



Bobby Jindal
GOVERNOR

Louisiana Commission on Addictive Disorders

April 10, 2014

Commission Members

Thomas P. Lief
New Orleans - MHSD

Anthony Wickramasekera
New Orleans - MHSD

Shelley Mockler
Baton Rouge - CAHSD

Kathleen Leary
Houma - SCLHSA

Lloyd Hernandez
Lafayette - AAHSD

Vacant
Lafayette - AAHSD

Lana Bel
Lake Charles - ImCal

Michael Slocum
Alexandria - CLHSD

Dr. Susan Tucker
Shreveport - NLHSD

Damon Marsala
Monroe - NEDHSA

Jon Lance Nickelson
Monroe - NEDHSA

Kerri Cunningham
Madisonville - FPHSA

Freddie Landry
Chairperson
Jefferson - JPHSA

The Honorable Bobby Jindal
Governor of Louisiana
Office of the Governor
Post Office Box 94004
Baton Rouge, Louisiana 70804-9004

The Honorable David R. Heitmeier
Chairman
Senate Committee on Health and Welfare
Post Office Box 94183
Baton Rouge, Louisiana 70804

The Honorable Scott M. Simon
House Committee on Health and Welfare
Post Office Box 44281
Baton Rouge, Louisiana 70804

The Honorable John A. Alario
President
Louisiana State Senate
Post Office Box 94183, State Capitol
Baton Rouge, Louisiana 70804-9183

The Honorable Charles E. Kleckley
Louisiana Speaker of The House
Post Office Box 94062
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Kathy H. Kliebert, Secretary
Department of Health and Hospitals
Post Office Box 629
Baton Rouge, Louisiana 70804

RE: 2013 ANNUAL REPORT – Louisiana Commission on Addictive Disorders

Dear Sirs and Madam:

The Louisiana Commission on Addictive Disorders is required by Act 899 of the 1984 Regular Session of the Legislature to provide an annual written report to the Governor, the chairpersons of the House and Senate Health and Welfare Committees, and the Secretary of the Department of Health and Hospitals.

Attached please find the 2013 Governor's Annual Report from the Louisiana Commission on Addictive Disorders.

If you would like further information, please contact me.

Sincerely,

Freddie G. Landry, Chair
Louisiana Commission on Addictive Disorders
(504) 236-0508

Attachment

c: Rochelle Head-Dunham, M.D.
OBH Interim Assistant Secretary

P.O. Box 4049, Bin 12

Louisiana Commission on Addictive Disorders

Annual Report

*A report on the activities of the Louisiana Commission
on Addictive Disorders and related initiatives of the
Office of Behavioral Health.*

2013

I. About the Commission

A Message from the Chairperson

Dear Legislators and Stakeholders,

The purpose of the Louisiana Commission on Addictive Disorders is to assess, evaluate, and recommend programs and/or services provided on a regional/district level; to represent the community needs related to addictive disorders legislatively; and to act as advocates for addictive disorders services and the clients who need them. Each year the Commission submits an Annual Report outlining the state of addictive disorders services and needs throughout the State of Louisiana. The ensuing report outlines the activities of the Commission along with valuable insights into how addictive disorders impacts many areas of government and the burden untreated addiction places on the state's budget.

Since the establishment of the Office of Behavioral Health within the Department of Health and Hospitals, the Commission on Addictive Disorders has continued to be the voice for the thousands of individuals throughout Louisiana who need and deserve the best treatment possible in a state with continuing budget issues. Commission members have taken an active role in the Louisiana Behavioral Health Advisory Council as well as the local Regional Advisory Councils, to ensure that the needs of the addictive disorders population remain at the forefront of treatment discussions and funding.

The 2013 Annual Report delineates the many programs provided along the Office of Behavioral Health's continuum of care: from universal prevention efforts, to inpatient and outpatient treatment, to recovery support services. The addiction staff within the Office of Behavioral Health continues to work diligently to meet the needs of an ever-present waiting list for services, despite the challenges presented by a tough financial climate. With the creation of the Louisiana Behavioral Health Partnership and the contract with Magellan of Louisiana to serve as the State Management Organization, the Commission is thankful for the in-depth inclusion of addiction treatment through these Medicaid funded services.

Through several statewide surveys of behavioral health consumers, family members, and providers, the need for prevention services continues to be of significant concern. However, these services are woefully underfunded. It is the opinion of the Commission on Addictive Disorders that funding prevention services on the front end would greatly reduce costs associated with healthcare, incarceration, loss of workforce productivity and low educational achievement, not to mention crime and violence in our communities.

