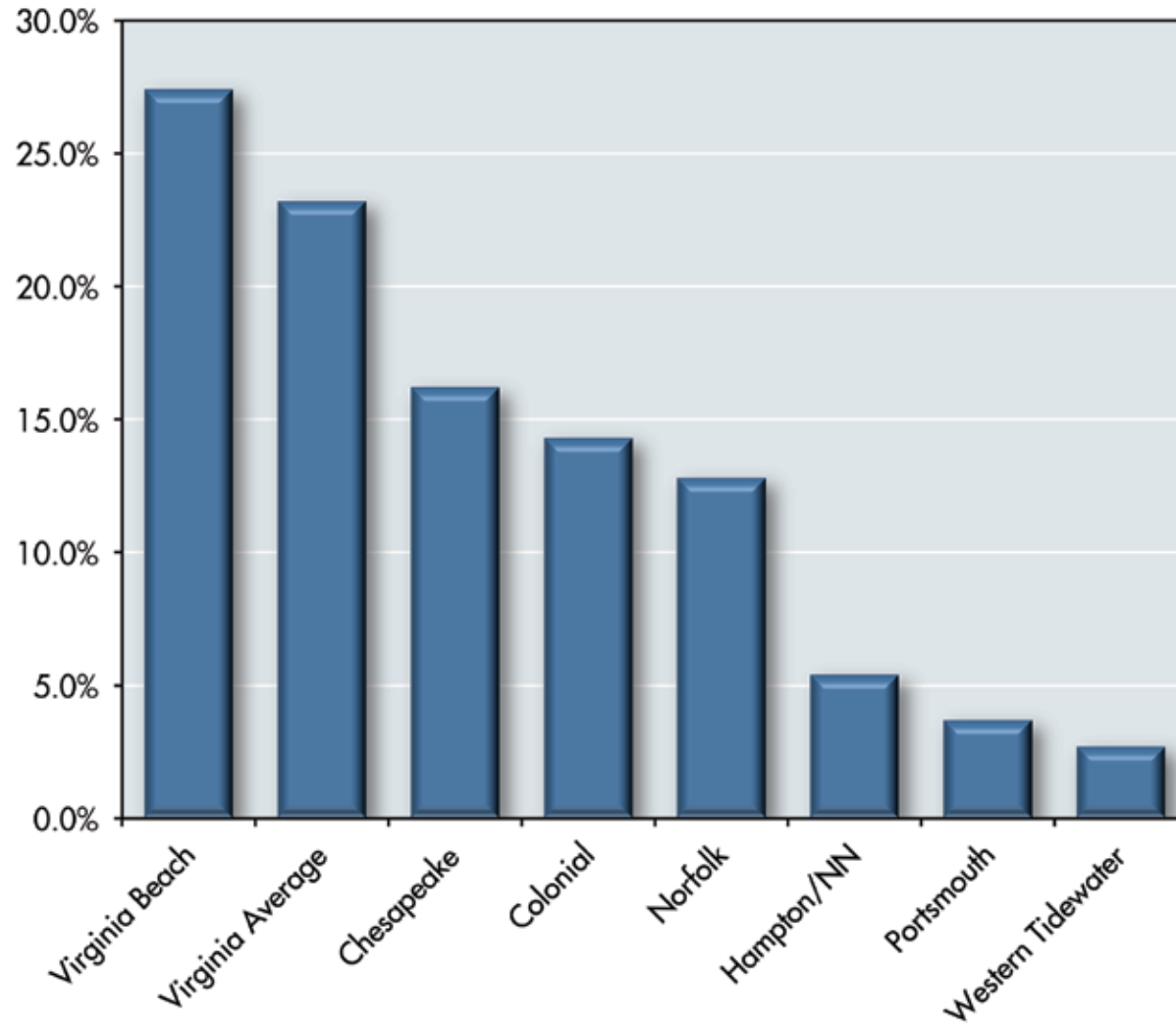
CSB Jurisdiction	CSB Total Revenue	Local Contribution	Percent Local Funding	Statewide Rank
Virginia Beach	\$47,195,182	\$12,951,660	27.4	9
Chesapeake	\$14,224,926	\$2,310,655	16.2	10
Colonial	\$12,893,797	\$1,849,431	14.3	11
Norfolk	\$22,315,243	\$2,851,000	12.8	12
Hampton	\$60,003,891	\$3,214,183	5.4	16
Portsmouth	\$9,827,419	\$365,988	3.7	21
Western Tidewater	\$19,908,447	\$545,599	2.7	27
All 40 CSBs	\$1,011,690,630	\$234,286,454	23.2	

Notes: Total CSB revenue is for all programs including mental health, substance abuse and developmental delay. Local revenue represents the contribution by local government.

Ranks represent the percentage contributed by local governments compared to all other Virginia CSB jurisdictions.

GRAPH 2

PERCENTAGE OF COMMUNITY SERVICES BOARD REVENUE SUPPLIED BY LOCAL GOVERNMENTS, FY 2012



Quality Considerations

Mental health problems, behavior, treatments and outcomes all are complex in nature. Thus, it is not easy to pin down outcome-oriented measures of Community Services Board activities. In other people-oriented government programs, outcome measures such as a participant's successful exit from a program, skills or degrees acquired, employment gained, income earned, taxes paid, criminal records, etc., often are used to imply success or failure. For the most part, those measures are not available or appropriate where CSBs are concerned.

The Commonwealth's Department of Behavioral Health and Developmental Services has established a vision statement that can be used as a benchmark against which its work can be evaluated. The board's Policy 1036 asserts:

"Our vision is of a system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family and other meaningful relationships. This vision shall include the principles of inclusion, participation, and partnership."

Accordingly, the department has developed a set of measures around which the provision of mental health services quality should be measured. However, these indicators reflect primarily whether or not the CSBs actually provided services to individuals deemed mentally ill and the amount and intensity of the treatment they received. The measures really do not constitute conventional outcome-oriented indicators of mental health treatment that many might associate with success. This is not to say that the CSBs aren't successful. Instead, this suggests that it is very difficult to define realistic CSB outcomes that both are measurable and comparable to other state agencies.

One cannot know the counterfactual circumstances connected to mental health treatment – what would have happened had not the Community Services Boards provided their services. Intuitively, one feels the CSBs are doing vital work that is essential to the operation of a civil, humane society. Even so, it is difficult to develop numbers that demonstrate this is so and, as we have seen, impossible to assert that our systems will effectively keep weapons out of the hands of mentally ill people.



