Capital Area Human Services*
Jan M. Kasofsky, PhD
Jan.kasofsky@la.gov
225.922.2700

A Ten Year Retrospective on Community Engagement and Behavioral Health Solutions:

The Capital Area Human Services Behavioral Health Services Collaborative

**CAHS is the public mental health, addiction recovery and developmental disabilities authority and provider in the Great Baton Rouge Area of Louisiana.*

Usefulness of the BH Collaborative's Solution Focused Strategies

- A greater understanding of system weaknesses and development
- Collect and share system wide data for planning, development, implementation and CQI
- Target specific populations
- Educate providers and the public of services and processes, admission criteria

Usefulness of the BH Collaborative's Solution Focused Strategies

- A meeting place for the media to access information, to amplify messages and to know the providers
- Activation for emergency response
- Funding opportunities
- Shelter (mobile clinics loaned to deliver care to disaster-hit communities and loss of our own buildings)

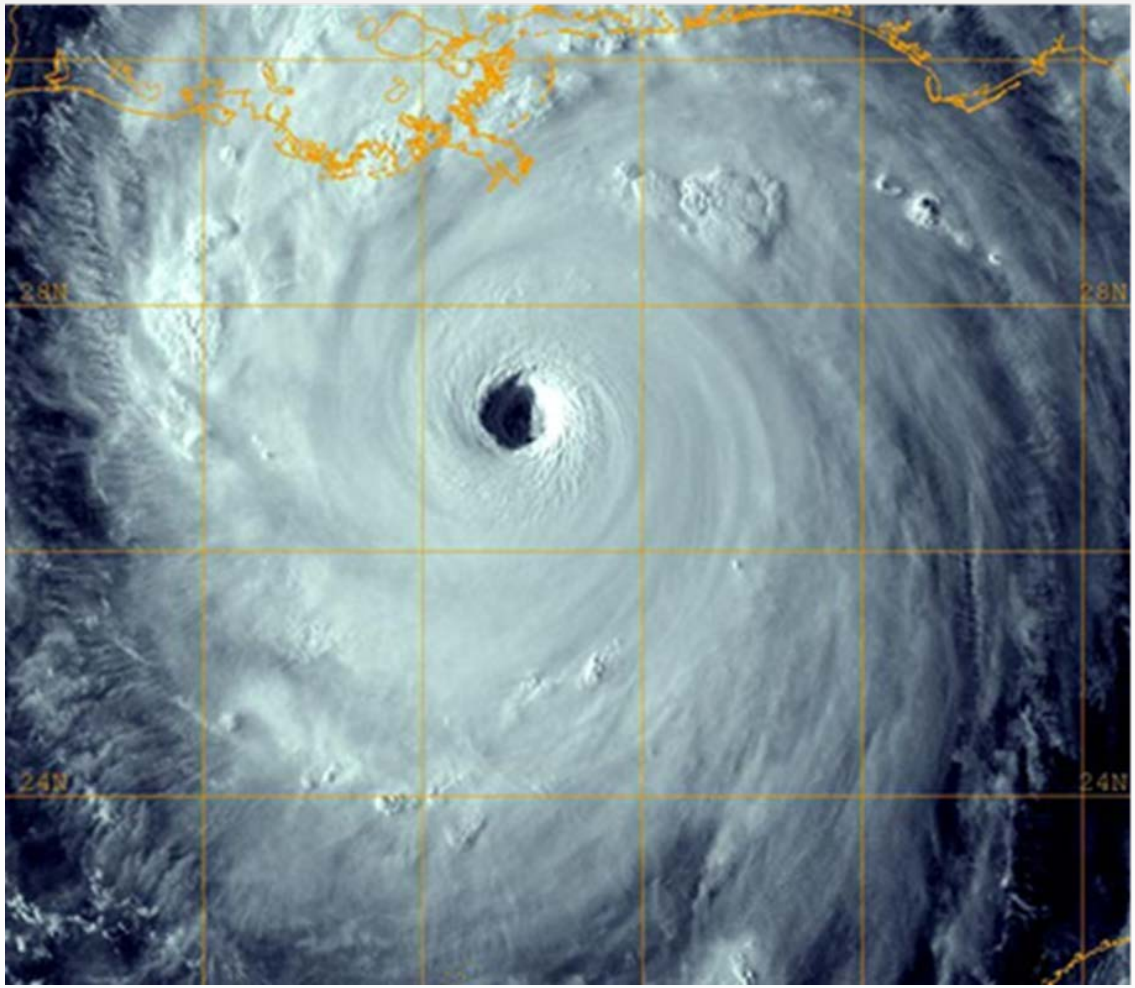
In 2004 Local Primary Care Providers Convened……

