Mental Health Community Re-Investment Plan

This Mental Health Community Re-Investment Plan is presented as a means to dramatically improve mental health services to the citizens of Louisiana through a re-investment of existing funds in both the state psychiatric hospitals and the community at large. At the hospitals, modern and more fiscally efficient physical plants will offer significant cost savings over the current deteriorating and costly buildings and grounds that were designed for the 1950's era of institutionalization. In the community, existing programs will be strengthened and new services developed to serve both patients appropriate for discharge and those now residing in the community but for whom the absence of such enhanced services puts them at risk for unnecessary hospitalization. This plan is about significantly redirecting state dollars to better serve our citizens who suffer from serious and persistent mental illness – whether in our hospitals or living within the community – to ensure the provision of high quality mental health care in the least restrictive setting possible.

This Mental Health Community Re-Investment Plan includes a number of separate but related components:

- The sale of portions of existing State property / buildings currently supported by the Office of Mental Health budget.
- Establish a Mental Health Trust Fund to secure funding necessary for full implementation of this re-investment plan.
- Construction of modern inpatient psychiatric facilities, consolidating hospital operations on a smaller portion of the existing campuses.
- Expansion and strengthening of community mental health services including, but not limited to: Assertive Community Treatment, Continuity of Care Specialists, Supportive / Transitional Housing, Mobile Crisis Response Teams, etc.

While this initiative may result in fewer individuals requiring hospitalization, it will NOT result in a lack of these inpatient services in any area of the state. Rather, individuals, their families, and state hospital staff will benefit from smaller and more efficient facilities replacing the aging conglomeration of inadequate buildings.

In addition to providing fiscal / operational efficiencies as a result of restructured hospitals, other enhancements to the community mental health system are also seen as necessary. These enhancements will focus on the expansion and strengthening of community mental health services provided throughout the state and aimed at diverting future unnecessary admissions from the state psychiatric hospitals. The enhancements recommended include but are not limited to:

- Additional staff strategically located in hospital ER's to facilitate triage, assessment and possible referral to community services
- Intensive case management to ensure that connections are made, appointments are kept, and follow-up services are provided to those diverted or discharged from short-term inpatient psychiatric care
- Mobile treatment teams serving adults 24 hours per day, seven days per week
- Assertive Community Treatment Teams
- Supportive Living / Transitional Housing
- Permanent housing options
- Peer supports
- Multi-systemic therapy
- School-based services
- Crisis Prevention
- Transportation
- Database development

Provision of these services will improve the availability and effectiveness of community mental health treatment and avert the unnecessary hospitalization of a significant number of consumers who, with such services, would be enabled to attain an improved quality of life and remain within their communities.

The array of community mental health enhancements listed above are the result of many hours of discussion and feedback, over the course of approximately two years, between OMH Region VII administrative staff and Louisiana State University Science Health Center (LSUSHC) in Shreveport, Department of Psychiatry staff. These proposed enhancements are also consistent with existing model programs for crisis response systems, recognized essential components in mental health continuum of services, and consistent with Best Practices in Mental Health Care. The Assertive Community Treatment model is considered an evidence-based practice and is part of a nationwide implementation / demonstration effort supported by SAMHSA (Substance Abuse and Mental Health Service Administration). The process or methodology for implementing this crisis continuum is also consistent with the recently developed CART process in Louisiana.

DEFINITIONS OF THE COMPONENTS OF THE PROPOSED RE-INVESTMENT PLAN:

ENHANCEMENTS TO (PRIORITY) EMERGENCY ROOM STAFF (ADULT / YOUTH)

Emergency rooms routinely become holding placements for those who present in severe psychiatric distress. By enhancing the emergency room's ability to triage and refer those individuals for whom community services are available, limited inpatient services will not be unnecessarily utilized, allowing service to those in need of inpatient care. The enhancement will be accomplished by employing licensed social workers / counselors to increase the capability of the ER to provide for triage and referral to the proposed continuum of community mental health services.

