

# Capital Area Human Services District

Spring 2011

## ***Historical Funding Allocations Hurting the Capital Region***

A coming budget cut of \$2.4 million and an increasing demand for services at Capital Area Human Services District (CAHSD) will strain service delivery by causing clinical treatment staff shortages, longer wait times for treatment and contribute to more costly hospitalizations.

Limiting clinic access to these crucial behavioral health treatment services to citizens in need will strain local hospitals' and parish governments' budgets due to demands on:

- parish jails,
- hospital emergency departments,
- emergency responders, and
- law enforcement agencies.

In many cases, CAHSD is the only provider for these citizens.

The Greater Baton Rouge Area has gained 9.9% of the state's overall population, as documented by the latest census report, and it is now the largest metropolitan area in the state. The region also continues to receive a disproportionate number of people in need of mental health, addiction recovery and developmental disabilities services.

The demand for critical behavioral health services and medicines will increase as more clients are

discharged from short-term acute and intermediate mental health hospitals, developmental centers and jails.

*Now, at almost six years after Hurricane Katrina, CAHSD continues to serve a disproportionate and increasing number of people who have serious need for mental health, addiction recovery, and developmental disabilities services.*

CAHSD's budget allocation remains based on an historical allocation that is not adequate to address the demands placed on its clinics due to a more acute/less stable and increasing population. Statewide proportionate budget cuts compound the problem. DHH and the legislature need to base statewide allocations and cuts on current population distributions and their own data on the relocation of people with serious behavioral health needs to ensure clients can access care in a timely way and public safety is maintained.

As the State continues to deinstitutionalize people into our region, funding consideration for outpatient mental illness, addictions, and physical/mental disabilities services must be made accessible and available. We urge our local elected officials and DHH to reconsider our budget allocation in light of the increased demand in the greater Baton Rouge Area and to allocate funding based on known population statistics.

## ***CAHSD is the Convening Agency for the Regional Coordinated System of Care (CSoC) Application***

Louisiana's "Medicaid Office" is supporting the development of a

statewide CSoC to establish family and youth-driven care to keep children with significant behavioral health challenges or co-occurring disorders at home, in school, and out of the child welfare and juvenile justice system. Cabinet Secretaries of child-serving agencies have worked for a year to design the framework and processes of the CSoC, and funds for the system will be removed from their budgets to support this new managed Medicaid funded system of care.

*An important CSoC goal is the reduction of costly, highly restrictive out of home placements through the creation and maintenance of coordinated and effective community-based, public/private partnership services.*

CAHSD is supporting this initiative which will be implemented in regions deemed ready to be "early implementors", January, 2012. Regions deemed ready for implementation will be selected based on a competitive application process. The application must be conceived of and supported by community services providers and family members of the target population of children/ adolescents who are deemed "high risk" for out of home or school placement due to their serious behavioral problems. Participants in the application process include:

- local school officials,
- juvenile court judges and their Youth Boards,
- treatment and service providers,
- churches and local leaders,
- advocates, and



Celebrating 14 Years of Service

*Our mission is to improve the availability and quality of support to enhance each individual's quality of life.*

- officials of involved local governmental agencies.

Once implemented, this program will provide services and care management to a maximum of 5,000 youth statewide.

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*CAHSD has provided substantial human capital to support a developmental framework and timeline for the application that ensures all voices are heard and that participation/representation spans all impacted parties and locales.*

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Public meetings were initiated in January 2010, and an intense schedule of weekly meetings has been held. Responsibilities of our broader engaged community includes leadership from all stakeholder groups and criteria and selection of local providers able to meet the application requirements for the regional Family and Peer Support Organization and the Wraparound agency. The date for submission of the application to be an

early implementing region is May 13<sup>th</sup>.

***Annual Public Forum Held on Prevention and Addiction Recovery Services***

CAHSD’s Annual Public Forum was held on March 15th with the goal of reporting back to the public what initiatives were instituted in the past year based on the 2010 Forum, and to dialog on what is presently needed to enhance the regional recovery oriented system of care.

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*The Forum focused on gathering input and ideas from the public throughout the District’s seven parish area concerning substance abuse prevention and treatment. An update was provided by the State Office of Behavioral Health.*

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Attendees were provided information on the success of the regional smoking cessation program; health screening initiatives; the Mental Health Emergency Room

Extension which opened in August and provides observation, stabilization, treatment intervention and referral for people in a behavioral health crisis; clinic walk-in initiatives that have vastly reduced wait time for entry into treatment services; and linkages for people released from jails and prisons for expedited entry into community-based treatment and other services. Community participants presented their satisfaction with CAHSD’s residential treatment program and shared their personal successes of recovery.

Existing needs focus on affordable housing, transportation, education and the need for the entire community to become more knowledgeable about the biology and process of addiction.

Informational exhibits provided attendees an opportunity to interact with behavioral health professionals working in addiction recovery programs. Over 100 community members attended the forum.

