

# Louisiana Behavioral Health: Building Bridges, Not Barriers

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# Agenda

- State of the State
- Human Impact
- A Fractured System
- Priorities
- Shifting from Awareness to Action
- The Bottom Line

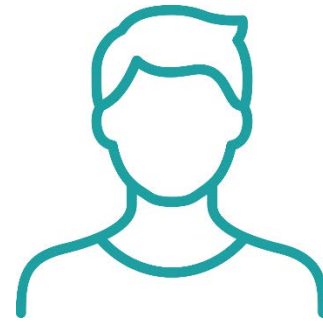
# State of the State

Louisiana ranks near the bottom nationally in overall health outcomes. Medicaid behavioral health performs better than many other sectors, but the system remains fragmented. Complex processes limited and access to timely, clinically appropriate care hinder both patients and providers.

The result: People enter care too late — often through emergency departments (EDs) — and cycle between hospitals, jails, and homelessness.

# Human Impact: Patient Stories

**Ray, 41:** Treated for overdose and started buprenorphine in the emergency department, but had to wait nearly three weeks for follow-up. The local pharmacy didn't stock buprenorphine, so he didn't get his prescription filled and he relapsed.



- An ED Bridge program with immediate follow-up and pharmacy access could have sustained recovery.

**Ms. B, 63:** Discharged from psychiatric inpatient to a shelter without primary or coordinated follow-up in place. Within weeks, she was back in crisis.



- Intermediate supportive housing and integrated care could have stabilized her long-term.

# Why Does the System Feel Fractured?

**Siloed operations:** Managed care organizations, primary care clinics, hospitals, LGEs, and justice/housing partners run on parallel tracks with limited data sharing and uneven handoffs.

**Administrative friction:** Prior authorization variability, benefit carve-ins/outs, and narrow networks slow access — especially in rural parishes.

**Over-reliance on high acuity:** Insufficient lower-intensity options (brief therapy, peer/community health worker supports, step-down housing, PHP, IOP) push people to ED/inpatient.

**Workforce constraints:** Shortages in psychiatry, prescribing APPs, child/youth clinicians, and peer staff; low reimbursement for community-based services limits supply.

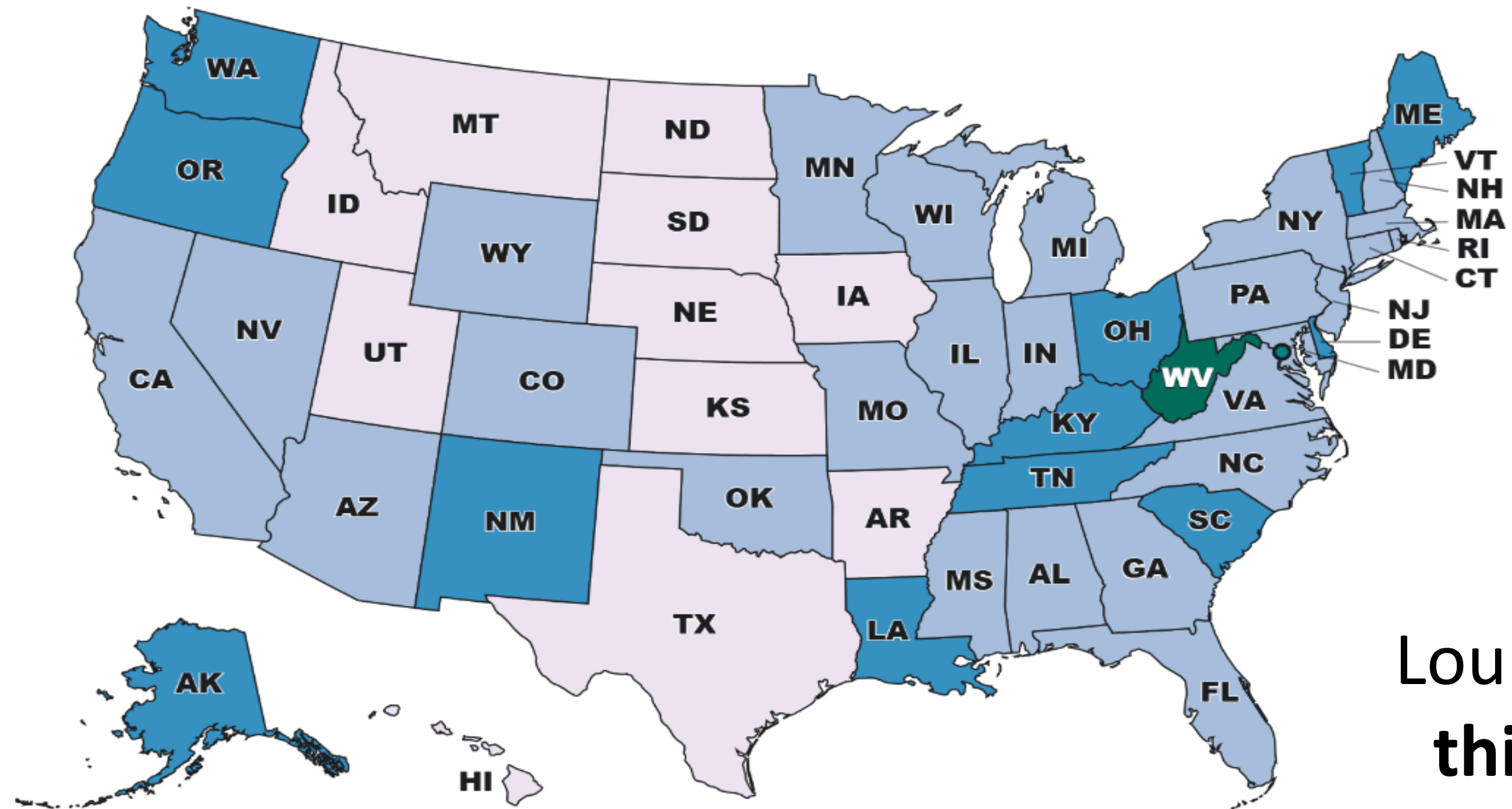
**Transportation and pharmacy gaps:** Missed visits and medication delays (especially MOUD) derail stabilization.

# Behavioral Health Priorities

# Office of Behavioral Health Priorities

- **Substance use treatment enhancements:** Bridge program expansion and enhanced ED services like stronger referral systems, MOUD initiatives in EDs, navigators, and improved service delivery.
- **Medicaid leveraging:** Pending CMS approval of the 1115 Re-Entry Waiver to improve care transitions and allow coverage for certain services up to 90 days pre-release.
- **Mental health access:** Scaling Certified Community Behavioral Health Clinic and Early Childhood Supports and Services models and completing statewide crisis response implementation, including 988 support and crisis hubs.