CRISIS INTERVENTION UNIT (ADULT)

The facility is focused on provision of single entry point into multiple treatment systems, with linkage to those systems. The intent is to facilitate placement of the patient to the most appropriate treatment agency and least restrictive environment. The hospital based, will be in the region's largest emergency room and trauma center. This is based on a psychiatric ER model with observation rooms for those requiring a secure environment or those who have medical issues to be assessed. The hospital will be staffed with nurses, social workers, and psychiatrists, including psychiatric residents.

INTEGRATED CARE COORDINATION (ADULT / YOUTH)

Often, as individuals are referred to community-based services, appointments are not kept, prescriptions are not filled, medications are not continued, and symptoms recur and exacerbate, resulting in a return to crisis. Integrated care coordination will ensure that linkages with services within and outside of Mental Health are successful, through the provision of support services as well as through monitoring receipt of these services on behalf of the client. Given the nature of the presenting problems being addressed through this process, the staff providing integrated care coordination will maintain lower caseload sizes and require higher levels of professional training than those working in a traditional case management model of service coordination.

MOBILE TREATMENT TEAMS (ADULT / YOUTH)

Provides assertive outreach, assessment, crisis intervention with linkage to necessary support services in the individual's own environment. The purpose of this level of intervention is to resolve the immediate crisis until such time that an appropriate array of routine services (ACT, Outpatient MH care, day treatment, etc.) can be implemented based on the individual's need for ongoing supports / services. The assessment / intervention team will consist of two staff, one licensed professional and

one para-professional, with physician consultation available by phone as needed. This process has worked effectively in the Child-Adolescent Response Team (CART) process utilizing contracted Mental Health Rehabilitation Services (MHRS) staff / programs trained to provide crisis coverage region wide.

ASSERTIVE COMMUNITY TREATMENT TEAMS (ADULT / YOUTH)

A multi-disciplinary clinical team approach of providing 24-hour intensive community services in the individual's natural setting that help individuals with serious mental illness live in the community. Eligible individuals will be referred from community providers, mobile treatment teams and inpatient psychiatric hospitals, having been determined to require ongoing supervision and intensive community based treatment due to previous history of non-compliance or treatment failure and repeated presentation for hospital services.

SUPPORTIVE HOUSING / SAFE HAVEN (ADULT)

Persons with mental illnesses often need the support of community mental health services to be able to maintain housing in the community. They also need a full continuum of housing, from crisis residential facilities through permanent supportive housing. This component of the Community Mental Health Re-Investment plan would provide a continuum of supports within a single housing environment, based on individual need. These supports would enable consumers to live in the community and receive help in obtaining an income through either employment or disability benefits. A housing location within the community (supported through local homeless coalitions, HUD funding, etc.) can ensure that clients are enabled to move to more independent living according to their own individual ability and desire. The expectation will be that these programs will be able to offer a range of placement / housing alternatives through the use of flexible staffing.

PERMANENT HOUSING (ADULT)

The Department of Housing and Urban Development is moving away from funding temporary housing situations for the homeless and for the mentally ill. In part, recognizing that although persons with mental illness have varying needs for support at different times in their recovery, their housing does not necessarily have to change as those needs change. A variety of housing options with support services will allow for a more complete continuum of housing options to be available given the individual needs and preferences of those clients served. It often involves providing the support services that a person needs in the persons own home. It can also incorporate the provision of support services within a designated living site such as an apartment complex or group home. This continuum of housing options and supports will enhance patient flow through psychiatric acute units, hospitals, to the community.

SUPPORTED EMPLOYMENT (ADULT)

Employment specialists providing a continuum of supports necessary to achieve competitive work in integrated work settings consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment had been interrupted or intermittent as a result of a significant disability.

