

**Capital Area Human Services District Board Meeting
Monday, September 12, 2011**

Members Present: Jermaine Watson, Chairperson; Laverne Aguillard, Kay Andrews; Rev. Louis Askins; Amy Betts; Christy Burnett; Kathy D’Albor; Tandra Davison; Gail Hurst; Vickie King; and Gary Spillman

Members Absent: Sue Bushey; Dana Carpenter, Ph.D.; Wayne Delapasse; Becky Katz, Vice Chair; Kay Long; Sandi Record; and Barbara Wilson

CAHSD Executive Staff Members: Jan Kasofsky, Ph.D., Executive Director; Carol Nacoste, Deputy Director

ITEM	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP TIMELINE
<p>Reports from Executive Director Communications: Guest: DOC Secretary LeBlanc</p>		<p>The Department of Public Safety and Corrections (DOC) has partnered with CAHSD through a signed Memorandum of Agreement (MOA) to create an Adult Re-entry Pilot Program for DOC offenders who are being released in the CAHSD service area.</p> <p>Currently, there are 40,000 DOC inmates incarcerated at the state level and another 17,000 housed at the parish level. There are 70,000 on P&P statewide.</p> <p>The DOC inmates that are housed in parish jails don’t receive a lot of rehab prior to being discharged from jail. Overcrowding in parish jails causes inmates to be sent to other parishes where access to services are greatly reduced. Therefore, DOC is developing a frontend system of determining inmates’ needs before they go to the parish jails.</p> <p>150 inmates are discharged a month to local parishes with not much to successfully re-enter the community. 5% of that 150 are SMI. Louisiana has the highest rate of incarceration in the world – almost double of the national average. The Re-entry Program began in 2002-2003 with the goal to reduce recidivism. From inception, the recidivism rate has reduced from 49% to 35%.</p> <p>The problems that begin at the front gate after discharge need to be avoided. Transition programs are very vital to make them ready to re-enter the community successfully. At discharge, they need access to education (average 7th grade level, have GED program on state level), training, motivational interviewing, resident planning, transportation, IDs,</p>	

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		<p>social security numbers, family reconciliation, faith-based connections, continuum of care, victim residual impact of crimes, etc. If they knew how to access services, they may not be criminals. They have to learn to work through all these issues in an uncontrolled environment. If they don't get their needs met in the community, they will do what they can to be reincarnated to be taken care of – 95% of those going back to prison consider themselves as going home. The education component is key to making them successful in the community.</p> <p>DOC is building a resource directory for available resources in each parish for those transitioning from incarceration to the community.</p> <p>Two re-entry programs have been implemented on the local level in Caddo and Orleans Parishes. Prisoners have to go through the re-entry program process before they are discharged. The next re-entry partnership is with West Baton Rouge Parish, which will cover Region 2. It is necessary to open a program in the Baton Rouge area this year.</p> <p>Secretary LeBlanc has set a moratorium on building more state prison beds. 88% of those re-incarcerated are affiliated with substance abuse. 500 beds at Hunt are for substance abuse residential beds. There are 100 beds at every state prison to use for residential treatment versus sentencing the person to prison for 10 years. After treatment, the residents go back to court for sentencing or resentencing.</p> <p>The MOA the Department has signed with CAHSD is premiere. Secretary LeBlanc appreciates CAHSD giving the re-entry program an opportunity.</p> <p>DOC is also working with DHH to get inmates applications for SSI, SSDI, Medicaid, Medicare, and motor vehicles prior to discharge. DOC makes sure they also have social security numbers and birth certificates. DOC is also partnering with Veterans Association, Workforce Commission, etc. in getting inmates prepared for the parole board. The more prepared the inmates are for transitioning, the less crime and crime victims there will be in the community. If successful getting off of months of probation, recidivism rates drop from 50% to 17%.</p> <p>Dr. Kasofsky noted that 70% of the deinstitutionalization mentally ill</p>	

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		<p>people are being discharged to this region and additional people are being deinstitutionalized from DD centers, which impacts public safety. Secretary LeBlanc commented that there is a cultural change that needs to take place with personnel in helping discharges be successful in the community and not return to prison/jail.</p> <p>Rhett Covington, Statewide Probation and Parole Director, thanked CAHSD for developing the MOA so quickly and will use it as a basis for additional regional MOAs across the state.</p> <p>Gary Spillman noted that on the local level, parish councils fund the jails, but don't have much involvement in the prison programs. Can the DOC involve parish personnel? Secretary LeBlanc replied that some of the parishes have good programs in place with transitional work beds, vocational beds, and work release programs. DOC will continue to work with the local governments to improve the system.</p>	
<p>Consent Agenda</p> <ul style="list-style-type: none"> Approval of Agenda September 12, 2011 Approval of August 8, 2011 Minutes 	<p>Jermaine Watson Chair</p>	<p>The meeting was called to order at 4:05 p.m. by Jermaine Watson, Chair.</p> <p>Motion made to move all action items under the consent agenda by Kay Andrews, seconded by Rev. Askins and unanimously carried. Motion for approval of the August 8, 2011 minutes with the consent September agenda made by Christy Burnet, seconded by Amy Betts and unanimously carried.</p>	<p>Action taken, motion carried</p>
<p>Reports from Executive Director</p> <ul style="list-style-type: none"> Board Member Status 	<p>Dr. Kasofsky</p>	<p>Dr. Kasofsky introduced Laverne Aguillard from Pointe Coupee. She has been nominated to take Sue Bushey's seat, but her appointment has not been finalized. Ms. Aguillard worked with CAHSD during Katrina. Dr. Kasofsky noted that she will be an asset to the Pointe Coupe Health Advisory Program. Ms. Aguillard has 40 years of nursing experience and she looks forward to working on the Board.</p>	
<ul style="list-style-type: none"> The <i>Advocate</i>: SMO Selection 		<p>Magellan was awarded the SMO contract. They have a long track record of working with mental health in the public and private sectors. CAHSD has a good working relationship with them.</p>	
<ul style="list-style-type: none"> School-Based Therapy Program Brochure 		<p>Brochure for parents and a progress report for school board members and superintendents are going to the printer this week.</p>	<p>Email to Board members</p>
<ul style="list-style-type: none"> CAHSD Stationary 		<p>The CAHSD letterhead has been reformatted to include Board members and the mission statement. The mission statement has also been added to business cards and is on computer screens when staff log onto their</p>	