The Louisiana Commission on Addictive Disorders is committed to helping meet the challenges of the future and to serving as advocates for the prevention of and the recovery from the ravages of addiction. If we can be of assistance in any way, please do not hesitate to call on us.

Warmest regards,

Freddie G. Landry, M.Ed., LPP
Chair, Commission on Addictive Disorders

History and Role of the Commission

Act 899 of the 1984 Regular Session of the Louisiana Legislature created the Louisiana Commission on Addictive Disorders⁵. The same Act created the state agency known as the Office for Addictive Disorders⁵. During the 2009 Regular Session of the Louisiana Legislature, Act 384 merged the Office for Addictive Disorders with the Office of Mental Health to create a single Office of Behavioral Health (OBH)⁵. The new OBH is responsible for serving the needs of Louisiana citizens challenged by mental health issues, addictive disorders, and co-occurring disorders⁵.

The statutory duties and responsibilities of the Commission are as follows:

- 1) To advise the Office of Behavioral Health “concerning the policy of the State with respect to addictive disorders;”⁵
- 2) To “recommend an annual State Plan to the [Office of Behavioral Health] setting forth proposed policy, program planning initiatives and goals relative to the prevention and treatment of addictive disorders;”⁵
- 3) To submit an annual report to the Governor, the Joint Health and Welfare Committee of the Louisiana Legislature, and the Secretary of the Department of Health and Hospitals as to the activities of the Commission and the Office of Behavioral Health for the previous calendar year, as well as recommendations concerning future program initiatives;⁵ and
- 4) To “serve as liaison among all State and local government entities concerning addictive disorders”⁵

Commission Activities – 2013

The Commission on Addictive Disorders is a viable, active committee, meeting regularly, with activities that have included assisting and supporting the Office of Behavioral Health with the following initiatives:

- The Commission met 12 times during the 2013 calendar year. All of the meetings were held at OBH Headquarters in Baton Rouge.
- Commission members participated in the Public Forums held by the Office of Behavioral Health in 2013. These forums are held annually in areas represented by the local governing entities (LGEs) /districts around the state as a requirement of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. These Public Forums represent valuable opportunities to obtain input and feedback from consumers, stakeholders, and the public regarding prevention and treatment needs, as well as to demonstrate the accountability of the Office. Interested state legislators also participated in these forums.
- Commission members have become active in the Louisiana Behavioral Health Advisory Council and several of the Regional Advisory Councils throughout the state.

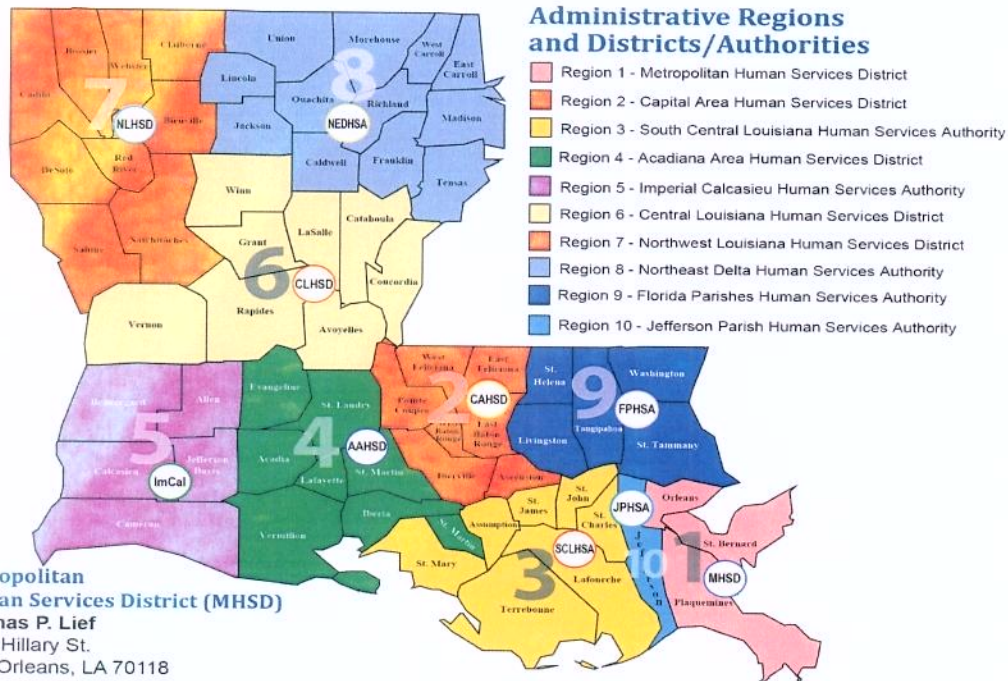
The Commission has invited the following speakers to share their expertise in various programs related to addictive disorders:

- June, 2013- Holland Counce, Corporation of Professional Community and Public Information with Alcoholics Anonymous

- October, 2013- Debra Morton, Chair, Treatment Workgroup of the Greater New Orleans Drug Demand Coalition
- November, 2013- Dr. Susan Tucker, Louisiana Department of Corrections, Substance Abuse Treatment Program
- December, 201- Sheriff Marlin Gusman, Orleans Parish Prison

Representation

The Commission is comprised of thirteen members who represent the Local Governing Entities (LGE's) and Districts of the state; one of whom shall be elected the chairman. All members shall be appointed by the governor and shall serve at his pleasure until their respective successors shall have been appointed and commissioned³. The Assistant Secretary of the Office of Behavioral Health serves as the Commission's Executive Director in an *ex officio* capacity⁵. Currently, the Commission has one vacant commission seat that has not been appointed. Assistance is requested from the Office of Boards and Commissions, Division of Administration, in filling the vacancy identified below as well as replacing those Commissioners who have been inactive. The commission's membership is detailed on the map below.



Metropolitan Human Services District (MHSD)

Thomas P. Lief
1521 Hillary St.
New Orleans, LA 70118
(504) 861-4756

Anthony Wickramasekera
6609 Schouest St.
Metairie, LA 70003
(504) 887-0429

Capital Area Human Services District (CAHSD)
Shelley Mockler
2913 Three Oaks Ave.
Baton Rouge, LA 70820
(225) 408-4283

South Central Louisiana Human Services Authority (SCLHSA)
Kathleen Leary
212 Lake Crescent Cir.
Houma, LA 70360
(985) 868-4826

Acadiana Area Human Services District (AAHSD)
Lloyd Hernandez
204 S. William Dr.
Lafayette, LA 70506
(337) 989-0278
Second Position is Vacant

Imperial Calcasieu Human Services Authority (ImCal)

Lana Bel
3748 Burton Ln.
Lake Charles, LA 70605
(337) 478-4744

Central Louisiana Human Services District (CLHSD)
Michael Slocum
400 A Big Lake Rd.
Pineville, LA 71363
(225) 342-9692

Northwest Louisiana Human Services District (NLHSD)
Dr. Susan C. Tucker
2984 Old Plain Dealing Rd.
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(318) 935-2011

Northeast Delta Human Services Authority (NEDHSA)
Damon Marsala
P.O. Box 104
Monroe, LA 71201
(318) 323-8871, Ext. 108

Northeast Delta Human Services Authority (NEDHSA)
(continued)

Jon Lance Nickelson
1416 Spencer Ave.
Monroe, LA 71201
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Florida Parishes Human Services Authority (FPHSA)
Kerri Cunningham
111 Liberty Ave.
Lafayette, LA 70805
(337) 456-9111

Jefferson Parish Human Services Authority (JPHSA)
Freddie Landry - Chair
3504 Taft Pk.
Metairie, LA 70002
(504) 454-3880

Members of the Commission also serve on other boards and committees, including:

- **Freddie Landry**
 - Behavioral Health Planning Advisory Council
 - The Drug Policy Board
 - Prevention System's Committee of Drug Policy Board
 - Greater New Orleans Drug Demand Reduction Coalition

- OBH Kitchen Cabinet
- New Orleans Behavioral Health Coordination Committee
- Board of Directors for the Jefferson Performing Arts Society
- *Kathleen Leary*
 - Board of Directors for the Louisiana Association on Compulsive Gambling
 - Behavioral Health Planning Advisory Council
- *Thomas P. Lief*
 - Community Service Center Board of Directors
 - Greater New Orleans Drug Demand Reduction Coalition
 - New Orleans Behavioral Health Coordination Committee
- *Damon Marsala*
 - The Lotus Club of Monroe – President
 - Young Presidents Organization Louisiana Chapter Board
 - University of Louisiana Monroe Foundation Board
 - Crime Stoppers of Ouachita Parish Board Member
 - Community Trust Bank Regional Advisory Board
- *Shelley Mockler*
 - Girls On The Run of South Louisiana
 - Baton Rouge Area Sports Foundation
 - New Orleans/Baton Rouge Super Regional Committee Member
- *Dr. Susan Tucker*
 - Interagency Sex Offender Committee
- *Anthony Wickramasekera*
 - Greater New Orleans Drug Demand Reduction Coalition
 - New Orleans Behavioral Health Coordination Committee

II. The State of Addiction

National Trends

During 2010, the Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies) published several reports based on national data that indicate a number of specific areas of concern with regard to addiction's impact on society. One of these concerns was the impact of addiction on hospital emergency department services. A second major area of interest in the reports was trends related to underage drinking and drug use. Other studies point to the relationship between addiction, crime, and recidivism.