# Drug Overdose Mortality by State (2023)

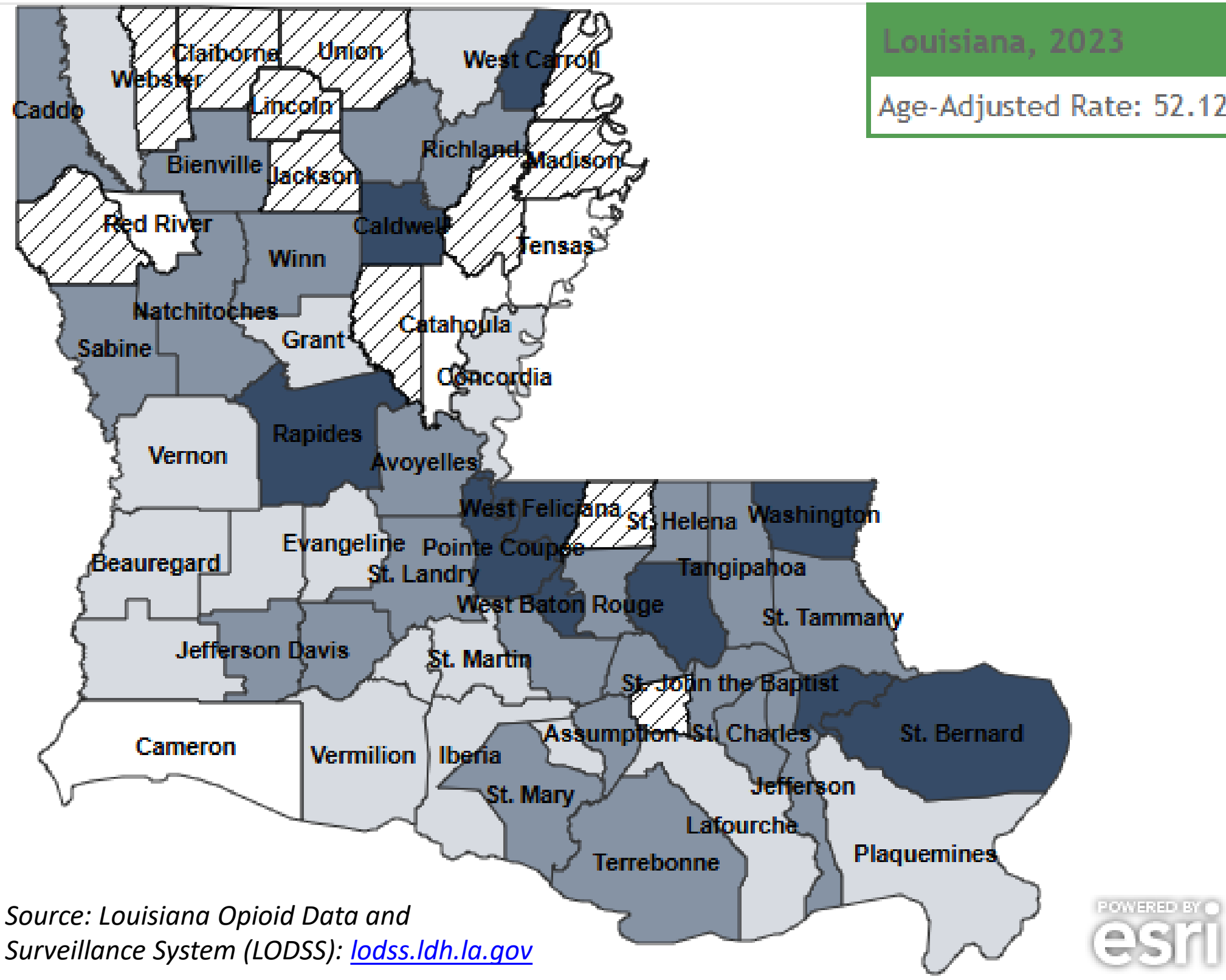


Louisiana ranks **third** highest among U.S. states (5<sup>th</sup> in 2022)

Drug overdose deaths per 100,000 total population (age-adjusted mortality rate)

6.3 - < 23.22	23.22 - < 40.14
40.14 - < 57.06	57.06 - < 73.98
73.98 - < 90.9	

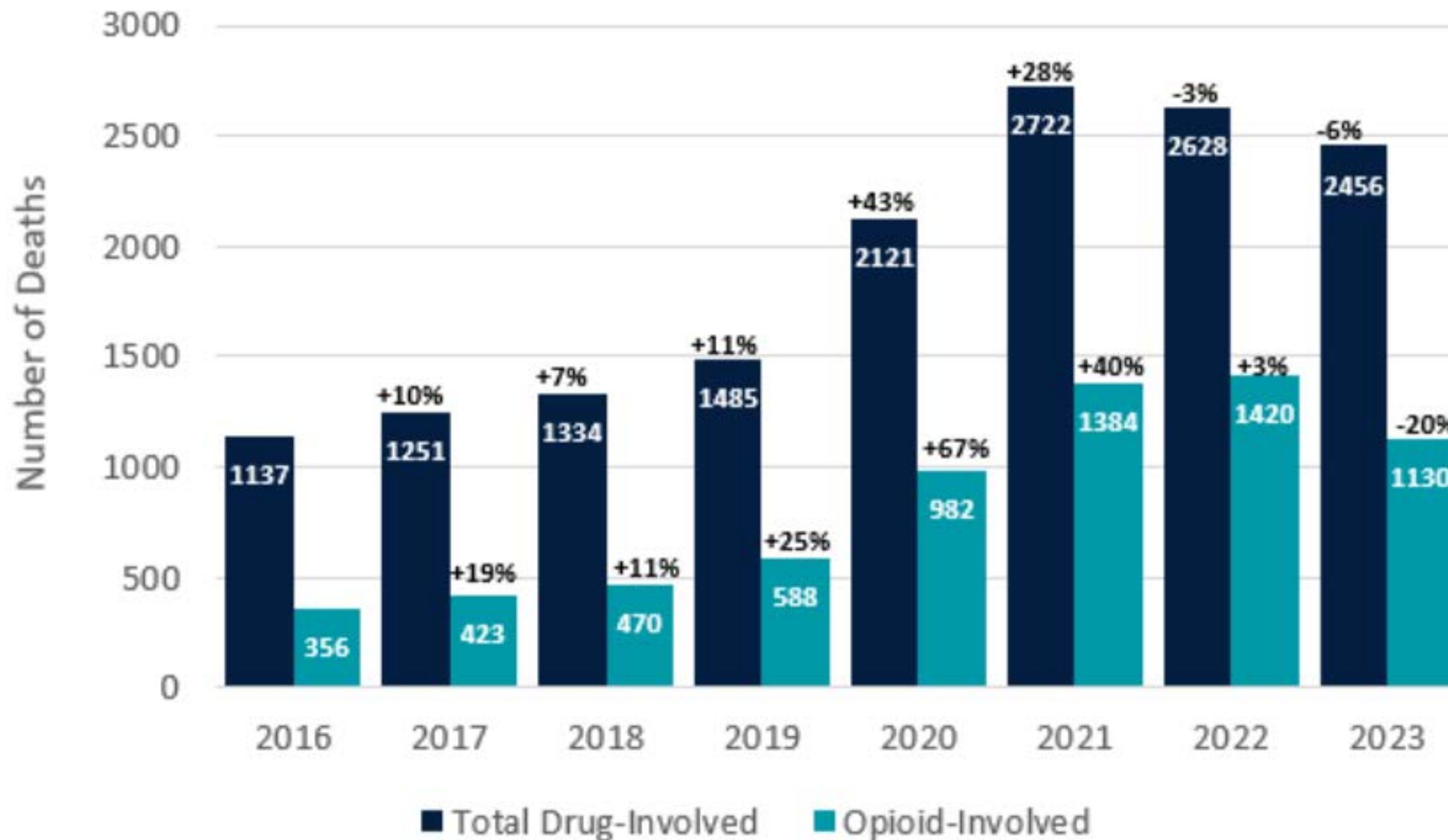
# Drug-involved deaths (residence) > Age-Adjusted Rate