Problem: Many clients in the MH Clinics had no primary care providers and staff were identifying more with undiagnosed/untreated chronic illnesses.

Approach: A referral relationship was developed with primary care providers and an analysis of shared clients was initiated to improve communication. CAHS went tobacco free and initiated a health engagement screening program, 21% had no medical affiliation.

Partners: 5 FQHCs, 1 rural FQHC, a nearby large hospital-linked primary care practice, OPH, WIC Clinics, CAHS

Hurricanes Katrina & Rita Struck the Gulf



Innovative Approaches Possible Due to Pre-Event Linkages: Summer/Fall 2005

Established the BH Emergency Services Collaborative

1. Daily (initially) Intel locating/linking evacuees to care for 50-60 agencies. Posted on website.
2. Standardized short triage and assessment tool for BH/primary care developed and used by all mobile providers w/evacuees.
3. Statewide integrated model developed for healthcare delivery to transitional (trailer) communities.
4. Produced and secured funding plan, and placed in operation a regional response system ($10.5M).
5. Multi-disciplinary, site specific deployment process, database, and direct contact with weekly deployment meetings.
6. Parish level behavioral health response plans.
7. Prior credentialing-registration-training.
8. Multi-sector development of regional BH crisis continuum.

Everyone Likes to Problem Solve

Problem: There is not adequate service capacity within this community to address the needs of large numbers of people in BH crisis; A continuum of crisis services does not exist in this community.

Approach: Formally invite multi-sector stakeholders to describe what this problem looks like from their vantage point and develop committees to research and strategize solutions for each sector and connecting them into a response system.

Multi-Sector Collaborators

- Law Enforcement, Coroners, Elected Officials
- Emergency Transportation
- Clinical Medical Personnel
- Administrative Medical Personnel
- Behavioral Health Advocates
- Behavioral Health Providers
- Behavioral Health Lawyers, Public Defenders
- 211 and Crisis Referral

Consistent Multi-sector Statements Defining the Problem

- Capacity issues at all levels
- Staff and treatment issues
- Limited Tx options for person in BH crisis
- Lack of training in MH assessment
- Time spent waiting to admit to ER
- Limited ED bed capacity; Hospitals' on divert
- Recidivism
- Inappropriate use of ER resources

The Process Used to Achieve Buy-in of the Multi-sector Participants

- Know local needs & provide technical assistance to local government officials on needs/issues.
- Educate decision makers and include in process.
- Solicit local provider input; focus group or town hall meeting.
- Solicit target population input; learn local norms, demographics, health concerns, preferences through surveys/interviews with end users.
- Develop a parish level plan reflective of locally stated needs and approaches.

The Shared Vision; Expected Outcomes

- A safe community, harm reduction
- Rapid access to intake/stabilization svs.
- A cohesive system for stakeholders to be linked
- Humane, essential care
- Linkage to ongoing care; avoid recidivism
- Cost effective care with diminished financial losses
- Ongoing performance appraisal with authority; CQI

Ten Components of the Crisis Continuum

1) ED Standardized screening/ assessment tools/training

2) Clinic Access - Rapid phone & face-to-face screen

3) Interagency Services Coordination - integrated, multispecialty process to plan and coordinate care

4) Crisis Intervention Team (CIT) trained officers

5) Mobile Crisis/Tx & ACT

6) Mental Health Emergency Room Extension (MHERE) for rapid stabilization

7) Medical Case Mgt. Management - Link behavioral health clients to ongoing physical health provider

8) Coordinated Referral to Treatment & Public Education

9) Housing

10) Community Advisory Board for CQI.

