

# Capital Area Human Services District

Summer 2010

## ***Mental Health Emergency Room Extension Opens***

Capital Area Human Services District (CAHSD) is pleased to announce the opening of the new Mental Health Emergency Room Extension (MHERE). This new 20-bed unit is a resource for people who are in behavioral health (BH) crises (mental health and/or addictive disorders). The unit serves as a specialized emergency department (ED) where staff provide a high level of screening and assessment to accurately determine the appropriate level of care needed and connect patients to either acute or ongoing community-based treatment. It is a 'portal' to ongoing care for people with BH needs. Prior to admission to the MHERE, people will receive triage and medical clearance in the ED.

***This unit will serve 8,400 patients annually.***

The idea and design of this facility was developed by the Emergency Services Collaborative as a post-Katrina response to overutilization of the EDs and as a piece of a prevention, and early intervention continuum to address BH needs and crises in this area. CAHSD collaborated with EKL staff to develop clinical processes and outcomes as well as a process to determine how well the unit and overall continuum is working across the District's seven parishes. Ensuring MHERE funding has been a priority for Governor Jindal,

DHH officials, local legislators and Congressman Cassidy.

The MHERE is located on the grounds of Earl K. Long Medical Center (EKL) behind the hospital's ED. Physicians, nurses and social workers will provide patients referral or linkage to ongoing care to limit cycles of crises.



*Interior of MHERE*

## ***CAHSD Restructures Its Residential Facility to Accommodate Budget Cuts***

While everyone is aware of the deep cuts taken by public health care providers, at CAHSD leadership has done its best to limit the impact of an overall agency cut of 32% of its operational State General Fund budget.

Determined to bring down the cost of its residential facility, Capital Area Recovery Program (CARP), and to maintain the number of beds and level of services for men needing this residential drug treatment facility, maintaining services at CARP required a restructuring of its staff.

Keeping within the licensing standards, CAHSD reassigned several employees to fill other needed positions within the agency

and will share clinicians from their outpatient clinic. Outpatient staff now work in the evenings at CARP to conduct group and family therapy and nursing shift changes alleviated the need for additional contract staff.

## ***Intermediate Level of Care for Long Term Clients Transitioning to Community-Based Services***

\$2.3M has been added to CAHSD's 2011 budget to provide a new level of community-based, intermediate care services and supports focused on people being discharged from state mental health hospitals. This new level of care was designed both for non-forensic individuals who will be discharged from these hospital beds to the community and to provide a step up level of care to stabilize individuals in the community to avoid hospitalization. These new funds will be specifically for mobile, intensive treatment teams and additional funding will provide intensive case management. Funding will be maintained at the Office of Behavioral Health for housing needs across the state.

To best manage the transition of long term, hospital discharges, CAHSD formed a multidisciplinary team called a Continuity of Care (COC) team which will review all discharge plans developed by hospital staff, and ensure the plans match with available mental health, addiction recovery, developmental disability and physical health services in the community.

Video-conferencing is being used in this region so that hospital patients can see and interact with the COC team before discharge.



**Celebrating 13 Years of Service**

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

**Thank you to OLOL and BRG**

The CAHSD physical health integration initiative began six years ago to assist clinic clients to access needed medical care. Over these years the agency has formed important partnerships to deliver care to our indigent clients through a referral processes with local providers which at times was funded by grant dollars, but for many years our partners, particularly, Our Lady of the Lake Regional Medical Center (OLOL), provided this care for free.

They, along with the local Federally Qualified Health Centers received some funding for these referrals from a grant with the National, American Red Cross for a year, but this funding ended about a year ago.

CAHSD would like the broader community to know that both OLOL and the Baton Rouge General Medical Center Family Health Center have agreed to provide free medical care to CAHSD's indigent clients until the end of this calendar year. CAHSD

has applied for a Kaiser Foundation grant to provide funding for these referrals; awardees will be notified by late fall. Should this grant be received, we are planning to include additional providers into our referral network.

**Health/Primary Care Integration Program Client Survey**

The purpose of the survey was to assist in evaluating the impact of the Behavioral Health / Primary Care Integration Program from the client's perspective.

53% were not being seen by a physician because of no money; followed by 35% who stated that they had fear or worry about their illness.

(Continued in next column)

77% stated that the services which helped them keep their appointment with the doctor was help by the nurse or social worker; followed by 37% who needed assistance with transportation.

61% said that the service that helped them most understand or manage your health problem was education about their condition/medication; followed by 56% who said support and follow-up by staff helped.

