LOUISIANA FY 2011
BLOCK GRANT PLAN

Part C
STATE PLAN
Section III

PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE THE SERVICE SYSTEM

CHILD/ YOUTH PLAN

EMERGENCY RESPONSE

The State of Louisiana continues to recover from hurricanes that have changed the way that mental healthcare is delivered in the state. The state was obviously challenged by Hurricanes Katrina and Rita in 2005. Then after a short reprieve, the Louisiana gulf coast was hit again in September of 2008 by Hurricane Gustav. Gustav hit the region to the west of New Orleans, squarely targeting the metropolitan Baton Rouge area; including the Office of Mental Health administrative headquarters and the heart of the government for the entire state. Following on the heels of Gustav, Hurricane Ike impacted the southwest area of the state previously affected by Hurricane Rita. Most recently, the explosion of the Deep Water Horizon/British Petroleum oil rig resulting in the catastrophic oil spill off the coast of Louisiana has once again tested the resolve of Louisiana citizens.

Emergency preparedness, response and recovery have become a part of every healthcare provider's job description, and employees have learned that every disaster is different, often requiring new learning and flexibility. As an example, employees of OMH are now on standby alert status should a storm threaten the coast, and all employees are expected to be active during a crisis. All Louisiana families are encouraged to *"Get a Game Plan"* (http://getagameplan.org/) in order to be prepared for a crisis, should one strike. Clinicians in mental health clinics have made a point of discussing disaster readiness with clients to ensure that they have needed medications and other necessities in the case of an evacuation or closed clinics.

Although 'Emergency Response' in the state had become somewhat synonymous with hurricane response, the lessons learned from the hurricanes apply to disaster response of any kind.

Louisiana Spirit Hurricane Recovery Crisis Counseling Program

Louisiana Spirit was a series of FEMA/SAMHSA service grants funded through the Federal Emergency Management Agency and administered through the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The Louisiana Office of Mental Health was awarded a federal grant for the Crisis Counseling Assistance and Training Program (CCP) in Louisiana, which focused on addressing post hurricane disaster mental health needs and other long term disaster recovery initiatives, in coordination with other state and local resources. Crisis Counseling Programs are an integral feature of every disaster recovery effort and Louisiana has used the CCP model following major disasters in the state since Hurricane Andrew in 1992. The CCP is implemented as a supplemental assistance program available to the United States and its Territories, by the Federal Emergency Management Agency (FEMA). Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974 authorizes FEMA to fund mental health assistance and training activities in areas which have been Presidentially declared a disaster.

These supplemental funds are available to State Mental Health Authorities through two grant mechanisms: (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediate following a disaster declaration; and (2) The Regular Services Program (RSP)

that provides funds for up to nine months following a disaster declaration. Only a State or federally-recognized Indian tribe may apply for a crisis counseling grant.

In the fall of 2008, upon receiving the Presidential disaster declaration for Hurricane Gustav, OMH conducted a needs assessment to determine the level of distress being experienced by disaster survivors and determined that existing State and local resources could not meet these needs. Fifty-three parishes were declared disaster areas for Gustav; they were awarded in four separate declarations as the State appealed the decisions. Louisiana immediately applied for a Crisis Counseling grant for Gustav while in the process of phasing down the Katrina and Rita grants. The grant was awarded in late September of 2008. Disaster mental health interventions include outreach and education for disaster survivors, their families, local government, rescuers, disaster service workers, business owners, religious groups and other special populations. CCPs are primarily geared toward assisting individuals in coping with the extraordinary distress caused by the disaster and connecting them to existing community resources.

The CCP did not provide long term, formal mental health services such as medications, office-based therapy, diagnostic and assessment services, psychiatric treatment, substance abuse treatment or case management; survivors were referred to other entities for these services. CCPs provided short-term interventions with individuals and groups experiencing psychological reactions to a major disaster and its aftermath. In this model, community outreach is the primary method of delivering crisis counseling services and it consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services. Crisis counseling services include: Information/Education Dissemination, Psychological First Aid, Crisis/Trauma Counseling, Grief & Loss Counseling, Supportive Counseling, Resiliency Support, Psychosocial Education, and Community Level Education & Training.

The Louisiana Spirit Hurricane Recovery program operated under the Gustav grants (DR-1786-LA ISP and DR-1786-LA RSP), from October 2008 through mid January 2010; the program employed a diverse workforce of up to 276 staff members. Management and oversight of the program was provided by a state-level executive team dedicated to the support of all operations of the project.

Louisiana Spirit was designed to facilitate integration with other recovery initiatives, rather than compete with them. The Louisiana Spirit state-level organizational structure was designed to continuously be in contact with recovery initiatives throughout Louisiana and coordinate its activities with these other recovery operations. After Hurricane Gustav, there were fewer resources available to assist with hurricane related needs than were available after Hurricane Katrina in 2005. Each service area continuously strived to keep up with changing community resources to share with survivors and other community entities.

The goal of Louisiana Spirit is to deliver services to survivors who are diverse in age, ethnicity, and needs. Extensive ongoing evaluation of the program included assessment of the services provided, the quality of the services provided, the extent of community engagement, and monitoring of the health and recovery of the entire population. The evaluation plan for Louisiana Spirit is multifaceted to reflect the ecological nature of the program seeking to promote recovery among individuals, communities, and the entire population of Louisiana. The assessment component of Louisiana Spirit strived to answer the question of the absolute number of people served and how the services were distributed across geographic areas, demographic groups, risk categories and time. To this end, each of the state-level administrative staff members was responsible for ensuring fidelity to the CCP model and expectations as directed by SAMHSA/ FEMA.

SAMHSA/FEMA also required CCPs to collect information to provide a narrative history-a record of program activities, accomplishments and expenditures. Louisiana Spirit collected data on a weekly basis from all providers which was analyzed by the Quality Assurance Analyst and also sent to SAMHSA for further analysis and comparison with data from all the other Immediate Services Program and Regular services Program Crisis Counseling Programs in the nation. The different service areas also compiled a narrative report to Louisiana Spirit headquarters on a bi-weekly basis. From Gustav's inception in September 2008 through January 12, 2010 a total of 514,535 face-to-face services were provided. 97,681 of these were individual contacts lasting over 15 minutes, 335,650 of these were brief contacts lasting less than 15 minutes and 81,204 contacts were classified as participants in groups.

To help to monitor geographic dispersion/reach/engagement, the number of individual and group counseling encounters for a given week/month/quarter were tallied by zip code and displayed graphically as a check of whether communities were being reached in accord with the program plan and community composition. To monitor demographic dispersion/reach/engagement, the individual encounter data was broken down by race, ethnicity and preferred language as one indicator of how well the program was reaching and engaging targeted populations.

Federal funding for the Louisiana Spirit Gustav program ended June 30, 2010; all direct services ceased January 12, 2010. The time from mid-January through June was spent fiscally and programmatically closing out the program. While not directly addressing the needs of children, the influence of this program on families and children cannot be denied.

Louisiana Spirit Oil Spill Recovery Program

After the Deep Water Horizon/British Petroleum Oil Spill off the Louisiana coastline on April 20, 2010, the State of Louisiana anticipated that the slowly unfolding disaster would have mental, emotional and behavioral health tolls on the lives of residents who had been impacted. The State decided to utilize 1.1 million of the 25 million dollars given to each coastal state through the Oil Spill Liability Trust Fund to provide crisis counseling services to those impacted. The decision was made to utilize a program design similar to what had been funded by the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The Louisiana Spirit Coastal Recovery Counseling Program design was modeled after the successful Louisiana Spirit Hurricane Recovery Program which is described above.

The Louisiana Spirit Coastal Recovery Counseling Program utilized dyad teams to reach out to residents and workers who were dealing with the aftermath of the oil spill. Community outreach is the primary method of delivering crisis counseling services and it consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services. Crisis counseling services include: Information/Education Dissemination, Psychological First Aid, Crisis/Trauma Counseling, Grief & Loss Counseling, Supportive Counseling, Resiliency Support, Psychosocial Education, and Community Level Education & Training. In addition to the crisis counseling and information and referral sources, the program also utilized the media to provide messaging regarding services available after the oil spill.

Workers reached out where fishermen, individuals, families and others affected by the oil spill were likely to be found. Geographically, this includes the southeast parishes of Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard and Terrebonne. The sites where workers who were impacted were seen included: oil spill claims centers, oil spill recovery sites where workers congregated, animal recovery sites, emergency operations centers, resource distribution sites, businesses which

had lost revenue because of the spill, and various community events where residents were likely to be present.

As with previous Louisiana Spirit programs, this project is designed to work with existing programs and resources. These resources include: the Department of Social Services, the Governor's Office of Homeland Security Emergency Preparedness, the local governmental entities such as parish presidents and police juries as well as the local non-governmental entities such as non-profit and faith based organizations. Within these various agencies, not only are adults targeted, but children and youth as well.

To date, the program has 45 field employees. This includes six team leaders, 15 crisis counselors who have at a minimum a master's degree in a counseling related field, 12 outreach workers with a minimum of a bachelors' degree, three community cultural liaisons familiar with the local populations, five first responders and four stress managers. Additional program staff include a program director and two administrative assistants.

From May 21 through July 20, more than eight thousand five hundred (8,500) direct face-to-face contacts have been provided. These contacts included individual crisis counseling sessions lasting more than fifteen minutes, brief educational and supportive encounters lasting fifteen minutes or less and group participants. A public/private community advisory group is being established to ensure culturally responsive services that are transparent and specific to address the local needs of the affected communities.

At the time of the writing of the 2011 Block Grant Application, the recovery program continues to unfold and is ongoing.

The BEST (formerly Access)

The Access Program was a community-based counseling program that operated through the Department of Health and Hospitals, Office of Mental Health. The program was originally created during the review and evaluation of the state's mental health disaster response, post-Katrina; and was a direct response to the lingering mental health crisis. The program evolved into the Behavioral & Emotional Support Team (BEST) which is funded with State General Funds. This program now provides services to persons affected by the BP Deepwater Horizon oil spill in the Gulf of Mexico who are in need of emotional and behavior health services. The BEST team members provide emotional and behavioral health specialized crisis counseling services, including individual and group counseling support services for citizens who typically would not have direct access to emotional and behavioral health services, due to being uninsured, underinsured, poor, homeless / at risk of becoming homeless, elderly, single and pregnant, adjudicated (youth & adults), substance abusers and/or wayward at-risk youth.

The program was in the process of transitioning into a *child and youth only* services model in May, 2010 in anticipation of the new OBH administration. Once the oil spill in the Gulf occurred, the Best program was commissioned to reassign its activities to perform duties consistent with the former LA Spirit Hurricane Recovery Program. The expectation is that the BEST program will continue its efforts in meeting the mental health needs of children and youth in the New Orleans area once the LA Spirit Coastal Recovery Counseling program concludes its services to the community.

The goal of BEST is to serve citizens (including children, youth and families) in the community, acting as a transition between the initial crisis and through the waiting period, prior to receiving

assessment and treatment services for mental health related issues. The BEST Program also has provided citizens with a swift support service response that often prevents emotional crises from escalating, while often negating the need for hospitalization. BEST accepts referrals from recovery organizations, community centers, public health clinics and the private sector.

The program uses a team approach, using dyads consisting of a master's level Crisis Counselor, specializing in social work or counseling, and a paraprofessional Resource Linkage Coordinator. Together these dyads provide immediate crisis intervention support and resource information; with a focus on empowering the client to regain control of their life, develop self-help skills to manage future crises, and avoid disruptive and costly hospitalization. All of the services provided by the Access team take place in the client's home or in a community-based location.

The BEST (and previously ACCESS) has established networks with homeless and domestic violence shelters/ missions, public health clinics, youth training centers, community centers, churches, residential facilities, juvenile justice programs, public schools, food banks and many other community support organizations.

Louisiana Spirit ACCESS/BEST services staff completed the following services in Jefferson, Orleans, Plaquemines and St. Bernard Parishes from December, 2008 through February, 2010, prior to the oil spill:

Crisis Counseling Assistance and Training Program (CCP) Grant:

- 3,582 individual crisis counseling sessions with 2,560 survivors (at least 15 minutes each)
- 716 group crisis counseling sessions with a total of 7,737 participants (average of 11 participants per group)
- 214 public education sessions with a total of 4,151 participants (average of 19 participants per group)
- 22,141 brief educational or supportive contacts (less than 15 minutes each)
- 27,181 materials distributed
- 4,598 community networking efforts
- 10,458 phone calls
- 791 emails

The following demographic information describes the 2,489 survivors seen by Access/ B.E.S.T. during CCP individual crisis counseling sessions:

AGE		
0 to 5 years:	6	0.2%
6 to 11 years:	87	3.4%
12 to 17 years:	78	3.0%
18 to 39 years:	1,447	56.5%
40 to 64 years:	776	30.3%
65+ years:	157	6.1%
Age unknown:	9	0.4%

RACE/ ETHNICITY		
Latino:	279	10.9%
Asian:	14	0.5%
Black:	1,346	52.6%
Pacific Islander:	2	0.1%
White:	498	19.5%

Child and Adolescent Response Team (CART)

Crisis services for children and youth are provided twenty-four hours a day, seven days a week. These crisis services are referred to as the CART (Child and Adolescent Response Team) Program and are available in all Regions/LGEs. There is a nomenclature difference in the Florida Parishes Human Service Authority, where these services are called Children's Crisis Services and in Jefferson Parishes Human Service Authority, where they are called the Children's Mobile Crisis Response Team. These crisis services are available to all children and their families, not just those eligible for mental health clinics and psychiatric hospitals. Services include telephone access at all times with additional crisis services and referrals, face-to-face screening and assessment, crisis respite in some areas, and access to inpatient care. The infusion of Social Service Block Grant funds allowed for the expansion of respite care, crisis transportation, in-home crisis stabilization, and family preservation at various locations across the state.

CART services consist of CART Crisis System Screenings (100%); CART Clients Receiving Face to Face Assessments (75%); Clients staffed for Additional Services (e.g., in-home, out of home, intensive respite) (25%); and Hospitalized (10%). In the preceding fiscal year, statewide implementation indicates that there were 4,122 (100%) crisis system screenings, and 1,751 (42%) resulted in face-to-face assessments, and only 128 (3%) resulted in the child or youth's psychiatric hospitalization. In addition, 39% (1606) of those served by CART were staffed for additional services.

After the maximum seven day period of CART crisis stabilization, youth and their families may still require further in-home intensive services. Intensive in-home services may be provided by Family Functional Therapy (FFT), Multi-Systemic Therapy and Intensive Case Management. Additional services are available via referral sources include psychological evaluations, Interagency Service Coordination, high acuity respite care and consideration of placement in Dialectical Behavior Therapy treatment groups.

HEALTH, MENTAL HEALTH, MENTAL HEALTH REHABILITATION SERVICES & CASE MANAGEMENT

FY 2011 – Child/Youth

Individuals with Serious Mental Illnesses often have co-occurring chronic medical problems. Therefore, it is important to enhance a collaborative network of primary health care providers within the total system of care. The Office of Mental Health continues to develop holistic initiatives that offer comprehensive and blended services for vulnerable children and adults experiencing psychiatric and physical trauma, including those in acute crisis. In addition, Louisiana's extensive system of public general hospitals provides medical care for many of the state's indigent population, most of whom have historically had no primary care physician. Over the past few years, OMH's acute psychiatric inpatient services have been moved under the Louisiana Health Sciences Center-Health Care Services Division (LSUHSC-HCSD), and LSU Shreveport public general hospitals. It is believed that continuity of care is often better served under LSU and that those persons admitted with acute psychiatric problems might then receive the best *physical* assessment and treatment as well as care for their psychiatric problems. Adults who are clients of state operated mental health clinics or Medicaid funded Mental Health Rehabilitation (MHR) Services also benefit from a systematic health screening. Further, MHR providers who provide services to children, youth, and adults must assure through their assessment and service plan process that the whole health needs of their clients are being addressed in order to get authorization for the delivery of services through the

Medicaid Behavioral Healthcare Unit. The OBH clinics work very closely with private health providers as well as those within the LSUHSC-HCSD.

Outpatient mental health services have historically been provided through a network of approximately 45 licensed community mental health clinics (CMHCs) and their 27 outreach clinics. These are located throughout OBH geographic regions and LGEs. The CMHC facilities provide an array of services including: screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services; specialized services for children and adolescents; and in some areas, specialized services for those in the criminal justice system.

The CMHCs serve as the single point of entry for acute psychiatric units located in public general hospitals and for state hospital inpatient services. All CMHCs operate at least 8 a.m. - 4:30 p.m., five days a week, while many are open additional hours based on local need. CMHCs provide additional services through contracts with private agencies for services such as Assertive Community Treatment (ACT) type programs, case management, consumer drop-in centers, etc. OBH is cognizant of the fact that some of these services are limited and not available statewide, and efforts to improve access are constantly being made.

Although the CMHC's operate with somewhat traditional hours, crisis services are provided on a 24-hour basis. These services are designed to provide a quick and appropriate response to individuals who are experiencing acute distress. Services include telephone counseling and referrals, face-to-face screening and assessment, community housing for stabilization, crisis respite in some areas, and access to inpatient care.

The Mental Health Rehabilitation (MHR) program continues to provide services in the community to adults with serious mental illness and to youth with emotional and behavioral disorders. As of July 1, 2009, the oversight and management of the MHR program was transferred to the Bureau of Health Services Financing (Medicaid) within DHH. All staff, equipment, materials, contracts, purchase orders, processes and personnel were transferred. Starting on that date, Medicaid began to provide all utilization management, prior authorization, training, monitoring, network, and member service activities.

