

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

June 11, 2010

The Honorable Bobby Jindal
Governor, State of Louisiana
P.O. Box 94004, Capitol Station
Baton Rouge, LA 70804-4004

The Honorable Joel T. Chaisson, II, President
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Jim Tucker, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

The Honorable Willie L. Mount, Chairwoman
Senate Health and Welfare Committee
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Kay Katz, Chairwoman
House Health and Welfare Committee
Louisiana State House of Representatives
P.O. Box 44486, Capitol Station
Baton Rouge, LA 70804-4486

Dear Governor Jindal, President Chaisson, Speaker Tucker, and Honorable Chairs:

In response to R.S. 46:2504, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. R.S. 46:2504 requires the Louisiana Commission on Addictive Disorders, which is housed within the office for addictive disorders within DHH, to report annually as to its activities for the previous year and recommendations as to future programs. The statute requires the report be submitted to the governor and the House and Senate Committees on Health and Welfare. R.S. 24:772 also requires that the report be submitted to the President of the Senate and the Speaker of the House.

Dr. Rochelle Head-Dunham, assistant secretary for the office for addictive disorders, is available to discuss the enclosed report with you at your convenience. Please contact her at (225) 342-6717 with any questions or comments you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Levine".

Alan Levine
Secretary

Enclosures

Cc: The Honorable Members of the House Health and Welfare Committee
The Honorable Members of the Senate Health and Welfare Committee
David R. Poynter Legislative Research Library

Louisiana
Commission on
Addictive
Disorders

Annual Report

A report on the activities of the Louisiana Commission on
Addictive Disorders and the Office for Addictive Disorders.

2009

I. *Executive Summary*

History and Role of the Commission

Act 899 of the 1984 Regular Session created the Louisiana Commission on Addictive Disorders and the Louisiana Department of Health and Hospitals' Office for Addictive Disorders (OAD).

The commission's statutory duties and responsibilities are as follows:

1. To advise OAD "concerning the policy of the State with respect to addictive disorders;"
2. To "recommend an annual State Plan ... to the [Office for Addictive Disorders]... setting forth proposed policy, program planning initiatives and goals relative to the prevention and treatment of addictive disorders;"
3. To submit an annual report to the Governor and the DHH Secretary as to the activities of the commission and OAD for the previous year, as well as recommendations concerning future program initiatives; and
4. To "serve as liaison among all state and local government entities concerning addictive disorders."

Major Commission Activities of 2009

The commission is a viable, active committee, meeting regularly, with activities that have included assisting and supporting OAD with the following initiatives:

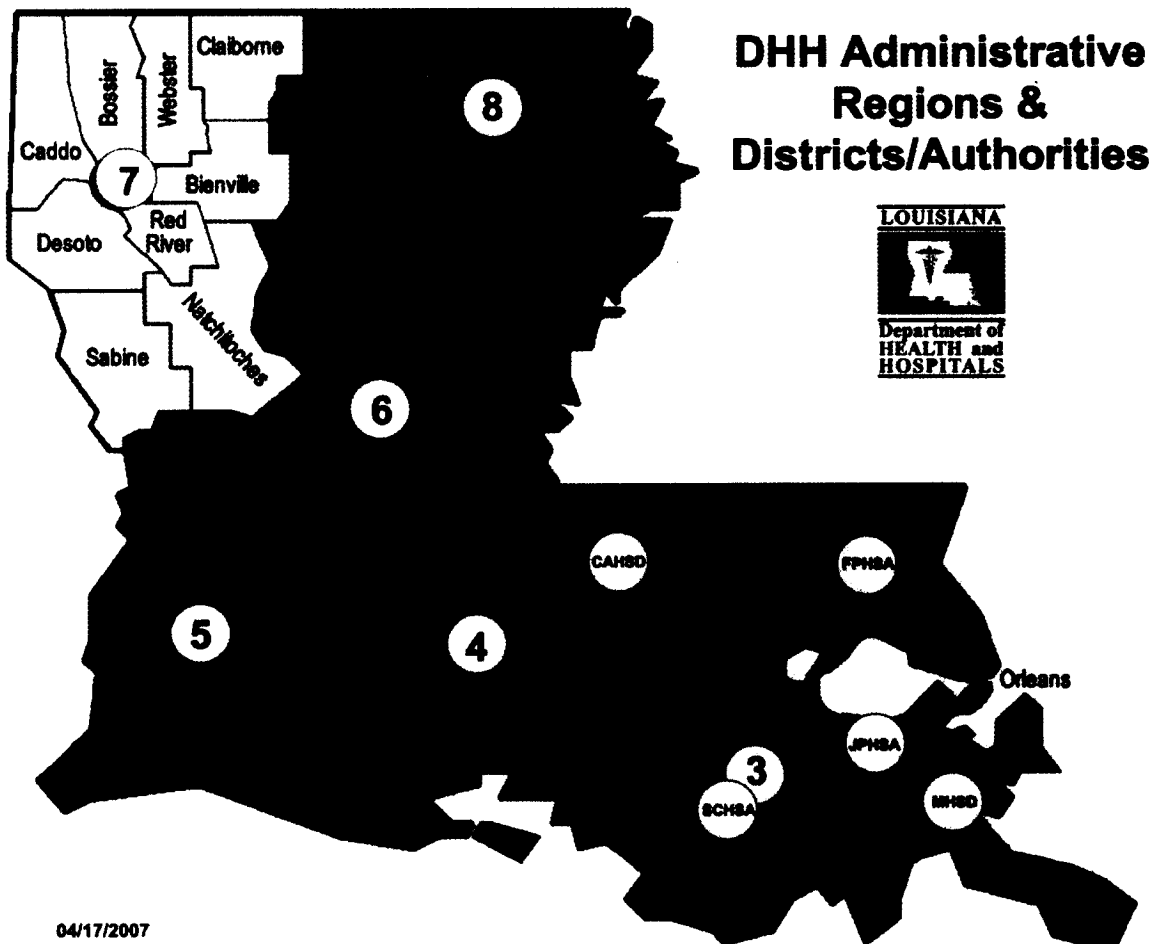
- The commission met 12 times in 2009. The commission held 10 meetings at OAD's Headquarters in Baton Rouge. The other two meetings were held in alternate locations – one in New Orleans, and one in Amite – affording commission members the opportunity to visit the Metropolitan Human Services District (MHSD) and the Florida Parishes Human Services Authority (FPHSA).
- Commission members participated in public forums, which are held annually throughout state, as a requirement of OAD's receipt of Federal Substance Abuse Prevention and Treatment Block Grant funding. These public forums demonstrate OAD's accountability and represent an important opportunity to obtain input from individual consumers, stakeholders, legislators and other community members regarding prevention and treatment needs.
- The commission continues to update the strategic plan, which was developed in the fall of 2006. The commission looks forward to meeting with Governor Bobby Jindal and the