Examples of Developing and Implementing Evidence-based, Accountable Programs with Measurable Outcomes

- Crisis Intervention Team (CIT) Training
- Crisis Stabilization Unit with Mobile Linkage to Treatment Services
- Jail In-reach and Discharge Planning/ Engagement
- Integrated BH & Primary Care Services
- OB Clinic Screening/Treatment Services
- School-based Counseling
- Synthetic Marijuana Prevention Messaging

Crisis Intervention Team (CIT) Training

Problem: Demands on local law enforcement have increased substantially concerning calls for BH crises typically from people with BH problems not in, or dropping out of treatment, discontinuing taking their medications, or substance abuse, leading to threatening/violent/ anti-social/suicidal behavior. Heightened fear of injury and lethality.

Approach: CAHS developed and implemented a 40-hour, POST-approved, free, Crisis Intervention Team (CIT) training institute for law enforcement agencies. They also offer officers training through their academies in an eight hour Mini-CIT course on de-escalation techniques and procedures for officers to assist people in need to access available services.

Partners: NAMI, Memphis & Atlanta PD, Local PDs and Sheriff's Offices of our 7 parish area, University & College PDs, EMS, AG's Office Staff, State PD, dispatcher units, Mental Health Lawyers, Developmental Disabilities Professionals, funding solely by CAHS

Crisis Intervention Team (CIT) Training

CAHSD Law Enforcement Training	(Jan 2008 - Mar 2014)
Class	***Number Trained***
Crisis Intervention Training (9 CIT Institutes, 40 hours each)	292
CARTA POST Certification Training (8 hr.)	532
LA. State Probation & Parole POST Certification Training (8 hr.)	141
Dispatcher Training (8 hr.)	79
Rural Parishes Training (8 hr.)	16
Total	***1060***

Crisis Stabilization Unit with Mobile Linkage/ Treatment Services

Problem: The ED is the only safe place for people in a BH crisis in this community. There was a 30% increase in these patients within 2 months post-Hurricane Katrina.

Approach: Establish a unit for stabilizing people in a BH crisis and linking the patient to ongoing care in the community to avoid the recidivism. Form structural linkage with mobile team for in-home or clinic-based care.

Partners: LSU Health Sciences, EKL Hospital (public), Federal (Built w/recovery dollars), law enforcement, local private hospitals, coroner's offices, DOA, CAHS, funding by uncompensated care, insurance, M'care and M'caid

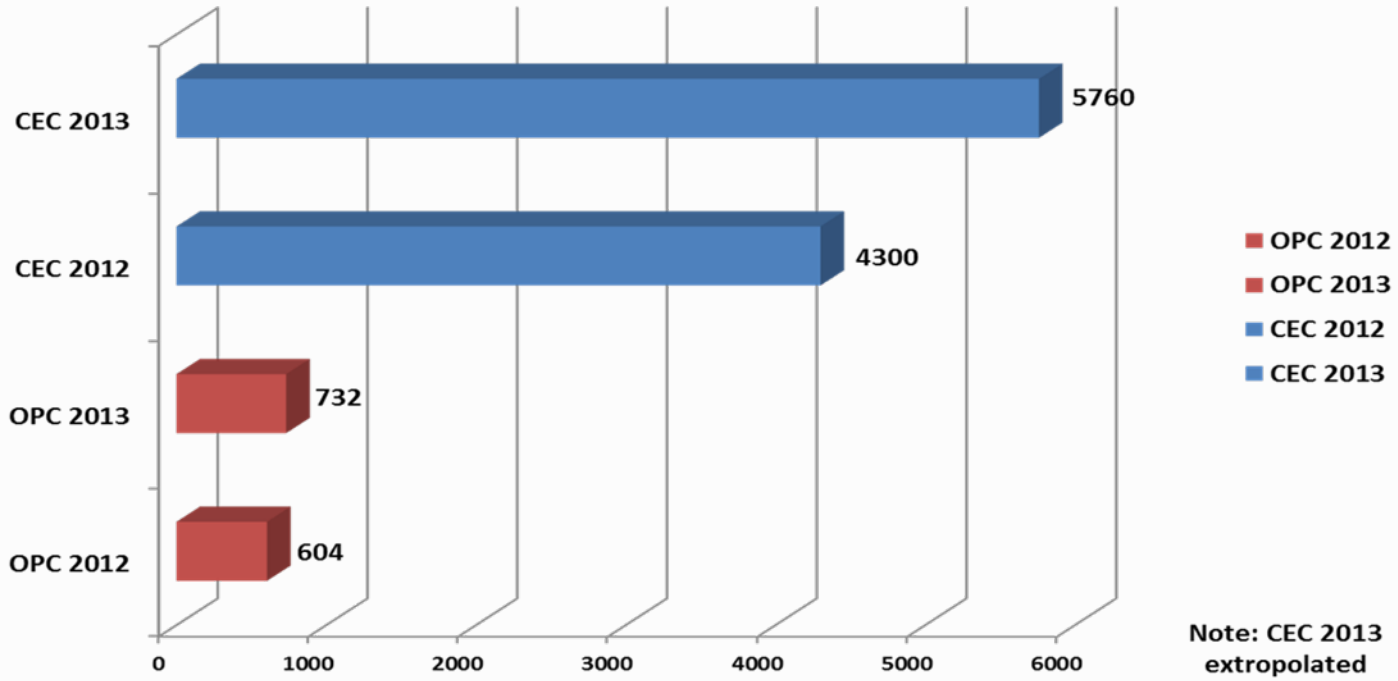
Crisis Stabilization Unit with Mobile Linkage/Treatment Services