Emergency Department Services. Emergency department services are one of the most utilized and expensive categories of health care in the nation. In many cases, hospital emergency departments serve as a point of entry for people seeking substance abuse detoxification or treatment services due to the involvement of alcohol or illicit drugs in an accident, overdose, or suicide attempt³. According to the Drug Abuse Warning Network there were 5.1 million visits to emergency departments nation-wide in 2011 involving people seeking treatment services for drug misuse, abuse, adverse reaction, or accidental³.

Underage Drinking and Drug Use. During 2011, adolescents and young adults (20 or younger) visited the emergency departments at a rate of 134.6 per 100,000 population for alcohol (alcohol only). Of the 134.6 visits per 100,000 population, 81.3 visits per 100,000 population included alcohol and other drugs (21 and under). Additionally, 2011 showed that 458.3 per 100,000 population (all ages) emergency department visits involved misuse or abuse of pharmaceuticals. That accounts for a 114 percent increase from the year of 2004 when the rate was 214 per 100,000 population. The most common pharmaceutical drugs used by these patients were those used to treat anxiety or insomnia, followed by narcotic pain relievers and antidepressants. Emergency department visits involving synthetic cannabinoids rose from a rate under the reportable level in 2009, to 3.7 per 100,000 in 2010, to 9.2 visits per 100,000 population in 2011. Most alarming is that ages 18 to 20 visited the emergency department at a rate of 60.8 visits per 100,000 population involving synthetic cannabinoids followed by a 30.2 visits per 100,000 population for ages 12-17. The table below shows the distressing rates emergency department visits involving illicit drugs³.

Figure 2 Table. Rates of Emergency Department (ED) Visits Involving Illicit Drugs among Patients Aged 12 to 24 per 100,000 Population, by Age Group: 2011

Illicit Drugs	Persons Aged 12 to 17	Persons Aged 18 to 20	Persons Aged 21 to 24
Marijuana*	240.2	443.8	446.9
Heroin**	8.5	134.6	266.1
Cocaine**	23.5	112.5	214.4
Illicit Stimulants**	23.5	89.8	141.5
Synthetic Cannabinoids**	30.2	60.8	16.3

* The differences between those aged 12 to 17 and the two older age groups were statistically significant at the .05 level.

**All differences between age groups were statistically significant at the .05 level.

Source: 2011 SAMHSA Drug Abuse Warning Network (DAWN).

Crime and Recidivism. An expansive body of research documents the relationship between addiction and crime¹. Many of those involved with the criminal justice system have known involvement with alcohol and drugs¹. In addition, a large percentage of persons currently incarcerated or otherwise involved with the criminal justice system (including adolescents) have an addiction or history of addiction, a mental health issue, or both⁷. Many of these individuals do not receive effective treatment for their particular situation¹. This has several negative effects on society and its financial stability: emergency room visits, property damages, and costs associated with prosecution and incarceration can all be attributed to a combination of substance abuse and criminal activity¹.

Taken together, the above consequences of untreated addiction (and others) exert a heavy financial toll on a state's budget⁶. Specific information on this topic is provided in the section titled "Impact on State Budget."

Louisiana Trends

People Served. According to data derived from the Louisiana Addictive Disorders Data System (LADDS) and Magellan Clinical Advisor Electronic Health Record (EHR), the Office of Behavioral Health (OBH) provided treatment services to 23,046 people during Fiscal Year 2013. Of these people served, 18,411 (80%) had only one

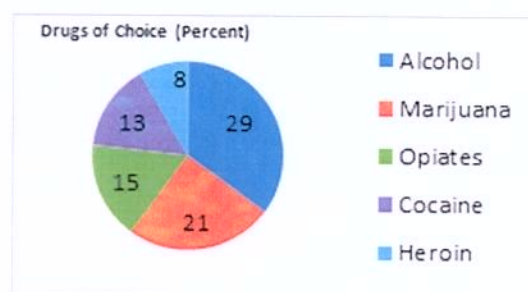
People Served (LADDS):		23,046
Ethnicity:	African American:	36%
	Caucasian:	57%
	Native American, Asian, Other:	2%
Gender:	Male:	66%
	Female:	34%
Source: LADDS and Magellan Clinical Advisor EHR		

treatment episode; the remaining 4,635 (20%) patients had two or more separate treatment episodes. Of those admitted to treatment during FY 2013, approximately 57% were Caucasian, 36% were African American, and 2% were composed of Native Americans, Asians. The gender breakdown of people served reveals that 66% were male and 34% were female.