During the just ended fiscal year, the MHR program continued to refine its operation, oversight and management activities to align itself with industry standard Administrative Service Organization functions, including Member Services, Quality Management, Network Services (Development and Management), Service Access and Authorization, as well as Administrative Support and Organization.

Efforts to improve the Mental Health Rehabilitation optional Medicaid program continued through FY 2009 -2010. Continued collaboration with the Office for Community Services (OCS) and the Office of Juvenile Justice (OJJ) resulted additional staff trainings and pilot projects across the state to increase access to medically necessary mental health services for eligible adults and children served by those agencies. The MHR program and newly formed Medicaid Behavioral Health Section also participated in and led several Coordinated Systems of Care planning efforts, in collaboration with OCS, OJJ, OBH, DOE, as well as family members, advocates, and other invested stakeholders. Additional policies and procedures governing the processes of certification and recertification were refined, as were policies and procedures related to complaints, grievances and events. The MHR program continued to add new MHR providers during the year, and a number of new Multisystemic Therapy (MST) providers were also certified by Medicaid during the year.

During FY 09-10, as of the date of this summary, nine additional MHR providers have enrolled, expanding the network of qualified providers to 69. The total number of MHR recipients served has continued to increase accordingly, resulting in approximately 9,632 unduplicated recipients having been served during the fiscal year. Medicaid added 11 new MST providers during the fiscal year, resulting in 22 MST providers enrolled, including 32 MST teams. During the fiscal year, 1364 youth were served in MST throughout the state.

Beginning June 2010, the MHR program began statewide implementation of its new Provider Performance Indicator reviews. The Clinical Documentation/Utilization Management Monitoring module (covering screening, initial assessments, reassessments, initial and ongoing treatment planning, crisis planning, discharge planning and service delivery domains) and its Covered Services Module (monitoring Assessment and Service Planning, Community Support, Counseling, Individual, Group an Family Interventions, as well as Psychosocial Skills Training and Parent/Family Interventions) were implemented. Results will be used for Provider Report Cards, as well as referrals for possible Notices of deficiencies, provider training and education referrals, and as focused monitoring tools for complaints, grievances, etc. In addition, enhancements to the Behavioral Health Section's website included more service and referral information for recipients/members, as well as enhanced on-line training, post-tests, and provider resources on the Provider side of the website.

Quarterly sessions with providers were continued via telecommunication, and all authorized providers in the network remain accredited by The Joint Commission, CARF, or COA, a requirement of the program that began on March 31, 2006.

The tables below show pertinent facts about the MHR program through FY 2010.

Number Receiving Mental Health Rehabilitation Services

	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10
Children: Medicaid Funded	4,886	4,201	4,539	5,205	8,106
Adults: Medicaid Funded	2,379	1,605	1,459	2,182	2,471
TOTAL	7,265	5,806	5,998	7,387	9,909*

*Unduplicated: some were treated as children and also as adults when they turned 18.

Mental Health Rehabilitation Providers

	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10
Medicaid Mental Health Rehabilitation Agencies Active During FY	114	77	61	68	69

EMPLOYMENT SERVICES
FY 2011 – Child/Youth

Historically, there have been multiple initiatives centered around the employment of individuals with psychiatric disabilities. Some of these include the Louisiana Commission on the Employment of Mental Health Consumers and the Louisiana Plan for Access to Mental Health Care. Both initiatives developed recommendations for collaboration and programs intended to improve transition and employment outcomes for individuals with psychiatric disabilities. These groups convened a variety of stakeholders and collaborative partners to work on implementation of various goals related to the service spectrum for individuals with mental illness. Additionally, the collaborative workgroups focused on employment for adults also relate to programs for youth. As stated in the adult section, these workgroups include: the Louisiana Medicaid Infrastructure Grant (which facilitated the organization of the Medicaid Purchase Plan). Additionally, staff coordinates with other programs, and program offices, such as the Disability Navigator initiative through the Louisiana Workforce Commission (formerly Department of Labor), the Work Incentive Planning and Assistance (WIPA) program through both the Advocacy Center and Louisiana State University, Louisiana Rehabilitation Services, and other employment related work groups such as the WORK PAY$ committee. This committee is comprised of community partners and is intended to further the employment of individuals with disabilities in the state of Louisiana.

Louisiana Work Incentive Planning and Assistance (LAWIPA)

The Louisiana Work Incentive Planning and Assistance (LAWIPA) program helps Social Security beneficiaries work through issues relating to social security benefits and employment. The program is a coalition between the Advocacy Center of Louisiana and the LSU Health Sciences Center's Human Development Center. Many individuals with disabilities who receive SSDI and/ or SSI benefits want to work or increase their work activity. One barrier for these individuals is the fear of losing health care and other benefits if they work. Valuable work incentive programs can extend benefits, but are often poorly understood and underutilized. The LAWIPA coalition educates clients and assists them in overcoming work barriers, perceived or real; and also focuses on improved community partnerships. Benefit specialists, called Community Work Incentive Coordinators, provide services to all Louisiana SSDI and SSI beneficiaries age 14 and older who have disabilities. CMHC staff and clients are able to work with Coordinators to help navigate the various work related resources (as offered in conjunction with the Ticket to Work program), and identify on an individualized basis, the way their benefits will be impacted by going to work. The ultimate goal of the new WIPA coalition is to support the successful employment of beneficiaries with disabilities.

Through the Mental Health Rehabilitation (MHR) program, case management, and ACT-type programs, referrals are routinely made to assist youth and families of children to secure and maintain employment. Additionally, every Region / LGE has access to consumer care resources (flex-funds) that are frequently used to assist youth and family members in finding and maintaining employment.

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is being integrated into the state system of care, having been approved as a Medicaid reimbursable service. Though this program does not directly provide

employment services, it could support such services on an individualized basis if obtaining or maintaining a job was determined to be an important component of the client's recovery or rehabilitation. At that point, the therapist could work with the client on those social skills as well as family and environmental barriers preventing a client from getting or maintaining a job.

Workforce Investment Board Youth Council

In the Metropolitan Human Services District (MHSD), the Workforce Investment Board Youth Council is sponsored by the Office of the Mayor of New Orleans. This group develops services for the city's youth to prepare, enter, and succeed in the world of work; training and support are provided to youth and employers. The Metropolitan Human Services District has contracts and programs that assist adults, young adults, and families in their efforts to enter the job market and to stay employed. Referrals originate from many sources, including: community mental health clinics, mental health rehabilitation programs, and case management agencies. Additionally, the Interagency Services Coordination Program (ISC) for children, the Inter-Disciplinary Staffings (IDS) for adults, and Act 378 programs also assist the persons with SMI/EBD in securing and maintaining employment.

Act 378

Act 378 funds are used on the child / adolescent side to assist families in emergency situations and to help with transportation that allows family members to find and maintain jobs. Additionally, services are offered through the Early Childhood Supports and Services program (ECSS - located in CAHSD, MHSD, FPHSA as well as Regions 3, 4, 7, and 8) and Louisiana Youth Enhancement Services (LaYES - located in MHSD). Through these programs, links are made to a variety of resources, including employment assistance, emergency funds, respite services, and other services that enable youth and families to access jobs. Adolescents in school-based health clinics have access to clinical social workers who assist students with job-related skills, such as social skills, safety practices in the work place, and a broad range of issues related to behavioral, emotional, and mental health that are fundamental to adolescent development and readiness to work skills. These issues are of particular importance at high schools that focus on vocational/technical training.

Examples of Regional Employment Services for Youth

MHSD is a Work Experience (WE) Program site for JOB 1, a program of Goodwill Industries of Southeastern Louisiana, Inc. and part of the Mayor of New Orleans' Economic Development Team. WE provides on-the-job training for persons with limited or no previous work experience in an effort to help them develop basic work readiness skills, as a part of their effort to find permanent employment. The Capital Area Human Services District (CAHSD) partners with Instructional Resource Centers and Transition Core Teams in local school systems to provide services to youth, especially as they transition from educational to vocational systems. Through efforts including planning meetings, transition fairs, interagency service coordination and family support coordination, CAHSD provides services for transition-aged clients with developmental disabilities, mental health disorders, and/or addictive disorders. Individuals that become clients of CAHSD mental health services are eligible for services from the La HIRE program that provides team building and intensive employment support. Services include case management, job finding, and other supportive services necessary to help consumers find and maintain employment. Louisiana Rehabilitation Services serves ages 16-21 with Job Placement Services. The Transitional Core Team serves ages 16-21 with the Job Fair and Placement Services. LSU Youth Employment serves ages 16-21 with on campus employment. In January 2009, CAHSD filled its Employment Coordinator position and developed a new District-wide Employment Program to meet the employment needs of transition age youth and adults with emotional disorders/behavioral disorders, severe mental illnesses, addictive disorders, developmental disabilities, and co-occurring disorders,

particularly those who are not served by the LAHIRE program. Region III serves ages 16-18 through Career Solutions: The Work Connection by assisting youth who are looking for job placement and career enchantment. In Region IV, Louisiana Rehabilitation Services assist individuals with disabilities to obtain job training or education. The National Guard Youth Challenge Program (ages 16 - 18) assists high school dropouts to obtain job training and a GED. The Lafayette Parish School System / Options Program assist high school students to obtain a certificate in a vocation when a high school diploma will not be obtained.

Region V refers transitional age youth to Transition Workshops for training on adult issues, resume building, and networking. Calcasieu Parish Schools Job for Americas also offers a program in Region V to help high school students with job training mentoring and job placement. Louisiana Rehabilitation Services (LRS) has a transitional age program to assist with job readiness and placement for individuals 17 years of age and older who are graduating from high school. Families Helping Families hold transition fairs and offers resources from area agencies to youth in grades 11 and 12. In Region VII, Special Education Transition Team helps special education students connect with vocational services, trainings, and sheltered workshops. In FPHSA, The Youth Career Development Project is funded by a grant from the US Department of Labor to teach construction skills to youth between the ages of 16 and 24 with little or no work history. Additionally, the public school system in this area offers various on-the-job trainings to students in special education classes. These trainings are provided by local businesses. In JPHSA the Adolescent Job Shadowing/Apprentice Program serves youth between the ages of 14 and 20. This program offers job readiness curriculum support as well as stipend exposure to the workforce with the assistance of a mentor.

The overall goal of OMH employment initiatives is to create a system within the Office of Mental Health that will encourage and facilitate consumers of mental health services to become employed, thereby achieving greater self-determination and a higher quality of life, while helping consumers transition from being dependent on taxpayer supported programs; to being independent, taxpaying citizens contributing to the economic growth of our state and society. The national economy has made this goal an extremely challenging one at best. Nationwide, a suffering economy can have a spiraling effect as workers are laid off and the need for public assistance increases. However, when resources are not available, the solution-focused alternative is to assist clients in obtaining and maintaining employment through help with resume-writing, job searching, and interviewing skills.

HOUSING SERVICES

FY 2011 – Child/Youth

While there are by some measures a limited number of available alternative housing resources for children and adolescents with an emotional or behavioral disorder, the philosophy of the Office of Mental Health has been to preserve the family system in their natural setting while delivering appropriate and effective mental health services. In keeping with that philosophy, the housing efforts of OBH have been directed toward resources that will impact families rather than separating children into segregated housing. Overall, the movement in housing nationally has been away from segregated congregate living and toward permanent supportive housing, providing supportive services to individuals and families in the housing of their choice.

OMH has recently been combined with the Office for Addictive Disorders to form the new Office of Behavioral Health in an effort to utilize strengths and services of each to effectively address the needs of mental health and addictive disorders jointly. As new methodologies and strategies are used to redesign the mental health system of care to engage mental health and other co-occurring

disorders with a Housing First model, it is important to realize that appropriate support services are essential to this transition. The overall framework of the Housing First Model is that housing is a necessity and the primary need is to obtain housing first without any pre-conditions to services. The impact for prevention of the causes that created homelessness should be addressed with a client-centered approach to sustain homeless and at-risk homeless populations from repeating cycles of homelessness. Moreover, housing is a basic right, and should not be denied to anyone, even if they are abusing substances or refusing mental health treatment services. Housing First is endorsed by The United States Department of Housing and Urban Development and considered to be an evidence-based practice and a solution to addressing the chronically homeless.

The Olmstead Decision of 1999 is a critical legal victory and supports the right of institutional mental health consumers and other disability populations to have access to housing and support services that is necessary to sustain community treatment and services after reaching treatment objectives. Unjustified institutionalization violates the ADA and to that end creates a pathway to therapeutic residential housing. With employment services described elsewhere, the MHR, Intensive Case Management, ACT and FACT programs are very involved in assisting consumers and families with opportunities to secure and maintain adequate housing. Furthermore, in keeping with the use of best practices and consumer and family choice OBH has a strong commitment to keeping families together and to increasing the stock of permanent supportive housing; and consequently has previously withstood pressure to fund large residential treatment centers. Instead, effort and dollars have been put into Family Support Services, housing with individualized in-home supports, and other community based services throughout the state. The consumer care resources provide highly individualized services that assist families in their housing needs. OBH, in partnership with other offices in DHH, disability advocates, and advocates for people who are homeless, has actively pursued the inclusion of people with disabilities in all post-disaster development of affordable housing. These efforts resulted in a Permanent Supportive Housing (PSH) Initiative which successfully gained a set aside of 5% of all units developed through a combination of disaster-related housing development programs (including Low Income Housing Tax Credits) targeted to low income people with disabilities. Congress approved funding for 3,000 rental vouchers to go to participants in the PSH program, furthering the goal of serving 3,000 people and their families. Because people with mental illness are present to a high degree in all of the targeted subpopulations of this initiative, it is likely that they will benefit significantly. This initiative also targets the aging population so those persons with mental illness who are in that subpopulation will have targeted housing.

In 2008, a plan was developed by the Department of Health and Hospitals to provide immediate assistance to the mental health delivery system in New Orleans that had continued to struggle post-Hurricane Katrina. One of the items in the plan was a rental assistance program that funded 300 housing subsidies for individuals; some of whom are homeless with serious mental illness and co-occurring disorders. Of particular note has been the OMH pursuit of State General Funds for housing and support services. OMH was successful in obtaining initial funding sufficient to develop housing support services for 600 adults with mental illness (60 for each of the 10 planning regions) and 24 hour residential care beds to serve 100 people (10 for each of the 10 planning regions) in 2006. This program was successfully continued through FY 2008-09. The program participants were successfully transitioned to the federally funded PSH that had been previously advocated for in the United States Congress. The Department of Housing and Urban Development administers the PSH housing program with a subsidy administrator.

The state has continued to pursue housing resources through the HUD funding streams such as the Continuum of Care for the Homeless program and the Section 811 and Section 8 programs over the

past ten years. In addition, OBH is developing partnerships with Rural Development housing programs and state Housing Authorities. The American Reinvestment and Recovery ACT of 2009 is a welcome housing resource to stimulate and provide bridge subsidy funds for some of our most vulnerable homeless and/or disability populations. Specifically the Homeless Prevention and Rapid Re-Housing (HPRP) program has the potential provide widespread relief. Louisiana received over $26,000,000 in HPRP funding with DCFC Administering $13.5 million and the other funds going to direct allocation to existing community providers. Our goal is to collaborate across departmental agencies and to utilize all available housing funding resources to develop or partner with housing providers to develop a sufficient housing stock of affordable housing. While shifts in HUD policy have created barriers to persons with mental illness qualifying for housing resources through the Continuum of Care, and the Section 811 and Section 8 programs have been severely reduced, the HUD programs continue to be a focus of development activities. OMH Regional Housing Coordinators are active participants in the regional housing/homeless coalitions. In some cases these coordinators are in leadership positions in their local coalitions. Service providers have pursued Section 811 applications and sought to develop fruitful relationships with local housing authorities 202 Elderly Housing programs and The Louisiana Housing Finance Agency to pursue disability required rental units set-asides. It is essential and critical that housing development continue with particular emphasize on strategies to coordinate tax credits, rental vouchers (Section 8 and Shelter + Care) and affordable financing. The Weatherization Programs and Rental Rehabilitation administered through our local Community Developments needs continual funding and efficient access to assistance. Federal applications for housing and support services submitted by mental health providers have increased over the years as agencies search for avenues to develop housing and support services for the mental health consumers they serve.

The housing development efforts for the homeless carried out by the Region and LGE Housing Coordinators have been largely through their involvement with the local continuums of care for the homeless also known as Homeless Coalitions. These coalitions develop a variety of housing programs that can be both transitional and permanent in length of stay. The type of programs they develop is determined by the assessment of local needs; this assessment is performed locally through the coalitions. The programs developed can serve both individual adults as well as families, many of which will have children and youth with an emotional or behavioral disorder. Families experiencing homelessness often have a multiplicity of events impacting their lives. There are programs that are directed specifically toward homeless youth and transitional age individuals. Programs that target the prevention of family homelessness will obviously also benefit children and youth with an emotional or behavioral disorder.

Mental Health Rehabilitation (MHR), ACT, FFT, and case management programs are very involved in assisting families with opportunities to secure and maintain adequate housing. OMH has a strong commitment to keeping families together and consequently has previously withstood pressure to fund large residential treatment centers. Instead, effort and dollars have been put into Family Support Services throughout the state. The state chapter of the Federation of Families has developed both respite and mentoring models which are used extensively by Louisiana families. The Consumer Care Resources provide highly individualized services that assist families in their housing needs. The State also has numerous HUD housing programs, many of which serve families with children and youth.

In an effort to support families who have children with EBD in the home, the services of CART (Child and Adolescent Response Team) are available. CART is a child-centered, family-focused, strengths based model that engages families as partners to resolve a crisis in the family with community based treatment and access to resources in the community. Once CART's intervention

is complete (lasting no longer than seven days) and stabilization has occurred, the family has an understanding of what caused the original crisis, and how to prevent any future crises. If further family stabilization services are needed, the family is referred to an agency for a longer period of intense in-home services.