Joint Health and Welfare Committee to present the plan and discuss the need for prevention and treatment services for addictive disorders.

- Commission members participated in the Orange Ribbon Rally, held April 23, 2009 on the State Capitol's steps, to support the prevention of underage drinking.
- Commission members also participated in Recovery Day, a statewide event that took place in Baton Rouge Saturday, September 26, 2009, in celebration of National Recovery Month.

Representation and Participation

Currently, 12 members serve on the commission. One position remains vacant, leaving a gap in representation for Region VII. The commission members' names, contact information and areas of representation are listed below.



Members of the Louisiana Commission on Addictive Disorders

*MHSD	Dr. Thomas P. Lief 1521 Hillary St. New Orleans, LA 70118	Region V	Lana Bel 3748 Burton Lane Lake Charles, LA 70605
	Dr. Anthony O. Wickramasekera 6609 Schouest St. Metairie, LA 70003	Region VI	Denise Brister 211 Fourth St. Alexandria, LA 71301
*CAHSD	Shelley Mockler 2913 Three Oaks Baton Rouge, LA 70820	Region VII	VACANT
*SCLHSA	Kathleen Leary 212 Lake Crescent Circle Houma, LA 70360	Region VIII	Phillip "Damon" Marsala P.O. Box 104 Monroe, LA 71201
Region IV	Lloyd Hernandez 204 S. William Dr. Lafayette, LA 70506	*FPHSA	Kathy Hayward, <i>Chairperson</i> 209 Brewster Road Madisonville, LA 70447
	George W. McHugh 1061 Mimosa St. Martinville, LA 70582	*JPHSA	Peter Dale 6441 Jefferson Hwy. Harahan, LA 70123
			Freddie Landry 3504 Taft Park Metairie, LA 70002

Members of the Louisiana Commission on Addictive Disorders also belong to other boards and committees, including:

- The Drug Policy Board (*Kathy Hayward*)
- The Prevention Systems Committee (*Freddie Landry, Kathy Hayward*)
- The Association of Problem Gamblers (*Kathleen Leary*)
- Local Governance Boards (*Kathy Hayward – FPHSA Governance Board*)

*Metropolitan Human Services District

*Capitol Area Human Services District

*South Central Louisiana Human Services Authority

*Florida Parishes Human Services Authority

*Jefferson Parish Human Services Authority

II. *Challenges and Triumphs of 2009*

In 2009, the commission, along with OAD, faced a number of challenges. Those issues that resulted from growth, change and progress will continue to be a challenge, but some presented new obstacles that stretched the resources of the agency and offered opportunities for expansion and increased efficiency. This section covers topics ranging from federal and state budgetary crises to hurricane recovery, long waiting lists and a merger to create an Office of Behavioral Health (OBH). Each challenge presented is a measure of the strength, resilience, and continuing dedication of “those we serve, and those who serve them.”

Administration

Budget Crisis. In 2009, it was announced that the State of Louisiana was facing serious budget shortfalls and would need to identify efficiencies in state government. Combined with large cuts at the federal level, the puzzle of continuing funding for addiction prevention and treatment in Louisiana grew. The ensuing state budget cuts have eliminated a large number of positions and reduced resources statewide. OAD’s primary challenge lies in identifying and implementing even more evidence-based practices and efficiencies to improve the quantity and quality of services while streamlining its administrative functions and service delivery system.