The Access To Recovery (ATR) project provided treatment services to 2,158 people during FY 2013. In addition to treatment services, OBH served 88,030 people with direct, individual-based prevention services and an additional 324,784 people with population-based prevention services during FY 2013. Together, the total number of people served by OBH during FY 2013 is 438,018 as demonstrated by the table below.

Prevention		Treatment		Total
Enrollees	88,030	LADDS	23,046	
Participants	324,784	ATR Merged	2,158	
<i>Prevention Subtotal:</i>	412,814	<i>Treatment Subtotal:</i>	25,204	

Drugs of Choice. According to LADDS and Magellan Clinical Advisor EHR data described above, the drugs of choice in Louisiana for FY 2013 were (in order of frequency): alcohol (29%), marijuana (21%), opiates and synthetics (15%), cocaine (13%), heroin (8%) and the remaining is other⁹.



Taken together, the frequency of alcohol and marijuana (commonly used in combination³) represent a majority of the drugs of choice. However, this evidence – in comparison with data from previous years – reveals that the non-medical use and abuse of heroin continues to rise.

Treatment Outcomes. The Office of Behavioral Health collects, tracks, and analyzes data that describes the National Outcome Measures (NOMS) outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, the ATR project collects data required by the Government Performance and Results Act (GPRA). Though the GPRA outcome measures are similar to the NOMS, a notable difference is the fact that ATR data reflects lower figures in the “stable living arrangements” category, since the GPRA definition of this outcome does not include dependent living situations, only those considered independent. The NOMS, listed in the table on the next page, include:

- Abstinence from drug and alcohol use;
- Gaining or maintaining either employment or education;
- Reduction in crime or criminal justice involvement;
- Stable living arrangements;
- Social connectedness;
- Access to services and capacity for providing services;
- Retention of patients in treatment;
- Client perception of care;
- Cost-effectiveness of care provided; and
- Use of evidence-based practices.

The table below describes what are considered to be critical or priority patient outcomes for the Office of Behavioral Health during SFY 2013.

Outcome Measure		LADDs ¹			ATR Merged			National Outcome Measures (NOMS) • Abstinence from Drug/Alcohol Use • Employment/ Education • Crime & Criminal Justice Involvement • Stability in Housing • Social Connectedness • Access/Capacity • Retention • Perception of Care • Cost Effectiveness • Use of Evidence-Based Practices
		Admit	Discharge	+/-	Admit	Discharge	+/-	
Arrest Rate		9%	2%	-7%	7%	2%	-5%	
Abstinence		66%	91%	+25	24%	85%	+61%	
Stable Living Arrangement ²		87%	100%	+13%	73%	82%	+9%	
Gained or Maintained Employment / Education		17%	18%	+1%	32%	54%	+22%	
Average Length of Stay	Inpatient	18 Days			72 Days			
	Outpatient	64 Days						

