

Policy Number: 0030
Policy Title: Priority Access to CSB
Services
Date Adopted: December 17, 2014

Purpose

To articulate policy for defining who should have priority access to services of the Fairfax-Falls Church CSB for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

Guidelines for Assigning Priority Access to CSB Services (April 23, 2014-revised October 2014)

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

(1) Exclusionary Criteria

- a) Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
- b) Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.

(2) Inclusionary Criteria (in priority order)

- a) Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalent) being provided.
- b) Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- c) Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- d) Effectiveness – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
- e) Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- f) Selection Based on Length of Wait – First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services – initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services – remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

A. Mental Illness Population

- (1) **Adults with Serious Mental Illnesses (SMI)** assessed along the three dimensions of diagnosis, functional impairment, and duration.
 - **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND

- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
 - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
 - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
 - Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

(2) **Children and Adolescents** birth through age 17 with **Serious Emotional Disability** (SED) resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

(3) **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. Substance Use Disorder Population

(1) Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.

- Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.
- (2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:
- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.
- (3) Special Priority Populations
- Pregnant women who are intravenous (IV) drug users
 - Pregnant women
 - Intravenous drug users
 - Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration

C. Intellectual Disability and Developmental Disability Populations

- (1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).
- (2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social/ interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).
- (3) Diagnosis of Intellectual Disability (ID) must be documented by:
 - For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability or
 - For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

References:

- Federal Block Grant
- Department of Behavioral Health and Developmental Services Priority Population
- Guidelines for Assigning Priority Access to CSB Services document approved by the CSB Board on April 23, 2014

Approved


Secretary

December 17, 2014

Date

Policy Adopted: March 20, 1991
Revision Adopted: September 29, 1993
Revision Adopted: July 27, 1994
Revision Adopted: November 18, 1998
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