Role Adjustment & Reorganization. During the 2006 Regular Legislative Session, DHH put forward Act 90, which converted all remaining regions to human services districts. The transition process began immediately and continues through the present. The legislation stated that there must be a Human Services Interagency Council (HSIC) comprised of the following individuals: an assistant secretary from each office, the executive directors of the human services districts and DHH’s deputy secretary. The HSIC met several times to formulate a framework document outlining the expectations of existing and new districts. The framework document was promulgated and follows Act 337, which outlines the roles and responsibilities of DHH and the districts.

Shifting away from the role of direct service delivery, the U. S. Center for Substance Abuse Treatment provided OAD with technical assistance to investigate the reorganization of its headquarters office. This effort, which began in 2006, made great progress during 2008 and was finalized in 2009. The resulting “functional teams” structure of OAD includes executive leadership; policy, planning and partnerships; monitoring and quality improvement; workforce development, training and technical assistance; research, evaluation and grant writing; special initiatives; and an operational framework that includes human resources, information technology and fiscal services.

Treatment

Hurricane Recovery. Recovery efforts continued throughout 2009 to repair the damage caused by 2005 Hurricanes Katrina and Rita. Additionally, Hurricanes Gustav and Ike disrupted the service delivery system for prevention and treatment services statewide in 2008. Though progress has been made, the pre-existing addiction prevention and treatment infrastructure has not yet been fully restored.

Waiting Lists. The waiting list for 24-hour care (detoxification, inpatient/residential and halfway houses) and access to outpatient treatment services remains considerable. The increased demand for treatment services is a direct result of trauma experienced by hurricane survivors, a circumstance that continues to strain the agency's resources.

Progress was made in the past year; the average daily waiting list for people waiting to access 24-hour care decreased from an average of 1,450 people per day in 2008 to 1,307 people per day in 2009. The waiting lists indicate that OAD's treatment service capacity must be expanded to meet the needs of Louisiana's residents.

In seeking resolution, OAD chose to expand the capacity of its community-based outpatient services and continue statewide utilization of American Society of Addiction Medicine (ASAM) patient placement criteria. Use of ASAM criteria supports patient placement in the most appropriate level of care, avoiding unnecessary use of more expensive levels of care. This shift in service delivery methodology was aligned with the department's streamlining initiative.

Per Diems. Louisiana's per diem reimbursement rates for 24-hour residential care continue to be a major concern. Louisiana's per diem rates are consistently among the lowest for all levels of care when compared to the southern national average. If the state is to attract private-sector providers to address treatment gaps, it is vital to raise the per diem rates to competitive levels. OAD has planned to address this disparity by increasing the per diem rates for residential care to 80 percent of the southern national average. As the agency implements higher standards of evidence-based care, it is critical that providers have the ability to hire and retain staff that can produce positive outcomes for clients.

OAD will have to fund fewer beds and experience dramatic increases in the waiting list if an attempt is made to fund the per diem rate within the existing budget. Individuals who must be on waiting lists for detoxification services are left with no other alternative but to continue to drink use drugs or access very expensive emergency room services. OAD has requested funding for several years to increase the per diem reimbursement rate for 24-hour care, but it continues to be a concern.

Metropolitan Human Services District. Following Hurricanes Katrina, Rita, Gustav and Ike, MHSD had difficulty providing services. In 2008, DHH Secretary Alan Levine sent a team of specialists to assess its services. The team's purpose was to evaluate the situation and make

recommendations for improvement, given available and identified resources. This process continued during 2009, and though several advances in identifying problems and implementing solutions were made, the work is ongoing.

MHSD developed a strong focus on performance improvement. During the January 2009 commission meeting in MHSD, the district reported that it planned to add a co-occurring clinic with adolescent services in April. However, funding was limited due to budget cuts, and these additions were cancelled. In contrast, Suboxone detox was made available in clinics.

MHSD reported that their implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services have been very successful. During Fiscal Year 2009, MHSD performed 277 WIC screenings and 396 prenatal screenings, for a total of 673 screenings of pregnant females. They also provided brief interventions when warranted. MHSD also reported that the Mahalia Jackson Center will offer services for children. Prevention services in MHSD increased 31 percent during SFY 2009. In addition, a program was discussed in collaboration with the children's health fund to design an evaluation plan for the provider, school and district levels. MHSD has collaborated with day reporting centers to provide direct services for parolees with mental health, employment and housing issues. This collaboration is expected to reduce recidivism into the criminal justice system.

During the January commission meeting, MHSD administration reported funding and advocacy for addiction as its two largest concerns for the Regular Legislative Session.

Opiate Treatment Programs. In 2008, the Louisiana Legislature passed Act 166, which extended the moratorium on the opening of any new opioid treatment programs until July 1, 2010. The aforementioned act directed OAD to adopt a rule providing for criteria to determine whether a need exists for additional opioid treatment programs, and procedures for selecting a program once a need has been determined. During 2009, OAD developed the rule "Opioid Treatment Programs: Need and Application Reviews" and submitted the notice of intent to the Legislature. The rule was published in the Louisiana Register in December 2009, and became final in March 2010. Using the rule's protocol to determine need, preliminary data shows possible need for new clinics in Region VIII and Region IX, where there are no methadone clinics. Legislation was introduced in 2010 that would extend the moratorium. As of the date of this report, the outcome has not been finalized.