- Orleans
- Pointe Coupee
- Caldwell
- St. Bernard
- Rapides
- West Baton Rouge
- West Carroll
- Livingston
- West Feliciana

# Louisiana Trends: Drug vs. Opioid Involved

Figure 5: Drug-Involved and Opioid-Involved Deaths in Louisiana. 2016-2023



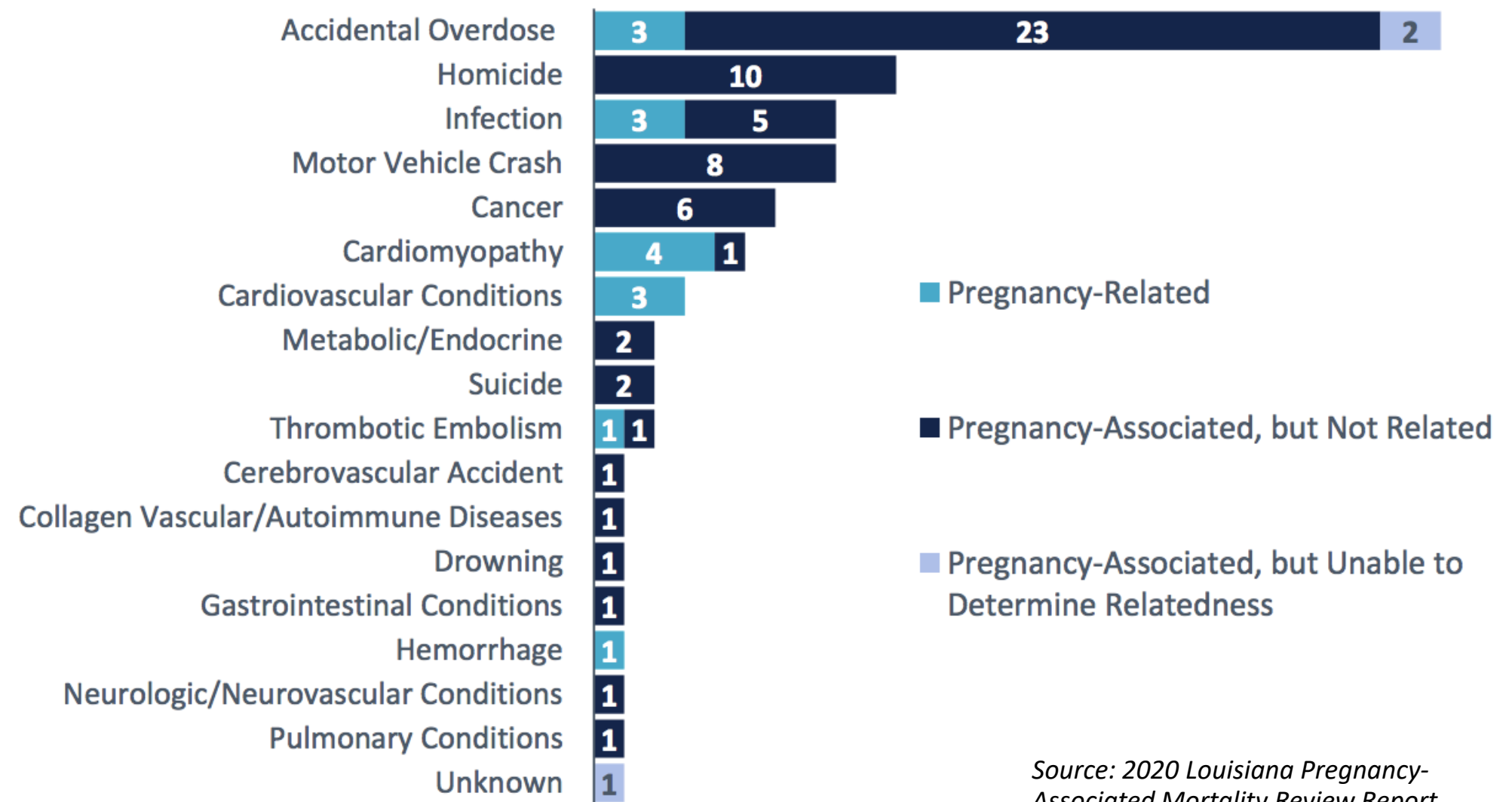
- Deaths peaked in 2021 and have been trending down
- Still above pre-peak levels
- Providers report increasing visits for SUD
- No clear decrease in rate of addiction

# Relationship Between Overdose and Maternal Mortality

In 2020, 34% (28 deaths) of all pregnancy-associated deaths (82 total) were due to accidental overdose, making it the single biggest contributor to maternal mortality.

## CAUSES OF DEATH

Pregnancy-Associated Deaths by Relatedness and Cause of Death as Determined by the Committee:



Source: 2020 Louisiana Pregnancy-Associated Mortality Review Report [ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/2020\\_PAMR\\_Report\\_April2024.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/2020_PAMR_Report_April2024.pdf)

# MOUD: Medication for Opioid Use Disorder

Three FDA-approved medications as part of treatment for **opioid use disorder (OUD)**, often combined with counseling and behavioral therapies:

Type	Mechanism of Action	Example Medication	Visual Representation
Agonist	Fully activates opioid receptors	Methadone	● Receptor fully lit
Partial Agonist	Partially activates receptors, limited effect	Buprenorphine	◻ Receptor dimly lit
Antagonist	Blocks receptors, prevents activation	Naltrexone (Vivitrol)	● Receptor blocked

Compared to non-pharmacologic treatment, only individuals receiving MOUD treatment with buprenorphine or methadone were less likely to experience an overdose compared with those receiving no treatment.