FLEXIBLE FUNDS (ADULT / YOUTH)

The purpose of flexible funds would be to access needed supports, services or goods to achieve, maintain or improve individual/family community living status and level of functioning in order to continue living in the community. Flexible funds would only be utilized when the need is clinically indicated and that need could not be met through other community sources. Flexible funds would be

administered either directly by the regional Mental Health office or through a contract between a non-profit agency and the regional Mental Health office.

CRISIS PREVENTION (ADULT / YOUTH)

These services would be oriented to persons who have not been identified as needing clinical treatment/intervention, or whose condition is thought to be able to be arrested by preventive intervention. These services typically will involve promotion of positive behaviors and mental health practices, increasing necessary and sufficient supports as a mechanism for preventing deterioration, or training recipients with information regarding recognition and coping effectively with risk factors.

PEER SUPPORT (ADULT)

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are "like" them, they feel a connection. This connection or affiliation fosters development of trust and as trust builds in the relationship, new ways of thinking, doing and living become possible. This dynamic has been referred to as "mutual empowerment." Roles of peer supporters relate to helping individuals understand and manage their illness, providing emotional support, helping individuals follow through on goals and action plans, advocating for individuals, helping individuals reestablish social networks, decreasing isolation of individuals, and accessing community resources.

WARM LINES (ADULT / YOUTH)

"Warm line" is a generic term for a non-emergency, non-crisis support and referral telephone response service. They offer immediate access to live help and are a cost-effective alternative to crises lines. Warm lines are often staffed by consumer peers, medical or other professionals, consumer advocates and/or volunteers.

WRAP (WELLNESS RECOVERY ACTION PLANS) – (ADULT)

The Wellness Recovery Action Plan is a popular symptom monitoring and response system that is being used all over the world; it teaches about wellness tools and strategies, such as medication management, getting good health care, stress reduction, diet, exercise, changing negative thoughts to positive, and developing a wellness lifestyle. It is a structured system for monitoring uncomfortable and distressing symptoms, and, through planned responses, reducing, modifying or eliminating those symptoms. It also includes plans for responses from others when symptoms have made it impossible for an individual to continue to make decisions, take care of himself and keep himself safe.

ADVANCE DIRECTIVES (ADULT)

Advance directives are designed to establish a person's preferences for treatment if the person becomes incompetent in the future or unable to communicate those preferences to treatment providers.

SPECIAL NEEDS SUPPORT GROUPS (ADULT / YOUTH)

Individuals with mental health illnesses often have major physical or emotional problems in addition to their primary diagnosis. Examples include HIV/AIDS, diabetes and sexuality. It has been proven that support groups foster an environment for growth among individuals.

SCHOOL- BASED SERVICES (YOUTH)

As currently configured within the State, school-based services would entail placement of clinical mental health staff housed within Office of Public Health school-based clinic for the purpose of providing comprehensive in-school and in-home services to students with EBD and their families as part of comprehensive health services.

MULTI-SYSTEMIC TREATMENT (YOUTH)

MST is an intensive family and community-based treatment program that works to achieve behavior change in the adolescent's natural environment, by using the strengths of each of the systems with which the adolescent is involved including school, home and neighborhood. MST is a time-limited treatment that aims to empower families to be independent of the multiple agencies with whom they may have contact.

RESIDENTIAL – OUT OF HOME OPTIONS

Therapeutic Foster Care

The least restrictive form of out-of-home therapeutic placement for children with severe emotional disorders. Care is delivered in private homes with specially trained foster parents. The combination of family-based care with specialized treatment interventions creates "a therapeutic environment in the context of a nurturing family home".

Group Homes

Out-of-home placement that provides a therapeutic environment and program to treat youth experiencing EBD. Provided in homes which typically serve anywhere from five to ten youth and provide an array of therapeutic interventions. To be distinguished from residential treatment centers by the number of youth served and structural organization of facilities (campus-based versus community-based).