Source: LADDs, Magellan Clinical Advisor EHR, ATR

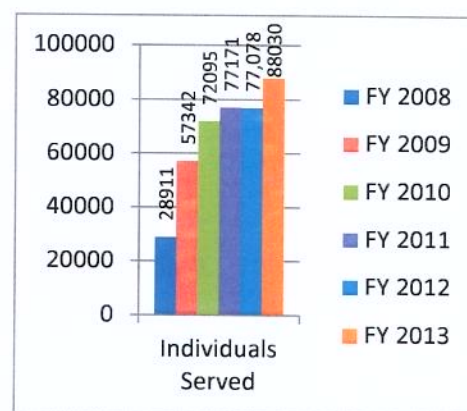
¹Represent all population groups

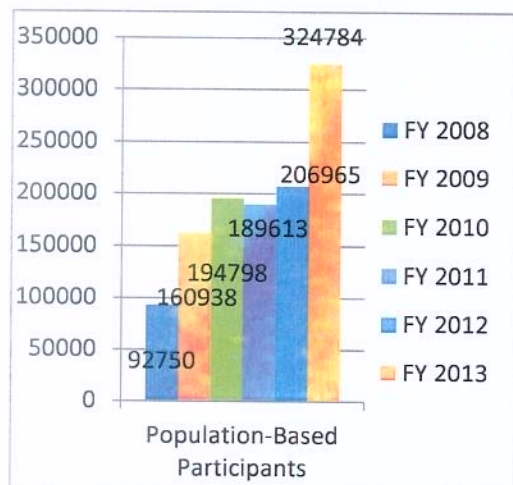
²ATR reflects lower figures in "Stable Living Arrangement" category due to difference between NOMS and GPRA definitions. GPRA (ATR) definition of Stable Living Arrangement does not include *dependent* living situations, only *independent*.

As indicated by this table, OBH saw improvement in each category except one. The first category, which describes the arrest rate of patients seen during SFY 2013, shows a slight increase in arrest rate from admission to discharge for each group of patients admitted to treatment. A significant improvement is also evident in each of these categories for promoting abstinence from drug and alcohol use. In addition, stable living arrangements and employment/education increased in each group of patients (please see footnote 2 regarding decrease in stable living arrangement in ATR).

Adolescent Outcomes. For adolescents, ages 13-17, OBH provided services to 1,142 patients. This population had an arrest rate of 18% at admission and 2% at discharge; an alcohol abstinence rate of 20% at admission and 3% at discharge; and an abstinence drug use rate of 42% at admission to 10% at discharge.

Prevention Outcomes. Prevention reduces high-risk behaviors associated with alcohol, tobacco, and other drug use by providing evidence-based individual and population-based services and programs. The success of prevention programs is measured by examining the number of individuals enrolled in evidence-based programs, the number of participants positively impacted by one-time prevention services, and the perceived risk/harm of substance abuse as reported by individuals surveyed in schools and other community-based programs. During 2013, 88,030 individuals were enrolled in ongoing prevention programs and services, and 324,784 people were positively impacted by one-time population-based services. In total, 412,814 people were served in prevention programs and services during FY 2013. In addition, the perceived risk/harm of substance abuse increased during FY 2013, indicating that prevention efforts are having a positive impact on Louisiana youths' perception of the risks and harms associated with substance abuse.