In the event that a child or youth requires alternative living arrangements, the State contracts with numerous group homes for children and adolescents as well as Emergency Shelters. There are also transitional living programs that will accept emancipated seventeen-year-olds. Various contractual programs include therapeutic foster care arrangements with the Office of Community Services (OCS) and the Office of Youth Development (OYD) to serve OBH clients, respite care for hospital diversion, as well as recreational and psychological respite.

There is much activity around assisting individuals with SMI, and families with children with EBD to obtain and maintain appropriate housing. Many successful programs to assist individuals with housing needs are operating in each Region and LGE as can be seen in the table below:

Housing Assistance Programs by Region/ Local Governing Entity (LGE) FY 2010

Region/ LGE	# of Programs	# Referred Unduplicated	# Placed Unduplicated
MHSD*	5 programs	unk	unk
CAHSD	3 programs	63	60
Region III	4 programs	49	26
Region IV	6 programs	149	483
Region V	10 programs	63	35
Region VI	7 programs	157	78
Region VII	4 programs	124	102
Region VIII	7 programs	177	118
FPHSA	5 programs	241	162
JPHSA	11 programs	678	453

NOTE: Please see *Criterion 4: Homeless Outreach* in this application, where many related issues, programs, and initiatives related to housing are discussed.

EDUCATIONAL SERVICES
FY 2011 – Child/Youth

Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for this information.

SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS (SUBSTANCE ABUSE / MENTAL HEALTH) AND OTHER SUBSTANCE ABUSE SERVICES

FY 2011 – Child/Youth

As described earlier in this document, 2009 legislation created the Office of Behavioral Health, combining the functions of the Office of Mental Health and the Office for Addictive Disorders. In some parts of the state OMH and OAD already jointly deliver services to people with co-occurring mental and substance disorders. Co-occurring treatment ensures that emphasis is placed on early mental health screening, assessment and referral to services, and eliminating disparities in mental health services as noted in *The President's New Freedom Commission Report* Goals #3 and #4.

Louisiana Integrated Treatment Model (LITS)

The Louisiana Integrated Treatment Model (LITS) initiative was funded through the SAMHSA supported Co-occurring State Incentive Grants, which in its conception was designed to target the adult population with co-occurring mental health and substance use disorders. However, the Behavioral Health Taskforce (the LITS executive leadership committee) later identified co-occurring disorders in children and youth as a long-term priority. The LITS model is organized around nine Core Principles *(please refer to the Adult Section on Services for Persons with Co-Occurring Disorders [Substance Abuse / Mental Health] and Other Substance Abuse Services)* and includes ten service domains which are provided throughout four Treatment and Recovery Phases. Conceptually, the locus of care is determined through a severity grid. In 2004, Louisiana was chosen by SAMHSA as one of 10 states to participate in the first National Policy Academy on Co-Occurring Mental and Substance Abuse Disorders. At the Academy, the Louisiana Team used the current LITS grant as a foundation, but broadened the scope of work to include children and youth, as well as partnerships with primary care. The outcome of the Academy was the draft of an action plan that has been used to help guide the initiative. Included in the action plan is the expectation that Louisiana citizens will be provided with an integrated system of healthcare that encompasses all people, including individuals with co-occurring mental and addictive disorders *regardless of age*, who will easily access the full range of services, in order to promote and support their sustained resilience and recovery. The recent creation of the Office of Behavioral Health will aid in this treatment model becoming the norm.

Implementation of services for children and youth with co-occurring disorders include:

- Establishment of a workgroup to develop long-range plans for serving children with co-occurring disorders.
- Screening of children of parents who are seen in a co-occurring program to be implemented with a New Orleans' Drug Court Program (pilot program).
- Screening of parents seen in the Early Childhood Services and Supports Program for co-occurring disorders.
- The continuation of Louisiana Youth Enhanced Services (LA-Y.E.S.) as a system of care initiative has been instrumental in coordinating a variety of agencies including mental health and addictive disorders services into the community array to support co-occurring disorders in children.

Louisiana Screening, Brief Intervention, Referral, and Treatment (SBIRT)

The Louisiana Department of Health and Hospitals and the American College of Obstetricians and Gynecologists – Louisiana Section has a relatively new program designed to address poor birth outcomes in Louisiana. The Louisiana Screening, Brief Intervention, Referral, and Treatment (SBIRT) – Health Babies Initiative is designed to reduce the use of alcohol, tobacco and illicit drug use during pregnancy. The program also screens and provides appropriate referral for domestic violence and depression in pregnancy. The initiative is different from, but designed to work in concert with, specialized or traditional treatment. Historically, the primary focus of specialized treatment has been targeted toward persons with more severe substance use or those who have met the criteria for a Substance Use Disorder. SBIRT, however, targets those individuals with non-dependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment. Mechanisms are also in place to refer those with the greatest addiction severity to specialized treatment.

A pregnant woman's concern for her unborn child strongly motivates her to respond positively to her medical providers' advice. Therefore, the long-term goals of the Louisiana SBIRT initiative are to:

- Screen all pregnant Louisiana women at the site of prenatal care within both, public and private health facilities.
- Incorporate screening as a routine part of prenatal care.

The Louisiana SBIRT-Healthy Babies Initiative is a partnership with the Office of Addictive Disorders and the Office of Public Health within the Louisiana Department of Health and Hospitals, the American College of Obstetricians and Gynecologists (ACOG), March of Dimes, Fetal Infant Mortality Review and The Louisiana Campaign for Tobacco-Free Living.

Previously, the Office of Addictive Disorders (OAD) has offered treatment services through fifteen inpatient/residential facilities; five social detoxification, two medical detoxification, and four medically supported facilities; seventeen community-based facilities (halfway and three-quarter houses); and sixty-eight outpatient clinics. Current and future efforts have a focus on increasing the continuity of care within the newly legislated Office of Behavioral Health and internally enhancing services within all facilities.

The following are treatment facilities that specifically serve youth:

- The Springs of Recovery Inpatient Treatment Center provides a total of 54 adolescent (38 male and 16 female) residential inpatient treatment beds, 30 intensive treatment and 8 transitional beds for adolescent males, 16 intensive treatment adolescent beds for females. Forty-seven of the beds are Federal Block Grant funded and seven are funded by OAD's Access to Recovery Grant. Clients who complete the 45-60 day intensive treatment program may continue in the transitional program for 45 days to six months.
- The Inpatient Treatment - Gateway Adolescent Treatment Center - Cenla Chemical Dependency Council, Inc. provides 26 beds for adolescents aged 12-17 (20 male and 6 female) funded by Federal Block Grant with inpatient chemical dependency treatment program.
- The Cavanaugh Center in Bossier City is an inpatient, licensed, 24 bed (allocated to males and females as needed) adolescent primary treatment unit. All beds are Federal Block Grant funded. The facility provides structured, supervised, adolescent (ages 12-17) inpatient treatment. Cavanaugh Center's halfway house provides 20 beds funded by FBG (allocated to males and females as needed).

Other examples of services provided to youth with substance abuse include:
CAHSD has twenty-two substance abuse prevention contracts that include services for adolescents.

The Access to Recovery (ATR) electronic voucher program provides clients with freedom of choice for clinical treatment services and recovery support. Louisiana's ATR funds served all eligible citizens with special emphasis upon women, women with dependent children, and adolescents.

The following projects serve pregnant women and women with dependent children ages 0-12:

- CENLA Chemical Dependency Council, Halfway House Services to Women and their Dependent Children
- Louisiana Health and Rehabilitation Options, Residential Treatment to Women with Dependent Children
- Odyssey House of Louisiana, Inc. - High Risk Pregnancy - The Family Center, Residential Treatment to Women and their Dependent Children as well as Pregnant Women
- Grace House of New Orleans, Residential and Halfway House
- Family House in Jefferson Parish
- Family Success Institute in Region VII, Shreveport
- Claire House in Morgan City - St. Mary Parish

MEDICAL AND DENTAL HEALTH SERVICES
FY 2011 – Child/Youth

The Office of Mental Health attempts to offer a comprehensive array of medical, psychiatric, and dental services to its clients. As noted in the *President's New Freedom Commission Report* Goal #1, mental health is essential to overall health, and as such, a holistic approach to treating the individual is critical in a recovery and resiliency environment.

The location of the acute units within or in the vicinity of general medical hospitals allows patients who are hospitalized to have access to complete medical services. State-run hospitals all have medical clinics and access to x-ray, laboratory and other medically needed services. Outpatient clients are encouraged to obtain primary care providers for their medical care. Those who do not have the resources to obtain a private provider are referred to the LSU system outpatient clinics. Children and adolescents who are clients of state operated mental health clinics or Medicaid funded Mental Health Rehab services also benefit from health screenings with referrals as needed.

Proper dental care is increasingly demonstrated to have an important role in both physical and mental health. Dental services are provided at intermediate care hospitals by staff or consulting dentists. Referrals for oral surgery may be made to the LSU operated oral surgery clinics. Some examples of low or no-cost dental services/resources available to OMH outpatient consumers include the Louisiana Donated Dental Services program, the David Raines Medical Clinic in Shreveport, the LSU School of Dentistry, the Lafayette free clinic, and the Louisiana Dental Association.

The LSU School of Dentistry (LSUSD) located in New Orleans is now fully operational. It had sustained severe damage from flooding from Hurricane Katrina, and was forced to close, re-opening in the fall of 2007. In addition, various school-based dental clinics in MHSD that offered a full range of services also were destroyed but most have re-opened. As a result, dental clinics opened in other parts of the state. Some of these clinics have remained open, although in smaller scale. The LSUSD campus serves primarily residents from the greater New Orleans area; however, LSUSD

satellite clinics serve citizens in other areas of the state. In addition, Earl K. Long Hospital in Baton Rouge provides routine dental care.

A recent increase in the reimbursement rates for treating children who receive Medicaid benefits coincided with an influx of mobile dental clinics. House Bill 687 of the Regular Session of the 2010 Louisiana Legislature was the Louisiana Dental Association-supported bill that addressed dentistry in public schools, citing that nonpermanent dental clinics were unsanitary and discouraged parental involvement in their children's dental care. Initially, the bill sought to prohibit all dentistry on school grounds. Critics of the bill argued that elimination of dental services by mobile units or those offered in the schools would deny poor children access to dental care. After much debate, the final piece of legislation, ACT 429 charged the Louisiana State Board of Dentistry with addressing such vital issues as maintenance of equipment; minimal standards; disposal of infectious waste; requiring appropriate consent form from the parent or guardian prior to providing dental services to a minor; parental consultation/involvement regarding dental services provided to a minor; and inspection by the licensing board.

HB 881, one of the state's supplementary appropriations bills, included $3,141,257 to restore cuts that had been made to the Early and Periodic Screening, Diagnosis and Testing Services (EPSDT) dental services. The EPSDT Dental Program provides coverage for a range of services including preventive and restorative care. The Louisiana Foundation of Dentistry for the Handicapped (also known as Donated Dental Services) received $115,000 in funding for the 2009-2010 fiscal year. Unfortunately, no new funds were appropriated for fluoridation efforts simply because of a lack of state funds for new projects. The Louisiana Dental Association will continue to work with the American Dental Association, the Healthy Smiles Coalition and the Department of Health and Hospitals (DHH) to search for funds for community water fluoridation.

The LSU operated hospitals struggle to meet the needs of Louisiana citizens. The state continues to debate whether to rebuild a large teaching hospital in New Orleans to replace Charity Hospital, which was destroyed during Hurricane Katrina. Louisiana is planning to develop a medical home model for health care. The medical home model will serve the primary care needs of Louisiana citizens and will ensure proper referral for specialty services.

Following the hurricanes, there was an exodus of healthcare providers from the state. This initially resulted in long waiting periods for patients, who then often experience increased anxiety and higher levels of emotional and physical pain. Emergency Department waiting times dramatically increased. In some regions, hospitals have begun offering some on-site medical services at the mental health clinics to patients who do not have transportation; and nursing staff is often available for general nursing consultation and referrals.

The Louisiana Youth Enhanced Services (LaYES) Children's Initiative, which paid special attention to planning, developing and implementing a collaborative network of primary health care providers, including family physicians, pediatricians, and public health nurses, will have completed its seventh and final year as a SAMHSA grant awardee in September 2010.

MHSD has offered expanded school based Health Clinics through partnerships with Tulane and LSU. The Infant, Child, and Family Center (ICFC) in MHSD received grant funding from the Pennington Family Foundation in December 2008 to expand Occupational Therapy services provided to clinic clients. The ICFC added Speech Therapy Services through an MOU with Southern University Speech-Language Pathology Program, beginning June 2008. Because of a change in funding, MHSD has decided to discontinue its school-based services as of July 2010.

However, MHSD is now working in partnership with OBH to provide clinic-based services to children and adolescents in the New Orleans area through the development of three clinics, which are now fully operational and are serving over 1000 youth in the area. OBH and MHSD are also developing a court-based clinic to provide mental health services to clients of the Youth Study Center, a juvenile justice detention center in the city. The court-based clinic should be fully operational in September 2010.

Expanded Healthcare Services for Pregnant Women (EDSPW) and LaMOMS

Certain healthcare services are provided to pregnant women between the ages of 21 and 59, who are eligible for full Medicaid benefits. The LaMOMS program is an expansion of Medicaid coverage for pregnant women with an income up to 200 percent of the Federal Poverty Level. Through this program, pregnant women of working families, either married or single, have access to no-cost dental and healthcare coverage. Medicaid will pay for pregnancy-related services, delivery and care up to 60 days after the pregnancy ends including doctor visits, lab work/tests, prescription medicines and hospital care.

LaCHIP

LaCHIP is Louisiana's version of the national Children's Health Insurance Program (CHIP), authorized under Title XXI of the Social Security Act. CHIP enables states to implement their own health insurance programs with a mix of federal and state funding. LaCHIP stands for "Louisiana Children's Health Insurance Program." LaCHIP is a health insurance program designed to bring quality health care including dental care to currently uninsured children and youth up to the age of 19 in Louisiana. Children enrolled in LaCHIP are also Early Periodic Screening, Diagnosis and Treatment (EPSDT) eligible; therefore eligible for the dental services covered in the EPSDT Dental Program. Children can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the children of Louisiana's working families with moderate and low incomes. Children must be under age 19 and not covered by health insurance. Family income cannot be more than 250 percent of the federal poverty level (about $4,417 monthly for a family of four). Children enrolled in LaCHIP will maintain their eligibility for 12 continuous months no matter how much their family's income increases during this period. This is being done to ensure children receive initial and follow-up care. A renewal of coverage is done after each 12 month period. The Office of Mental Health is responsible for the provision of mental health services through LaCHIP.

Following the hurricanes, there was an exodus of healthcare providers from the state. This had resulted in long waiting periods for patients, who then often experience increased anxiety and higher levels of emotional and physical pain. Emergency Department waiting times dramatically increased. As a response to this problem, in some regions, hospitals have begun offering some on-site medical services at the mental health clinics to patients who do not have transportation; and nursing staff is often available for general nursing consultation and referrals. The interruption in services that Louisiana experienced following the 2005 hurricane season has been addressed. Medical services now surpass pre-Katrina, pre-Rita levels in some areas.

SUPPORT SERVICES
FY 2011 – Child/Youth

Support Services are broadly defined as services provided to consumers that enhance clinic-based services and aid in consumers' reintegration into society as a whole. Louisiana's public mental health system is well grounded in the principle that children, youth, and families impacted by an emotional or behavioral disturbance (EBD) are resilient. OBH has traditionally supported a variety of activities that aid children, youth, and their families. These activities include both indirect and direct support such as providing financial and technical support to consumer and family organizations. There are self-help educational programs and support groups that are organized and run by family members on an ongoing basis. These concepts are integral to the *President's New Freedom Commission* emphasizing that services are consumer and family driven in terms of leadership and outreach.

The charge of the OBH Division of Child/Youth Best Practices is to support and develop more inclusive services for all those affected by mental health issues in Louisiana. The Office works to sustain issues of client choice and inclusion through initiatives that will enable choice, empowerment, and in certain instances, employment. To this end, the Office was recently able to support the position of State-Wide Child/Youth Parent Support Liaison. With a focus on choice and inclusion OBH continues to actively work towards the development of peer support programs, resource or drop-in-center development, coordination of a statewide advocacy network, and other initiatives that encourage consumer and family independence in all aspects of care.

In the area of consumer empowerment, OBH has supported a variety of activities that aid consumers, including children/ youth and their families. These supported activities include employment, housing, and education as described earlier. Activities also include the provision of financial and technical support to consumer and family organizations and their local chapters throughout the state. Self-help educational programs and support groups, funded by the Mental Health Block Grant are organized and run by consumers or family members on an ongoing basis. In the last year, Keeping Recovery Skills Alive (KRSA) is a program that was trained and implemented state-wide. This initiative supports the notion of wellness recovery among staff, consumers and the community alike.

In addition to the above activities, OBH hires parents of EBD children and adult consumers as either consumer or family liaisons or peer-support specialists. These individuals assist other family members in accessing services as well as providing general education, advocacy and supportive activities. Among resources currently available to consumers and families within the public mental health system include flexible funds that can be utilized to address barriers to care and recovery. There are also services available to assist youth and families of children to secure and maintain employment via such means as consumer care resources (flex-funds). Consumer Care Resources can also be used to pay for respite, utility bills, clothing, food, and unanticipated expenditures (e.g., car repairs).