Residential Treatment

The second most restrictive form of care (next to inpatient hospitalization) for children with severe mental disorders. A 24-hour facility which offers mental health treatment in settings ranging from those that are similar to psychiatric hospitals to those that more closely resemble group homes or halfway houses. Intended to provide for the mental health needs of youth who require long-term care with intensive supports and professional interventions.

TRANSPORTATION

Transportation is often a critical need for individuals in crisis to facilitate access to the appropriate level of care. This need can be met through agreements with local law

enforcement agencies, local transportation companies, and/or contracted agencies or individuals. Services can typically be arranged in a more cost effective manner by establishing per mile or trip fees in advance. The type of transportation required would be dependent on the level of functioning of the client in crisis.

DATABASE DEVELOPMENT / INFORMATION MANAGEMENT

A significant component of this crisis continuum will be the development of a database to track utilization, ensure continuity of care, and expedite information sharing to meet the needs of those in crisis. We are currently exploring possibilities for this data system, both within the Office of Mental Health and through a private organization, Bowman Internet Systems who offers a unique tool known as “Service Point.”

BUDGET DRAFT (Per Region – Adult Continuum)

Service	Capacity	Budget
ER- Triage / Assessment (Licensed Social Worker / Professional Counselor)	10 – 15 per day / per staff	Personnel (3 Staff) $120,000 Travel 500 Acquisitions(Computer) 5,250 Supplies 1,000 $126,750
System Management Licensed Social Worker / Counselor		Personnel $50,000 Travel 1,000 Acquisitions(Computer) 2,500 Supplies 375 $53,875
Crisis Intervention Unit Located in the Region's largest Emergency Room / Acute Unit	8 bed, 23 hour unit	$1,507,721
Integrated Care Coordinators	10 – 15 cases per staff	Personnel (4 staff) $199,500 Travel 8,000 Acquisitions (computers,cellphones) 13,500 Supplies 2,500 $221,000
Mobile Treatment Team (One Licensed Social Worker / Counselor and One Para-Professional, on-call physician, per intervention team)	1 – 2 contacts per shift, per team, depending on location and intervention needed.	Personnel (4 teams) $293,333 Travel 8,000 Acquisitions (computers, cell phones) 20,000 Supplies 2,000 $323,333
Assertive Community Treatment 1 Physician on-call (rotating) 1 Psychiatric Nurse 1 Licensed MH Professional 2 Para-Professionals	50 – 70 clients per year	Personnel (2 Teams) $530,000 Travel 12,000 Acquisitions (computer, cell phones) 15,000 Supplies 3,000 $560,000
Supportive Housing/ Safe Haven * 24 hr supports / supervision in a residential setting Psychiatric management coordination Medication monitoring Ability to intervene in crisis situations Structured Day time activities related to treatment plan Beds set aside for Crisis Respite	30 – 36 (across 3 locations)	$60.00 Per Diem $788,400 (12 clients x 365 days) *Use of HUD funds would require substantially less State General Funds for Safe Haven – Barrier is that most local Homeless Continuum's have utilized or allocated their bonus funds through HUD. $788,400
Permanent Housing HUD requires a 20% match for services and a 25% match for operations of housing programs. Since many regions have		

maxed out on HUD housing continuum allocations, we will have to rely on "bonus / Super NOFA" money available for permanent housing. SHELTER + CARE Rental Vouchers for homeless with staff support as needed GROUP HOME 24 hr supports / supervision in a residential setting Psychiatric management coordination Medication Monitoring Ability to intervene in crisis situations SUPERVISED APARTMENTS 24 hour staff availability on site	10 – 12 per location $60.00 per diem (12 clients x 365 days) 20 units	$ 66,000 $262,000 Required HUD match $45,000 (@ 20% Services, 25% Operations) $373,000
Supported Employment 4 supported employment specialists	+45 consumers per year	Personnel $134,000 Travel $4,000 Acquisitions $13,500 Supplies $2,500 $154,000
Crisis Prevention Peer Supports Warm Lines WRAP Advance Directives Support Groups	200 Served Per Year 10 -20 WRAP plans develop per year 10-25 Clients served per year 5-10 Advance directives developed per year 25 Clients served per year	Personnel $58,650 Travel / Training 27,250 Acquisitions 9,000 Supplies 2,500 $97,400
Primary Health		
Transportation Transportation to and between service components, Trained transport personnel	625 per year	($2.00 per mile maximum distance of 80 miles round trip per incident) $100,000
Database Development		$ 50,000
TOTAL (per region)		$2,842,758