# Buprenorphine and Methadone: Each Has Its Place in SUD Care

## Best practices for treating OUD

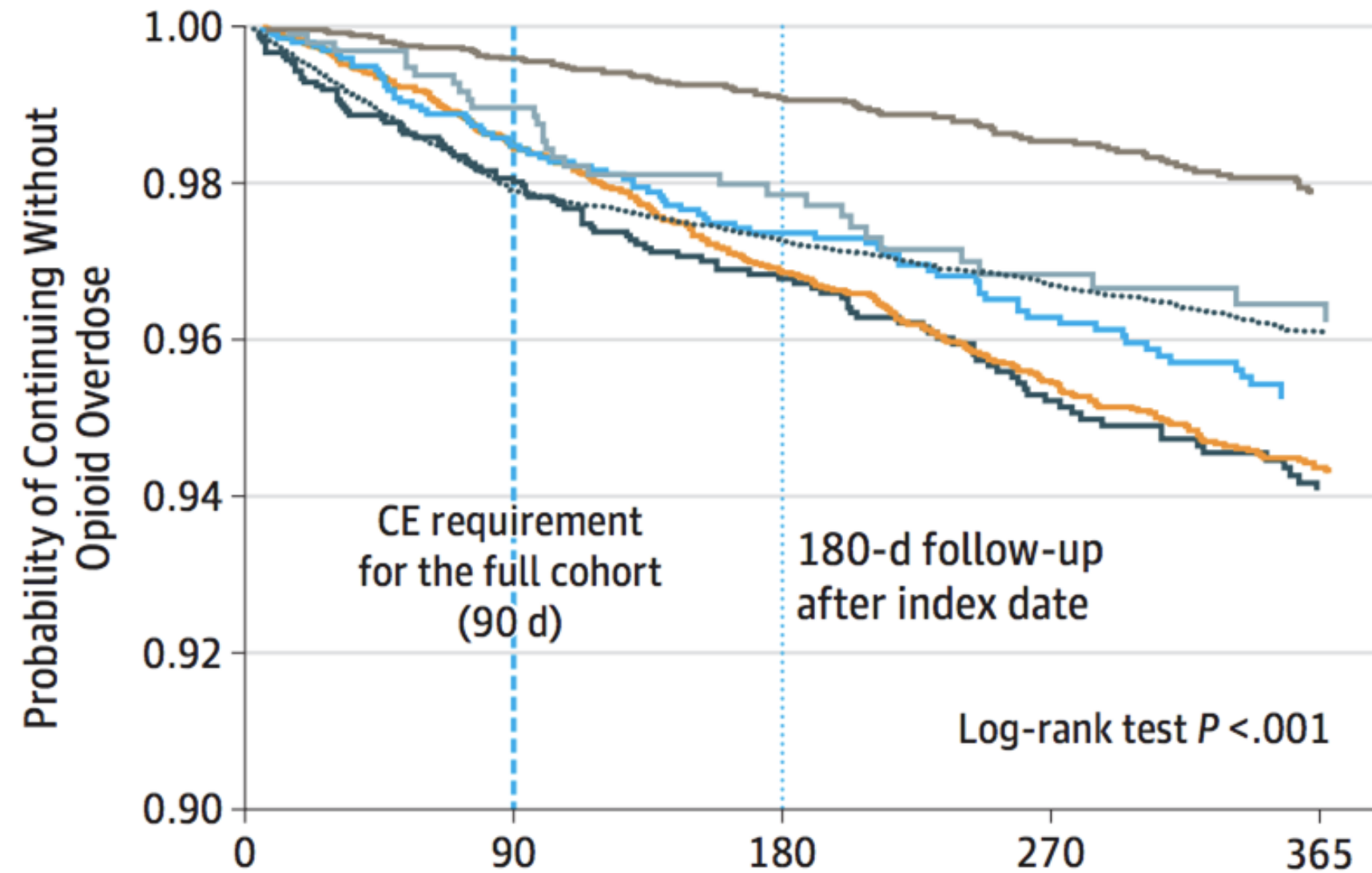
- **Methadone:**
  - Full agonist, maintains tolerance
  - Some euphoric, painkilling effects
  - No ceiling effect
- **Buprenorphine:**
  - Partial agonist, maintains tolerance
  - Limited euphoric effects/has a ceiling effect
  - Suboxone formulation contains naloxone

## Measurable Outcomes

- Decreased rates of drug use
- Decrease in overdose deaths
- Decrease in infectious disease
- Increase in continued connection to treatment

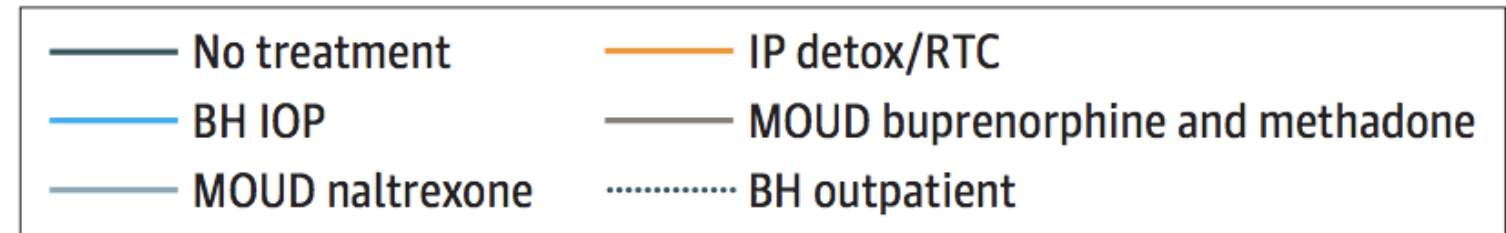
**Figure 1.** Probability of Opioid Overdose and Acute Care Use during the 3-Month Follow-Up Period

**A** Opioid overdose at 3 mo



Time to Recurrence, d

No. at risk	0	90	180	270	365
No treatment	2116	2075	1641	1248	944
IP detox/RTC	6455	6359	4911	3850	2947
BH IOP	1970	1941	1550	1237	950
MOUD	5123	5102	4014	3048	2282
buprenorphine and methadone					
MOUD naltrexone	963	953	743	558	421
BH outpatient	24258	23757	19950	16041	12551



# Treatment is Effective: Putting Buprenorphine into Perspective

Intervention	Outcome	NNT
Anticoagulation for LE DVT	Prevent recurrent VTE	17
ASA after prior MI/CVA	Prevent: <ul style="list-style-type: none"><li>• subsequent MI</li><li>• subsequent CVA</li><li>• mortality</li></ul>	77 200 333
Buprenorphine (16mg+) <sup>1</sup>	Retention in treatment	2
Buprenorphine <sup>2</sup>	Prevent 1 yr mortality	5

Source: Sarah Wakeman, MD, Mass General Brigham

# MOUD Access Solutions

Solution	Description
Emergency departments	Expanding Louisiana Bridge program
Pharmacy access	Pharmacy education and detailing
Training of providers	Residency education
Access to MOUD	Increasing office-based opioid treatment providers (OBOTs)
Opioid treatment program (OTP) access	Increasing access to opioid treatment programs