***Celebrating Prom and Graduation Season by Keeping it Drug and Alcohol Free***

The pressure to drink and use drugs to celebrate prom and graduation can be overwhelming for many young people. To support our youth to make good decisions, CAHSD is collaborating with parish communities to promote a safe, alcohol and drug free prom and graduation season.

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*The national initiative of “Parents Who Host Lose the Most®: Don’t be a party to underage drinking. It’s against the law” is the basis for a billboard and print media campaign directed at both youth and their parents.*

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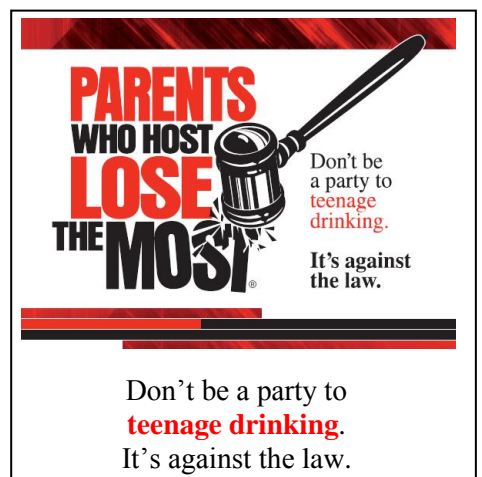
Letters to parents and teens along with specialized advertisements and tips

about preparing for peer pressure, and the safety and legal implications of drug and alcohol use will be published in newspapers and local parish newsletters.

Drugs and alcohol affect one’s ability to think clearly, react quickly and control impulses. Under the influence, people take unsafe risks that lead to violent behavior, unprotected sex, and driving while impaired. Parents can be a positive influence by talking with their teens about underage drinking and also helping them to make plans for these joyous events that do not include risky behavior.

CAHSD would like teens and their parents to remember that good choices will promote their safety and the safety of others, and avoid

unnecessary legal consequences. We thank all of our school-based partners for their many efforts to keep our children safe and prepare them for many years of success.



*Billboard advertisement “Parents Who Host Lose the Most®: Don’t be a party to underage drinking. It’s against the law” is a registered trademark of Drug-Free Action Alliance.*





*Our mission is to facilitate person-centered recovery by empowering people with chronic behavioral health and developmental disability challenges to strengthen relationships, establish independence, and enhance their ability to improve their physical health and emotional wellbeing.*

**For More Information:**

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***Preventing Fetal Exposure to Alcohol and Other Drugs & Providing Treatment to Impacted Infants and Children***

Over 10 years ago, CAHSD staff initiated research into the growing population of young children in our Child and Adolescent Behavioral Health Services clinic who had behaviors typical of Attention Deficit Hyperactivity Disorder (ADHD), but did not have ADHD. This research led us to become more involved in the identification and early treatment intervention of pregnant women who were using drugs, alcohol and tobacco early in their pregnancies. Prenatal exposure to alcohol, tobacco, and illicit and other drugs is the leading preventable cause of birth defects and developmental disabilities among infants. Substance-exposed children may be born with heart, kidney, and skeletal defects, eye problems, growth deficiency, abnormal facial features, and brain damage. Neurological damage can result in seizures, deficits in executive functioning, problems with communication, attention, social skills, and hyperactivity.

Without early intervention, these prenatally exposed children have difficulties in school due to poor impulse control, distractibility, inability to stay on task, and difficulty with emotional regulation. They tend to be at higher risk for diagnosis with mental disorders including ADHD, depression, anxiety, and substance abuse disorders later in life.

Prevention of substance use during pregnancy and early intervention services for prenatally substance-exposed infants are critical components of CAHSD's efforts to improve the health of children and families in the Greater Baton Rouge community. A collaborative of over 40 agencies in the region has been working since 2002 to raise awareness and provide services to address the problem of perinatal substance use and its negative

effects on children and families. A continuum of care has been established to include prenatal screening for substance use, domestic violence, and depression. Brief intervention and assessment/treatment services are provided to women screening positive. Over 10,000 pregnant women have been screened in this region and provided education and supportive services which has resulted in their quitting or decreasing use of substances during pregnancy.

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*If treated, the potential cost savings for a child prenatally exposed to substances is \$130,000 in the first five years of life.*

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Use of alcohol and other drugs during pregnancy at any level is unsafe for the unborn child. To address the specialized needs of prenatally exposed infants and children, CAHSD established the Infant, Child, and Family Center (ICFC) to provide specialized, comprehensive assessments that may include medical, psychological, infant mental health, and developmental evaluations. The Center also provides infant mental health services which are designed to strengthen the parent-child relationship. The team works collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care, and mental health care systems. ICFC's goal is to improve the child's development, enhance the child/caregiver relationship, reduce the chance of further maltreatment, and ameliorate disturbances in early childhood. This service is available through a collaboration of CAHSD in partnership with Our Lady of the Lake Regional Medical Center, The Department of Child and Family Services, and the ARC of Baton Rouge.