47% said that they strongly agree that they felt better; followed by 35% stating that they agree that they felt better, overall 82% felt that their health had improved.

When asked to rate the extent to which you feel better 65% said they strongly agree that they felt better.

Note: Experience showed clients kept their appointments 77% of the time.

**Hospital Staff Educated on Serving Developmental Disabilities in the ER**

As part of CAHSD's Behavioral Health Emergency Services Collaborative, CAHSD's Developmental Disabilities (DD) Division is providing educational outreach to area hospital nurses, social workers, and case managers to make them aware of available DD resources.

Hospital staff are educated on levels of intellectual disabilities, identifying DD clients who may have a co-occurring disorder, appropriate questions to ask caregivers/family members, managing crises involving persons with DD, communication barriers, challenges for law enforcement, clinical bias, residential placement, family support, personal support coordination, positive behavioral supports services, and on referral to CAHSD for an



intake assessment for eligibility entry into the DD service system. Once clients are in the registry for New Opportunity Waiver (NOW) services, they have access to an array of community-based services. Services available to persons who meet criteria for developmental disabilities (according to state law) include funding for care and programs, assistance with personal care in the home, respite care, case management,

payment for some medical supplies not covered by other funding sources, and linkage to waiver services and the Early Steps program for children under age three (3). CAHSD is the single point of entry for state and federally funded services.

**New CAHSD Board Member Appointed**

CAHSD is pleased to announce the appointment of Barbara Wilson from East Feliciana Parish to its Board. Dana Carpenter, Ph.D. of East Baton Rouge Parish has been reconfirmed to serve another term. Dr. Carpenter has provided the most years of service on the board and CAHSD wants to express our appreciation for his dedicated support. The Board and staff at CAHSD welcome and thank these two outstanding individuals for their commitment.





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For More Information:

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### ***One Day Crisis Intervention Team (CIT) Training Course Offered to Statewide Law Enforcement***

CAHSD has been an innovator in its approach to working with local first responders to better manage people in behavioral health (BH) crises through training and establishing a continuum of crisis services through the Behavioral Health Emergency Services Collaborative. One piece of the continuum focuses on training first responders in identification and de-escalation of people in a BH crisis is called Crisis Intervention Team (CIT). CIT training consists of 40 hours of training. A new one day training condenses it into an eight hour primer, to begin to meet the needs of the rural parishes that typically have part-time officers enrolled in the Capital Area Regional Training Association (CARTA), rural law enforcement and new cadet training. Also the Louisiana Probation and Parole Office added the one day "CIT" training as a P.O.S.T. (Peace Officer Standards and Training Council) Certification requirement for all new Probation and Parole Officers, and now fire chiefs are currently considering this introductory course for fire fighters as well.

***"Very informative class. Should be mandatory for all law enforcement."***

Although this one day training cannot provide the level of detail provided in the week long CIT course, it is designed to increase understanding of the impact of people with behavioral health problems on police procedure; the effect of limited community resources on individuals that may interface with the criminal justice system; recognize the signs and symptoms of behavioral health and developmental disabilities problems; learn intervention strategies to achieve safe outcomes; familiarize responders with community resources for treatment; and to familiarize them with communication and de-escalation techniques. To date, 154 law enforcement officers have attended this eight hour course.

### ***Building Healthier Communities***

CAHSD, in collaboration with local prevention providers, held a total of eleven community planning meetings throughout its seven parishes. The purpose of the meetings was to promote a 'Healthier Parish' by highlighting parish specific Caring Communities Youth Survey (CCYS) findings on underage drinking, along with health and wellness priorities that could be utilized in the development of parish health plans. Louisiana is one of a few states that surveys school aged children on their interactions in school, home and the broader community on factors contributing to, or preventing, substance use.

The CCYS is a survey tool that collects data from children in grades 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup>, and is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to risk and protective factors. This information is used by CAHSD prevention professionals to better understand family, school and community strengths and weaknesses, and to design interventions to enhance the strengths or protective attributes at the parish level.

According to the parish surveys, gambling and tobacco use rates are high among this age group. The communities identified common areas of concern which include: parental involvement, awareness campaigns/trainings, information dissemination, local agency collaborations, policy changes on underage drinking, and access to treatment and prevention services. Based on the CCYS parish results and feedback from the communities regarding types of programs that would best address their addictive disorder prevention needs, CAHSD is working directly with each parish to develop parish-specific plans to maximize the number of youth and families reached through prevention services.