Within two years of operating between 10 and 20 beds, the unit served more than 3,400 patients, an average of 156 patients monthly.

The unit created a net savings for the state of over $20.6M, by decreasing hospitalizations for 65-68% of the patients admitted.

Its operational linkage to community-based public behavioral health clinics and the use of CAHS's mobile treatment component increased show rates for post-discharge clinic appointments from 32% to 80% in a six month period. Rarely are clients hospitalized when connected to this team, less than 3%.

Trending of Protective Custody
EBR Parish Coroner Data, 2012-2013



Jail In-reach and Discharge Planning/Engagement

Problem: The incarceration/reincarceration rate for the MI is too high. Internally the jail lacks adequate resources (personnel and funding) and knowledge of community resources for d/c.

Approach: The Jail established a contract for 20 hours/wk for an LMSW and CAHS to assess BH needs/ensure Rx access/develop a d/c plan, and CAHS placed a Peer Support Specialist there through a grant from Magellan to make weekly contacts both individually and in groups to provide encouragement and hope by establishing ongoing linkages to care after release.

Partners: CAHS, EMS/Prison Medical, Parish Council, Sheriff's Office/Warden, Magellan Health Service, LA for peer

Jail In-reach and Discharge Planning/Engagement

In 4 months, 263 persons were identified with BH needs and seen by the LMSW, assessed and linked with care while incarcerated and upon release.

Of the 73 females seen by the Peer, 26 have been released and 77% are current/active CAHS o/p clients.

Of the 168 males seen by the Peer, 62 have been released 21% are current/active CAHS o/p clients.

The Warden attributed reduced behavioral problems in the prison environment to this program.

(Barriers found include lack of universal screening; at d/c, inactive phones for f/up, lack of official identification for admission to Tx, lack of housing, medical care (Medicaid lost) & transportation.)

Integrated BH & Primary Care Services

Problem: People with SMI are being diagnosed, late or never, with common treatable chronic medical conditions that lead to disability and early death at younger ages than those in the general public.

Approach: Develop coordinated and integrated primary care services for publicly funded community-based behavioral health settings and co-locate BH brief interventionists into PC settings.