Access to Recovery I & II. OAD continues to operate the Access to Recovery (ATR-I) initiative, which began in 2004 as a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Due to the project's success, the Louisiana Legislature and Office of the Governor opted to continue funding the ATR-I initiative when the initial ATR-I federal grant ended in 2007. During calendar year 2009, LA-ATR I served 3,498 individuals with state-appropriated funding.

During the implementation of the ATR-I initiative, OAD recruited a total of 202 service providers for treatment and recovery support services. Of this total, 52 percent were community-

and faith-based providers, and 139 were new service providers. The recruitment of faith-based providers was a key component of this grant to ensure freedom of choice for clients. Another unique feature of the grant was the ability to provide recovery support services, such as job readiness skills, safe housing, childcare and transportation. Louisiana was required to serve a minimum of 8,928 clients. Between March 1, 2005 and August 2, 2008, OAD served more than 24,000 individuals, ***200percent of the target required by the federal government.***

In 2007, OAD was awarded an Access to Recovery II (ATR-II) federal grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). The ATR-II initiative is a \$13.4 million, three-year federal grant that targets adult and adolescent methamphetamine-using individuals, as well as individuals involved with the criminal/ juvenile justice systems who also have a problem with alcohol or drug use. In 2009, the LA-ATR II project partnered with the Louisiana National Guard to serve those deployed to combat in Iraq and Afghanistan. During calendar year 2009, the LA-ATR II federal grant initiative served 5,469 individuals. The ATR-II federal grant initiative will end in September 2010, which will result in a loss of resources and the capacity to serve more than 2,200 clients annually.

Both the ATR-I and ATR-II initiatives provide freedom of choice for clients in selecting service providers for clinical treatment and recovery support services through a web-based electronic voucher system. At the close of the 2009 calendar year, the LA-ATR II initiative had served more than 6,500 individuals. Loss of state general funding (SGF) has been a major challenge to maintenance of the services, although \$2.37 million in SGF dollars were set aside for SFY 2011 to preserve ATR-II services. During 2009, SAMHSA requested grant applications for the Access to Recovery III grant, which focuses on serving military personnel. OAD is considering a partnership with the Louisiana National Guard to provide a primary service population if the grant award is received.

Medically-Supported Detoxification Expansion. OAD expanded its capacity to provide 24-hour care for Louisiana residents with addictive disorders during SFY 2008 with the addition of a new medically-supported detoxification facility, which increased the capacity for medically-supported detox by 10 beds. In 2009, an additional 20 medically-supported detox beds were opened in the Greater New Orleans area.

Other Initiatives

Recovery Day. Recovery Day 2009 was celebrated on September 26 in Baton Rouge, in celebration of National Recovery Month. Recovery Day is an event intended to gather people together from across the state in support of recovery from alcohol and drugs, and to spread the message of recovery throughout communities. OAD will partner with Oxford House, a non-profit agency which provides self-supported recovery homes, as the lead agency in planning the 2010 Recovery Day events.

III. *Current Endeavors*

Administration

New Budget Process. During 2009, a new budget process was introduced for determining budget allocations for state government programs. OAD continues to participate in budget exercises that help determine the best course of action with regard to streamlining and funding allocation. Under the new budget process, programmatic funding decisions are based on demonstrative data that reflects efficient and effective performance practices and outcomes. This system ensures quality services are provided and taxpayer monies are spent wisely.

The new budget process is expected to provide OAD with opportunities to make offers to other state government entities for partnership and expansion of service delivery. The commission has already begun communication with Louisiana Department of Public Safety and Corrections (DOC) to investigate the expansion of re-entry services for offenders with an identified need for addiction treatment. As of the date of this report, negotiations are ongoing.

Performance Improvement. As part of the re-organization and streamlining efforts, OAD has taken the initiative to institute a number of performance improvement measures for prevention and treatment programs. Though the office has always maintained a focus on “doing more with less,” it has become especially important during the current climate of economic duress to maximize all available resources by ensuring the efficiency and effectiveness of our programs. The re-organization of OAD headquarters staff resulted in the formation of several “functional teams” that can work cohesively to achieve goals. Three of these teams are critical to the improvement of program performance: 1) Monitoring and Quality Improvement; 2) Research and Evaluation; and 3) Workforce Development. The integral efforts of these three teams, combined with ancillary support from the others, are consistently working to improve the efficiency, effectiveness and *cost-effectiveness* of OAD’s service delivery system.

Workforce Development. OAD is currently engaged in an ongoing series of initiatives to improve the professional development of its workforce. Many traditional means of training staff, such as face-to-face training sessions, are no longer cost-effective as they require expenditures for personnel travel reimbursement, costs associated with a venue, and contracting with material experts. Newer technologies and practices allow for more efficient and effective means of achieving OAD’s training goals. In the interest of maintaining a knowledgeable, skilled and vital workforce, OAD is in the process of investigating and implementing these new training modes that accomplish professional educational goals without posing a significant fiscal burden.

