

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1021 (SYS) 87-9 Core Services

Authority Board Minutes Date: September 23, 1987
Effective Date: October 28, 1987
Approved by Board Chairman: s/James C. Windsor

References Report of the Commission on Mental Health and Mental Retardation, 1980
House Joint Resolution 77, 1982
§ 37.2-500 and § 37.2-601 of the Code of Virginia
Current Core Services Taxonomy
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement
STATE BOARD POLICY 1038 (SYS) 06-1 The Safety Net of Public Services
STATE BOARD POLICY 1039 (SYS) 06-2 Availability of Minimum Core
Services

Supersedes Policy No. 85-1.

Background The long-time goal of a statewide, comprehensive community-based, consumer-focused system of services and supports for meeting the needs of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders is supported through the establishment of core services. In this policy, references and provisions are updated to reflect people first language and current terminology. Mental health and substance use disorders and intellectual disability refer to the conditions that individuals have, while mental health, substance abuse, and mental retardation refer respectively to the services that address those conditions. Also, individual receiving services is beginning to replace consumer.

The concept of core services emerged from the Commission on Mental Health and Mental Retardation, chaired by Delegate Richard M. Bagley, in 1980. The first core services list, developed in response to a Commission recommendation, contained five categories: emergency, inpatient, outpatient and day support, residential, and prevention and early intervention services. The Board approved the original core services definitions in December 1981. The General Assembly approved this first list in House Joint Resolution 77 and amended § 37.1-194 of the Code of Virginia in 1984 to list these core services.

POLICY 1021 (SYS) 87-9, continued

Background (Continued) Sections 37.2-500 and 37.2-601 of the Code of Virginia contain the most recent listing of the core services that community services boards or behavioral health authorities, hereafter referred to as community services boards or CSBs, provide. These core services must include emergency services and, subject to the availability of funds appropriated for them, case management services and may include a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, mental retardation, and substance abuse services necessary to provide individualized services and supports to persons with mental health or substance use disorders or an intellectual disability. Thus, the Code of Virginia mandates the provision of only emergency and case management services.

The current Core Services Taxonomy 7.1 defines 11 core services: emergency, limited, consumer-run, inpatient, outpatient, case management, day support, employment, residential, prevention, and infant and toddler intervention services. Many of these categories of core services include subcategories, additional distinctions with more detailed definitions. For example, the limited (short term) services category contains four subcategories: motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services. The categories and subcategories of core services enable meaningful and accurate descriptions and measurements of service delivery activities, such as individuals receiving services, services delivered, and service intensity or frequency. This can help produce valid and informative analyses of and comparisons among CSBs, state hospitals and training centers, hereafter referred to as state facilities, and geographic service regions.

STATE BOARD POLICIES 1038 and 1039 provide additional direction and guidance on the development and implementation of core services regarding the nature and characteristics of Virginia's safety net of public services for persons with mental health or substance use disorders or intellectual disability and the minimum array of core services and supports that should be available to all individuals who need them.

Purpose Identify and define in the Core Services Taxonomy the core of mental health, mental retardation, and substance abuse services to be provided by community services boards and state facilities.

Policy It is the policy of the Board that community services boards provide a core of services to individuals in Virginia with mental health or substance use disorders or intellectual disability in accordance with § 37.2-500 or § 37.2-601 of the Code of Virginia within funds appropriated or available for this purpose. The core of

POLICY 1021 (SYS) 87-9, continued

Policy
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services includes emergency, limited, consumer-run, inpatient, outpatient, case management, day support, employment, residential, prevention, and infant and toddler intervention services, and core services shall be defined in the Core Services Taxonomy, developed and updated by the Department and CSBs.

It is also the policy of the Board that core services prescribe, in each of the three program areas (mental health, mental retardation, or substance abuse services), the minimum services required to provide a continuum of care throughout the Commonwealth for individuals with mental health or substance use disorders or intellectual disability. Core services are used by the Department and CSBs to measure, analyze, and report on CSB and state facility services and to describe public mental health, mental retardation, and substance abuse services.

Further, it is the policy of the Board that, because of the diversity and variety that characterize Virginia's localities and the mix and availability of resources and services from other public and private providers, each CSB may not need to develop or provide services in every subcategory of core services. The list of categories and subcategories in the Taxonomy does not constitute additional mandates for CSBs; only emergency and case management services are now mandated by the Code. Similarly, each state facility will not need to develop or provide services in every subcategory of the inpatient core services category.

It is also the policy of the Board, elaborated more fully in STATE BOARD POLICY 1030 (SYS) 90-3 Consistent Collection and Utilization of Data in State Facilities and Community Services Boards and STATE BOARD POLICY 1037 (SYS) 05-4 Individual Consumer Information and the Community Consumer Submission, that all current and future requirements for data and information about services and individuals receiving services shall be consistent with each other and the current Core Services Taxonomy. Further, as stated in those policies, the Core Services Taxonomy shall be developed and revised collaboratively by the Department and CSBs in accordance with the partnership agreement, established in STATE BOARD POLICY 1034 (SYS) 05-1 and contained in the Community Services Performance Contract.

Finally, it is policy of the Board that the Core Services Taxonomy, including the services definitions, subcategories, levels of service, performance contract definitions, and other elements, shall continue to evolve in response to future changes in the organization and operation of community services boards and state facilities, as Virginia develops a consumer-driven system of services and supports pursuant to STATE BOARD POLICY 1036 (SYS) 05-3 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.
