

CAPITAL AREA HUMAN SERVICES DISTRICT  
ESTABLISHED LEGISLATIVELY IN 1996

# THE LOUISIANA MODEL for a LOCAL SYSTEM OF CARE

ADDICTION RECOVERY • DEVELOPMENTAL DISABILITIES • MENTAL HEALTH

ASCENSION  
EAST BATON ROUGE  
EAST FELICIANA  
IBERVILLE  
POINTE COUPEE  
WEST BATON ROUGE  
WEST FELICIANA



A REPORT TO THE COMMUNITY

# CAHSD PHILOSOPHY

RESPONSIVE TO LOCAL COMMUNITIES

The Capital Area Human Services District, CAHSD, commits to the philosophy that all individuals are valuable members of the community, and the District exists to support each client, to the full extent that resources permit, to live productively in the location and environment of their choosing, within appropriate and fiscally responsible parameters. The services and supports provided by the District are those determined by the client to be important to their successful integration into the community. Our staff works with the client as a unified team to facilitate individuals in attaining their goals.

## CAHSD MISSION

*"To enhance the availability of support services leading to a satisfying and productive life for persons living with developmental disabilities, addictions and mental illness."*

**Accountable to all citizens through governance by a Board of Directors**

**Accountable to the Legislature**

**Accountable to the State of Louisiana & U.S. Government**

**Best Practices, Quality Improvement Program, and Medical Staff Organization**

### MONITORING

ORGANIZATIONS THAT MONITOR THE CAHSD

- Legislative Auditor
- Office of Risk Management
- Department of Civil Service
- Bureau of Health Standards (Clinical Licensure)
- LaPAS (DOA Performance Indicator Tracking)
- DHH Budget Office
- DHH Program Offices
- Medicaid
- Senate and House Health and Welfare Committees
- Senate Finance Committee
- House Appropriations Committee
- Parish Officials and Police Juries

# THE

## Executive Director Message

JAN KASOFSKY, PHD



JAN KASOFSKY, PHD  
EXECUTIVE DIRECTOR

For more than 13 years the Capital Area Human Services District (CAHSD) has responsively addressed the complex human services needs faced by the communities within our seven-parish service area. Our connection to these urban and rural communities and the partnerships that we have built and nurtured define the commitment of this agency.

The District model is based on local governance. An executive director is hired by a board of citizens nominated by their parishes and appointed by the Governor. The executive director is held accountable by all existing governmental monitoring and accrediting bodies, which govern public agencies, and also by the citizen board. The model's designation as a political subdivision supports more business-like processes. These processes include the ability to collect and retain fees, grants and funds for reinvestment, streamlined contract approval and payment, and hiring flexibility.

In a day and time when many are questioning the actions of government, the Capital Area Human Services District proudly stands recognized for serving its community and clients/consumers well. Early in its implementation, CAHSD began decentralizing its services and service contracts so that access in many rural parishes was made possible for the first time. Where there previously had been no local satellites or clinics for people in need of clinic-based services, now CAHSD is proud to note that each of our seven parishes has clinic-based services for addiction recovery and mental health. Children in our seven parishes are now receiving behavioral health care at over 34 schools where there had only been four schools, and our community-based inclusive recreation programs for children and adolescents with developmental disabilities now serves as a national model.

This agency has developed and implemented many services and supports that not only serve as a model for the state, but for the nation. It received national recognition for its response to Hurricane's Katrina and Rita due to its establishment of integrated medical and behavioral health mobile teams and for serving the congregate evacuee sites with a locally developed multi-discipline, site-specific deployment process.

CAHSD continues to lead the state and nation in its effective planning and responses initiating a collaborative of service providers--including emergency department physicians and administrators, "First Responders" (law enforcement, EMS), coroners, and other health professionals for the seven parish area--who developed, implemented and now oversee, a crisis services continuum to prevent and diminish the need for emergency behavioral health services and to address recidivism. Its integration processes with local physical health providers for its clinic-based clients stands as a national model to address premature deaths of behavioral health clients.

Our strong ties in the diverse communities we serve have provided us with a real knowledge of the specific needs unique to each community. We have used this information and our partnerships to establish local systems of care whereby we address local needs with local innovative solutions. Documentation of selected access expansion is presented in the next section of this brochure.

I invite you to read further to learn more about this legislatively created model and how it has been used to address the many needs of citizens in our seven parish area.