One such mode is to offer online training courses that are self-administered through a Learning Management System (LMS). OAD’s LSM content provider is Essential Learning, an organization that provides health care-related information and competency courses through a web-based portal. The courses range in content from software skills, such as Microsoft

Word and Excel, to specific addictive disorders and mental health education. Essential Learning also offers OAD the opportunity to build its own courses, which can be uploaded and used to educate an entire workforce. OAD employees statewide, both clinical and non-clinical, have unrestricted access to the entire library of Essential Learning courses, including content relative to their educational and professional level or certification/licensure. Many of the classes are approved by the Addictive Disorders Regulatory Authority (ADRA) and count toward educational credit requirements for clinical staff (CEUs).

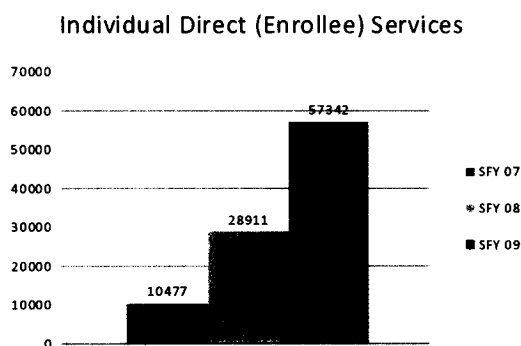
Another mode of workforce development currently being investigated by OAD is the use of electronic seminars called “webinars,” where personnel can attend a “live” training directly from their computer terminals. This eliminates the need for travel while providing a high degree of interactivity and presenter functionality, such as the ability to build and present a customized slideshow while speaking to and interacting with the participants. In addition, webinars can be recorded and viewed later by those whose daily work schedules prevent them from attending at a set time.

A third method of training staff involves an integrated system of video conferencing equipment. Also, conferences may take place through a network of linked webcams. These modes of workforce development are still being investigated.

Office of Behavioral Health Merger. During the 2009 Regular Legislative Session, legislation was passed which merges OAD with the Office of Mental Health (OMH) to form a single OBH. An Office of Behavioral Health Implementation Advisory Committee was formed, including representatives from OAD, OMH, DHH administration, the human services districts, consumers, providers and advocates of mental health and addiction services. The Implementation Advisory Committee’s purpose was to investigate options for implementing the merger and make a report of recommendations to the DHH Secretary. Specific areas of recommendation included administrative structure and staffing; performance measures and outcomes; single point of entry (SPOE); licensing, training and workforce development; funding strategies; and local, state and federal coordination. DHH Secretary Alan Levine presented the final report and recommendations to the Joint Health and Welfare Committee February 18-19, 2010. The Joint Health and Welfare Committee approved the report and its recommendations, which are being implemented currently.

Prevention

Streamlining Services and Maximizing Resources. During SFY 2009, OAD provided ongoing evidence-based prevention programming to 57,342 enrollees. This demonstrates a 96 percent increase over SFY 2008 in which OAD provided services to 29,291 enrollees. Finally,



SFY 2008 demonstrated a 177 percent increase over SFY 2007 in which 10,400 enrollees were served (see chart below). This increase in service delivery since SFY 2007 is a result of OAD's partnership with the Department of Education (DOE) and its local education authorities, the mobilization of prevention services, implementation of cost bands for universal, selective and indicated programs and fee-for-service contracts. OAD has worked closely with

the DOE to identify gaps in prevention services and has been successful in increasing services by utilizing DOE's infrastructure. By bringing prevention services into school classrooms, OAD has been able to significantly decrease personnel, operational, transportation and capitol asset costs, allowing these resources to be used for direct services. It is important to note that this increase in services was accomplished utilizing existing Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds; no additional monies were received.

Caring Communities Youth Survey (CCYS). OAD co-sponsored with DOE to complete the 2008 Caring Communities Youth Survey (CCYS). The CCYS has been conducted bi-annually since 1998 among students in grades 6, 8, 10, and 12. The 2008 state, regional, and parish survey reports are available on OAD's Web site, <http://www.dhh.louisiana.gov/offices>.

Youth Leadership Prevention Campaign. OAD provided funding for Statewide Youth Leadership. OAD formed a youth advisory committee consisting of 15 youth leaders representing the geographic regions of the state. These 15 youth leaders were trained in the Communities Mobilizing for Change on Alcohol (CMCA) Model Program. Four team-building and planning sessions were conducted throughout the year to prepare the youth advisors to train other youth in the state. OAD sponsored a five-day Youth Leadership Institute known as GOT (Get Out There) camp in June 2009 for 130 youth and adults. There were 10 2009 Youth Leadership Teams.

Higher Education Core Survey. OAD provided funding for a Core Survey conducted by Louisiana Institutions of Higher Education Coalition to Reduce Alcohol, Tobacco and Other Drugs (LaHEC) in Spring 2009. Thirty-three institutions participated in the survey; 26 of 31

institutions of higher education participated in the Core Alcohol and Drug Survey; five did not participate for various reasons. Seven technical schools also took part in this year's survey. The LaHEC mission is to foster safe and healthy campus communities by reducing problems associated with collegiate alcohol, tobacco, and other drug use through collaboration among institutions of higher education and key state and community stakeholders.