Increasing the presence of and ensuring that once vacant family liaison positions are now filled, all family liaisons are included in the same training classes as peers and all liaisons are linked together through formal and informal networks of support. There continues to be an increased effort to

ensure that family voices are empowered and educated about services and supports available for both themselves and their children/families. It is the goal that more programs will become available for family members throughout the state as the recovery modalities are continuing to be developed and implemented.

OBH places a priority on family support and services that keep children and youth in their natural or foster home setting. In addition to supports and services discussed in the previous sections on employment, housing, and rehabilitation services, parents of children and youth with an emotional or behavioral disturbance are also supported through three state-wide organizations providing assistance to families: Federation of Families, Families Helping Families, and NAMI-LA. The Federation of Families' parent mentoring program, developed and operated through a contract with OBH, links parents who have experience with working with their own emotionally or behaviorally disturbed child to other similar parents with support and advocacy activities. These early intervention services are inherent to Goal 4 of the *President's New Freedom Commission Report* which specifically advocates for services for children and ultimately their families before a crisis stage is reached.

The following are specific examples of support services occurring within the state:

In the Orleans area, MHSD works with the Children's Bureau who offers family preservation school monitoring and advocacy. Consumer Care resources and Cash Subsidy programs are also available. Gulf Coast Teaching Families offers therapeutic respite/personal care attendant services. Additionally, services have been expanded to include support for MST teams in the area and are being expanded to include assessment services for justice involved youth. Training for Dialectical Behavioral Therapy has been instituted in this area and in other regions. CAHSD provides support for in-home, intensive therapy by a multi-disciplinary team (ACT); respite; crisis services; intensive behavior management services; consumer care resources; and flexible funds. These are utilized to enhance family functioning; family preservation; and in-home family intervention services. Region 3 offers FINS, a pre-delinquency intervention program that provides interagency services to assist families in identifying risk factors in lieu of court adjudication; its goal is to halt problematic behaviors; LA Federation of Families - Family Mentoring Services; CART Crisis Intervention Services; and therapeutic respite. In Region 4, there is mental health rehabilitation which provides intensive therapeutic and case management services including medication management; consumer care emergency funds for youth's basic or special needs, to enhance their recovery or prevent decompensation; and the Extra Mile that provides therapy services for adoptive/foster children.

In Region V, the Educational and Treatment Council, Inc. provides crisis intervention services to children, youth, and their families in crisis to prevent or reduce the need for hospitalization. These services include after-hours crisis systems coordination, face-to-face screenings, in-home crisis stabilization services, and out-of-home crisis respite services. Education and Treatment Council, Inc. provides services for children and adolescents, using a team approach (family, doctor, therapist, and outreach worker) with OBH via three clinics. The focus is to provide more intensive treatment services in the home, school, and community, which should reduce the need for hospitalization; provide supports; and ease the re-entry of hospitalized children/adolescents into their home community. Respite Services provides family support in the form of planned respite and out-of-home crisis respite services; transportation for respite services is provided; summer day camps; and various recreational outings. In addition, Volunteers of America provides a wide range of instructional and intervention services to assist EBD children/youth and their families in obtaining the supports necessary to achieve, maintain, or improve home/community based living situations. A Help-Point Coordinator facilitates the Interagency Service Coordination (ISC) process, teaches

parenting classes based on the Boys Town Common Sense Parenting model for different age groups, and manages Consumer Care Resources to provide wraparound services for families as needed. For those CMHC clients who cannot financially afford private laboratories, contractual arrangements with private labs are in place to provide lab work for the Allen and Beauregard MH clinics and Moss Regional Hospital performs lab work for LCMHC.

In Region VI, there is the Child Consumer Care Resource Program that provides monetary assistance for addressing unmet needs of EBD children and youth. The funds are used for purchase of goods or services such as, but not limited to: tutoring services, transportation assistance, household supplies. The Family Support Program remains viable and is for families who have children and youth with an EBD. Its purpose is to promote the nurturing abilities of families; to help them utilize existing resources; and to assist them in creating or taking part in family network of support. Planned Respite Services provide temporary relief for families or caregivers of EBD youth. It is facility-based and offers respite on certain days at certain periods of time. The "Whatever It Takes" program is designed to assist children and their families is obtaining the necessary supports to achieve, maintain, or improve home/community based living situation. Services are mobile and are delivered in the most appropriate, naturalistic environment and during non-traditional office hours. The FINS Program is designed to identify child and family risk factors and to refer to the appropriate services.

Region VII offers numerous adjunctive services via contracts. They are able to fund resources for children in a step-down partial hospitalization program and also provide assistance to families in applying for LaCHIP funding for medical services. There are home- based interventions designed as wraparound services to supplement clinic-based services - individualized with the consumer/family and clinician. It can also include individual, group, and family interventions as well as case management services. There is crisis stabilization in an inpatient psychiatric setting. Planned, unplanned (crisis), or camp services are available. Region VII also funds monies for two Family Liaisons. These individuals attend all ISC meetings with families, help plan for interventions and attend to the various educational resources in the community. The Region also funds through some block grant monies a Mental Health Assessment Center staffed by Dialectical Behavioral Therapy trained mental health professionals. This center works with the Caddo Parish Juvenile court to provide family and group based counseling. A psychologist and psychiatrist are also available. During the last year, the Region has been able to increase the number of families who are served through its Case Management Program.

Consumer Care Resources enhances access to needed supports, services, or goods to achieve, maintain, or improve individual/family community living status and level of functioning in order to continue living in the community. Examples include financial assistance with rent/utility bills or purchase of school uniforms. It can also include extracurricular activities to improve the child/youth's self esteem.

Case management services are provided at six levels of intensity: Level 0: Prevention and Health Maintenance - Four (4) hours of contacts; Level 1: Recovery Maintenance and Health Management- Eight (8) hours of contacts; Level 2: Low Intensity Community Based Services - Ten (10) hours of contacts; Level 3: Moderate Intensity Community Based Services - Twelve (12) hours of contacts; Level 4: High Intensity Community Based Services - Fourteen (14) hours of contacts. Priority groups include youth who are at risk for placement in residential programs - referred to a local interagency team or for a client who's needs require multiple services with 24 hour availability; Level 5: Sixteen (16) hours of contacts. Priority groups include youth who are at risk

for placement in residential programs - referred to local interagency team or for a client whose needs require multiple services with 24 hour availability.

Individualized Deferred Disposition (IDD) – Diversion services for youth with/mental health issues involved in the Juvenile Court in Caddo Parish.

SERVICES PROVIDED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT
FY 2011 – Child/Youth

Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for information on this topic.

TRANSITION OF YOUTH TO ADULT SERVICES
FY 2011 – Child/Youth

The Office of Behavioral Health, Department of Education, and Department of Social Services are working with transitional age youth to identify and implement a strategic plan to provide peer supports and community resourced for successful transition to secondary educational settings.

Summarized below are representative programs from each Hospital and Region / LGE in the state that facilitate the smooth transition of youth to adult services.

SELH:

- Developmental Neuropsychiatric Program (Inpatient Services) includes social skills training, family therapy, and behavior management, parent training, and medication management to persons with co-occurring disorders
- Developmental Neuropsychiatric Program (Outpatient Services) includes parent training, home/school behavior management, medication management to persons with co-occurring disorders
- Challenges Program – Day treatment which offers therapeutic, educational, and behavioral treatments as well as medication interventions, 5 days a week
- Youth services (Inpatient) – 24 hr. a day, 7 days a week individual, group and family therapy, parent training, medication management, special education, and competency restoration

ELMHS:

- Spring House - A group home/residential treatment program for teenage girls in the custody of the Office of Community Services

MHSD:

- Interagency Service Coordination (ISC) is offered to children between the ages of 7 and 18 to coordinate services/resources

CAHSD:

- East Baton Rouge Parish Resource Fair provided resource information for transitional age youth
- The Transition Forum provides resource information to transitional age youth

- The Instructional resource Center provides resource information to parents and transitional youth
- Elm Grove Church provides information to transitional age youth and adults.

Region III:

- Lafourche MHC - The child psychiatrist continues working with clients until they are able to receive services from an adult provider.
- St. Mary Transition Team - Manager sits on transition team which includes members from various agencies to assist those with disabilities leaving the school system
- Bayou Land Families Helping Families – family resources center that helps parents and children with transition services
- Federation of Families - Family liaison works with families to provide mentoring and educational guidance

Region IV:

- CART - provides assistance to children and their families in times of crisis

Region V:

- CMHC C/Y Units: Clinicians may see client up to age 21 if they are receiving special education services through CPSB, or up to age 19 if enrolled in school full time.
- ETC Housing-Transitional Housing program for transitional age youth
- Transitional Team Monthly meetings

Region VI:

- FINS (Families in Need of Services) offers pre-court, legally sanctioned intervention for youth exhibiting anti-social behaviors.
- The Consumer Care Resource program assists children and families with meeting their basic needs.
- OMH Cottage Respite offers out of home planned respite services.
- "Whatever It Takes Program" assists families to obtain, coordinate, and advocate for needed services.
- Development and implementation of advanced training for CIT Law Enforcement Officers in the region on Juvenile Mental Health Issues.
- ISC (Interagency Service Coordination) links state agencies with community-based programs.
- Recreational Planned Respite offers planned recreational camp activities for youth and children. OMH Cottage Respite provides out of home planned respite services for children and youth.

Region VII:

- Special Education Transition Team helps special education students connect with vocational services, trainings, and sheltered workshops.
- Co-occurring group focuses on topics specifically geared towards addressing substance use and recovery
- Juvenile Court-Drug Court provides screening group counseling in Caddo and Webster Parish
- Teen Court in Caddo parish allows for teens with minor charges to take the roles of jury, judge, and attorney

- Mental Health Court in Caddo parish provides individual deferred disposition and services for youth with mental health diagnoses
- Sliding scale fee agencies in Caddo, Bossier, Webster, and Sabine parishes offer specialized groups for parenting, anger, and teen moms

Region VIII:

- Regular Clinic Services provide individual treatment planning and service provision for transitional age persons.
- CBT Specialty Clinics provide individual and group therapy using EBPs
- MST Specialty Clinics provide individual and group therapy using EBPs
- Medication Management Clinic provides medication management services only

FPHSA:

- SELH-DNP/In-Patient and Out-Patient Services assist with transitional age individuals with dual diagnosis of mental illness and developmental disabilities.
- Louisiana Rehabilitation Services provides supportive employment for transitional age individuals.
- Public school system offers various on-the-job trainings set up with students in special classes and local businesses (ages 15-18)
- Permanent Supportive Housing programs for individuals age 15-26
- Family in Need of Services monitors families of children up to age 18 to ensure the families are receiving the appropriate services.
- Transition Age Committees take place in the schools of all five parishes (St. Tammany, Washington, St. Helena, Livingston, and Tangipahoa). FPHSA participates in these meetings to educate transitional age individuals and their parents on available services to help them plan for the adult world.
- OCS/CFCIP Independent Living Skills Providers- goal of helping individuals transition out of foster care by helping individuals become self-sufficient
- St. Tammany Transition Age Committee - multiple service agencies and high schools meet with parents of special education students to review services available

JPHSA:

- JPHSA Child & Family Services- Individual, group, and family interventions for youth ages 15-18.

OTHER ACTIVITIES LEADING TO REDUCTION OF HOSPITALIZATION
FY 2011 – Child/Youth

A system of care incorporates a broad, flexible array of services and supports organized into a coordinated network integrating care planning and management across multiple levels, and building meaningful partnerships with families and youth. An important goal is the reduction of highly restrictive out of home placements through the creation and maintenance of coordinated and effective community based services. Coordinated systems of care operating in other states have significantly reduced school drop-out rates, decreased hospitalization, and decreased recidivism among at-risk youth.

Utilization of state hospital beds dropped significantly with the introduction of community-based Mental Health Rehabilitation (MHR) services and the development of brief stay psychiatric acute units within general public hospitals. Moreover, Louisiana and OBH have a network of services

that provide alternatives to hospitalization for children/ youth in Louisiana through a broad array of community support services and consumer-run alternatives. Housing, employment, educational, rehabilitation, and support services programs, which take into account a recovery-based philosophy of care, all contribute to reductions in hospitalization.

In the event of crisis, hospitalization is a last resort, after community alternatives are tried and/or ruled out prior to inpatient hospitalization in a state inpatient facility. Implementation of the statewide Continuity of Care policy continues to enhance joint hospital-community collaboration with the goals of improved outcomes post-discharge including reduced recidivism.

Another avenue of care that has shown to reduce hospitalization rates is the Mental Health Rehabilitation (MHR) program that allows greater flexibility of services; and the ability to cover additional services such as FFT and MST, that are consumer driven and recovery-focused. The previously discussed move of the MHR program into the DHH Medicaid Office should improve the availability of resources and flexibility to an even greater extent. Each OMH Region/ LGE also has specific initiatives aimed at reducing hospitalization and/or shortening hospital stays.

Many other programs previously discussed have either directly or indirectly had an impact on the utilization of inpatient services. For example the Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has resulted in increasing access to community services and reducing the need for hospitalization. The development of crisis services throughout the state is another example of programming that has resulted in decreased hospital utilization. The expanding use of telemedicine has also shown great promise and results.

Fiscal legislation passed in the 2009 legislative session allowed OMH to close one of its state hospitals, New Orleans Adolescent Hospital (NOAH), and transfer the child/adolescent and adult acute beds to Southeast Louisiana Hospital (SELH); and with the savings in operational costs, allowed for the opening of two new community mental health clinics in locations convenient to consumers in the New Orleans area. On March 11, 2010, Department of Health and Hospitals' Secretary Alan Levine joined fellow Louisianans in celebrating the opening of two new community-based outpatient mental health care clinics for children, adolescents and their families in the Greater New Orleans area. The opening of Midtown and West Bank Clinics mark another milestone in the state's creation of a robust, community-based mental health system statewide.

The Midtown and West Bank clinics will annually provide public outpatient mental health care for 1,200 children and adolescents from birth to 18 years of age, and their families. The clinics also serve as a home base for other public mental health care services that can be delivered in homes, schools and other locations throughout the community. Services include Multi-Systemic Therapy; Dialectical Behavior Therapy; individual, group and family therapy; and medication management services.

In addition to the two new outpatient clinics for children and adolescents, DHH's Office of Behavioral Health works with Family Service of Greater New Orleans to provide 24-hour mental health care for children with the Child-Adolescent Response Team (CART) in Orleans, St. Bernard and Plaquemines parishes.

Other activities leading to reduction of hospitalization that have been discussed previously include FFT, MST, family support mentoring, respite, flexible fund services, and the Mental Health Rehabilitation (MHR) program. Through the Intensive Community Respite Program, contract providers have been educated and assisted to feel more comfortable with children and adolescents

with more serious problems than are usually placed in Community Respite Programs. Over the past several years, educational and recreational activities have been added to the Intensive Crisis Respite Community Program so that those enrolled in the program have a more structured schedule.

Regional emphasis on FFT programs, that include intensive home/school/community-based services, has reduced the number of children going into hospitals. The utilization of family-focused services by supporting the court system and other systems with the ISC (Interagency Service Coordination) process has also been effective, allowing for more wrap-a-round services to be placed where the child and/or family need it the most.

The Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has resulted in increasing access to community services and reducing the need for hospitalization. The advent of using effective co-occurring capable services is intertwined with Goal 4; Recommendation 3 of the *President's New Freedom Commission Report* that calls for the linking of mental health and substance abuse treatment. The development of crisis services throughout the state is another example of programming that has resulted in decreased hospital utilization. The expanding use of telemedicine has also shown great promise and results.

Interagency Service Coordination (ISC)

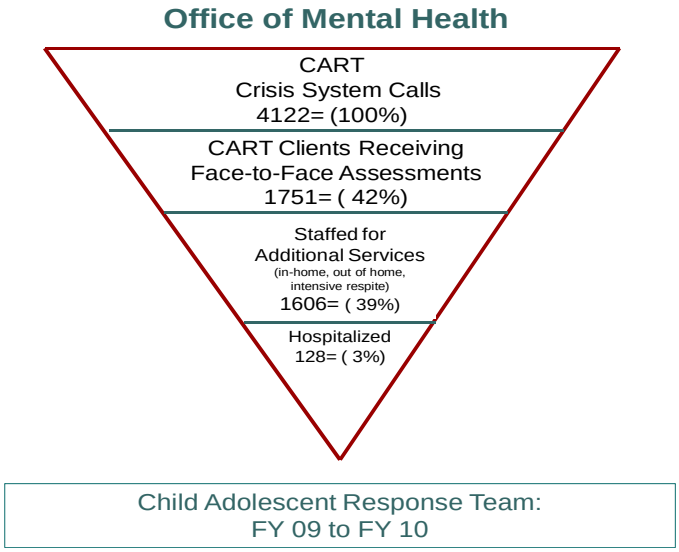
Efforts continue to enhance communication and collaboration with providers and other stakeholders through the Interagency Service Coordination (ISC) process, the utilization of telemedicine services for treatment team staffings and provision of family and individual therapeutic sessions, and other continuity of care processes; these initiatives have resulted in an overall improved System of Care for children and youth and their families. Continued efforts to educate the community and OBH staff regarding these additional supports and services has resulted in increased utilization of these alternatives to hospitalization and increased community awareness to the System of Care philosophy and principles.

Louisiana Integrated Treatment Services (LITS)

The Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has advanced the use of the model to include addressing the needs of children/youth in the Integrated Treatment Team staffing, resulting in increasing access to community services and reducing the need for hospitalization.