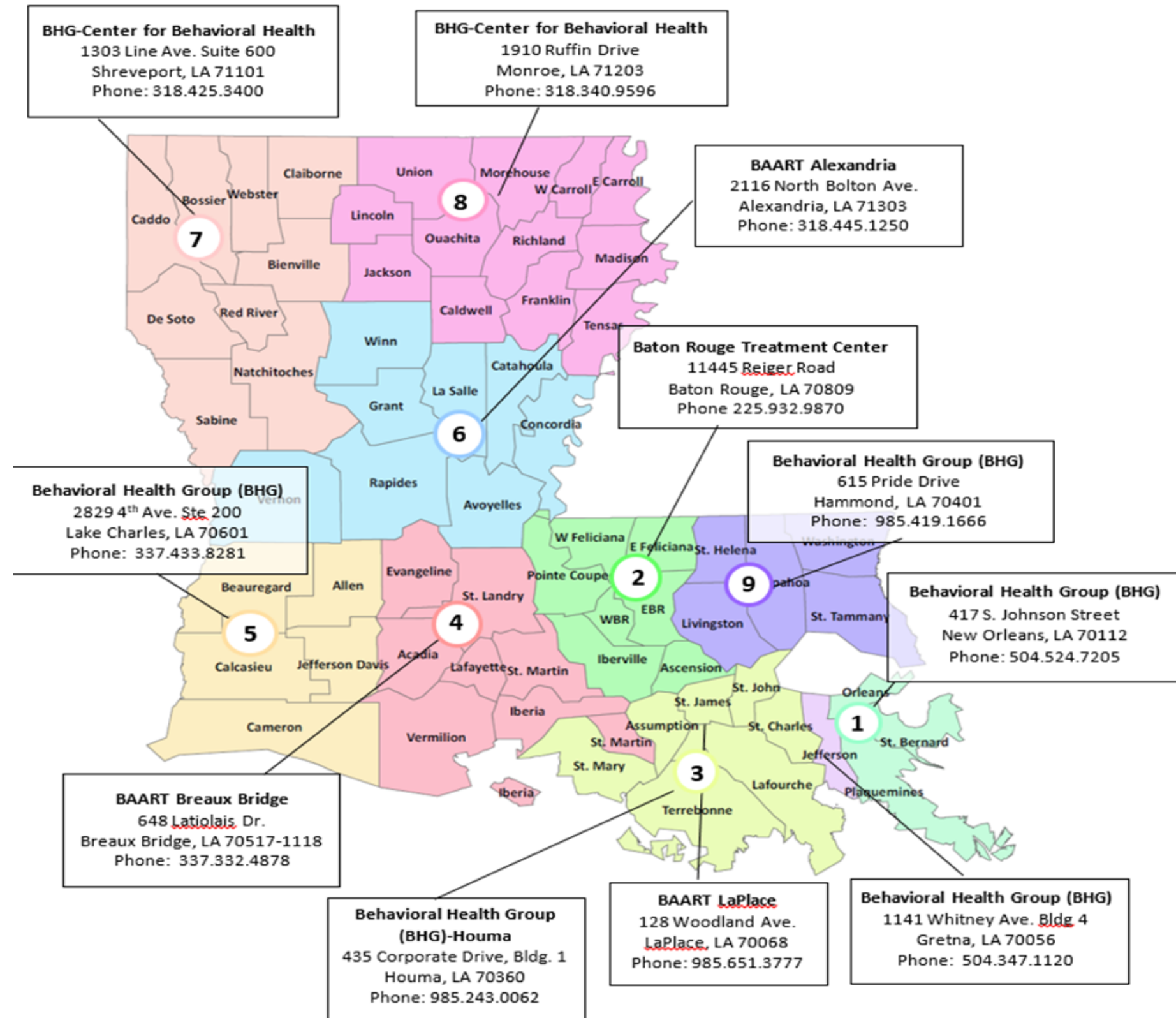
# Shifting from Awareness to the Department's Action

# Louisiana Bridge: MOUD in the ED



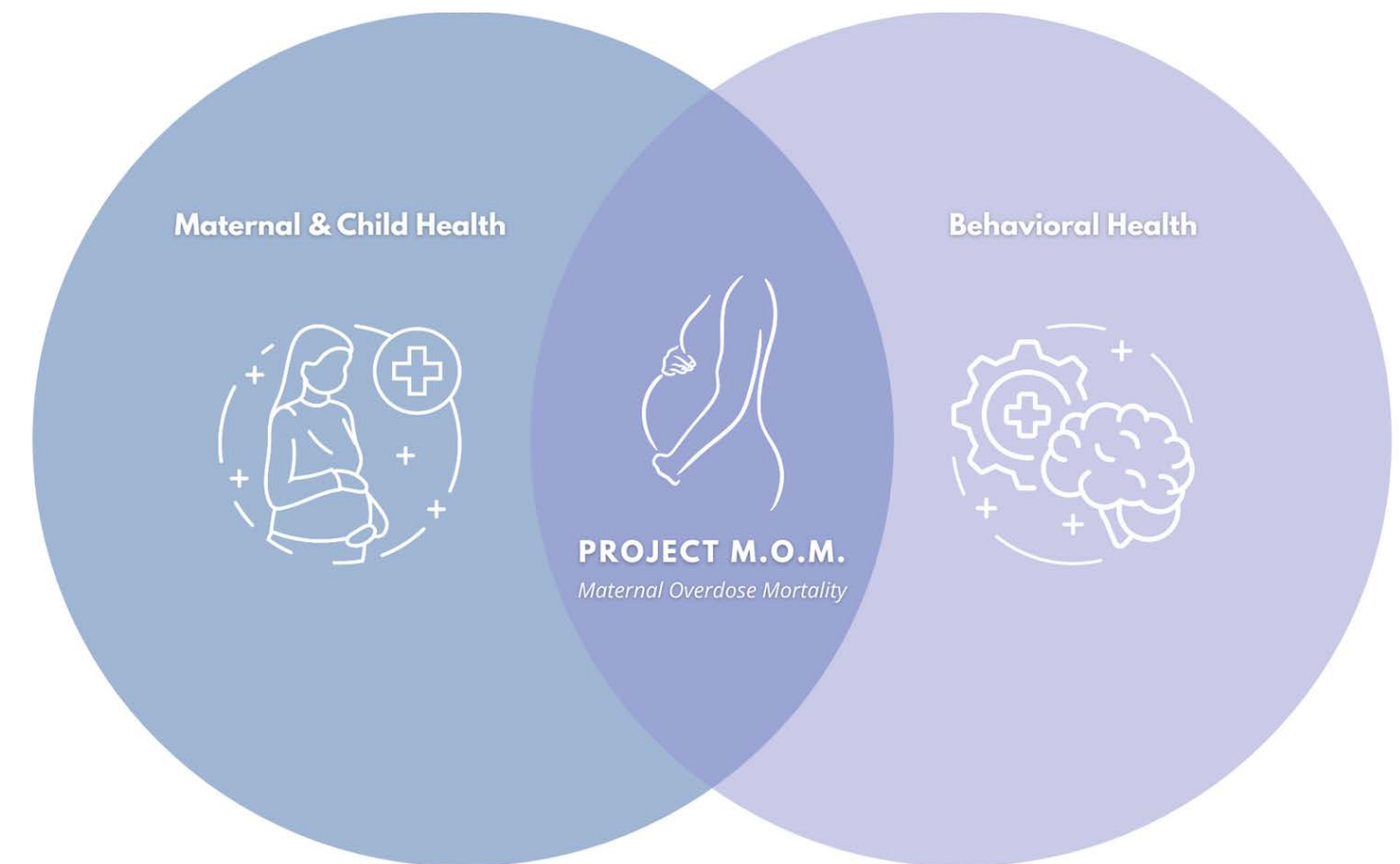
# Opioid Treatment Programs (OTPs)

OTPs are specialized facilities authorized to treat individuals with MOUD, specifically with methadone. They are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and regulated by the Drug Enforcement Administration (DEA).



# Project M.O.M. (Maternal Overdose Mortality)

- **Vision:** An 80% reduction in opioid overdose deaths among pregnant and postpartum women in Louisiana within three years.
- **Mission:** To improve care and coordination for pregnant women with substance use disorder through policy, partnership, peer support, and practice transformation.
- **Activities:** Stakeholder engagement, Project M.O.M. Summit, catalyst site pre-work: Lafayette and Alexandria regions, development of regional Project M.O.M. navigators.