Strategic Prevention Framework State Incentive Grant. OAD and the Governor's Office of Safe and Drug Free Schools and Communities worked in partnership to apply for the grant. Louisiana was awarded \$11.75 million to implement the SPF State Incentive Grant (SPF-SIG), "The Governor's Initiative to Build a Healthy Louisiana." The Strategic Prevention Framework (SPF) is a data-driven, outcome-based planning process intended to achieve sustainable reductions in the abuse of alcohol, tobacco, and other drugs among targeted populations through evidence-based prevention. SPF's purpose is to develop a system that coordinates planning, funding, and evaluation for substance abuse prevention.

Through the work of the State Epidemiological Workgroup, 12 parishes were identified as having the highest alcohol-related motor vehicle crashes and violent crime rates. These 12 parishes were offered funding to develop coalitions to address alcohol-related problems in their respective parish with the target population of 12-29 year olds. The following 10 parishes accepted the offer: Cameron, Calcasieu, Jefferson Davis, Lafayette, Orleans, St. James, St. Mary, St. Landry, Tangipahoa and West Baton Rouge. This grant expires on September 30, 2010. SPF-SIG's goal is to identify alternate funding sources for prevention services, and to promote the sustainability of the system at the local/community level. SPF-SIG Project Staff submitted a proposal for a competitive grant to continue the work of the SPF-SIG, but it was not selected for the grant award. Still, there is concern as to the continuation of the groundwork which has been established.

Synar Compliance. Since 1997, OAD has funded a community contractor in 10 regions. Each educates 400 tobacco merchants regarding the sale of tobacco products to minors through unconsummated compliance checks. In addition, OAD continues its partnership with the Office of Alcohol and Tobacco Control (OATC) by contracting with OATC to conduct 2,400 random, unannounced tobacco compliance checks. This contract ensures that tobacco compliance checks are being conducted statewide on an on-going basis allowing the state to remain in compliance with the Synar Amendment to the Public Health Service Act (P. L. 102-321).

The Synar Amendment requires that states implement annual random, unannounced compliance inspections to determine their buy rates of tobacco products sold to youth under the age of 18. If a state's buy rate exceeds 20 percent, the state loses 40 percent of its SAPT Block Grant funds, which are used to provide treatment and prevention services. In SFY 2009, the non-compliance rate was 4.3 percent, one of the lowest in the nation. Because it pairs community mobilization with enforcement efforts, the Center for Substance Abuse Prevention considers Louisiana to have a model program.

Treatment

Access to Recovery II (ATR-II). Admissions for the SAMHSA \$13.4 M Access to Recovery II (LA-ATR II) grant began in January 2008. Substance abuse treatment and recovery support services are provided to adults and adolescent substance abusers involved with the criminal and juvenile justice system and methamphetamine-using clients. The grant provides the opportunity to partner with DOC and the Office of Juvenile Justice (OJJ). To date, LA-ATR II has served more than 6,500 clients and has 100 service providers, which includes faith-based, community-based, private and public sector organizations. The LA-ATR II federal grant is scheduled to end September 29, 2010.

Pregnant and Post-partum Women. In SFY 2008, OAD secured funding from the SAMHSA Pregnant and Post-partum Women (PPW) Grant. Using this funding, two programs are currently being implemented to serve the target population, emphasis on female veterans; one is at Odyssey House in New Orleans and the other is at Reality House in Baton Rouge. In 2009, OAD filed a continuation application to for the next disbursement, received additional funding for the continuation of this grant project.

Screening, Brief Intervention and Referral to Treatment (SBIRT). Louisiana's Healthy Babies Initiative and SBIRT are synonymous. SBIRT, which began in 2005, is used to screen pregnant women for substance use, tobacco use, depression, and domestic violence. SBIRT, or Louisiana's Healthy Babies Initiative, is a collaboration between DHH's OAD, OMH and Office of Public Health (OPH), as well as the Department of Social Services (DSS), March of Dimes, and the Tobacco Quit Line.

To date, more than 11,000 pregnant women have been screened using the four P's Plus Screening Instrument developed by Dr. Ira Chasnoff, a birth defects expert. SBIRT is now being implemented in WIC clinics statewide, which will more than double the number of pregnant women screened. State SBIRT Coordinator, Dr. Michael Kudla, and the OAD regional SBIRT coordinators are also working to bring private obstetric clinics aboard, as well as to establish SBIRT as a standard of care for pregnant women throughout the state. OAD currently has SBIRT coordinators in MHSD, CAHSD, Region 4, Region 7, Region 8 and FPHSA. The next area to come aboard will be Region 7, the Shreveport area. Louisiana has consistently ranked first or second in the nation in poor birth outcomes. The SBIRT initiative offers the opportunity to achieve family stability, better birth outcomes and improve Louisiana's infant mortality rates.

Problem Gambling Study. OAD, via a contract with the Picard Center for Child Development at the University of Louisiana at Lafayette, completed the 2008 Louisiana Study on Problem Gambling. The study's findings were consistent with current rates.

The study measured four areas, divided by region: problem and pathological gambling rates; gaming establishments and video gambling devices per capita rates; calls to the Louisiana

Problem Gamblers Helpline; and youth gambling data collected from the 2006 Louisiana Caring Communities Youth Survey.

The data reveals that 1.7 percent of gamblers in the state are problem gamblers (at-risk for addiction), and 1.4 percent are pathological gamblers (or compulsive gamblers). This represents an estimated 54,360 problem gamblers statewide and 44,767 pathological gamblers.