Child and Adolescent Response Team (CART)

The community-based Child and Adolescent Response Team (CART) program and other community-based supports and services continue to provide a route to assist in the reduction of inpatient hospitalizations. The CART program provides daily accesses to parents/teachers or other community persons who identify a child who is experiencing a crisis. This program continues to provide services that present alternatives to hospitalization and prevent unnecessary hospitalizations. There is Crisis Care Coordination and face-to-face assessments by a clinician who is available after hours, weekends and holidays to handle crisis calls. CART also provides crisis stabilization in the home, away from home, and at alternate site crisis stabilization (respite). In some regions, for example, comprehensive services can eventually include Clinical Case Management, Consumer Care Resources, and Multi-systemic Therapy if it is indicated. Although some regions do not have the advantage of planned respite, any child/adolescent can obtain crisis respite through CART regardless of their status with the community mental health center. Outreach activities in the regions are available to local and parish governments, school systems, and the juvenile justice system to increase their awareness of the CART Program prevention services as well as the OBH child and adolescent services resulting in an increase in service utilization.



Juvenile Justice

Crisis Intervention Training (CIT) for law enforcement has been well established in several regions/ LGEs to address behavioral health crises. Crisis Intervention Training (CIT) readies officers and dispatchers to assess and respond appropriately to calls involving adults with SMI and children with EBD. Training law officials to identify and understand the mental health needs of children and youth with EBD is yet another way to reduce the need for hospitalization of youth experiencing mental health crises.

Region 6 initiated a Juvenile Justice Diversion program toward the end of FY 07 supervised by Judge Koch's office who has participated in the CIT training in Memphis. This program has continued to be an exemplary CIT program in the state. The Louisiana Models for Change is currently working toward establishing child and youth CIT programs throughout the state. Juvenile Drug Court and Mental Health Court available in several regions also assist the juvenile justice system in diverting youth from the corrections and hospital systems into the mental health community-based system.

The Office of Behavioral Health central office has obtained a grant from the Louisiana Commission on Law Enforcement that will provide therapeutic foster homes for youth found not guilty by reason of insanity who are in need of intensive supervision and would previously have been ordered to DHH custody resulting in hospitalization. This is a pilot project for Orleans, Jefferson, St. Bernard, Plaquemines and Caddo parishes where youth are most in need of these services.

EMERGENCY RESPONSE

Louisiana Spirit Hurricane Recovery Crisis Counseling Program (CCP) – Gustav Child and Youth Services

Louisiana Spirit was the project name of Louisiana's hurricane crisis counseling recovery program that began after the 2005 hurricanes and operated under the Gustav Crisis Counseling Program (CCP) grant from October 2008 through January 12, 2010. It provided short-term, community-based crisis intervention, support, and referral services to individuals and families impacted by Hurricane Gustav. The Office of Mental Health provided administrative oversight and guidance for this program. Direct services were provided via quasi-state entities. The regional entities were designated as Service Areas 1-7, with each area covering specific parishes. Louisiana Spirit outreach crisis counseling services for children and youth included disseminating information and educating the public on signs of distress and how to handle these. It also included a short term series of face to face meetings with children, youth and their families focused on assisting the family to cope with their trauma and return to their previous levels of coping. Crisis counselors provided education and information to parents and caregivers about signs of distress to be aware of in children as well as how to handle them and referrals to appropriate Mental Health resources. On a present-focused, short-term basis, children, youth, parents and caregivers were supported and empowered as they recovered from the impact of the hurricane. Although outreach crisis counseling services were community based, the services were not appropriate for life threatening or mandated reporting situations.

Under the Gustav grant, some of the children provided Crisis Counseling Program Services transitioned into Specialized Crisis Counseling Services (SCCS) to assist in meeting their ongoing psychosocial and educational needs. Counselors provided basic psycho-education sessions on coping, problem solving, social skills, anger management, trauma reactions, conflict management, adjustment, and other identified skill development areas of which children require more intensive support.

The Specialized Crisis Counseling component of Louisiana Spirit's CCP was instrumental in focusing counseling and resource linkage efforts on specific needs of children and their families. This program afforded children and their families opportunities to deal more assertively with the various problems that were hurricane related or problems that were exacerbated by the hurricane experience. The approach by counselors and resource linkage coordinators was one of a strengths-based, empowerment and solution-focused approach. Children and their families were taught the necessary skills needed to deal effectively with the various problems they presented with and how to work on manageable goals that enhanced their overall well-being while moving them closer to improved psychosocial and emotional recovery.

Louisiana Spirit sought to "communicate, coordinate, collaborate, cooperate*" with other agencies providing mental and behavioral health services to children and youth. Louisiana Spirit reached out to entities providing services to children and youth to offer crisis counseling services on a short-term basis. When more intense mental health treatment was appropriate, referrals were made to these entities by Louisiana Spirit. Child and youth agency providers were also referring children and youth needing hurricane related crisis counseling and support to Louisiana Spirit.

Resource linkage coordinators and crisis counselors reached out to children in a variety of places during the program. Some of the places included: the FEMA transitional living sites, schools, after school programs, summer camp programs, library summer reading & activity programs, summer youth activities such as ball parks, fairs and festivals that included children's activities and issues, church youth groups, organizations like scouting and boys and girls clubs. Methods included: purposeful play activities focused on handling intense emotions like fear, anxiety, anger, and sadness, as well as increasing children and youth's coping skills. Education was also offered on the connections between thoughts, feelings and behaviors and how making changes in one area impacts another area. Some of the children reported using their 'magic triangle' of thoughts, feelings and behaviors to manage their feelings and behaviors: frequently holding their thumbs and forefingers in a triangle shape as a portable visual reminder.

Under DR-1786-LA, Gustav Louisiana Spirit ISP and RSP grants, there was a total of 1, 512 individual crisis counseling sessions with children and youth (ages 0-17) under the Crisis Counseling Program. There were 29 assessments completed with 20 children under the Specialized Crisis Counseling Services of the program. There were at least 687 children and youth group participants during the Gustav CCP; age was only indicated on the data form if age was the common identify of the group. For the Gustav ISP, there were 756 individual sessions and 172 group sessions with children and youth; under the Gustav RSP, there were 756 individual sessions and 515 group sessions. Overall, there was a decline in the total number of children seen during the Gustav Crisis Counseling Program. Compared to hurricanes Katrina and Rita, Gustav tended to have less of a traumatic impact on children and youth. The schools and community entities were less inclined to identify problematic behaviors in the children that they associated with the hurricane. Under Gustav, more emphasis was placed on working with families as a unit and fewer services were provided for children and youth sans guardians in school and community settings.

The Federal funding for DR-1786-LA, Gustav Crisis Counseling Program Regular Services Program ended June 30, 2010. Direct services of the program ceased January 12, 2010. Programmatic and fiscal closeout activities continued through June 30, 2010.

*the phrase used by the Volunteer Organizations Active in Disasters (VOADs) groups

Louisiana Spirit Oil Spill Recovery Program

Beginning May 21, 2010, the State of Louisiana began providing crisis counseling services for residents impacted by the oil spill that occurred off the coast on April 20, 2010. The current program utilizes funds from British Petroleum to provide crisis counseling in the areas of mental health, substance abuse and emotional and behavioral health counseling for those whose lives were disrupted. The Recovery program has worked closely with local resources and other response entities. To date, the program has provided few services to children and youth impacted by the spill. It is anticipated that more services will be provided to children and youth as the oil spill continues to impact residents in the years to come.

SOCIAL SERVICES
FY 2011 – Child/Youth

The Children's Cabinet is a policy office in the Office of the Governor created by Act 5 of the 1998 Extraordinary Session of the Louisiana Legislature. The Cabinet's primary function is to coordinate children's policy across the five departments that provide services for young people: Departments of Education, Health and Hospitals, the Louisiana Workforce Commission, Public Safety and Corrections, and Social Services. Each year, the Cabinet makes recommendations to the Governor on funding priorities for new and expanded programs for children and youth. These programs emphasize the *President's New Freedom Commission on Mental Health* goals to have disparities in mental health services eliminated and to ensure that mental health care is consumer and family driven.

The Cabinet is responsible for recommendations to the Children's Budget, a separate section of the General Appropriation Act enacted by the Legislature. The Children's Budget includes a compilation and listing of all appropriations contained in the Act which fund services and programs for children and their families. The Children's Cabinet Advisory Board was created to provide information and recommendations from the perspective of advocacy groups, service providers, and parents to the Children's Cabinet.

Interagency collaboration through the Interagency Service Coordination (ISC) Program is defined as any of the "formal arrangements" between child serving agencies. Ten Interagency Service Coordination teams (one per Region/ LGE) are currently operating in Louisiana. These teams include permanent members who make recommendations that may resolve problems with service delivery for children who have unique needs that are difficult to meet. Team members include mental health, education, developmental disabilities, child welfare, public health, and juvenile justice. Other members of a team include the parent/caretaker, child/youth whenever appropriate, and other key persons who may be involved in the child and family's life and services. The local teams may request assistance from the State Interagency Team for individuals who require resources unavailable to the local ISCs. Many of the families served reside in rural areas with few mental health and other resources, and the agencies coordinate to improve access to quality care in many ways including video conferencing, coordinated services, and educating families where and how to get care.

There is an increase in youth with multiple needs who are developmentally delayed, mentally ill, chemically addicted and who are living in poverty. More juvenile judges are ordering local ISC teams to meet and collaborate with other agencies to create appropriate placements where there are none. Approximately 95% of the ISC service plans successfully provide a stable placement and wraparound services to maintain the individual in the community. Those plans that failed required additional local ISC and State ISC meetings to locate and create appropriate resources to meet the needs of these youth.

The Families In Need of Services (FINS) became effective in all courts having juvenile jurisdiction on July 1, 1994, as Title VII of the Louisiana Children's Code. FINS is an approach designed to bring together coordinated community resources for the purpose of helping families (troubled youth and their parents) to remedy self destructive behaviors by juveniles and/or other family members. The goals of FINS are to reduce formal juvenile court involvement while generating appropriate

community services to benefit the child and improve family relations. The child and family are not adjudicated unless there is failure by family members to cooperate with the mandates of the service plan. FINS has been successful in the following ways: 1) facilitating the receipt of needed services, 2) coordinating the cooperation of the community and its resources, and 3) decreasing involvement in the Judicial System.

FINS parallels Interagency Service Coordination (ISC) by creating an opportunity for all agencies to pool resources to decrease illegal behavior by youth. FINS and ISC combine their efforts to create unique plans for youth and push to transform the existing system of care. OMH participates in these interagency meetings as one means of decreasing the high profile, high risk court cases tracked by the Juvenile Justice Clearinghouse.

EDUCATIONAL SERVICES, INCLUDING SERVICES PROVIDED UNDER IDEA
FY 2011 – Child/Youth

The Office of Behavioral Health recognizes the importance of early intervention in a variety of settings, including schools, as outlined in the *President's New Freedom Commission Report* which addresses early mental health screening, assessment, and referral to services. It is recognized that poor social and emotional skills as well as illiteracy, predict early school failure. Literacy interventions specific for children with emotional and behavioral disorders (EBD) must be available in all learning settings for children at the earliest ages possible.

School-based Health Clinics (SBHCs)

OBH supports school-based mental health and health-related services in academic settings. OBH clinicians believe that youth with emotional and behavior problems can become high school graduates, if given the proper supports and services. School based health clinics that provide mental health services are utilizing positive means of supporting appropriate school behavior. Early identification and assistance for families with children at risk for educational and behavioral problems are an essential part of helping children and youth lead satisfying and productive lives in the community.

In 1990, as policy makers became concerned about the high morbidity and mortality rates of adolescents, the Louisiana Legislature asked the Office of Public Health (OPH) to determine the feasibility of opening school-based health centers. As a result, the Adolescent School Health Initiative was enacted in 1991. The Adolescent School Health Initiative Act (R.S. 40:31.3) authorizes the Office of Public Health to facilitate and encourage the development of comprehensive health centers in Louisiana public schools. The role of the Office of Public Health's Adolescent School Health Program is to provide technical assistance to School Based Health Centers (SBHCs); establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources.

School Based Health Clinics are funded by the Maternal and Child Health (MCH) Block Grant and state legislative appropriations. For the fiscal year 2009-10 Louisiana received a decrease in the MCH Block Grant from $480,000 to $300,000 but increased operation to 65 SBHCs. An SBHC is required to offer comprehensive preventive and primary health services that address the physical, emotional and educational needs of its student population. Each SBHC must execute cooperative agreements with community health care providers to link students to support and specialty services not provided at the school site. A SBHC provides convenient access to comprehensive, primary and preventive physical and mental health services for public school students at the school site, since

students spend a significant portion of their day on school grounds. SBHCs are accessible, convenient, encourage family and community involvement, reduce student absenteeism, reduce parental leave from work for doctor visits, and work with school personnel to meet the needs of students and their families. Parental consent must be obtained prior to seeing a student as a patient.

Staffing in the SBHC include, at a minimum a primary care provider (physician, physician assistant, or nurse practitioner), a medical director, a registered nurse, a master's level mental health provider, an administrator, and an office assistant.

Services include:

- Primary and preventive health care including: comprehensive exams, and sports physicals, immunizations, health screenings, acute care for minor illness and injury, and management of chronic diseases such as asthma;
- Mental health services;
- Health education and prevention programs;
- Case management;
- Dental services;
- Referral to specialty care; and
- Louisiana Children's Health Insurance Program (LaCHIP) application centers.

In examples of specific collaborative agreements:

- Staff members at clinics facilitate access to emergency and evaluative mental health services for referrals from SBHC social work staff;
- SBHCs have provided in-school mental health counseling for students and/ or their parents who do not meet the stricter requirements for treatment through the clinics;
- the Psychiatry Department of LSU Health Sciences Center has provided psychiatry services to SBHCs in New Orleans;
- Metropolitan Human Services District has partnered with SBHCs locally to provide a part-time psychiatrist and full time behavioral health professional to provide services;
- Southeast Louisiana State Hospital has an agreement with the St. Tammany School System that allows adolescents in the Developmental Neuropsychiatric Program (DNP) to attend public school with an accompanying behavior shaping specialist.
- The “Evolutions Program” at Greenwell Springs Campus in the Eastern Louisiana Mental Health System has close ties to the East Baton Rouge and surrounding parish school systems for referrals and support.
- Central Louisiana State Hospital also has a program that has been involved with local school systems.

During the most recent time frame for which data is available, there were 43,767 students registered at SBHCs and 29,711 students received services at SBHCs (2008-2009 school year).

Positive Behavioral Interventions and Supports (PBIS)

PBIS is a major national initiative to assist schools in developing more proactive approaches for addressing challenging behavior and supporting appropriate behavior for all students. Louisiana ranks seventh nationwide in the number of schools implementing PBIS. There are at least 1,025 of the 1,501 public schools trained in School Wide Positive Behavior Support (SWPBS) in Louisiana, representing approximately 68% of all public schools in the state (including all types of charter schools), that have functional PBIS teams that are coordinating the implementation of a positive behavioral approach, PBIS, at their respective schools.

Schools implementing PBIS have shown a decrease in suspensions and expulsions. Some school districts utilize site-based Behavior Intervention Specialists. School and educational related initiatives including home character education, bullying prevention, and drug free programs provide evidence of the integration of public mental health services with educational services for youth. When compared to control groups, PBIS groups show an increase in social skills by 20 percent based on pre- and post-measures. While not directed specifically to the EBD population, these programs significantly benefit children and youth with EBD. Training opportunities and materials to support PBS implementation may be found on the website: www.lapositivebehavior.com.

Individuals with Disabilities Act (IDEA)

The Louisiana school system is in full compliance with the Individuals with Disabilities Education Act (IDEA), and subsequent amendments to the IDEA under P.L. 105-117. In order to address the IDEA amendments in Louisiana, many significant changes were made in education policies and procedures.

Since the implementation of the IDEA in 1998, it is recognized that youth with emotional or behavioral disorders (EBD) are capable of and should be able to receive high school diplomas. Children and youth with EBD do not necessarily have cognitive disorders, and therefore with appropriate accommodations can learn and can earn a diploma. The development of Alternative Schools and Structured Learning Programs (SLP) in alternative school settings allow middle and high school students with EBD to receive intensive services to modify the behaviors that interfere with the individual's ability to learn. Similarly, on elementary school campuses, there is a Structured Learning Class (SLC) where children with EBD are placed with additional resources available to them.

Educational Supports by Region/ Local Governing Entity:

Metropolitan Human Services District (MHSD)

- 2,495 students received mental health services at SBHCs

Capital Area Human Services District (CAHSD)

- 28 SBHCs in the seven parish District
- 685 students received mental health services at SBHCs
- Via the School Based Therapy program, approximately 761 clients were served (354 elementary, 243 middle, 164 high school)
- 2993 students were reached during Children's Mental Health Week in May, which focused on SAMHSA's recommended topic, "My Feelings are My World."
- 27 schools are effectively utilizing PBIS

Region III

- 719 students received mental health services at SBHCs

Region IV

- Early Childhood Supports & Services (ECSS) - provides specialized therapeutic and case management services for young children ages 0-5 and their parents, including behavioral intervention and skills training.
- Approximately 3888 (duplicated) students, and 1504 (nonduplicated) students received mental health services at SBHCs in the most recent fiscal year. These are not contract hours but the number of students served or visits for last year.

- School-based Behavioral Health Services, available in many schools in the area, provided screening, clinical evaluation, individual and group therapy, in school counseling, family counseling, and case management, as well as substance abuse education for students, family, and the community.
- Lafayette Parish School System- School Based Therapy, Assessment, and Referrals (STARS), provides on site services by a master's level clinician at Parish schools, funded through District general funds.
- Iberia Parish: 16th Judicial District Family services Program, funded through the District Attorney's Office.

