

POLICY MANUAL

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

POLICY 1038 (SYS) 06-1 The Safety Net of Public 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,
§ 37.2-700 et seq., and § 37.2- 909 of the *Code of Virginia* (1950), as amended
STATE BOARD POLICY 1015 (SYS) 86-22 Services for Individuals with Co-
Occurring Disorders
STATE BOARD POLICY 1034 (SYS) 05-1 Partnership Agreement
STATE BOARD POLICY 1035 (SYS) 05-2 Single Point of Entry and Case
Management 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

Background Sections 37.2-300, 37.2-304, 37.2-500, 37.2-504, 37.2-601, 37.2-605, 37.2-700 et seq., and 37.2- 909 of the *Code of Virginia* authorize the establishment and operation of state hospitals and training centers, hereinafter referred to as state facilities, community services boards and behavioral health authorities, hereinafter referred to as community services boards (CSBs), and secure facilities for the provision of behavioral rehabilitation of sexually violent predators.

STATE BOARD POLICY 1015 articulates policy for state facilities and CSBs in providing services to consumers with co-occurring mental illnesses, mental retardation, or substance use disorders. STATE BOARD POLICY 1034 establishes the Central Office, State Facility, and Community Services Board Partnership Agreement, which includes a set of core values embraced by all of those partners. One value states that the public mental health, mental retardation, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives. STATE BOARD POLICY 1035 recognizes and supports the role of CSBs as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services and provides policy guidance on the implementation of this role and related CSB case management responsibilities.

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Background
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Virginia's public services system for individuals with mental illnesses, mental retardation, or substance use (alcohol or other drug dependence or abuse) disorders has changed dramatically over the past 30 years. It has evolved from a predominantly state facility-based system of institutional care to a primarily community-based system of services, of which state facilities remain a vital component. During those 30 years, state facility bed capacity has decreased by 71 percent, while CSB service capacity has increased significantly. Traditionally, state facilities were viewed as the basic safety net for individuals without access to appropriate services in the community. The development of the Department, state facility, and CSB partnership and a recognition of the interdependence of state facilities and CSBs in serving individuals with mental illnesses, mental retardation, or substance use disorders has broadened the concept and understanding of the basic safety net of public 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, describes the public services system safety net and is the conceptual basis for this policy. The Core Services Taxonomy defines services, including those provided in the public safety net.

Purpose

To articulate policy for and describe the nature and characteristics of Virginia's safety net of public services for individuals with mental illnesses, mental retardation, or substance use disorders.

Policy

It is the policy of the Board that the Department and CSBs, as partners in the public mental health, mental retardation, and substance abuse services system, are jointly responsible for assuring to the greatest extent practicable the provision of a safety net of appropriate public services and supports in safe and suitable settings for individuals with serious mental illnesses, mental retardation, substance use disorders, or co-occurring disorders who:

- are in crisis or have severe or complex conditions;
- cannot otherwise access needed services and supports because of their level of disability, their inability to care for themselves, or their need for a highly structured or secure environment; and
- are uninsured, under-insured, or otherwise economically unable to access appropriate service providers or alternatives.

This public safety net also includes services delivered by private inpatient and community service providers under contract to CSBs or state facilities. Public

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safety net services also relate to law enforcement agencies, courts, and other state or local public or private service providers. Some services, such as emergency or crisis stabilization, are provided as close to a person's home and natural supports as possible. However, when these local services are not available or appropriate or more specialized or intensive services are needed, CSBs or the Department will assure the availability of these safety net services on a sub-regional, regional, or statewide basis. Regional means an area of the state, such as a health planning region, served by a state hospital and two or more CSBs. The specific array or extent of public safety net services may differ among localities, and individual programs may reflect differences in design and operation.

It is also the policy of the Board that the following public safety net services shall be available to the greatest extent possible on a 24-hour-per-day and seven-day-a-week basis within clinically reasonable time periods to anyone who needs them.

1. Local emergency services are provided by each CSB. Emergency services are unscheduled and sometimes scheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, to people seeking such services for themselves or others and may include walk-ins, home visits, and jail interventions and also include preadmission screening or other activities that prevent admission to a state hospital or a training center or are associated with the judicial admission process;
2. In-home assistance and support or out-of-home respite care are provided by each CSB locally or through regional arrangements with other CSBs to avert or stabilize a crisis.
3. Non-hospital based crisis stabilization or detoxification services are provided by each CSB locally or through regional arrangements with other CSBs; they include community-based in-home crisis intervention, safe houses, residential crisis stabilization or crisis stabilization units, detoxification services, and mental retardation/mental illness behavioral intervention teams.
4. Acute stabilization in local hospital psychiatric or substance abuse inpatient services or substance abuse medical detoxification inpatient services are provided by each CSB locally or through regional arrangements with other CSBs, or, where these acute stabilization services are not available or appropriate, they are provided by state hospitals.
5. Specialty services are provided by the Department through its state facilities on a regional or statewide basis. These specialty services include:
 - Intermediate treatment and rehabilitation for individuals with severe or complex behavioral health conditions, including co-occurring disorders that are addressed in STATE BOARD POLICY 1015, who require care in a state hospital;

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- Intensive short-term acute inpatient crisis intervention, stabilization, and treatment for children and adolescents with highly acute or highly complex behavioral health conditions who require care in a state hospital;
- Intensive medical (including skilled nursing care), behavioral, or other specialized supervision and therapeutic interventions for individuals with mental retardation or co-occurring disorders, which are addressed in STATE BOARD POLICY 1015, who require care in a training center;
- Secure forensic and not guilty by reason of insanity services; and
- Behavioral rehabilitation services for sexually violent predators.

In accordance with STATE BOARD POLICY 1035 and § 37.2-500 or § 37.2-601 of the *Code of Virginia*, CSBs serve as the single points of entry into the safety net of public services. CSBs shall screen and assess individuals with mental illnesses, mental retardation, substance use disorders, or co-occurring disorders who are in crisis or are seeking publicly funded services or supports. Screening and assessment shall be conducted in a timely and thorough manner by well-qualified, highly trained staff using state-of-the-art approaches. Assessment results shall guide service delivery, with immediate referrals to needed public safety net services to the greatest extent practicable.

Finally, it is the policy of the Board that, consistent with STATE BOARD POLICIES 1034 and 1035 and the Partnership Agreement, CSBs manage and review access to and utilization of public safety net services. Where they share and use the most intensive and costly public safety net services, such as inpatient and residential crisis stabilization services, on a regional or subregional basis, CSBs shall manage and review access to and utilization of these services, working in partnership with each other. This will assure those services are provided in the most integrated and least intrusive setting for the individual and ensure scarce public safety net resources are used as effectively and efficiently as possible.