Youth data indicates that almost 50 percent of Louisiana students (6th, 8th, 10th and 12th grades) have engaged in some form of gambling, most of them in the previous year. The numbers were highest in the New Orleans and Houma/Thibodaux areas.

Calls to the toll-free problem gambling helpline were shown to have increased from 2002 to 2007. In the 2006-2007 fiscal year, the helpline received 53,127 calls. Of the intake calls received in 2007, 53 percent of the callers were female and 45 percent of the callers were male. Most callers identified themselves as either Caucasian (51 percent) or African American (37percent).

The study also revealed that the number of gambling sites in the state has decreased since 2002, from 2,890 locations to 2,372. However, in that time, the number of gambling devices has increased during this time from 37,864 in 2002 to 44,504 in 2008.

Screening of Pregnant Women. OAD continues to collaborate with OPH to screen pregnant women for alcohol and/or drug use at the Ouachita Parish Health Unit. If the screen is positive, an assessment is completed and treatment is provided through the high-risk clinic at E. A. Conway Hospital in Monroe. Treating women in this environment is an effort to lessen the stigma of accessing treatment in a traditional substance abuse treatment program.

Other Service Expansions. OAD awarded an RFP for an additional 30 medically-supported detox beds, 40 additional adult inpatient beds in the city of New Orleans, and an additional 40 adolescent inpatient beds in New Orleans.

In SFY 2008, OAD obtained funding to establish Adolescent Intensive Outpatient treatment programs in the 10 regions and districts in the state. By 2009, each region had established a regional/district adolescent intensive outpatient program that was fully operational. Additionally, via collaborative agreement with DSS for continued Temporary Assistance for Needy Families (TANF) funding, OAD was able to maintain eight gender specific intensive outpatient programs throughout the state during 2009.

IV. *New Initiatives*

Performance Improvement Network (PIN) Initiative. OAD is working with the Network for the Improvement of Addiction Treatment (NIATx) and the Treatment Research Institute (TRI) to address performance-based budgeting. This initiative is designed to improve the quality of patient care by addressing patient initiation, engagement and retention in treatment. The first phase of this project is complete. Agencies responded to an RFP for pilot projects, which were reviewed by OAD and NIATx. Agencies from three regions were selected to participate in the project. On April 19, 2010, NIATx and OAD held an all-day workshop in Alexandria, in which the principles of system change were reviewed, and the change projects submitted by each agency were critiqued. Several future meetings have been planned in conjunction with a site visit in June to be conducted by Dr. Seth Kunen, Director of Research and Grants at OAD, and Alice Pulvermacher, a NIATx trainer. Other state agencies can use the project's outcomes to improve the use of financial resources and the quality of patient care.

Behavioral Health Integration. In the interest of the people we serve, OAD and the commission will seek to maintain the established high standards of addiction prevention and treatment services within the new OBH. Also, OAD and the commission will seek to advocate, develop and deliver additional services of higher quality to the co-occurring addiction and mental health population.

Parish Health Profile. OAD is collaborating with OMH and OPH update the Parish Health Profile for 2010. Representatives from both offices are co-authoring a single chapter for the profile on behavioral health that reflects current mental health and addiction data statewide.

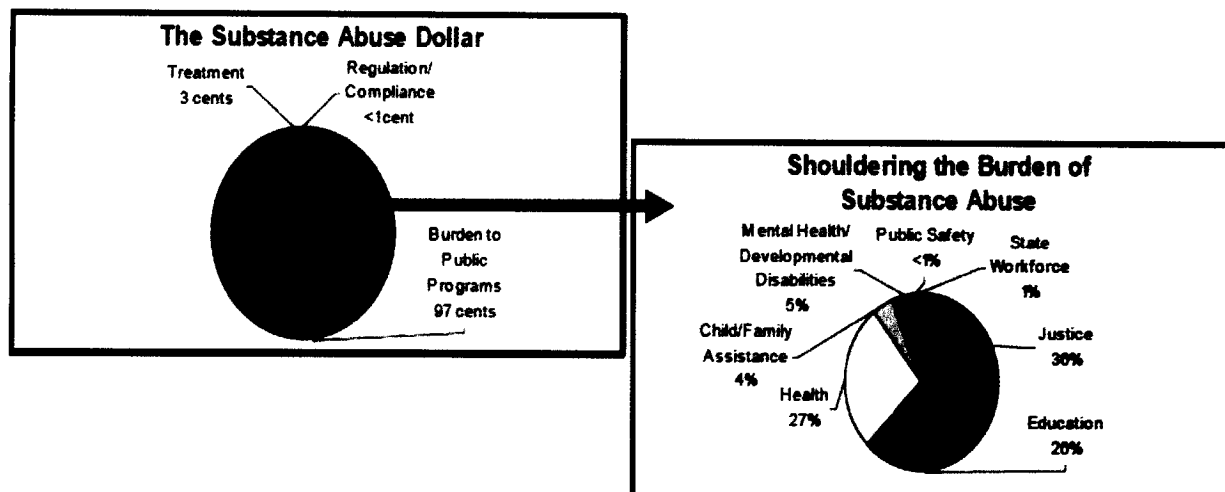
V. *Future Considerations*

Criminal Justice. OAD will investigate what is necessary to upgrade the number and quality of addiction treatment services for offenders involved in the criminal justice system. Specifically, OAD will research addiction treatment and aftercare service delivery systems in other states to develop a more efficient and effective system of offering services to Louisiana offenders. Ideally, this would involve engaging offenders in treatment prior to their release from incarceration, as well as providing treatment after their release (aftercare) and linkages to recovery support services in the community. OAD will collaborate with DOC to accomplish this.