# Pathways to Hope and Healing

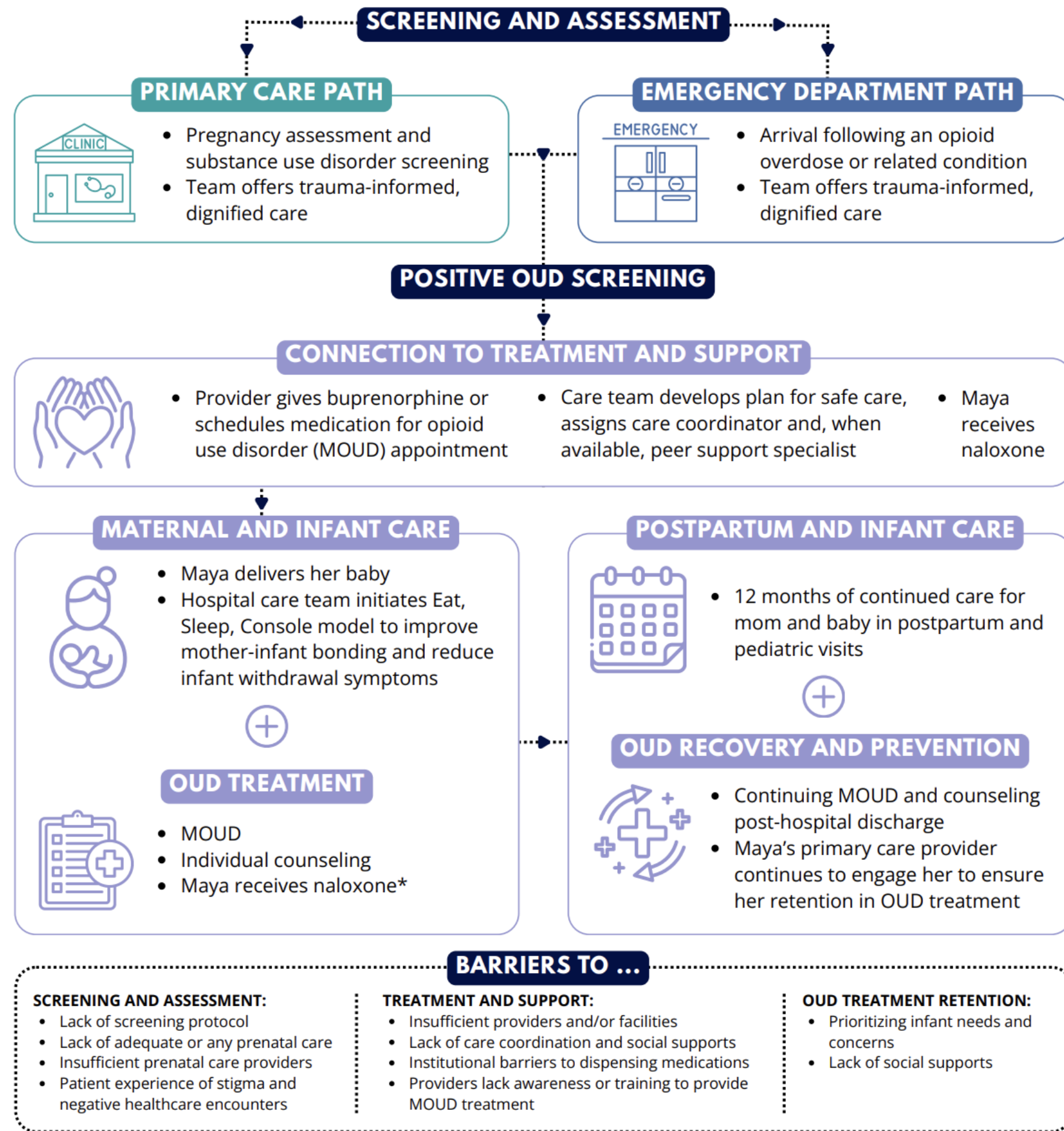
Maternal Opioid Use Disorder Care Continuum



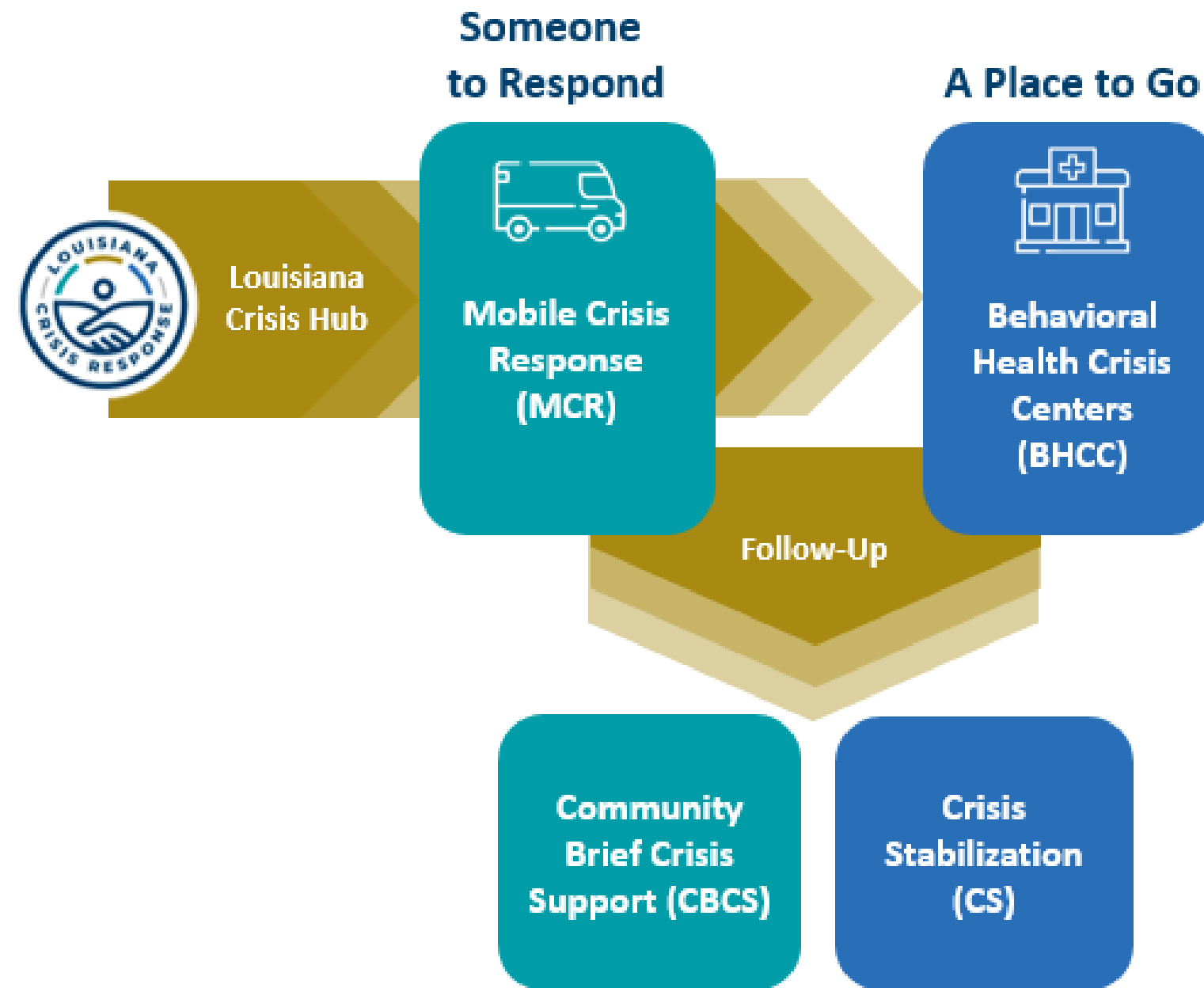
## MAYA, age 25:

- 5 months pregnant
- Enrolled in Medicaid
- Has opioid use disorder (OUD)
- Faces housing and transportation insecurity

[ldh.la.gov/assets/docs/Secretary/Project-M.O.M.-Journey-Map.pdf](http://ldh.la.gov/assets/docs/Secretary/Project-M.O.M.-Journey-Map.pdf)



# Louisiana Crisis Response System (LA-CRS)



[LouisianaCrisisConnect.org](https://LouisianaCrisisConnect.org)

# Louisiana 988 Helpline



The 988 Suicide and Crisis Lifeline, branded as Louisiana 988 in our state, is the nation's public safety net for all residents in emotional distress, mental health crisis, suicidal crisis and/or substance use crisis. It is free, anonymous, and available 24/7. Since its launch on July 16, 2022, Louisiana 988 has answered nearly **120,000 calls, chats, and texts.**

Learn more at [Louisiana988.org](https://Louisiana988.org).