# LOUISIANA

## Responding to Community Needs Through Expanded Geographic Access and Localized Planning

### MAJOR INITIATIVES

Expanded addiction recovery outpatient treatment from 3 parishes to 7 parishes

Increased school-based services with social workers from 3 in only 1 parish to 34 in 7 parishes, decreasing discipline/absence rates

Decentralized substance abuse prevention contract services, increasing from 1 parish to 7 parishes

Leads a regional primary care/behavioral health integration initiative linking direct services in each parish

Provides stipends for emergency housing needs for persons with mental illness

Provides funding for families/consumers with emergency needs related to their developmental disabilities

Initiated evidence-based gender specific addiction recovery treatment for women

Developed critical communication strategies and tools on services for people with developmental disabilities

Reduces hospitalizations for children through provision of crisis services in homes and schools

Sponsors a teen AA support group, Club "225"

Supports and hosts model mental health employment, support and training program

Expanded access to case management services for people with chronic mental illness

Provides increased access to psychologists to develop and implement behavioral plans for people with developmental disabilities

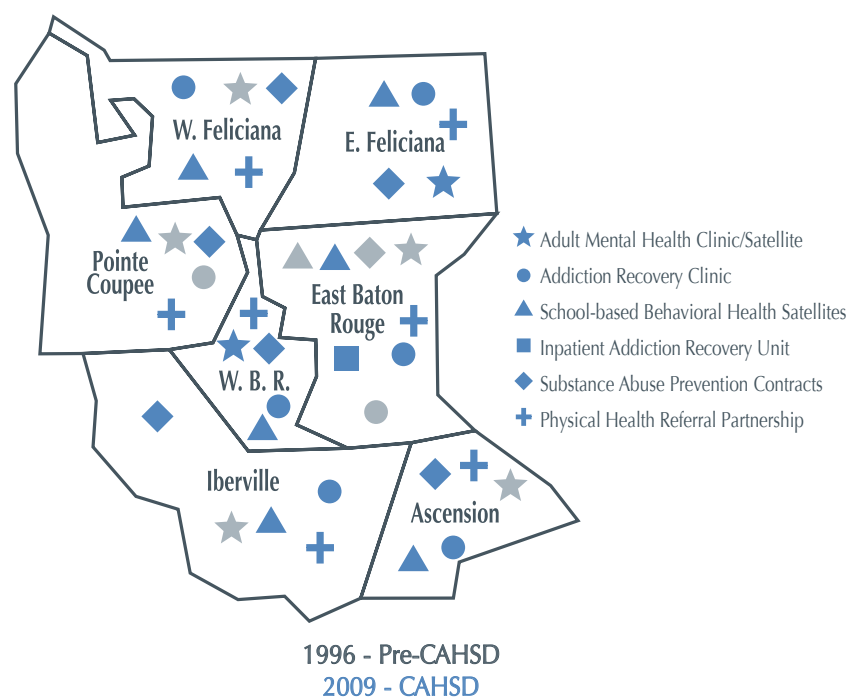
Established adult and child mobile crisis, ACT and long-term outreach teams for individuals needing interventions in non-traditional locations

Healthcare, particularly human services, is very specific to the population it serves. Louisiana is a predominately rural state with a high degree of poverty, especially in the more rural settings. Poverty has a profound impact on transportation options and overall access. This is why the District has focused on decentralizing services to rural communities. Intimate knowledge of a community is required for successful program planning and implementation. All of the District's efforts to provide outreach services are initiated with town hall meetings to identify what each community believes are priority needs. This approach provides a dignified, non-stigmatizing forum for citizens to give and receive information about need for access to services related to developmental disabilities, mental health and addiction recovery. This collaborative process has produced sustainable outreach services specific to each community's request and sensitive to their locale.

CAHSD has adopted a role in establishing a medical provider, or medical home for each of its clinic-based clients in response to the well-documented premature deaths due to lack of access to physical healthcare for preventive/primary care, chronic disease management and poor lifestyle choices reported among publicly treated mental health clinics. The district has initiated a medical screening process to provide each client with referral to, and support from, a local physical health provider for ongoing collaborative healthcare. These linkages have been initiated in each parish with assistance from the provider community and local parish governments.

The illustration below shows the District's success in expanding service outreach throughout the service area. This outreach has not required any additional state appropriations.

### SERVICES EXPANDED UNDER CAHSD DISTRICT MODEL

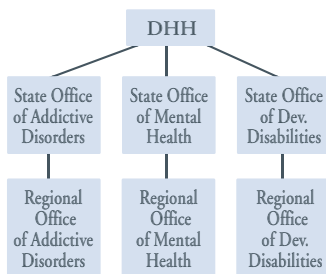


# MODEL

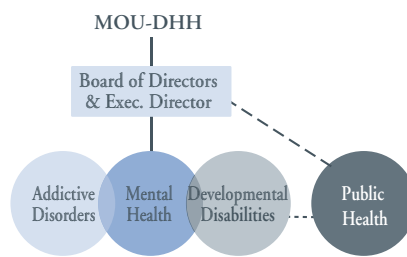
## Integrated Care

More and more, people are frustrated by the silo approach to health care and human services provided by most public agencies. A holistic approach is a hallmark of the District model by which one governance structure administers services and supports previously provided by three governmental offices (Office of Mental Health, Office for Citizens with Developmental Disabilities and the Office for Addictive Disorders). The District's management team used town hall meeting requests and "best practice" approaches implemented in other settings to plan and implement integrated services that are responsive to the multiple and sometimes complex needs experienced by people in need. The management team consists of administrative, management, medical, and other clinical specialists who work together to deliver services that overcome the typical barriers to timely, quality care.

