

LOUISVILLE METRO GOVERNMENT DUAL DIAGNOSIS CROSS-FUNCTIONAL TEAM

Background

When the Dual Diagnosis Cross-Functional Team (DDCFT) was convened by Mayor Fischer in January 2013, the initial focus involved individuals with co-occurring disorders, but more specifically targeted chronic alcohol intoxicants, who were revolving in and out of the jail and the local criminal justice system. Although the serial inebriate population had historically been dropped off by the Louisville Metro Police Department at The Healing Place, the community's "Sobering Up Station," the open access detox beds were no longer available because the beds were being filled by a younger population of individuals abusing heroin and opiates.

Membership

At the onset, team participants included representatives from the Louisville Metro Department of Corrections, Louisville Metro Police Department, Louisville Metro Emergency Medical Services, Metro Public Health and Wellness, the Jefferson County Attorney's Office, The Healing Place, Jefferson Alcohol and Drug Abuse Center, Our Lady of Peace Hospital, the University Hospital Emergency Department, and the Greater Louisville Medical Society. Over time, the membership has expanded to include representatives from a number of additional community groups and organizations including the Coalition for the Homeless, Bridgehaven, WellSpring, Family Health Centers, the Metro Public Defender, Veterans Outreach Services, a Forensic Peer Specialist, and the National Alliance for the Mentally Ill.

Approach

Using a reactive problem solving method, the DDCFT gathered data and information to better understand the impact of the dual diagnosis population on community service providers and to identify opportunities for system improvement. The DDCFT is the first Metro cross-functional team to involve local government representatives along with participants from community-based medical, mental health and substance abuse treatment agencies. The formation of the DDCFT also represents the first time that representatives from criminal justice, medical, mental health and substance abuse agencies have come together to work on a common solution for coordinating and delivering care to the target population of high system utilizers.

DDCFT—Initial Phase

After meeting on a biweekly basis for six months, the DDCFT generated a series of potential solutions that were presented to Mayor Fischer in July 2013. The identified solutions included: applying for grants and external funding; developing a registry of the top 100 system utilizers; developing a repository of current programs, services and capacities; developing community-wide pathways and protocols (including a complex case management network and specialized public safety diversion protocols); and coordinating advocacy efforts.

DDCFT—Implementation Phase

Following a short hiatus during the summer of 2013, the DDCFT launched its implementation phase in November 2013. In addition to implementation of the identified solutions from the initial phase, the DDCFT expanded its focus beyond chronic alcohol intoxicants and began moving toward creation of a new community-wide and cross-agency network for case coordination and management of high system utilizers.

GAINS Center Sequential Intercept Mapping Workshop

In response to an application submitted in February 2014, Louisville was selected as one of seven national sites chosen to host a GAINS Center Sequential Intercept Mapping Workshop. The workshop was held on July 9, 2014 and focused on identifying early opportunities for diverting dually diagnosed individuals from the justice system. Priority recommendations identified during the workshop included promoting early diversion (pre-arrest); expanding the number of open access detox beds; and using the Homeless Management Information System (HMIS) as the backbone for the new Community Care Management Network.

2nd Report-Out Session with Mayor Fischer

In September 2014, the DDCFT held its second Report-Out Session with the Mayor. In addition to highlighting areas of progress, the DDCFT identified its next steps, which included designing and implementing a Community Care Management Network Pilot Project and developing early diversion (pre-arrest) protocols. Advocacy efforts included maintaining and expanding the Forensic Assertive Community Treatment Program and encouraging action at the state level to suspend versus terminate Medicaid benefits following a period of incarceration.

DDCFT Accomplishments to Date

- First Metro Cross Functional Team to include external community partners
- First time that a number of the diverse community organizations have come together to share information and discuss systemic concerns
- DDCFT has continued to meet on a regular basis since January 2013 and maintained continuous member engagement
- Presented five initial solutions at the initial Report Out Session with Mayor in July 2013 and have taken action on three (pursuing grants; advocacy; and compiling inventory of current programs and services)
- Developed an Issue Brief on the work of the DDCFT for distribution through member professional organizations during the 2014 session of the Kentucky General Assembly
- Team has recognized the power of speaking with a common voice in advocacy efforts
- As the focus broadened to development of a Community Care Management Network, the membership expanded to include new organizations and representatives
- Developed common Release of Information and MOU for data sharing among agencies participating in the new network
- Monitored and established a liaison to related efforts at the state level including the Emergency Department Super Utilizer Task Force
- Developed a position paper advocating for selection of Jefferson County as an Urban Health Home Pilot which was submitted to the State Health Home Coordinator
- Applied and selected as one of seven jurisdictions nationally to host a GAINS Center Sequential Intercept Mapping Workshop on July 9, 2014
- Research and data analysis is being conducted retrospectively on habitually booked individuals by the Laura and John Arnold Foundation (LJAF) Research Team in an attempt to identify predictive indicators and develop an early warning system for at-risk individuals

- DDCFT is included in a national inventory being compiled by LJAF researchers from the Johns Hopkins Bloomberg School of Public Health and the Harvard Medical School on how the ACA is making communities safer and impacting public health outcomes
- Upon completion of its initial assignments, the Release of Information and Standardized Outcomes Work Groups were combined to form a Steering Committee charged with designing the CCMN Pilot; two new task groups were formed to focus on technology issues related to the Homeless Management Information System and public safety protocols
- DDCFT members participated on a panel, entitled “Bridging the Gap: Using Information Technology to Improve the Health of Justice-Involved Individuals” in Rockville, Maryland, on September 17-18, 2014
- DDCFT members signed a resolution advocating for suspension versus termination of Medicaid benefits that was submitted to the Secretary of the Kentucky Cabinet for Health and Family Services in February 2015
- DDCFT members participated in the Cook County Learning Collaborative on ACA Jail Enrollment to Health Care
- DDCFT members and local criminal justice stakeholders participated in the National LEAD Convening in Washington, D.C. in July 2015

DDCFT Next Steps:

Community Care Management Network Pilot Project Implementation

- Meet with Managed Care Organizations to discuss identified service delivery issues related to Medicaid expansion (detox and Assertive Community Treatment)
- Establish parameters for HMIS Network operation , begin enrolling network agencies and provide necessary training
- Establish governance body to oversee access to information and data sharing through network
- Develop early diversion (pre-arrest) options and public safety protocols
- Develop research design and proposal for Institutional Review Board process
- Pursue grant or foundation funding for demonstration project and research component

Advocacy/Legislative Agenda

- Continued advocacy for consideration of Jefferson County as Urban Health Home Pilot
- Pursue grants and funding opportunities to expand capacity for community treatment and open access detox beds
- Continue and expand the Forensic Assertive Community Treatment (ACT) Program
- Suspension versus termination of Medicaid benefits upon incarceration
- Address gaps in services for people under the care of State Guardianship
- Expand use and understanding of the importance of peer support
- Expand reentry case management and peer support to provide a “warm hand-off” to ensure successful reentry