



Providing for NOLA’s Mental Health Needs and the NOAH-SELH Merger

Governor Jindal and the Legislature have committed unprecedented resources to the New Orleans mental health system in the last year – resources intended to assist a mental health system that has struggled for decades. From the Governor’s Executive Order intervening in the then-failing Metropolitan Human Services District to passage of four laws designed to improve access to services and protect the public, these interventions are helping to make gains. In fact, what has become known as “Nicola’s Law” has already helped mental health professionals ensure people who need intervention comply with their prescribed treatment.

Governor Jindal and the Legislature have invested nearly \$14 million this year alone in New Orleans, creating new programs to aggressively treat people with mental health issues and designed to decrease demand for institutional placement.

Investments in new services include:

- **Assertive Community Treatment (ACT) program** – *Provides multi-disciplinary, evidence-based therapy for people who suffer from serious mental illness.*
– 100 slots available, 74 people in treatment
- **Forensic Assertive Community Treatment (FACT) program** – *Similar to ACT, for people with history of involvement with the justice system.*
– 100 slots available, 83 people in treatment
- **Child and Adolescent Response Team (CART)** – *Provides 24/7, multi-disciplinary, community-based intervention for children in crisis situations.*
– 335 families treated to date
- **Supportive Housing program** – *Provides support and services including access to ACT and FACT services and subsidy for rental units in the community.*
– 300 slots available, 128 people supported
- **Mental Health Emergency Room Extension/Crisis Receiving (MHERE)** – *The MHERE at the Interim Hospital is designed to be a receiving site for people in mental health crisis. With 20 beds, it has the capacity to be a logical point of entry. The average census for this unit has been about 50%, meaning capacity exists for meeting the needs of people who present in crisis.*

As the state manages the budget challenges created by the economy and decreased federal reimbursement, we must find ways to provide needed services at the most reasonable cost, using our limited resources without negatively impacting proven, effective programs. The merger of NOAH with SELH will provide the same inpatient services and help improve outpatient services by making them more available in the community.

What WILL the merger DO?

- Move 5 pediatric beds, 10 adolescent beds and 20 adult beds from NOAH to SELH.
- Maintain the same number of inpatient beds in the region.
- Maintain and improve our investment into proven community-based services.
- Expand community-based treatment in Algiers and Mid-City.
- Stop the practice of housing young children with adolescents. By merging NOAH with SELH, there will be more children served in one location, making residential arrangements more age-appropriate.

What will the merger NOT do?

- Will NOT reduce access to mental health care for children or adults in GNO.
- Will NOT impact access to mental health emergency care through the MHERE.
- Will NOT reduce availability of inpatient services in GNO area.
- Will NOT reduce or eliminate community- and home-based services, like ACT, FACT Supported Housing and CART.
- Will NOT impact availability of private services.

Facts about the NOAH-SELH Merger

Serving GNO and the entire state

- Last year, less than 35% of the inpatient children and adolescents served at NOAH were from Orleans Parish, and only 60% were from the Greater New Orleans area. Combined, only 70 youths were served as inpatients at NOAH at a cost nearly double that of the costs at SELH.
- 24% (122 of 510) of the clients served at SELH since July of last year were from Orleans Parish. In fact, **SELH already serves more people from Orleans Parish (156) than it does from St. Tammany (71), where the facility is located.** 37% (189 of 510) of the people served at SELH were from the Greater New Orleans region. (St. Bernard, Plaquemines, Orleans, and Jefferson).
- From March to December 2008, only 15% (417) of the patients discharged from the MHERE went to NOAH. Far more, 34% (900) went to DePaul.
- Since the beginning of 2009, only 7% (40) of the MHERE discharges went to NOAH, highlighting the declining need for these inpatient services at NOAH.

Quality of Care Improves

- The consolidation will allow separation of children and youth by both age and gender—a major programmatic improvement.
- The child and youth outpatient services currently housed at NOAH will be relocated back into the New Orleans community, where they properly resided before Katrina. This is a major effort to bring mental health services back into the community, where they can be better accessed.

Saves Taxpayer Dollars

- Consolidation will lower the cost of service while maintaining the region's combined bed capacity.
- The consolidation of NOAH into SELH will result in savings of \$9.1 million in general fund spending.
- NOAH currently has a significantly higher per-patient-bed day cost (\$1133) than the average per-diem of all other OMH Hospitals (\$623).

After the merger, where will residents go for mental health treatment?

- New Orleans residents in mental health crisis, especially those receiving assistance from emergency

- personnel or the NOPD, will continue to use the MHERE at Medical Center of Louisiana in New Orleans, just as they have been doing. Some people in crisis go to private emergency departments as well. The inpatient beds throughout the city, and at SELH, will remain available.
- Since Hurricane Katrina, there have been two child and adolescent clinics operating under the NOAH umbrella in New Orleans serving approximately 400 children annually. They are:
 - NOAH (Central City, Desire former patients); and
 - Chartres Pontchartrain (NOAH ARC mobile clinic in St. Bernard and Plaquemines).
- Under our consolidation proposal, we will continue to serve this population through child and adolescent outreach sites on the East and West Bank.
- These clinics will be staffed with existing staff. DHH anticipates utilizing the experts from LSU and Tulane to continue their teaching programs in these settings.
- The Former CIS (Crisis Intervention Service) will become the “Access Unit,” utilizing existing staff to provide screening, assessment, and admissions for all child and adolescent services in the GNO system of care.
- The services that will be provided at these clinics include:
 - Screening and Assessment
 - Psychiatry and Med Management
 - Therapy- CBT, DBT
 - Parenting
 - Life Skills
 - Substance Abuse Prevention and Treatment Services.
- We will also continue to contract or provide for:
 - CART (Child/Adolescent Response Team) community response services.
 - Respite/in-home respite services for diversion from hospital/out-of-home placement.
 - Multi-systemic therapy – 2 licensed teams funded through Primary Care Access Stabilization Grant (came online 2/09).
 - LA YES – intense case management and planned provider of Functional Family Therapy (FFT) and Early Childhood Supports and Services as a future Mental Health Rehabilitation (MHR) provider.