BUDGET DRAFT (Per Region – Children's Continuum)

Service	Capacity	Budget
ER- Triage / Assessment (Licensed Social Worker / Professional Counselor)	10 – 15 per day / per staff	Personnel (3Staff) Travel Acquisitions (Computer) Supplies **(SEE ADULT PLAN)**
System Management Licensed Social Worker / Counselor		Personnel Travel Acquisitions (Computer) Supplies **(SEE ADULT PLAN)**
Crisis Intervention Unit Located in the Region's largest Emergency Room / Acute Unit	10 – 20 per day	$1,507, 721
Integrated Care Coordinators	10 - 15 cases per staff	Personnel(4 staff) $199,500 Travel 8,000 Acquisitions (computers,cellphones) 13,500 Supplies 2,500 $221,000
Mobile Treatment Team (One Licensed Social Worker / Counselor and One Para-Professional, on-call physician, per intervention team)	1 – 2 contacts per shift, per team, depending on location and intervention needed.	Personnel Travel Acquisitions (computers, cell phones) Supplies **(Current Service Available)**
Assertive Community Treatment 1 Physician on-call (rotating) 1 Psychiatric Nurse 1 Licensed MH Professional 2 Para-Professionals	25 – 35 clients per year	Personnel (1 Team) $265,000 Travel 6,000 Acquisitions (computer, cell phones) 7,500 Supplies 1,500 **(Not Region III or VII)** $280,000
Crisis Respite (Out of Home)	$150.00 per diem @ 120 days per year	$ 18,000 $18,000
Residential – Out of Home Options **Therapeutic Foster Care**	10 – 12 per year @ $2,500 per family	$30,000 $241,000

Group Home **Residential Treatment**	$125 per diem for 6 youth @ 322 days $200 per diem for 12 youth @ 365 days	$876,000 $1,147,000
MST – Multi-Systemic Therapy	$5,000 per child per year, 15 – 25 youth per year	$125,000
SCHOOL BASED SERVICES 1 - Licensed Clinical Staff per School Based Health Clinic (51 Statewide 2003)	30 youth per clinician	Personnel (1 staff) (4 per region) $40,000 $160,000
Crisis Prevention Peer Supports Support Groups Warm Line	200 served per year	Personnel $58,650 Travel / Training 27,250 Acquisitions 9,000 Supplies 2,500 $97,400
Transportation Transportation to and between service components, Trained transport personnel	625 per year	($2.00 per mile maximum distance of 80 miles round trip per incident) $100,000
Database Development		**(See adult plan)**
TOTAL (per region)		$3,656,121

SYSTEM PERFORMANCE INDICATORS

Eligibility

As we have established with the CART process for youth, there are no eligibility requirements for crisis services. Because of the very nature of the services, it would be inappropriate to try to establish any criteria for receiving them.

Most recipients of crisis services will be self-referred. Sometimes family members may place a call seeking help for their loved ones.

Access

These components will be available 24-hours a day, seven days a week region-wide.

Responsiveness

By definition, crisis services must respond quickly. Staff response times will be within five minutes for a telephone call from an individual and, on average, within one hour when face-to-face assessments are needed.

Effectiveness

The first preference in any crisis situation is voluntary treatment for the person or persons in crisis. Involuntary inpatient admissions speak to the effectiveness of crisis services staff in supporting treatment without coercion, in finding less-restrictive alternatives, and in persuading someone in a mental-health crisis to accept treatment options other than hospitalization that he or she does not want.