Region V

- OMH has contracts for school based mental health services and served 378 youth for over 6,042 hours of direct service during the fiscal year 2009-10
- Services included individual and group therapy, education and consultation
- School based mental staff include licensed social workers and licensed professional counselors
- Every school in the Region has implemented PBIS at some level
- Families of SWLA- Training, Support, & Advocacy to assist
- LaPTIC provides information, referral, and assistance with educational issues
- CPSB Behavior Team offers school wide support services for students with behavioral issues.
- Calcasieu Alternative School is an alternative school for grades 6-12, utilizes the Boys Town Behavior program and offers onsite counseling.
- Beauregard Alternative School is a boot camp style alternative school, utilizes PBIS and has an onsite social worker for counseling.

Region VI

- 4,966 students received mental health services at SBHCs
- Services were primarily evaluation and counseling

Region VII

- 2,063 students received mental health services at SBHCs
- PBIS offered in many schools
- Webster Parish School Board has a School Psychologist who assists with IEPs, behavior plans, targeted interventions, and PBIS contract staff at various schools
- Claiborne Parish School Board offers anger management and social skills groups

Region VIII

- For the fiscal year 2009-10, 779 students received mental health services at the SBHCs, for a total of 2,177 contact hours

Florida Parishes Human Service Authority (FPHSA)

- Florida Parishes have 6 SBHCs
- Covington Pathways/St. Tammany Schools – alternative school for behavior, disordered youth. Structured, trained teachers
- Slidell Pathways/ St. Tammany Schools - alternative school for behavior, disordered youth. Structured, trained teachers
- Operation JumpStart / St. Tammany Schools – Alternative school for individuals that were expelled due to drug use or weapons/assault

- Bogalusa City Schools / Washington Schools offers positive behavioral supports; noncategorical, nongraded special education, speech and occupational therapy
- Northwood High/Tangipahoa Schools is an alternative school addressing behavioral concerns
- Franklinton Alternative School/Washington Schools offers specialized student support services to resolve complicated situations involving student discipline
- Livingston Parish School / Livingston Schools – counselors provide a guidance program linking agencies to provide developmentally appropriate services
- Options III/Livingston Schools is an alternative school for students to wrok towards a LA equivalency Diploma and/or skills certificate; pre-GED training
- Numerous schools have PBIS
- ECSS provides services

Jefferson Parish Human Service Authority (JPHSA

- JPHSA has 33 SBHCs, where 796 students received mental health services, for a total of 3,458.39 contact hours
- 504 Modifications and a variety of special education services are offered.

Educational services have also been available to youth in OBH psychiatric hospitals through a Memorandum of Understanding with the Special School District #1 of the Department of Education to provide educational services to children and youth who are hospitalized. In sum, students in psychiatric hospitals receive education, and students in schools receive mental health services; thereby addressing the needs of all students including those who are at risk for serious behavior problems.

JUVENILE JUSTICE SERVICES
FY 2011 – Child/Youth

The Juvenile Justice Clearinghouse project was created the fall of 1997 in order to develop a less adversarial and more cooperative relationship with the court by providing a more consistent and organized response from the Department of Health and Hospitals to the juvenile courts' orders and requests. These juveniles are high-profile, high-risk court cases with multiple diagnoses (psychiatric disorders, developmental disabilities, substance abuse, and/or major medical issues) and require services from multiple state departments or agencies. This project advances access to and accountability for mental health services to youth.

The DHH Juvenile Justice Clearinghouse does not have access to funding, nor does it perform any clinical or program function. Its purpose is to assist in the implementation and coordination of services and programs already in place throughout the state and to encourage agencies to combine resources and create unique plans for placement of youth who fail to fit into the existing system of care. This effort requires a fundamental transformation in the state's approach to mental health care for these youth.

Some progress toward a better understanding of agencies' resources, current policies and procedures, systemic concerns, and potential problems has occurred between the juvenile courts and DHH agencies. Through the Interagency Service Coordination (ISC) and Families in Need of Services (FINS), the DHH agencies, Office of Family Services, Office of Youth Development, Department of Education, and juvenile courts are beginning to plan more effectively for placement and development of community resources to keep children out of institutions.

It has long been recognized that many of the state's youth are entering the judicial system with undiagnosed or unaddressed mental health concerns. There have been numerous attempts to remedy this situation, which include mental health screenings upon initial contact with the juvenile justice system as well as attempts to develop and implement electronic health or other record systems and universal databases; many of these types of systems are still under study, development, and review.

The following regional programs offer examples of available preventative and/or intervention type Juvenile Justice Services:

MHSD:

- Juvenile Court Liaison in Orleans parish provides a social worker in court setting to triage clients for SED and AD
- Juvenile Court Liaison in Plaquemines parish provides resources to courts to coordinate care for clients.

CAHSD:

- Juvenile Drug Court completes CASI assessment and group treatment for substance use.

Region III:

- Regional School Based DARE Program promotes substance awareness and prevention in school
- LaFourche Juvenile Justice Facility (LJJF) provides shelter, group home, and detention along with ROPES course
- Juvenile Justice Program offers ROPES challenge course for children and youth age 11-18.
- St. Mary's Parish Juvenile Drug Court is a program in the community that although does not target EBD population, it does provide mental health services
- Trackers Program is a daily monitoring of youth involved with OJJ, administered by GCTFS

Region IV:

- FINS offers interagency assistance, support, and collaboration for youth at risk of juvenile justice system involvement
- Juvenile Drug Court is a 4 phase program that includes drug screens, individual, group, and family counseling.
- Juvenile Day Reporting Center provides a safe, structured alternative day program for expelled and out of school youth.
- St. Martin Juvenile Detention Center-Mental Health Services offers assessment, treatment, and aftercare services for youth incarcerated in St. Martin Juvenile Detention center.

Region V:

- Truancy Assessment and Service Center (TASC) provides services to students in 1st through 5th grade, identified or at risk for truancy. Program focuses on early intervention.
- ISC (Mental Health Program) provides a forum for local agencies to meet with families to provide resources support and linkage.
- Drug Court is an intensive counseling and substance abuse treatment program designed to address adolescent substance abuse and juvenile justice issues.

- Mental Health Court is a program designed to assist EBD child/youth who are involved in the juvenile justice system.
- FINS is a program designed to identify child and family risk factors and refer to service.

Region VI:

- FINS (Families In Need of Services) is a pre-court, legally sanctioned intervention for youth exhibiting anti-social behaviors
- JWRAP (Juvenile Wellness Recovery Action Plan) assists families and youth in carrying out FINS plans.
- Multi-Systemic Therapy (MST) offers individualized and intensive family and community based treatment.
- Functional Family Therapy (FFT) offers a flexible prevention/intervention service delivery program for youth and families that occurs in stages.
- Mental Health Rehab Agencies provide services to children and youth, age 17 and under

Region VII:

- FINS - Families In Need of Services (FINS) is an intervention process aimed at preventing formal juvenile court involvement which provides interventions through development of a family service plan. This plan outlines support services and linkages to community agencies, thus reducing the number of youth in the juvenile court system and securing the youth in the home and community. Referrals can be made by the parents, school officials, district attorneys, judges, or concerned citizens.
- Juvenile Court Drug Court provides screenings and counseling to youth who are involved in the juvenile justice system.
- Mental Health Court offers individual deferred disposition and service for youth with mental health diagnosis. Although the court is not a provider of mental health services, the purpose of this specialized section is to utilize a treatment-oriented disposition whenever possible, ensuring that the specific needs of juveniles with serious biologically based brain disorders and cognitive disabilities are addressed appropriately. The goals of this specialized program are to ensure that seriously mentally ill juvenile offenders are treated humanely within the context of their illness, while ensuring community safety, and reducing the risk of recidivism.
- Teen Court is a program in Caddo parish that allows teens to take on the role of judge, jury, and attorney for youth with minor charges.
- Red River Marine Institute is a day treatment/education program combining an academic and adventure based environment to prevent and/or reduce delinquency.
- STAR-Specialized Treatment and Rehabilitation program is structured for in-school prevention, intervention, and follow up services.
- Volunteers for Youth Justice is an empowering and mentoring program for at risk/court involved youth.
- The Truancy Center is an early intervention program for children in kindergarten through 5th grade who have had excessive unexcused absences, tardies, and suspensions.
- Soldiers of Compassion is a faith based program that provides mentor family education as well as drug and alcohol recovery
- Curfew Center- Shreveport: minors out after curfew are brought to the center and counseled regarding current law and consequences, parental counseling also offered

Region VIII:

- FINS targets ages 6-18 to assist at-risk youth/families in order to prevent involvement with

law-enforcement and other legal entities.

- DARE (ages 6-18) educate youth in schools/community settings on dangers of alcohol/drug use.
- Children's Coalition TEENSCREEN is a program to identify suicidality and other mental health issues in school-aged children and connect with appropriate services.

FPHSA:

- Slidell Drug Court offers counseling, monitoring, and drug testing
- FINS/Youth Services Bureau provides group treatment, anger management and in home family treatment
- Options/Youth Services Bureau offers drug treatment and testing
- TASC/FINS provides truancy monitoring and referrals for services
- CASA provides court appointed Special Advocates to assure youth are receiving needed services
- New Directions/MMO is an inpatient unit for juvenile sexual perpetrators
- Florida Parishes Juvenile Detention Center offers tours of the facility and programs to deter behavior that would lead to placement
- Possibilities for a Better Tomorrow is a part school, part community based services for adolescents
- Juvenile Drug Court offered in 21st JDC

JPHSA:

- JP Juvenile Drug Court provides intensive treatment utilizing the Multi-systemic Therapy model
- JP Juvenile Services/ Functional Family Therapy (FFT) provides FFT to youth on probation
- JP Juvenile Services/Treatment Services has a variety of treatment contracts to serve youth on probation
- JP FINS Strengthening Families Program offers family group intervention for youth involved in FINS court
- Truancy Assessment Center (TASC) provides services for children and families who have been identified by high number of unexcused absences from school

SUBSTANCE ABUSE SERVICES
FY 2011 – Child/Youth

Please refer to Criterion 1 of the Child/Youth section on Services for Persons with Co-Occurring Disorders (substance abuse/mental health) for information on this topic.

HEALTH AND MENTAL HEALTH SERVICES
FY 2009 – Child/Youth

The Office of Mental Health (OMH) has informally collaborated with the Office of Public Health (OPH) in providing consultation, monitoring and assuring quality health and mental care in state funded school-based health centers across Louisiana. This partnership is reflective of the understanding that mental health is essential to overall health.

OBH clinical staff members in each locale expedite access to emergency and evaluative mental health services for referrals from School Based Health Clinic (SBHC) staff as part of OBH's informal collaborative efforts. SBHCs have followed up with OBH's recommended in-school mental health counseling for elementary, middle, and high school students and / or their parents who are not eligible for early mental health intervention services in OBH clinics. OBH and OPH encourage their clinical staff to attend appropriate training and educational programs by OPH or OBH. OBH, the Office for Citizens with Developmental Disabilities (OCDD), Medicaid, and the Bureau of Community Supports and Services also have an MOU to provide wraparound Medicaid waiver supports and services to children/ youth who have both a developmental disability and a mental illness.

Early Childhood Supports and Services (ECSS)

The Early Childhood Supports and Services (ECSS) program is a multi-agency prevention and intervention program that promotes a positive environment for learning, growth, and relationship building for children. ECSS provides infant mental health screening and assessment, counseling, therapy, child abuse and domestic violence prevention, case management, behavior modification, parent support groups, and the use of emergency intervention funds. ECSS also serves to build the infrastructure of the Parishes it serves by training human services professionals, agency personnel, educational and childcare personnel as well as family members and advocates in the specialized area of Infant Mental Health assessment and intervention. ECSS serves children from birth through 5 years of age and their families who have been identified as at-risk for developing social, emotional, and/or developmental problems. Risk factors include abuse, neglect, and exposure to violence, parental mental illness, parental substance abuse, poverty, and having developmental disabilities.

ECSS now serves the Delta Region of the State, known as Louisiana's most impoverished area, as well as having added Caddo parish in the 2009-10 fiscal year. ECSS provides or will provide Intensive Infant Mental Health training to 21 or more service providers, who will in turn provide infant mental health intervention to children 0 through 5 in ten sites, providing services in fourteen parishes. During the past year, ECSS screened over 1,800 children between the ages of 0 through 5 for risk factors that may lead to social/ emotional problems later in life.

Using emergency intervention funds, ECSS purchased services or supports for families in the amount of $240,685. These services would not have been otherwise available. ECSS joins local public, private, and non-profit agencies and organizations into Networks that provide coordinated, cross-agency screening, evaluation, referral, and treatment. Local ECSS Networks include collaborative relationships between the DHH Office of Mental Health, the Department of Social Services, and the Office of Family Services. Other agencies participating in the networks include Head Start, Early Head Start, local school systems, Department of Education, and the DHH Offices of Public Health, and Citizens with Developmental Disabilities. Elements of the ECSS Program

include integrated and comprehensive local systems of care for young children, early identification and intervention, state and local collaboration, healthy brain development, and school readiness. ECSS provides infant mental health screening and assessment, counseling, therapy, child abuse and domestic violence prevention, case management, behavior modification, parent support groups, and use of emergency intervention funds to purchase supports and services that are not otherwise available.

Louisiana Youth Enhanced Services (LA-Y.E.S.) Project

LA-Y.E.S. is a system of care established for children and youth with serious emotional and behavioral disorders funded through a cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA), the Louisiana Department of Health and Hospitals, and the Office of Behavioral Health, formerly the Office of Mental Health. LA-Y.E.S. builds upon prior federal initiatives partnering with state and local public mental health programs for improving mental health services for children and youth. It is a Louisiana cooperative agreement between the Center for Children's Mental Health Services of SAMHSA and local partners where the values and principles of systems of care are implemented. The stated values of LA-Y.E.S. are as follows: "Services are youth guided and family focused, community-based, and culturally and linguistically competent." The principles include: Access to comprehensive array of services; individualized service plans; services delivered in the least restrictive environment; family participants in all aspects of service planning; service systems integration; all children and families receive care management; children's problems are identified early; youth entering adulthood transitioned into adult care; the rights of service recipients are protected; and services are non-discriminatory.

LA-Y.E.S. has joined with community partners to work with families and youth addressing children's mental health. Critical collaboration partners include mental health, juvenile justice, child welfare, education, health, local universities, and human services (social services) areas. Service integration may start in family courts or in schools, or from a wide variety of other community portals. Services are characterized by coordination, multi-disciplinary teams, comprehensive array of services, community-based, culturally and linguistically competent, evidence-based, and outcome oriented. This "wraparound" approach itself is an evidence-based model based on national evaluations funded to evaluate all federally funded systems of care. LA-Y.E.S. is a child-focused and family-driven organization that aims to meet the mental health needs of youth, ages 3-21, and their families in Orleans, Jefferson, Plaquemines, St. Bernard, and St. Tammany parishes.

The LA-Y.E.S. system of care aims to address three main obstacles that citizens of Louisiana, including children and adolescents with mental illness, face when getting the care they need:

- The stigma associated with mental illness;
- The unfair treatment limitations and financial requirements placed on receiving care; and
- The fragmented mental health service delivery system.

Due to Louisiana's monumental need for systems reform, the Office of Juvenile Justice (OJJ), formerly the Office of Youth Development (OYD) began implementation of a plan to address juvenile justice reform and adopt models of change, as well as evidence based interventions. Multi-systemic Therapy (MST) is one such evidence based therapy that is provided by LA-Y.E.S. partners, and specifically recommended by OJJ. This evidence-based practice, now adopted by the OBH and the state's Medicaid Office, is designed to work with youngsters to alter their trajectory away from incarceration toward adaptive functioning in society. MST is a

choice intervention because youth with behavioral and emotional disorders and juvenile justice involvement account for a significant percentage of the LA-Y.E.S. referral base. Other evidence based interventions delivered by LA-Y.E.S. Provider Network include cognitive behavior therapy, and trauma focused cognitive behavior therapy.

Additionally, there are several other LA-Y.E.S. initiatives that are scheduled for implementation in FY 10-11. They are:

- Operating non-profit 501(c)3 organization [IRS approved 501(c)3 request in 2010]
- Further development of the LA-Y.E.S. Board of Directors
- Expansion of the LA-Y.E.S. Training Institute
- Mental Health Rehabilitation Provider
- Expansion of the School-Based Initiative
- Expansion of the LA-Y.E.S Consortium
- Crisis Respite for Families

Nearing the end of the sixth year extension of the grant, LA-Y.E.S. has achieved several major milestones. Although the project continues to move toward meeting all initial goals and objectives, the impact of Hurricane Katrina in August 2005 continues to pose major infrastructural and systems issues that are unique to communities that are rebuilding in the affected parishes. The high level of structural reorganization, community and organizational development, loss of mental health professionals, agency personnel changes, as well as mental and behavioral health needs of the families and children are continually being assessed and changes made accordingly. LA-Y.E.S. project accomplishments include:

- The project began service delivery in Orleans Parish in December 2004; approximately 578 youth have received services from January 2006 when the program returned to the New Orleans area following program interruption due to Hurricane Katrina until the end of June, 2010.
- At the end of the sixth year extension of the grant, the project delivered services to roughly 1619 children and families in a five-parish area in and around New Orleans, LA, and has substantially implemented expansion of services to the remaining two parishes (St. Tammany and St. Bernard) in its target area.
- LA-Y.E.S. has continued to operate a School-Based initiative that targets students in charter schools in the greater New Orleans area.
- The establishment of the LA-Y.E.S Consortium allows for children, families, and stakeholders to have their voices heard. The consortium is the governing body of the Louisiana Youth Enhanced Services Project that meets monthly. Its membership represents family members, community agencies, mental health professionals, teachers and other individuals working with children. Family involvement is an integral part of the LA-Y.E.S. Consortium. This involvement refers to the identification, outreach efforts, and engagement of diverse families receiving system of care services so that their experiences and perspectives collectively drive the planning, implementation, and evaluation of the system of care.

