

A small sub-committee of the steering group, including District 19 and the area's two acute care hospitals, met with the CVHPA staff to develop an **implementation plan for the development of priority services** in the service area. The following is a summary of the plan developed:

The initial project involves the development of **1) a 24-hour a day, seven days a week central intake system** operated by the area's community services board (District 19), **2) community intervention teams** through local law enforcement, and **3) a centralized project management and data collection function** to assist in project and support services development and evaluation. The first step would be to recruit and hire a project manager, with a background in behavioral health services delivery and successful community-based program development. It was determined that the CVHPA (or another non-profit with similar capabilities) would hire and supervise the project manager and be responsible for the administration and fiscal management of the project and its funding. In addition, a data collection instrument will be developed by the non-profit organization with the project's community-based partners to track the program's utilization and referrals.

The **project manager will be responsible for:** 1) working with District 19 (the local community services board) to ensure the timely development and implementation of a central intake system in Year 1; 2) developing relationships and communicating with community partners to troubleshoot any data collection or client referral problems; 3) assisting community partners with data or other needs in developing and/or securing funding for expansion of behavioral health services; 4) developing relationships with local law enforcement to implement crisis intervention teams (CIT) in Year 2; 5) securing participation of local law enforcement and arranging for CIT training on a twice annual basis in Years 2 and 3; and 6) assisting with the identification and development of sustainable funding sources.

Both of the area acute care hospitals already have staff members in their emergency departments who assess patients for psychiatric admissions and District 19 has crisis personnel who are available 24 hours a day for evaluation of patients who are currently under their care or are referred by law enforcement. A **central intake system** would allow the more effective use of these resources by providing assessment services outside of the acute care setting, perhaps prior to a patient needing crisis or inpatient services. Because of its experience in this area and the efficiencies of building upon current services and relationships, District 19 would staff and operate the central intake system, **providing 24 hour a day phone and 16 hours a day on-site assessment services as well as community behavioral health educational services.** The central intake should be located in retail space proximal to many of the area's behavioral health care providers (e.g. hospitals, community health center), to reduce the stigma and increase the convenience of these services to the targeted population. The central intake will be staffed by Master's degree level human services professionals to provide timely and appropriate response to individuals with behavioral health needs. Referrals likely will come from individuals needing services, their families and friends, health professionals, community and faith-based organizations, schools, and law enforcement, among others.

Beginning in Year 2, **crisis intervention teams** will be established working with local law enforcement. Often, persons who have underlying behavioral health issues enter the criminal

justice system, and thus create a burden on the penal system, because law enforcement personnel are not trained to identify and refer them to appropriate services or services are not available in the community. This is particularly true for young adults who may act out violently or inappropriately when in crisis or under the influence of drugs or alcohol. Ultimately, causal behavioral health issues are not addressed by the penal system, thus providing the conditions for recidivism and perpetuating their disadvantaged conditions long term. The development of the central intake system, followed by phased development of CIT teams throughout the area, should reduce the two way stigma that influence how patients perceive behavioral health professionals and police and how law enforcement perceive those with mental illness to improve the number who receive appropriate and timely services.

In Years 2 and 3, **social marketing** to the priority population will be pursued, through targeted radio, billboards, and electronic media and community education, to raise awareness of prevention, early identification, and treatment of behavioral health services. Community behavioral health educational services, to be coordinated by the project manager in conjunction with the central intake system professionals and community partners, will be facilitated by having meeting space available at the central intake site. *

Early investment in **data collection and evaluation** is important for two reasons. By doing so, the program's effectiveness can be measured and needs assessed. A better understanding of the area's target population's uses of and needs for services should be gained and people could be tracked throughout the healthcare system to see how to better provide necessary services. Well executed data collection and evaluation will lend support for sustainable funding sources and further development of needed services such as case management, intensive care treatment, and public outpatient behavioral health services.

A sample proforma for this implementation plan is included in **ATTACHMENT G**. The first three years is projected to cost approximately \$1.87 million. There are a number of potential revenue sources that should be pursued to help fund this important initiative including: local and national foundations, patient revenues from the assessments, the Department of Criminal Justice (for crisis intervention teams), Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, local hospitals and governments, among others. Sustainable financial support will be facilitated by having accurate evaluation data indicating where community savings are being realized.

In **summary**, this implementation should improve the health of area residents, particularly young adults, by: 1) reducing emergency department visits & inpatient hospital stays; 2) increasing their use of appropriate outpatient behavioral health services; 3) reducing arrests and incarcerations; 4) increasing earlier intervention and diagnosis of behavioral health conditions; 5) reducing the negative impacts of mental illness and substance abuse on them, their families, and the community; and 6) increasing the efficient use of the community's resources.