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		computers.	
<ul style="list-style-type: none"> Coordinated System of Care (CSoC) 		<p>Region 2 has been chosen as one of four regions and one parish in the state to be selected to begin implementation, in March 2012, of the CSoC. CAHSD has a representative on the CSoC Board.</p>	
<ul style="list-style-type: none"> Primary and Behavioral Health Care Integration (PBHCI) 1st Year Design 		<p>CAHSD has been awarded a \$1.9 million, four year Primary and Behavioral Health Care Integration grant, as part of a national initiative to find the best ways to improve the health status and increase the life expectancy of persons with serious mental illness (SMI) and substance abuse conditions. CAHSD is the only Louisiana program chosen and is one of 64 nationally awarded sites for the grant project awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>It has been well documented that people with SMI die on average 25-30 years prior to their age cohorts. The majority of the early deaths are due to the same chronic illnesses, such as diabetes, hypertension, and lung diseases, identified and typically treated much earlier in the general public. Clients have to have access to specialty medical care because they have more medical problems than the general public. CAHSD will offer coordinated care through its larger clinics and rural satellites with local partners including the LSU-Mid City and North Baton Rouge Clinics in Baton Rouge, St. Elizabeth's Community Clinic in Gonzales, several locally Federally Qualified Health Centers and private primary care clinics and offices. Dr. Catherine Lemieux with LSU will provide data analysis on the health outcomes. CAHSD will hire Nurse Care Managers to connect clients to medical homes in the community.</p> <p>During the grant period, more than 7,500 persons are expected to be helped; with a target of enrolling 1,700 clients the first year.</p>	Schematic for Board at next meeting
<ul style="list-style-type: none"> Electronic Health Records Implementation 		<p>Teams are currently in training for the electronic health record. The target date for implementation is scheduled for January 1st. The team is developing electronic forms for clinical services and billing. We will have the capacity to run reports and conduct remote audits. A team of 15 from three districts are involved in the process. DHH is involved and assisting in giving us the footprint for the DHH system. CAHSD will recoup the money for purchasing the EHR through the physician reimbursement funding Federal Incentive Program. It will go into the Escrow account.</p>	

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<ul style="list-style-type: none"> 5Ps+ Across the State 		<p>Since the state has ceased using the 4Ps+ tool to screen pregnant women, no one in the state is being screened. It was noted that when the 4Ps+ tool was used, it had a high success rate of women that ceased using substances.</p>	
<ul style="list-style-type: none"> Parish Meetings: Meetings w/Superintendents: West Baton Rouge 		<p>Dr. Kasofsky had a good meeting with WBR superintendent. He spoke highly of CAHSD support in the schools and is very satisfied with school-based services.</p>	
<ul style="list-style-type: none"> Pointe Coupee 		<p>Pointe Coupee needs to add another social worker at Rosenwald Elementary.</p>	
<ul style="list-style-type: none"> Baker 		<p>The Baker superintendent is very pleased with CAHSD services.</p>	
<ul style="list-style-type: none"> West Feliciana 		<p>West Feliciana superintendent is very happy with the services provided and is interested in adding a social worker to be housed at the high school.</p>	
<ul style="list-style-type: none"> Pointe Coupee Stakeholders and Hospital District Board: Community Health Advisor Program; Bonne Santé 		<p>Pointe Coupee is developing a Community Health Advisor Program. \$60,000 of funding will come from the Hospital District and \$30,000 from CAHSD.</p> <p>Bonne Santé has received technical assistance from CAHSD. Bert Allain has conducted an assessment and will review his recommendations with the Hospital District Board.</p>	
<ul style="list-style-type: none"> MHERE Operations Update 		<p>Dr. Kasofsky will have the MHERE update next month.</p> <p>She has a meeting with DHH, Medicaid, and LSU tomorrow afternoon to discuss ongoing operations. The first year opened, the MHERE saved the state \$9M serving at half capacity. CAHSD can admit clients directly from the MHERE to a CAHSD clinic and can transport them to their appointment.</p>	
<ul style="list-style-type: none"> Policy Review Assignment: Cost of Governance 	<p>Christy Burnett</p>	<p>Christy Burnett reviewed the Cost of Governance Policy. The Board is in compliance with the policy.</p> <p>Jermaine Watson noted that Board members' skills are put to task and are a testament to the Board as a whole.</p>	
<p>Adjournment/ Next Meeting Date</p>		<p>The next meeting will be held on October 3, 2011 at 3:00 p.m. at 4615 Government Street, Building 2, Room 205.</p>	