Partners: ARC ($500k), SAMHSA/PBHCI ($1.9M), FQHCs, Hospital-linked primary care clinic, Local EDs, LSU Clinic System, OPH, CAHS

Integrated BH & Primary Care Services

ARC Grant: Initiated health screenings for all clients, linked those w/o to PC, co-located a PC in MH Clinic, coordinated referrals to FQHCs. 3,460 clients screened, 723 referrals made, 1,356 Rx filled w/vouchers, 210 seen by PC in onsite mobile unit, 339 seen in FQHC w/voucher, 763 served in PHU by SW (2008-11)

PBHCI Grant: Expanded linkage to primary care services for people with SMI, resulting in improved health status. Peer led WRAP, nurse coordinated care/education, physical trainer, 1036 CAHS clients enrolled to date, 1000 PC appts w/70% show rate, statistical improvements in BP, Blood gluc., total and all lipid measures except LDL (2012- '15)

Sustainable/Ongoing Integrated Care: All new clients screened for PC engagement, f/t phlebotomist & p/t PCP added, nursing student clinical rotation does edu, referral/linkage process thru nursing, brief interventionists added in OB settings w/goal to pediatrician offices

OB Clinic Screening/Treatment Services

Problem: Pregnant women are not being screened or referred for Tx for substance use, depression or domestic violence leading to high risk infants born with prenatal substance exposure.

Approach: Identify and implement the use of valid/brief screening tools that can be incorporated during early OB appointments along with co-located brief interventionist and on-call psychiatrist for technical assistance with needed meds. This was implemented as two separate projects due to time and change in partners. An infant MH program was also implemented at CAHS for prenatally exposed/traumatized infants which has treated over 612, 76% prenatally exposed, Aug. '07- current.

Partners: LSU Health Sciences Center, LSUMC, Woman's Hospital, BRG Hospital, OPH-WIC Clinics, Children's Research Triangle (Chicago, IL), DCFS, SAMHSA, Magellan Health Services, LA, CAHS

OB Clinic Screening/Treatment Services

Screened 4 P's Plus	Positive Screen	Positive for ETOH	Positive for Nicotine	Positive for Marij-uana	Positive for Other Drugs	Positive for Depress	Positive for DV
557 May-Aug. 2014	160 29% **52 seen by Brief Interv 33%***	13%	17%	11%**	2%	11%	5%
10,424 May '05 - Dec '09	2,966 Positive 28% **1,975 BI 67%* f/t, co-location**	16%	19%	5%**	1%	14%	5%

School-based Counseling

- Problem: With zero tolerance policies too many children/adolescents w/BH issues are suspended/ expelled from school.

- Approach: Place LCSW/LMSW in schools with MD support for med management and connected to supervisors and full clinic services. MH professionals become part of the school culture and assess/treat clients and their families and act as an overall resource to the faculty via consultations and training.

- Partners: 8 School systems with ongoing requests to expand. Funding through Medicaid plan recently added via Magellan Health Services, LA

School-based Counseling

Through 23 schools, in five years:

- prevented 158 suicides
- reduced truancy and discipline referrals by 40%
- Treated/treating 1000 students
- 30,000 trained in stress management, preventing school violence, test anxiety, bullying, grief, healthy relationships, self- esteem, conflict resolution, anger management and social skills

Recently invited to expand into 15 more schools in one district.

Synthetic Marijuana Prevention Messaging

- Problem: Increasing numbers of adolescents and 20+yo are accessing the EDs in crisis/psychotic states due to a growing use of synthetic weed.

- Approach: A Hip-Hop music video was produced to target the user demographic and educate the public about the risks of this substance. A press conference was held prior to its development and for its launch. Personal appearances, billboards, posters and fliers were produced and distributed.

- Partners: The collaborative members; print, TV and social media partners; State Police Chemist; Police, Coroner; school systems; Hip-Hop artist Love-N-Pain; Blended CAHS and BG (SAMHSA) for production; Magellan Health Services, LA funding for billboards

Synthetic Marijuana Prevention Messaging

- The “No More Mojo” campaign was successfully launched featuring a music video by Ivan Toldson (aka Love-N-Pain). Find it on YouTube, 4,000+ hits.

- 7 Official requests by schools to reach over 5,000 students thru streaming; treatment providers; a foundation and others.

- http://www.fox44.com/news/no-more-mojo-video-aims-end-synthetic-marijuana-epidemic Covered by 5 stations and 3 newspapers. (view 3 min. or 30 sec. video)

“Discontent is the first necessity of progress.”

-Thomas Edison