Centralized State Directed  
Department of Health & Hospitals



District Community  
Services Model



## Community Partnerships and Collaborations

Partnerships or collaborations have been instrumental in the District's successes. They have increased awareness of, and referrals to, CAHSD's services, helped to address the stigma associated with disabilities, and served as a means to implement community-wide prevention and early intervention strategies. Many of our partners have identified new ways to better serve our clients and have been a source of new funding. The CAHSD has been a catalyst and a convener for several important initiatives on a community and statewide basis. The District has brought a new focus on prevention and early intervention. One of the ways the agency has done this is by enhanced staff and community training on best practice approaches.

CAHSD established and leads an ongoing collaborative of first responders and service providers including emergency department physicians and hospital administrators, law enforcement, EMS, coroners, and other health professionals from the seven parish area, which oversees a continuum of services to prevent and address the need for crisis services for people with behavioral health problems. The collaborative developed a plan, and now coordinates and provides intensive services for those who are least able to be maintained by the traditional models in the community. It also provides ongoing oversight of the efficacy of the crisis system.

Addressing and responding to behavioral health needs, especially during community-wide emergencies, is a key role provided by the CAHSD to the seven parish Capital region. As the lead agency for behavioral health locally, the CAHSD staff is planning and working with the Department of Health and Hospitals, Red Cross, Louisiana Capital Area Volunteer Organizations Active in Disasters, and the seven parish offices of Homeland Security and Emergency Preparedness. During emergency operations, the CAHSD will deploy special teams of clinicians to address specific behavioral health needs through a site-specific, multi-disciplinary deployment process developed by CAHSD.

### MAJOR INITIATIVES

- Established first regional behavioral health Emergency Department at Earl K. Long Hospital
- Promotes an agency-wide integrated treatment approach for mental health and addiction recovery
- Expedites access to treatment by establishing an Access Unit
- Provides alcohol/drug abuse/depression screenings and brief interventions in public and private obstetrics offices
- Leads the interagency services coordination process for persons with needs from multiple agencies
- Educates professionals on developmental disabilities, mental illness, and addiction through an annual forum
- Addresses special needs of emotional trauma patients through trauma service
- Supports professional development through staff training in best practice approaches
- Increases physical and behavioral health education to clients and to the public
- Provides family counseling and education program within the inpatient addiction recovery unit
- Coordinates a Fetal Alcohol Spectrum Disorders partnership of over 40 agencies and established infant and child assessment, treatment and referral clinic
- Collaborates with parish jails on post-booking/post-release treatment
- Trains law enforcement officers in all parishes on working with people with developmental disabilities, mental illness, and addictive disorders. Acts as regional Crisis Intervention Team facilitator/trainer
- Educates 3,000 individuals annually on behavioral health issues in local school systems
- Created and continues to provide funding and distribution of an Emergency Services Resource Guide with over 100 contacts in seven parishes
- Partners with community recreation resources to provide recreational opportunities for children and adults with developmental disabilities and/or behavioral health needs
- During emergencies, the Agency acts as community convener and manages deployment and behavioral response
- Developed and funded emergency services continuum inclusive of a specialized behavioral health emergency department

# Facts

## ABOUT THE CAPITAL AREA HUMAN SERVICES DISTRICT

### SERVING THE PARISHES OF:

Ascension                      East Feliciana                      Pointe Coupee                      West Feliciana  
East Baton Rouge              Iberville                      West Baton Rouge

### LEGISLATIVE INNOVATIONS

- Board Governance-local input and design, increased equity and geographic access
- Three program integration-multi-specialty approaches to co-occurring disorders
- Authority to collect/retain funds-innovation and reinvestment into local programs
- Title 38 vs. 39 under the Procurement Code

### ANNUAL CAHSD AVERAGE NUMBER OF CLIENTS SERVED FOR BEHAVIORAL HEALTH NEEDS\*

Mental Health	adult outpatient	6,350
	child/adolescent outpatient	2,386
Addiction Recovery	adult outpatient	2,912
	child/adolescent outpatient	142
	adult males served in inpatient unit	529
	social detoxification unit	2,497
	community-based residential	260

### TYPICAL ANNUAL DEVELOPMENTAL DISABILITIES SERVICES\*

Persons provided family supports	397
Persons provided vocational services	15
Persons provided cash subsidies	241

### CAHSD RESOURCES\*

\$35 million annual budget and 320 staff members  
Operates 1 and funds 7 substance abuse treatment clinics  
Operates 3 adult mental health centers and 6 satellite clinics  
Operates 1 child/adolescent behavioral health unit and over 34 school-based mental health satellite clinics  
Operates 1 (40 bed) inpatient addiction recovery treatment facility for adult males  
Manages 50 agency service contracts

### WWW.CAHSD.ORG

The Capital Area Human Services District (CAHSD) provides a website for clients, families and service providers to gain easy access to information about services for mental health, addiction recovery, and developmental disabilities. Also available on this site is information on educational opportunities and ongoing updates regarding emergency and safety advisories for personal health and safety and continuing operation of district services.

\* Annual figures 2008



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(225) 922-2700 • FAX: (225) 922-2707

WWW.CAHSD.ORG