# Medicaid 1115 Waiver for Reentry

## STEPS TO RECEIVE A Demonstration Waiver (1115)



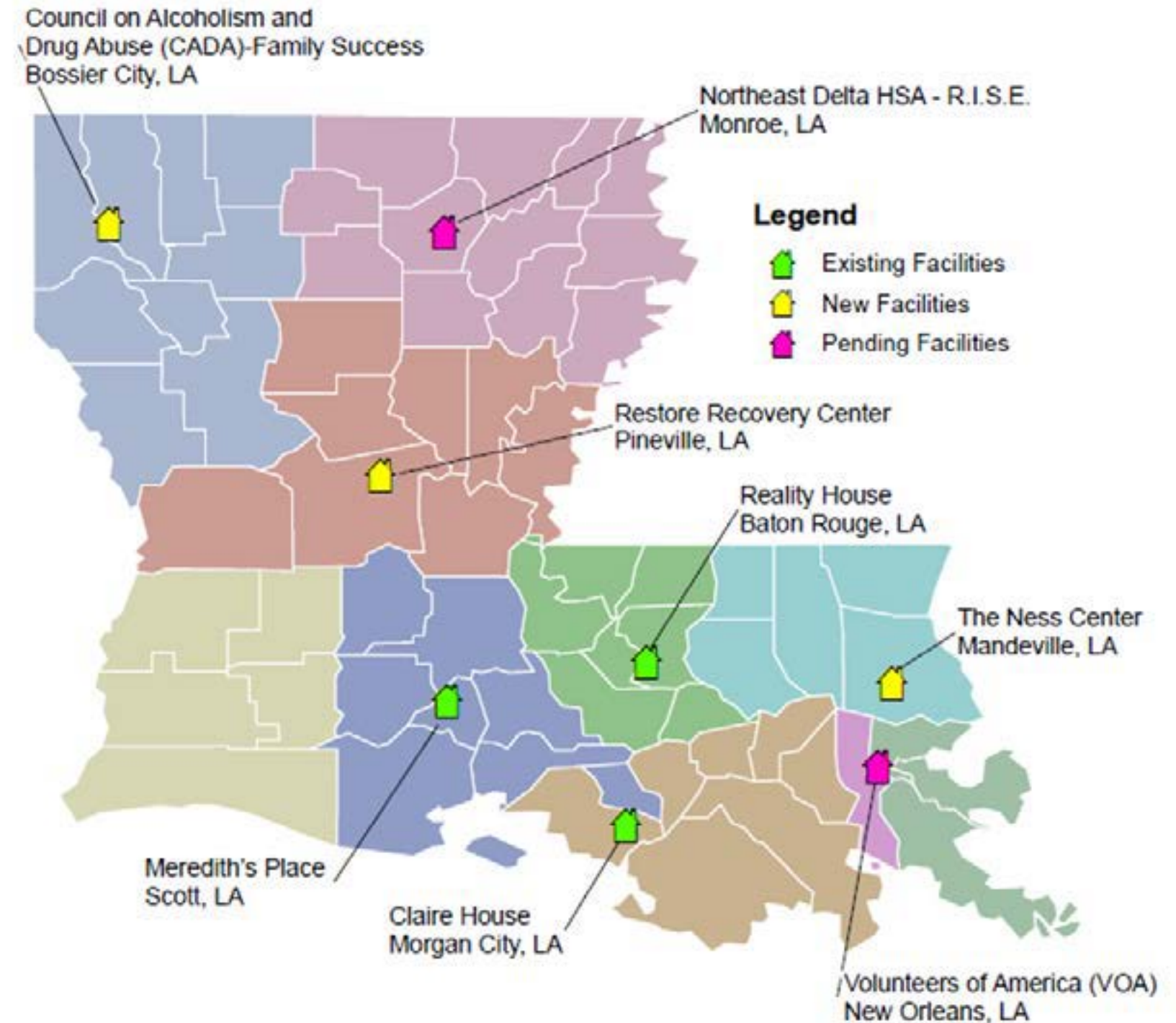
On September 27, 2024, LDH submitted an 1115 waiver application to CMS to expand access to healthcare services and facilitate enrollment in Medicaid managed care before individuals are released from prison or jail. This “Reentry Demonstration” aims to facilitate transitions back into the community, particularly for those with mental health and substance use needs, to make sure individuals have health coverage, medications, and connections with community-based providers upon release.

Covered services during the 90-day pre-release period include:

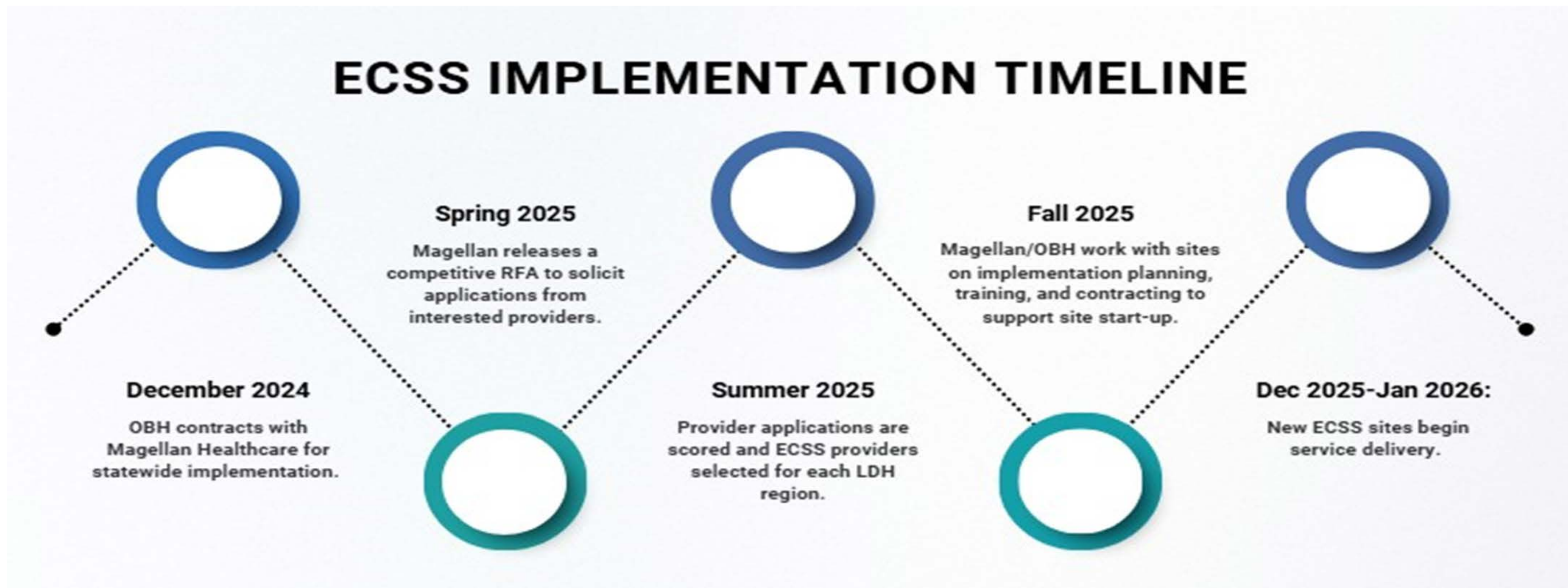
- Case management
- MOUD and counseling
- A 30-day supply of prescription medications upon release
- Prescribed drugs and medication administration
- Mental health evaluation and counseling
- Peer support services
- Laboratory services
- Durable medical equipment (DME)