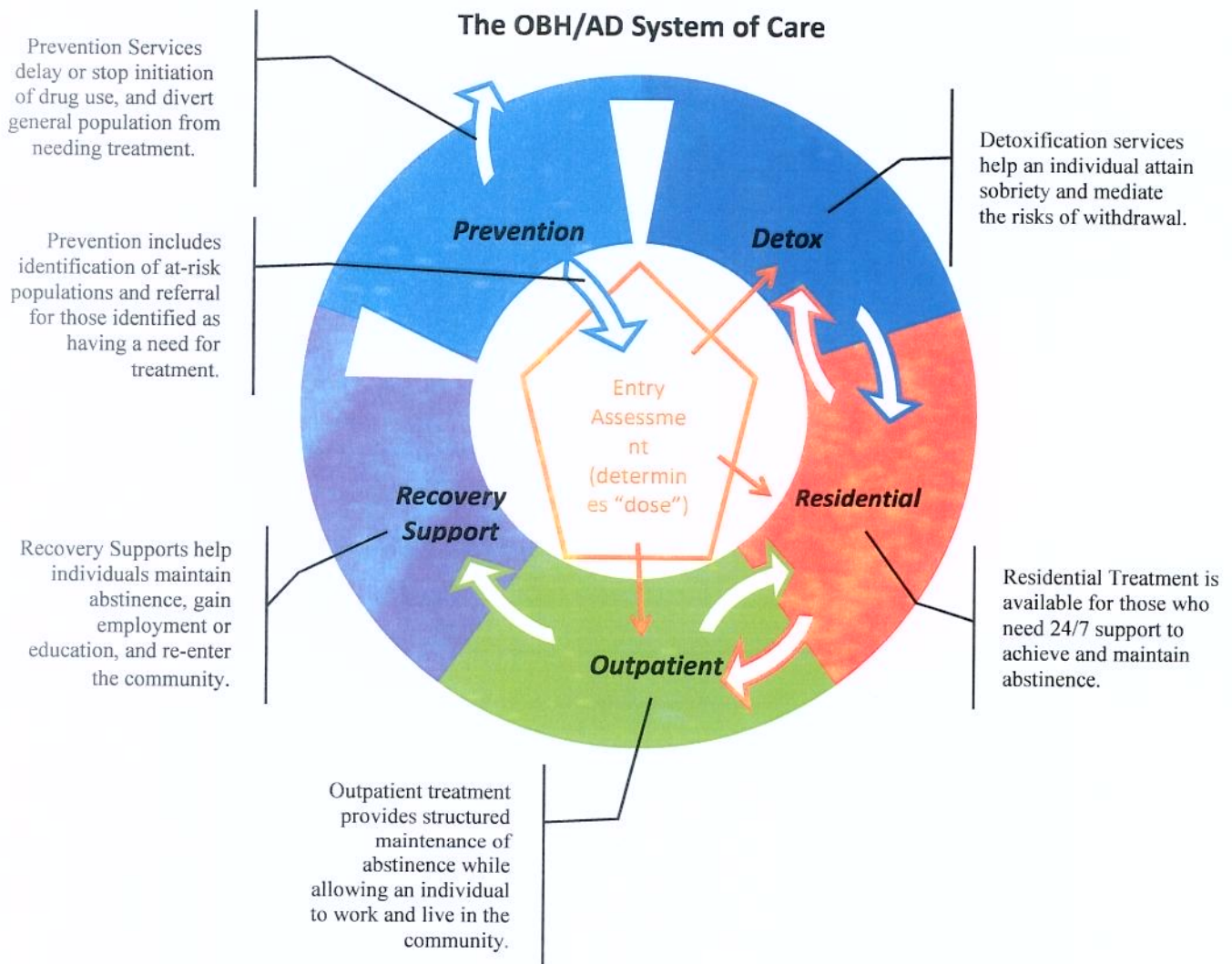


Prevention services, in addition to the obvious benefits of delaying the age of initiation of substance use and reducing high-risk behaviors that lead to addictive disorders, are also very cost-effective. Since FY 2008, OBH Prevention has *increased evidence-based prevention services by 339% without additional funding*. This increase has been the result of a cooperative partnership with the Department of Education (DOE), the mobilization of services, and the implementation of cost bands. Prevention services, due to their goals and outcomes, produce a very high return on investment, since they help prevent a younger and significant portion of the population from needing treatment.

Surveys and Studies

Caring Communities. Youth Survey (CCYS). OAD co-sponsored with the Louisiana Department of Education, the 2012 Caring Communities Youth Survey (CCYS). The CCYS has been conducted biennially since 1998 among students in grades 6, 8, 10, and 12. Of all participants, data from 111,135 students were accepted for analysis. Results of the survey are outlined in State Regional and Parish reports. School level reports are available only to the superintendents of each parish. The State, Regional and Parish reports are posted on the OBH website for review and use by the general public as follows: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1790>.

Higher Education Core Survey. The Office for Addictive Disorders provided funding for a Core Survey conducted by Louisiana Institutions of Higher Education Coalition to Reduce Alcohol, Tobacco and Other Drugs (LaHEC) in Spring 2013. Twenty-one institutions of higher education participated in this survey, which produced a sample size of almost 8,000 students. The State and Regional reports are posted at <http://uiswcmsweb.prod.lsu.edu/edco/lacasu/CoreAlcoholandDrugSurvey/CoreData/item30083.html>.



III. The OBH System of Care for Addiction

How the Continuum Works

The OBH Continuum of Care is comprised of five basic segments, or categories of care: prevention, detoxification, residential treatment, outpatient treatment, and recovery support. These five categories represent a logical progression of services for the addiction population. American Society of Addiction Medicine (ASAM) Patient Placement Criteria is utilized in the determination of the appropriate level of care. Although prevention is not typically included in a continuum of care model, it is a vital first step in reducing the incidence and prevalence of addictive disorders, and is therefore included in this description of our service delivery system.

Prevention Services

OBH prevention services are provided according to two basic categories: individual services, and population-based services. Individual services and programs are administered to enrollees, typically in an educational setting on an ongoing basis. Population-based services are provided to multiple people at once, typically in a one-time event setting such as a health fair. The primary goals of prevention are to delay or prevent initiation to substance abuse, reduce high-risk behaviors that lead to addictive disorders, and divert the state's younger population from entering the treatment system. However, prevention providers are also trained to identify individuals at risk for substance abuse and refer them to necessary services; following this, a determination is made as to whether or not additional services will be necessary to prevent the onset of substance abuse.

OBH Prevention has worked closely with the DOE to identify gaps in prevention services and has been successful in increasing services by utilizing DOE's infrastructure. By bringing prevention services into school classrooms, OBH Prevention has been able to decrease significantly the necessary personnel, operational, transportation, and capital asset costs, making these resources available for direct services. It is important to note that increases in services were accomplished utilizing existing SAPT Block Grant funds; no additional monies were received.

