Updated 07/23/2013

POLICY MANUAL

State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 1039 (SYS) 06-2 Availability of Minimum Core Services

Authority

Board Minutes Dated: April 7, 2006
Effective Date: April 7, 2006
Approved by Board Chairman: /s/ Victoria Huber Cochran

References

§ 37.2-300, § 37.2-304, § 37.2-500, § 37.2-504, § 37.2-601, § 37.2-605 and § 37.2-700 et seq. of the Code of Virginia (1950), as amended
STATE BOARD POLICY 1021 (SYS) 87-9 Core Services
STATE BOARD POLICY 1038 (SYS) 05-5 The Safety Net of Public Services
Current Core Services Taxonomy
Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation and Substance Abuse Services System, 2005
Review of the Virginia Community Services Board Emergency Services Programs (2005), report #123-05, Office of the State Inspector General

---

Supersedes

STATE BOARD POLICY 1031 (SYS) 90-4 Emergency Services

Background

Sections 37.2-300, 37.2-304, 37.2-500, 37.2-504, 37.2-601, 37.2-605, and 37.2-700 et seq. of the Code of Virginia authorize the establishment and operation of state hospitals and training centers, hereafter referred to as state facilities, and community services boards and behavioral health authorities, hereafter referred to as CSBs, to provide services to individuals with mental health or substance use disorders or intellectual disability. STATE BOARD POLICY 1021 establishes the core services taxonomy to define, measure, and report all state facility and CSB services.

The *Integrated Strategic Plan*, developed through a two-year planning process involving extensive participation by CSBs and hundreds of interested individuals and adopted by the Board on January 18, 2006, presents the values upon which the design and operation of services and supports should be based and is the conceptual basis for this policy. The plan outlines an array of basic core services that should be available to individuals who need them in each city and county. These services are defined in the current Core Services Taxonomy, pursuant to STATE BOARD POLICY 1021. System stakeholders agree that individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders are members of the communities in which they live and should be able to enjoy the same opportunities for quality of life as other people in their communities.

Purpose

To articulate the values and describe the minimum array of core services and supports that should be available to all individuals who need them.

Policy

It is the policy of the Board that individuals, regardless of where they live in the state, shall have comparable and consistent access to the same minimum array of core services and supports that promote self-determination, empowerment, recovery, resilience, health, and the highest possible level of community life, including work, school, family, and other meaningful relationships. These services and supports, flexible and tailored to meet an individual's needs, enhance the community integration and independence of individuals and enable them to live in their own homes or natural environments or, when that is not possible, with family members or friends. Services and supports should be delivered through a partnership of individuals seeking services and service providers, based on person-centered planning and guided by experience and feedback of individuals receiving services.

Consistent with this policy, the following values shall guide development of the public mental health, developmental, and substance abuse services system.

- The services system is designed to intervene early to minimize crises through early screening and assessment, appropriate interventions that keep individuals receiving services connected to their families and natural supports, and seamless access to services.
- Services and supports are available and delivered as close as possible to the individual's home community in the least restrictive and most integrated setting possible, are culturally and age sensitive and appropriate, and are fully coordinated with other needed community services.
- A consistent minimum level of services and supports with timely access to needed services is available across the system.

It also is the policy of the Board that the following minimum array of core services shall be available to the greatest extent practicable on a comparable and consistent basis in every city and county for individuals who need them:

- Minimum public safety net services, described in STATE BOARD POLICY 1038, that are available on a 24 hour-per-day and seven-day-a-week basis:
  - local emergency services provided by each CSB directly or through contracts with other providers,
  - in-home assistance and support or out-of-home respite care provided by each CSB locally or through regional arrangements directly or through contracts with other providers,
  - non-hospital based crisis stabilization or detoxification services provided by each CSB locally or through regional arrangements directly or through contracts with other providers,

Policy
(continued)

- acute stabilization in local hospital psychiatric or substance abuse inpatient services or substance abuse medical detoxification inpatient services provided by each CSB locally or through regional arrangements directly or through contracts with other providers or, where acute stabilization services are not available or appropriate, by state hospitals, and
- specialty services provided by the Department through its state facilities;

- Outpatient treatment services, including intensive in-home services, medication and medication education services, and assertive community treatment;
- Case management and care coordination;
- Day treatment provided in schools or other sites and rehabilitation services;
- Supported employment services;
- Supervised residential services, including in-home respite care, and supportive residential services, including respite care;
- Prevention and early intervention, including infant and toddler, services; and
- Services managed and provided by individuals receiving services: peer-to-peer drop-in centers, individual wellness recovery planning, peer-run programs, family resource centers, and individual and family member education and support.

Further, it is the policy of the Board that emergency services, which § 37.2-500 or § 37.2-601 of the Code of Virginia requires CSBs to provide, shall reflect and incorporate to the greatest extent practicable the applicable Emergency Services Quality Statements and Elements in Appendix A of the *Review of the Virginia Community Services Board Emergency Services Programs*. In providing emergency services, each CSB shall emphasize non-hospital based crisis intervention services and shall provide, at a minimum, widely publicized, readily accessible, and responsive telephone counseling and, when clinically indicated, face-to-face assessment and intervention services, 24 hours per day and seven days per week throughout its service area. CSBs shall link and coordinate their emergency services with local general hospital psychiatric units or free standing psychiatric hospitals as applicable, state hospitals, local law enforcement agencies, courts, local hospital emergency rooms, and other local service providers. As a mandated core service and the most critical service for individuals experiencing crises, emergency services shall be provided by knowledgeable, well trained, experienced, and highly skilled clinical staff.

It also is the policy of the Board that, where there is a low incidence of need for a service in a single city or county, a CSB should ensure that individuals in that locality are able to access the service within the CSB's service area or from other nearby CSBs on a regional or sub-regional basis. Regional means an area of the state, such as a health planning region or planning partnership region, served by a

Policy *(continued)*

state hospital and two or more CSBs. Where providing a low incidence or very intensive service, such as non-hospital based crisis stabilization or acute stabilization in a local hospital, is beyond the reasonable capacity of a single CSB, CSBs should develop and provide the service through regional programs, specialized teams, or the use of emerging service delivery technologies such as telemedicine.

Finally, it is the policy of the Board that the Department, state facilities, and CSBs, in collaboration with other system stakeholders, shall reflect this policy when they periodically update or revise the Core Services Taxonomy and that inventories, analyses, or descriptions of types, amounts, or capacities of core services they prepare are consistent with the Taxonomy.