Primary Care and Public Health Integration. An economic study on addiction titled “Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets” states that on average, “States pay over 11 times the total amount spent on prevention, treatment and research coping with the burden of substance abuse and addiction in the health care system” (NCASA, 2009). OAD and the commission continue to believe in the validity of, and will make all efforts to move toward, the integration of addiction treatment into a primary care/public health model. Leveraging the public health unit infrastructure to increase OAD’s preventive impact is one consideration with regard to such an integration. Addiction is a health care issue, and must be treated as such.

Impact on State Budget. Untreated addiction impacts every area of the state government’s budget. Consideration must be given to addressing this health care issue from a prevention and treatment priority, as opposed to paying for the consequences of untreated addiction through high school drop-outs, incarceration, child welfare, highway fatalities and lost workforce productivity.

A 2009 study conducted by The National Center on Addiction and Substance Abuse at Columbia University indicates that as the state invests in alcohol and drug abuse treatment programs, society profits from reductions in future criminal justice, medical and health care expenses. Also, **“burden spending” in other areas of state and local government are drastically reduced by funding effective prevention and treatment programs.** Given that Louisiana generally has a higher concentration of population in need of treatment than the national average, and that Louisiana has one of the highest incarceration rates in the nation, it is a reasonable assumption that investments in the treatment of substance use disorders for Louisiana residents would produce a return greater than the national average. OAD continues to seek and develop additional sources of funding in the interests of providing quality care and expanding the state’s capacity for serving a greater number of the population in need of treatment.



Source: *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets*, pg. 105. (May 2009). The National Center on Addiction and Substance Abuse at Columbia University.

VI. *Partnerships*

Louisiana Integrated Treatment Services (LITS). OMH and OAD continue to collaborate on the Louisiana Integrated Treatment Services (LITS) initiative, which was originally funded by the Co-Occurring State Incentive Grant (COSIG) through SAMHSA. The LITS initiative's goal is to develop and sustain a treatment delivery system within Louisiana in which all publicly-funded mental health and substance abuse programs are Co-Occurring Diagnosis Capable (CODC). At the conclusion of the COSIG Project in 2008, an integrated network was created between state and local mental health and addictive disorders personnel in the areas of workforce development/training, clinical protocol development, program evaluation, information management and funding.

Counselor Education, Licensing & Certification. In the interest of providing a more unified voice in the advocacy for addiction treatment, the commission maintains a collaborative partnership with both the Louisiana Association of Substance Abuse Counselors & Trainers, Inc. (LASACT), Certification Examining Board (CEB), and the Addictive Disorders Regulatory Authority (ADRA). ADRA's mission is to ensure that the highest quality continuum of care is provided to Louisiana residents through the credentialing and regulation of addiction professionals; high standards of education are set by ADRA and required of professionals in the field of addiction treatment. In addition, LASACT is an Approved Educational Provider (AEP) through ADRA, which provides workshops throughout the state year-round on topics such as substance abuse prevention and counseling, compulsive gambling counseling, professional ethics, and clinical supervision. They also sponsor an annual conference, which provides continuing education opportunities with presentations by in-state experts, as well as nationally

and internationally-renowned speakers. ADRA and LASACT implemented a thorough application and testing process to ensure only the most qualified specialists in the field of addictions bare ADRA credentials.

Drug Courts. The Drug Court program was transferred to the Supreme Court in 2001. OAD continues to collaborate with the Drug Court and is the treatment provider for many of the courts.

Children and Families. OAD continued a memorandum of understanding (MOU) with the DSS, Office of Family Support (OFS), to address issues among TANF residential women with dependent children. This initiative is not funded with Block Grant monies. However, this program greatly impacts OAD's ability to provide services to pregnant females and women with dependent children. OAD was successful in obtaining renewed TANF funding in 2009.

OAD continued collaborations with DSS/OFS and developed a 2007-2008 MOU to provide screening, assessment and referral to treatment. Funding was allocated to provide acute care inpatient beds and long-term residential treatment beds for women with dependent children who are involved with the child welfare system. Additionally, the new initiative provides gender specific intensive outpatient treatment. OAD and OFS participate in quarterly team meetings to address obstacles and barriers to implementation, while developing and/or revising protocols as indicated.

Department of Education. Since 1998, OAD has partnered with DOE to conduct the bi-annual CCYS. The CCYS is the primary youth needs assessment tool for state, regional, and community prevention planning. In addition, OAD and DOE have partnered to share resources to include funding, staffing and infrastructure to provide school-based prevention programs. This partnership has reduced OAD's infrastructure cost and allowed resources to be moved to direct services.

VII. *References*

NCASA. (2009). *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets*. The National Center on Addiction and Substance Abuse at Columbia University. New York, NY: May 2009.