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – OUTREACH TO HOMELESS
FY 2011 – Child/Youth

The American Reinvestment and Recovery Act of 2009 includes about $13.61 billion for projects and programs that are currently being administered by the Dapartment of Housing and Urban Development. The primary focus of the Act was to stimulate the ecomony by providing a boost in these difficult times and to create jobs, restore economic growth and strengthen America's Middle class. The stimulation of the economy is designed to modernize the nation's infrasture, jump start America's energy independence, expand high quality educational opportunies, improve access to affordable health care and protect those in greatest need. The lack of affordable housing with appropriate support and the ability to provide basic necessities are changing the faces of homelessness. The job crisis and lack of sufficient income denies many individuals and families the opportunity to participate in the free market society without supports to bridge the gaps to obtaining and maintaining housing and financial resources to prevent homelessness. The new faces of the homeless are a direct result of the struggling economy created by the housing crisis, record breaking unemployment and inflation that makes housing impossible to afford without subsidized assistance and services. In the past few years, Louisiana has advocated successfully with the United States Congress to provide 3000 units of Permanent Supported Housing (PSH) to address the housing demand for affordable housing with support services in response to hurricanes Katrina and Rita. The units are designed to assist some of our most vulnerable homeless and disability populations. In addition, PATH (Project in Assistance to the Transition from Homelessness) expanded services to 8 of the 10 geographical regions/LGEs demonstrating efforts to provide homeless outreach and housing assistance to mental health individuals with other co-occurring disorders. The Olmstead decision of 1999 recently made a ten year anniversary and has been a driving force along with other budget restraints in our decision to change the state's mental health intermediate hospital system of care as OBH embraces a community model of care using best practice like Housing First and Therapeutic Residential Housing. The Olmstead program has been particularly affected in assisting persons with mental illness transition into the community with appropriate supports to sustain housing and services in the community.

There is no doubt that hurricanes continue to have a tremendous impact on housing and homelessness in the state however, it is not the only factor. The economy is critical to restoring jobs and housing stability. This is particularly significant since the areas of the state that were the most directly hit by the storms of 2005 and 2008 were the areas that have traditionally had the greatest population, and therefore the highest rates of homelessness, as well as the highest numbers of people with mental illness. State housing recovery efforts for affordable housing continue amidst a multiplicity of barriers including changes in development costs at all levels and local resistance to affordable housing development.

The Louisiana Interagency Council on Homelessness that participated in the United States Interagency Council was not reauthorized by the current state administration. The State Department of Children and Family Services is responsible for the state's Emergency Shelter Grant funds. As part of the Department's grantee responsibilities, the department surveys shelters and compiles an annual report on the unduplicated numbers served in shelters across the state. The DCFS Shelter Survey is a twelve month unduplicated count of persons using the state's shelter system. It also includes a point in time count that examines the subpopulations represented in the shelter count and the reasons for homelessness. The shelter information is current through 2008. There are 153

shelters in the DCFS database. In 2008, the number of shelters reporting was 119 or 78% of the 153. The data revealed that the yearly total of homeless persons served was 32,112.

Experience suggests that persons with mental illness are underserved in the general shelter population and, therefore, there may be significant numbers of *unsheltered* homeless who have a mental illness. It is also likely that there are a number of persons *sheltered* who are undisclosed as having a mental illness and, therefore, their mental illness is undetected and not included in the count. In addition, prevalence of substance abuse among adults with serious mental illness is between 50-70%. Taking those factors into consideration, some sources use the higher percentage of 30% in calculating homelessness for persons with mental illness. This would yield an estimate of the number of persons with mental illness, inclusive of those with co-occurring addictive disorders, who are homeless is approximately 9,634 persons, or 30% of the total 32,112 homeless served by the shelters who reported for the 2008 survey.

The Shelter Survey is broken down by sub-population in the Table below. This sub-population breakdown relates to the primary reason a person is homeless, although it is recognized that homelessness is multifactorial, and some individuals may fall into more than one category.

Sub-population	Number	Percentage of Total
Severely mentally ill	3,927	12.23%
Chronic homeless	6,072	18.91%
Dual Diagnosed	4,942	15.39%
Substance Abuse	9,309	28.99%
Veterans	3,692	11.50%
Elderly	1,441	4.49%
Other/ Not Reported	*2,729*	*8.50%*
TOTAL	32,112	

Projects to Assist in Transition from Homelessness (PATH)

The Projects to Assist in Transition from Homelessness (PATH) program of CMHS is targeted specifically towards those homeless persons with severe mental illness and/or severe mental illness with a co-occurring disorder. Louisiana's PATH program provides a significant amount *outreach* activity as well as other support services. The annual reports from Louisiana PATH providers for 2009 showed that 4,385 homeless persons with mental illness were served.

One of the greatest needs in Louisiana is the creation of housing that is affordable to persons living on an income level that is comparable to that of SSI recipients. That is, housing that is aimed at those individuals at and below 20% of Median Income. Supportive services necessary to assist an individual in remaining housed are also crucial. Efforts to increase available and appropriate housing for persons with mental illness through training and recruitment of housing providers and developers and development and access to support services continues to be a priority.

There are multiple providers of homeless programs in each area of the state. Each Region / LGE has a Continuum of Care for the Homeless that serves as the coordinating body for the development of housing and services to the homeless. The regional Continuums of Care incorporate a complete array of assistance for homeless clients from outreach services to placement in permanent housing. Both private and public agencies are members of these organizations. The programs provide outreach and/or shelter and housing services to the homeless, as well as substance abuse and mental

health services. Services targeted to the elderly, children, youth and their families who are homeless have been generally limited in the past, however, there have been strides to identify and improve a number of service gaps for children and youth who are homeless across the state.

For the federal PATH funding, Louisiana relies on in-kind and contractual contributions as its federal match. For FY 10 the match amount is $499,083.00. Virtually all of the PATH service providers are part of the local Continuum of Care systems for the homeless. As a part of the planning process, these coalitions participate and facilitate public hearings to request comment on the current use of funding to put an end to homelessness, and provide opportunities for public comment.

Louisiana Road Home Recovery Plan

The Louisiana Road Home Recovery Plan, an initiative of the Louisiana Recovery Authority (LRA) has included the rebuilding of affordable housing in the areas most impacted by Hurricanes Katrina, Rita, Gustav and Ike. This is being accomplished through a system of funding incentives that encourage the creation of mixed income housing developments. This plan targets not only the metropolitan areas impacted by the hurricanes but also several of the rural parishes that were more impacted by hurricane Rita. Included in this plan is the use of Permanent Supportive Housing as a model for housing and supports for people with special needs, such as people with disabilities, older people with support needs, families with children/youth who have disabilities and youth aging out of foster care. It is a model that provides for housing that is fully integrated into the community. The model does this through setting aside a percentage of housing units within each housing development built to be used for persons in special population categories, and includes support services that are delivered in the individual's (or family's) home. Adults with SMI and families of children with emotional/behavioral disorders, and the frail elderly are included within the identified special needs population targeted for the supportive housing set aside units. The services to be delivered to persons/families in the target population will be those services likely to help them maintain housing stability.

Taken together, the deficits in affordable housing and the drastic increase in the cost of living in many areas of the state have generated a homeless crisis. The homeless crisis disproportionately affects the chronically mentally ill, most of whom are on a fixed budget and lack support systems. Particularly in urban areas, thousands of people inhabit abandoned homes, nearly 500 people fill the emergency shelters every night, and there are countless numbers of individuals living from 'pillow to post' and on the street. It is noted that HUD does not consider people who are in shelters, supportive housing and FEMA housing as "homeless" and therefore numbers that include people who are *displaced from their homes* are not technically 'homeless' and these numbers are actually much greater than reflected in the HUD counts.

Homeless Coalition

There are multiple providers of homeless programs in each area of the state. Each Region / LGE has a Homeless Coalition, an organization that addresses systems issues and coordinates services for the homeless. The Regional Homeless Coalitions incorporate a complete continuum of care for homeless clients from outreach services to placement in permanent housing. Both private and public agencies are members of these organizations. The programs provide outreach and/or shelter and housing services to the homeless, as well as substance abuse and mental health services. Services targeted to children, youth and their families who are homeless have been generally limited in the past, however, there have been strides to identify and improve a number of service gaps for children and youth who are homeless across the state.

A local non-profit in Baton Rouge, Church United for Community Development has applied for funding from US DHHS for Administration Children & Families Outreach Program. This will identify homeless youth up to 21 years-old that have been or at risk of sexual abuse or victimization/exploitation. It will assist in locating shelter space and services. CAHSD has supported the application and will provide mental health/substance abuse services to those youth meeting eligibility criteria as an in kind match for the grant application.

The Haven (domestic violence shelter), Beautiful Beginning (homeless shelter for families), and Gulf Coast Teaching Family Services provide outreach to homeless youth through their shelters and work with the families. START Corp. also works with families with SED children. The region would like to expand their ability to assist these organizations through referral, case management, and enhanced respite but there are no funds for this at this time.

Runaway children and youth in Region III have been identified who are in need of housing, medical, mental health, and substance abuse services. The homeless coalition has developed a program (Gulf Coast Teaching Family Services) funded by HUD (Basic Center Grant Program) that provides outreach, respite care, individual and family counseling, and case management to runaway homeless children and youth. The goal is to unite the children and youth with their parents. Until that time, the needs of the families involved are provided by referral to substance abuse treatment, mental health counseling, and respite, as needed.

Another example exists in Region IV, where “Project Matrix" serves homeless families, including homeless children and youth. These and various other projects are funded through the Department of Housing and Urban Development’s (HUD) Continuum of Care for the Homeless program.

In Region V, there is Education Treatment Council's Harbor House and Transitional Living Program (TLP). Harbor House is a temporary shelter (standard stay is < 45 days) for homeless youth. TLP is an 18 month, independent living program for homeless youth funded through HUD CoC. There is 24 hour staff but it is considered a minimal supervision program. Although TLP is not solely for youth with a mental health diagnosis, it is an option for transitional age youth with a mental health diagnosis as long as they meet their program criteria. They provide minimal outreach services as part of this program.

The issue of education for homeless children and youth is directly addressed in the McKinney-Vento State Plan for the education of homeless children and youth as amended by Title X, Part C of the No Child Left Behind Act of 2001, Public Law 107-110. Specific activities for school districts to address the needs of homeless (and highly mobile) families have been established. These activities include such things as: designating a liaison for the school district to act as a contact person, outreach worker and advocate for homeless families and youth; identifying local service providers (shelters, food banks, community agencies) for homeless families; and informing parents and youth of their right to public education, even if they do not have a permanent address.

In Louisiana, expanded definitions have helped local school districts understand who may be in need of assistance. Children and Youth living in the following types of situations are eligible for assistance from local homeless educational programs:

- Children and Youth in Transitional or Emergency Shelters
- Children and Youth Living in Trailer Parks, Camping Grounds, Vehicles
- Children and Youth “Doubled-Up” in Housing

- Children and Youth Living in Motels and Weekly-Rates Apartments
- Foster Children and Youth
- Incarcerated Children and Youth
- Migratory Children and Youth
- Unaccompanied Minors: Runaways and Abandoned Youth
- Highly-Mobile Families and Youth

Within the scope of the Child and Adolescent Response Team (CART), children and families in crisis who are also homeless, are assessed and their needs are prioritized. The CART clinician assists the children/ youth and families to locate the resources necessary to establish temporary or permanent housing. Although resources are limited, homeless shelters and agencies that specifically cater to the needs of the homeless population are located throughout the State. Additionally, CART will assist the children and families with other resources necessary to stabilize the children/ youth and families' mental health and social needs.

The HUD Continuum of Care funding serves many children and youth, both those in families and those who are unaccompanied youth. This funding provides transitional and permanent housing and an array of case management, counseling, educational and other services.

Clients Reporting Being Homeless as of 6/30/2010 Compared to 6/30/2009

Region/ LGE	Total number reporting homelessness as of **6/30/09**	Of total number, how many were displaced by hurricanes/ disaster **(6/30/2009)**	Total number reporting homelessness as of **6/30/10**	Methodology used to arrive at these figures*
MHSD	4423	4423	8725	Point in time survey
CAHSD	38,800**	unknown	1022	Point in time survey
Region III	565	126	397	HMIS Data
Region IV	170	unknown	7332	HMIS Data
Region V	123	unknown	115	Point in time survey
Region VI	162	51	46	HMIS Data
Region VII	973	0	3633	HMIS Data
Region VIII	276	n/a	228	Point in time survey
FPHSA	379	unknown	357	Point in time survey
JPHSA	553	434	331	HMIS Data

NOTES:
***HMIS: Homeless Management Information System Data**
****** **The extremely large jump in homelessness is due to the removal of FEMA housing supports**

For further discussion of related aspects of homelessness, the reader is referred to *Section III, Criterion 1, Housing Services.*

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – RURAL ACCESS TO SERVICES
FY 2011 – Child/Youth

A *Rural Area* has been defined by OMH using the 1990 U.S. Bureau of the Census definition: A rural area is one in which there is no city in the parish (county) with a population exceeding 50,000. Louisiana is a largely rural state, with 88% (56) of its 64 parishes considered rural by this definition. Estimates from the most recent Census Bureau statistics (7/1/2009) indicate that there are 1,135,163 rural residents and 3,356,913 urban residents in Louisiana. There is an OMH mental health clinic or satellite clinic in 45 of these 56 rural parishes. There is a Mental Health Rehabilitation provider located in most of the rural parishes. All rural programs are within the catchment area of a CMHC that serves children and youth.

Although OBH has placed many effective programs in rural areas, including the Child Adolescent Response Team (CART mobile crisis program); barriers, especially transportation, continue to restrict the access of consumers to these rural mental health programs. Transportation in the rural areas of the state has long been problematic, not only for OBH consumers, but for the general public living in many of these areas. The lack of transportation resources not only limits access to mental health services, but to employment and educational opportunities. The resulting increased social isolation of many OBH clients with serious mental illness who live in these areas is a primary problem and focus of attention for OBH. Efforts to expand the number of both mental health programs and recruiting of transportation providers in rural areas are an ongoing goal.

RURAL TRANSPORTATION PROGRAMS FOR SMI / EBD 2009-2010

Region/ LGE	Type of Programs	# of Rural Programs
MHSD	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	4
CAHSD	Medicaid Transportation, City/Parish Transportation; Local Providers	29
III	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	9
IV	Medicaid Transportation, City/Parish Transportation, Local Providers	9
V	Medicaid Transportation; City/Parish Transportation; Local Providers, Other	15
VI	Medicaid Transportation, City/Parish Transportation,, Local Providers, Others	13
VII	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	23
VIII	Medicaid Transportation, City/Parish Transportation, Local Providers	6
FPHSA	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	28
JPHSA	Medicaid Transportation	6
TOTAL		**142**

RURAL MENTAL HEALTH PROGRAMS FOR SMI / EBD 2009-2010

Region/ LGE	Name/Type of Programs	# of Adult Rural Programs	# of C/Y Rural Programs
MHSD	CMHC, Satellite Clinics, ACT teams, Drop-In Centers, Other	8	1
CAHSD	Satellite Clinics	10	6
III	CMHC, Satellite Clinics, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	15	7
IV	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	21	6
V	Satellite Clinics, Outreach Sites, Mobile Outreach, Drop-in Centers, MHR Agencies, Support Groups, Other	20	11
VI	CMHC, Satellite Clinics, Outreach Sites, Mobile Outreach, Drop-In Centers, MHR, Support Groups, Other	24	11
VII	CMHC, Satellite Clinics, ACT teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	8	5
VIII	CMHC, Satellite Clinics, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	25	22
FPHSA	CMHC, Outreach Sites, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	27	12
JPHSA	Outreach Sites	0	1

Key: CMHC= Community Mental Health Clinic
ACT= Assertive Community Treatment Team
MHR= Medicaid Mental Health Rehabilitation Program

The capacity for telemedicine, tele-networking, and teleconferencing throughout the state has resulted in better access to the provision of mental health services in rural areas. All state hospitals and approximately almost all CMHC's have direct access. This system addition is actively used for conferencing, consultation and direct care.

In an attempt to alleviate access problems, OBH has available teleconferencing systems at 66 sites, including Mental Health clinics, ECSS sites, Mental Health Hospitals, LA Spirit, OBH regional offices, and OBH Central Office. Some sites have multiple cameras. Some of these cameras are dedicated to Telemedicine (doctor/client session) while the others are used for Teleconferencing (meetings, education, etc). The other sites use their single cameras for both Telemedicine and Teleconferencing. The sites have begun to buy High Definition Cameras per DHH regulations. These cameras provide better quality but also take up more bandwidth.

Telecommunication has become the primary mode for communication within OMH. In an average week there are 20 different meetings conducted through teleconferencing including regular meetings of the Regional and Area Management Teams, Medical Directors, Quality Council, and the Pharmacy and Therapeutics Committee. DHH now also has desktop video conferencing. The new software interface allows participation into the existing video network

from individual desktop PCs. Sites now have the ability to do on demand conferencing inside their region. Regional Meeting rooms were setup for telemed and standard conferencing that can be launched from the sites anytime or day of the week. This is especially helpful in an emergency that happens outside normal work hours. The system is also used for training and other administrative purposes. Forensic patients at ELMHS are being linked with Tulane University psychiatrists in New Orleans through telemedicine. Telemedicine has resulted in more efficient communication between various sites across the state.