# Pregnant and Parenting Women (PPW): Residential Substance Use Treatment Homes

Programs address the women and women with dependent children through residential substance use disorder (SUD) treatment services. There are currently six PPW programs in the state, with two additional programs opening soon.



# Early Childhood Supports and Services (ECSS)



Early Childhood Supports and Services is a community-based model designed to support the healthy development of infants and young children from birth through age 5 by helping families through early challenges that can affect emotional and behavioral health. At full implementation, ECSS is expected to serve 1,000 children.

# Coordinated System of Care (CSOC)

- CSOC is a statewide Medicaid waiver program, serving youth ages 5-20, that has served over 30,000 kids.
- The program uses an evidence-informed wraparound approach, with enhanced integration and care coordination tailored to the family's needs.
- CSOC is designed for children and adolescents at risk of out-of-home placement due to significant behavioral health challenges.



CSOC referrals can be made by calling the CSOC Contractor, Magellan of Louisiana, at 800-424-4489.

Visit [CSOC.la.gov](https://www.csoclouisiana.gov) for information.

# Problem Gambling



**Treatment:** Free statewide counseling through 10 LGEs (outpatient) and CORE residential treatment program (one of eight in the U.S.)

**Helpline:** 24/7 help available by calling or texting 877-770-STOP; chat available 24/7 at [HelpForGambling.org](https://www.HelpForGambling.org)

# PASRR Level II Overview

The Pre-Admission Screening and Resident Review (PASRR) program applies to all persons seeking admission or continued stay in a Medicaid certified nursing facility regardless of payer source.



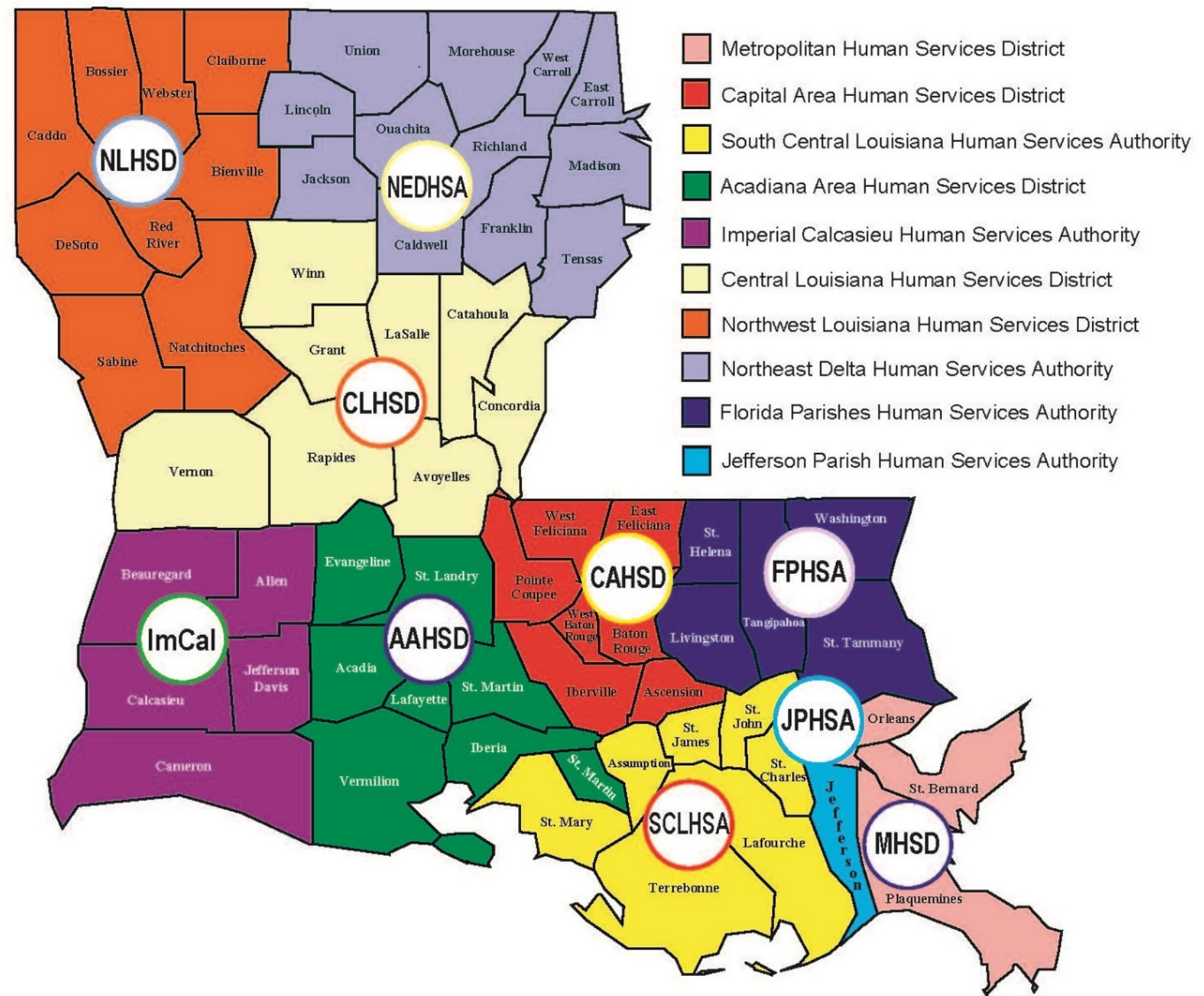
The behavioral health level II process reviews potential behavioral health issues. It has three goals:

1. Ensure individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC).
2. See that they are placed appropriately, in the least restrictive setting possible in accordance with the Americans with Disabilities Act (ADA) and Olmstead.
3. Recommend appropriate services to meet their needs in the community or nursing facility.

For more information, please visit [ldh.la.gov/page/preadmission-screening-and-resident-review](https://ldh.la.gov/page/preadmission-screening-and-resident-review).

# Local Governing Entities (LGEs)

Louisiana residents with Medicaid or without insurance can access behavioral health treatment at each of the Local Governing Entities, also known as human services districts or authorities. They are located in 10 regions across the state.



# The Bottom Line

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Louisiana doesn't need to rebuild behavioral health from scratch. The parts exist, and many work well in pockets.

We need to connect the parts, pay for what works in the community, and remove the friction that keeps people bouncing between street, jail, and hospital. The payoff is lower total cost, stronger families, and better health — delivered in the right place, at the right time.

# THANK YOU

**Dr. Peter Croughan**

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