OMH Video Conferencing Sites - July, 2010			
	Site	**Parish**	**City**
1	Allen Mental Health Clinic	Allen	Oberlin
2	Assumption Mental Health Clinic	Assumption	Labadieville
3	Avoyelles Mental Health Clinic	Avoyelles	Marksville
4	Bastrop Mental Health Clinic	Morehouse	Bastrop
5	Beauregard Mental Health Clinic	Beauregard	DeRidder
6	CLSH (Education Room 103)	Rapides	Pineville
7	CLSH (Education Room 128)	Rapides	Pineville
8	CLSH (Admin Bldg)	Rapides	Pineville
9	Central Louisiana Mental Health Clinic	Rapides	Pineville
10	Crowley Mental Health Clinic	Acadia	Crowley
11	Delta ECSS	Richland	Delhi
12	Dr. Joseph Tyler MHC / Auditorium 1	Lafayette	Lafayette
13	Dr. Joseph Tyler MHC / Auditorium 2	Lafayette	Lafayette
14	Dr. Joseph Tyler MHC / Auditorium 3	Lafayette	Lafayette
15	Dr. Joseph Tyler MHC / Conference Room	Lafayette	Lafayette
16	ELMHS (Center Bldg.)	East Feliciana	Jackson
17	ELMHS (Clinic	East Feliciana	Jackson
18	ELMHS (Forensic)	East Feliciana	Jackson
19	ELMHS (Greenwell Springs)	East Baton Rouge	Greenwell Springs
20	Jonesboro Mental Health Clinic	Jackson	Jonesboro
21	Jonesville Mental Health Clinic	Catahoula	Jonesville
22	Lafourche Mental Health Clinic	Lafourche	Raceland
23	Lake Charles MHC / Regional	Calcasieu	Lake Charles
24	Lake Charles MHC / Room 105	Calcasieu	Lake Charles
25	Lake Charles MHC / Small Group Room	Calcasieu	Lake Charles
26	LA Spirit	East Baton Rouge	Baton Rouge
27	LA Spirit Orleans	New Orleans	Orleans
28	LA Spirit Orleans (Desktop)	New Orleans	Orleans
29	Leesville Mental Health Clinic	Vernon	Leesville

30	Mansfield Mental Health Clinic	De Soto	Mansfield
31	Mansfield Mental Health Telemed	De Soto	Mansfield
32	Many Mental Health Clinic	Sabine	Many
33	Many Mental Health Telemed	Sabine	Many
34	Minden Mental Health Clinic	Webster	Minden
35	Minden Mental Health Telemed	Webster	Minden
36	Monroe Mental Health Clinic / Auditorium	Ouachita	Monroe
37	Monroe Mental Health Clinic / Regional	Ouachita	Monroe
38	Natchitoches Mental Health Clinic	Natchitoches	Natchitoches
39	Natchitoches Mental Health Telemed	Natchitoches	Natchitoches
40	New Iberia Mental Health Clinic	Iberia	New Iberia
41	NOAH / Shervington Conference Room	Orleans	New Orleans
42	NOAH / HR Conference Room	Orleans	New Orleans
43	OMH Headquarters	East Baton Rouge	Baton Rouge
44	Opelousas Mental Health Clinic	St. Landry	Opelousas
45	Region 3 Office	Terrebonne	Houma
46	Red River Mental Health Clinic	Red River	Coushatta
47	Red River Mental Health Telemed	Red River	Coushatta
48	Richland Mental Health Clinic	Richland	Rayville
49	River Parishes Mental Health Clinic	St.John the Baptist	LaPlace
50	Ruston Mental Health Clinic	Lincoln	Ruston
51	SELH / Admin. Bldg	St. Tammany	Mandeville
52	SELH / Education Bldg	St. Tammany	Mandeville
53	SELH / Telemed	St. Tammany	Mandeville
54	SELH / Youth Services	St. Tammany	Mandeville
55	Shreveport MHC / Room 111	Caddo	Shreveport
56	Shreveport MHC / Room 145	Caddo	Shreveport
57	Shreveport MHC / System of Care	Caddo	Shreveport
58	Shreveport MHC / Room 214	Caddo	Shreveport
59	Shreveport MHC / Room 216	Caddo	Shreveport
60	South Lafourche MHC	Lafourche	Galliano
61	St. Mary Mental Health Clinic	St. Mary	Morgan City
62	St. Tammany ECSS	St. Tammany	Mandeville
63	Tallulah Mental Health Clinic	Madison	Tallulah
64	Terrebonne Mental Health Clinic	Terrebonne	Houma
65	Ville Platte Mental Health Clinic	Evangeline	Ville Platte
66	Winnsboro Mental Health Clinic	Franklin	Winnsboro

CRITERION 5
MANAGEMENT SYSTEMS – RESOURCES. STAFFING, TRAINING OF PROVIDERS
LOUISIANA FY 2011 - ADULT & CHILD/YOUTH PLAN

The Community Mental Health Block Grant for the FY 2011 now stands at the lowest it has for many years: $5,293,123. Several years of budget cuts have occurred. In FY 2009 the amount was $5,435,135 representing an 11.7% decrease from the original FY 08-09 of $6,155,074, which was decreased 2.4% from the FY 07-08 of $6,309,615 following an increase from $5,902,412 in FY 05-06; which was reduced from the FY 04-05 level of $6,338,989. Block Grant money is used by OMH to finance innovative programs that help to address service gaps and needs in every part of the state. The Block Grant funds are divided almost equally between Adult and C/Y programs. The OMH FY 2010-2011 budget (initial appropriation) was $282,790,258. The total appropriation for the community is $_78,515,396.

The following tables provide additional budgetary information, including a breakdown of federal funding for mental health services. The following pages contain further information about staffing resources, etc.

OFFICE OF MENTAL HEALTH INITIAL APPROPRIATION FOR FY 10-11

BUDGET SUB-ITEM	SUB-ITEM DIVISIONS	TOTAL(S)	% of TOTAL
Community Budget	CMHCs (a)	$40,707,612	14%
	Acute Units (b)	$2,905,622	1%
	Social Service Contracts	$34,902,162	12%
	Community Total	**$78,515,396**	**28%**
Hospital Budget	Central Louisiana State Hospital	$23,354,926	8%
	Eastern Louisiana Mental Health System (c)	$91,840,429	32%
	Southeast Louisiana Hospital (d)	$50,875,953	18%
	Hospital Total	**$166,071,308**	**59%**
State Office Budget	**Central Office Total (e)**	**$38,203,554**	**13%**
TOTAL		**282,790,258**	**100%**

(a) Excludes budgets for Capital Area Human Services District, Florida Parishes Human Services Authority, Metropolitan Human Services District, Jefferson Parish Human Services Authority, and South Central Louisiana Human Services Authority .

(b) Does not include $ 137,720 for operation of the Washington-St. Tammany acute units that are located in OMH Hospitals.

(c) East Louisiana Mental Health System is comprised of East Louisiana State Hospital, Feliciana Forensic Facility, and Greenwell Springs Hospital. Budgets are combined.

(d) Southeast Louisiana Hospital and New Orleans Adolescent Hospital consolidated as of 07/01/2009.

(e) Actual appropriation is $38,203,554 of which $1,136,085 is BP Oil Spill money; and $714,480 is Residential Therapeutic money.

MENTAL HEALTH FACILITIES, BEDS, FUNDING
FY 2008 – 2011 (as of first day of fiscal year)

HOSPITAL SYSTEM

	FY 2008 (7/1/07)	FY 2009 (7/1//08)	FY 2010 (7/1/09)	FY2011 (7/1/10)
Total Adult/Child State Hosp. Beds (a)	842	810	804	761
State General Funds(b) (c)($)	79,834,630	89,500,010	8,020,486	90,152,175
Federal Funds ($)	101,469,932	106,781,722	113,196,757	69,482,287

COMMUNITY SYSTEM

Acute Units

	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)	FY2011 (7/1/10)
Total Number of Acute Beds	215	283	155	115
State General Funds ($)	0	0	-0-	0
Federal Funds ($)	9,429,275	5,113,592	2,905,622	2,905,622

NOTE: 2008 figures exclude GSH (transferred to ELSH).
2009 figures include LSU staffed Acute Units.
2010 figure includes NOAH Acute, SELH Acute, ELSH Acute, Moss, Wash-St.Tammany and UMC Acute Units.
2011 figure includes SELH, ELSH, Moss and UMC Acute Units. NOAH was closed and Wash-St.Tammany transferred to LSU.

CMHCs

	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)	FY 2011 (7/1/10)
Total Number of CMHCs*	41	43	43	45
State General Funds ($)**	34,767,708	37,993,999	35,575,211	44,242,442
Federal Funds ($)	7,539,648	8,159,082	13,180,987	6,006,737

*Includes Clinics only – (including LGEs)
** does not include LGEs

CONTRACT COMMUNITY PROGRAMS	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)	FY 2011 (7/1/10)
State General Funds ($)	12,830,006	31,144,944	28,236,120	22,698,372
Federal Funds ($)	12,871,215	3,346,292	2,221,512	3,686,170

NOTES:
(a) Staffed beds. Does not include money for operation of acute units in OMH freestanding psychiatric hospitals
(b) Additional services for persons with mental illness were provided through the Medicaid agency:
Mental Health Rehabilitation Option
(c) State General Funds amounting to $60,745,784 were replaced by Social Services Block Grant monies for FY 2010.

State Psychiatric Facilities Statewide Staffed Beds (6/30/2010)

	Facility		Adult Acute Beds	Adult Civil Intermediate Beds	Adult Forensic Beds	Child and Adolescent Beds	TOTAL
OMH HOSPITALS	Central State Hospital		0	60	56	12	**128**
	Eastern Louisiana Mental Health System	Jackson and Greenwell Springs Campus	51	179	88	0	**318**
		Feliciana Forensic Facility	0	0	235	0	**235**
		Total for ELMHS	51	179	323	0	**553**
	New Orleans Adolescent hospital		0	0	0	0	**0**
	Southeast Louisiana Hospital (Mandeville, LA)		35	94	0	38	**167**
LSU-New Orleans/ Staffed by OMH	University Medical Hospital		20	0	0	0	**20**
	Moss Hospital		14	0	0	0	**14**
TOTAL STAFFED BEDS			**120**	**333**	**379**	**50**	**882**

Data from Daily Census Report.
OBH does not get data from the LSU operated/ staffed facilities

TOTAL NUMBERS OF HOSPITAL INTERMEDIATE CARE BEDS
BY FACILITY (6/30/2010)

	Licensed Beds on 6/30/2010	Staffed Beds on 6/30/2010	% Staffed Average for Fiscal Year	% Occupancy Average for Fiscal Year
CLSH*	196	128	66.6%	95.9%
ELSH	362	268	81.8%	97.6%
SELH	139	132	47.9%	91.9%
FFF	235	235	100%	100%
TOTAL	**932**	**762**	--	--

*Based from PIP Patient Population Movement Report. NOAH was closed August 2009 tc

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Numbers of Community Professional Staff Members by Discipline on June 30, 2010

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ PharmD
Region/LGE		Doctoral*	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
MHSD	9	1 0 MP	0	0	7	0	12	0	11	2	0
CAHSD	18(9.7 FTE)	2(1 FTE) 3 MP (2 FTE)	2	0	94(48 FTE)	3 (2 FTE)	19 (10 FTE)	4 (2 FTE)	12 (6.53 FTE)	29 (15.51 FTE)	0
III	10	3(2.6 FTE) 0 MP	2	0	11	1	3	8	9	8	0
IV	10(6.8 FTE)	3 (.60 FTE) 2 MP(.30 FTE)	6	0	33	0	0	10	2	7	4(1.4 FTE)
V	6(2.4 FTE)	0 1 MP(0.2 FTE)	4	0	10	0	5	0	3 (2.2 FTE)	7	3(.26 FTE)
VI	4	0 0 MP	5	0	9	0	5	5	1	8	0
VII	8(6.6 FTE)	0 0 MP	0	0	13	0	3	3	10	6	0
VIII	5(3.8 FTE)	2(0.5 FTE)/ 2 MP(0.5 FTE)	0	0	19	0	2	7	9	5	2(1.8 FTE)
FPHSA	11(6.4 FTE)	1(.15 FTE) 1 MP	0	0	33	0	1	4	2	3	1(.4 FTE)
JPHSA	13(10.6 FTE)	3(2.7 FTE) 0 MP	0	0	57(54.7FTE)	3	7	3	13(12.4FTE)	15(14.95FTE)	1
Total By Discipline	**94 (69.3 FTE)**	**15(8.55 FTE) / 9(4 FTE) MP**	**19**	**0**	**286 (244.7 FTE)**	**7 (6 FTE)**	**54 (48 FTE)**	**44 (42 FTE)**	**72 (65.13 FTE)**	**90 (76.46 FTE)**	**11 (4.86 FTE)**

NOTES: (FTE listed only if not full-time) * MP=Medical Psychologist

Numbers of OMH Hospital Professional Staff Members by Discipline on June 30, 2010

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ Doctorate
Hospital		Doctoral & Medical Psych	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
CLSH	unavailable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ELMHS	21	7 3MP	2	0	41	6	64	62	8	45	12
SELH	8	15	1	0	26	4	28	39	8	17	0
Total by Discipline											

NOTES: (FTE listed only if not full-time) * MP= Medical Psychologist

OMH Community Total Prescribing Workforce on June 30, 2010

Psychiatric Type	Total Number FTE Psychiatrists		Of Total Psychiatry FTE, Number Certified Child Psychiatrists		Total Number FTE Medical Psychologists		Total Number FTE Nurse Practitioners	
Region/ LGE	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract
MHSD	8	2	0	0	0	0	0	0
CAHSD	14.6	6.1	2	1	0	0	1	0
3	5	1.65	1	0.75	0	0	1	0
4	5.5	1.3	1	0.5	0	0.3	0	0
5	1.4	0.8	0.6	0	0.2	0	0	0
6	4	3	1	1	0	0	0	1
7	5.8	0.8	0	0.4	0	0	0	0
8	2	1.8	0	0	0	0	0	0
FPHSA	4.0	2.4	1	1	0	0	0	0
JPHSA	9.79	0.82	2.44	0.30	0	0	0	0
TOTAL	60.09	20.67	9.04	4.95	0.2	0.3	2	1

OMH Hospital Psychiatric Workforce on June 30, 2010

Psychiatric Type	Number FTE Psychiatrists Serving Adults/ Children		Number FTE Certified Child Psychiatrists		Hospital FTE Total Psychiatrists
Hospital	Civil Service	Contract	Civil Service	Contract	
CLSH	Not available	N/A	N/A	N/A	N/A
ELMHS	0	21	0	0	
SELH	8	5	2		
Totals*	--	--	--	--	--

KEY: CLSH = Central Louisiana State Hospital
ELMHS = Eastern Louisiana Mental Health System (ELMHS): Greenwell Springs Hospital, East Division, Forensic Division
SELH = Southeast Louisiana Hospital
***Totals not computed due to missing data.**

OMH Community Staff Liaisons on June 30, 2010

Region/ LGE	FTE Child/Youth Family Liaisons	FTE Adult Consumer Liaisons
MHSD	1	0.5
CAHSD	1	1
III	0	0
IV	.8	0
V	.8	.8
VI	0	.60
VII	.50	0
VIII	0	0
FPHSA	0	0
JPHSA	1.0	0

Includes civil service and contract employees

Training for the delivery of Evidence based practices (EBPs) has been a focus statewide. For instance, a series of Trainings on Dialectical Behavior Therapy was recently begun statewide, and workshops on Cognitive Behavior Therapy and Interpersonal Therapy have also been offered. In spite of the positive things happening with the workforce, the difficulty of delivering services with decreased funding and numbers of clinicians has become an urgent priority.

Due to budget reductions, there were a significant number of positions that were cut in the various clinics. The OMH Redesign Project provided an opportunity to implement a business reorganization plan to better utilize the limited workforce to meet the needs of the residents of the state.

Rural areas continue to have a shortage of psychiatric coverage. Hiring freezes have made a difficult situation even more so. Some clinics are using technical school internship positions to offset staff shortages.

All Regions/ LGEs report difficulties providing necessary services due to a workforce shortage. In addition to the usual problems, the economy is putting an increasing strain on workforce delivery. Previously, it had been noted that many healthcare professionals left state government jobs or literally left Louisiana after the hurricanes, for better pay and better working conditions. Hiring freezes have been the norm since Governor Bobby Jindal was inaugurated in January of 2008; and with the downturn in the economy, layoffs and furloughs have become all too common in healthcare and state government in general. Workforce vacancies have affected all aspects of direct service: medical, nursing, counseling, and clerical. The shortage has caused

challenges for clinicians on the front lines with an impact on the number of clients seen, the length of time from first contact to psychiatric evaluation, medication management, and counseling.

Reports from Regions/ LGEs indicate struggles with keeping qualified clinical staff. Recruitment efforts have included using interns and residents from nursing and medical schools, contacting medical recruitment agencies, advertisements in professional journals, and newspapers. To fill the gaps in prescribers, some regions have successfully contracted with non-physician prescribers, specifically, Medical Psychologists and/or Nurse Practitioners. Others have used locum tenens physicians.

Reports from the field indicate that due to budget cuts dictated by the recent legislative sessions, the workforce has been reduced. Job positions are being combined to try to compensate for the budget conditions without lessening the impact on quality centered patient care. In Region 5, the loss of 7 full time positions and several job vacancies have affected all areas of direct service. There is a serious effect on the numbers of clients seen, the length of time from first contact to psychiatric evaluation, medication management, and counseling; and there is a serious shortage of community resources to fill the service gaps.