Louisiana Partnership for Success (LaPFS) Grant. In September 2013, OBH was awarded the Louisiana Partnership for Success Grant. The grant is a five year grant providing \$2,207,505 per year for five years. The LaPFS is grounded in the rich racially, culturally, and economically diverse population, while effectively addressing major challenges in substance abuse and mental health. The goals of the LaPFS include the following: (1) To prevent the onset and reduce the progression of underage drinking, prescription drug misuse/abuse, and depression; (2) To reduce short-term and long-term consequences of underage drinking, prescription drug misuse/abuse, and depression; (3) To eliminate disparities in underage drinking, prescription drug misuse/abuse, and depression; (4) To strengthen and sustain prevention capacity/infrastructure at the state and community levels; and (5) To leverage, redirect and align state-wide funding streams and resources for prevention. LaPFS will target 10 high need communities across the state; the highest need parish in each Department of Health and Hospitals (DHH) region.

Synar Compliance. OBH has funded a community contractor since 1997 in each of the state's LGEs/Districts. Each provides retailer education to 400 tobacco merchants regarding the sale of tobacco products to minors through unconsummated compliance checks. . In addition, OBH continues its partnership with the Office of Alcohol and Tobacco Control (OATC) by contracting with OATC to conduct 2,400 random unannounced tobacco compliance checks. This contract ensures that tobacco compliance checks are being conducted statewide on an on-going basis allowing the state to remain in compliance with The Synar Amendment to the Public Health Service Act (PL 102-321).

The Synar Amendment requires that states must implement annual random, unannounced compliance inspections to determine their buy rates of tobacco products sold to youth under the age of 18. If that state's buy rate exceeds 20%, OBH would lose 40% of its Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, which are used to provide treatment and prevention services. In SFY 2013, the non-compliance rate in Louisiana was 8.8%. The model that Louisiana has utilized is considered as a model program by the Center for Substance Abuse Prevention as it pairs community mobilization and enforcement efforts.

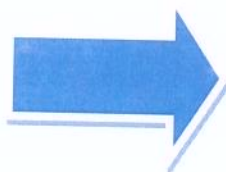
Treatment Services

The Office of Behavioral Health offers the American Society of Addiction Medicine (ASAM) continuum of care through state operated and contracted providers throughout the State of Louisiana.

American Society of Addiction Medicine (ASAM) Levels of Care

Five Levels of Care Assessed Over Six Dimensions

Level 0.5	Early Intervention
Level I	Outpatient Services
Level II	Intensive outpatient/partial hospitalization services
Level III	Residential/Inpatient services
Level IV	Medically managed intensive inpatient services



1. Acute intoxication and/or withdrawal
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery environment

Through this strength-based multidimensional assessment the ASAM Patient Placement Criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structures.

The State of Louisiana provides licensure for the following levels of detoxification programs throughout the State. Louisiana currently offers services for Level III.2D and Level III.7D. See below:

Detoxification Programs

Level IID Ambulatory detoxification with extended on-site monitoring. This level of care is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, detoxification and referral services. Provides care to patients whose withdrawal signs and symptoms are of moderate intensity but are sufficiently stable enough physically and mentally to permit participation in outpatient treatment. Ambulatory detoxification is provided in conjunction with intensive outpatient treatment services (Level II.1).

Level III.2D Clinically Managed Residential Detoxification. Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation and support in a supervised environment to achieve initial recovery from the effects of alcohol and/or other drugs. Provides care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications.

Level III.7D Medically Monitored Residential Detoxification–Adult. Residential programs are provided in an organized residential setting. These services are delivered by medical and nursing professionals, which provide 24-hour medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care.

<i>Programs</i>	<i>Number of Programs</i>	<i>Number of Beds</i>
Clinically Managed Residential Detoxification	3	28
Medically Monitored Residential Detoxification	7	65

Residential Programs

The Office of Behavioral Health (OBH) funds residential programs in every District/LGE of the state. OBH also funds one residential program for compulsive gambling treatment that provides services for the entire state. Following the completion of primary inpatient treatment, residential programs provide community-based care and treatment. Individuals are provided with transitional arrangements, support, counseling, room and board, social and recreational activities, and vocational opportunities in a moderately structured, substance-free environment. Community based residential treatment focus on re-socialization and encourages individuals to resume independent living and functioning in the community.

The residential level of care provides services for those individuals who need relatively intense treatment in a structured environment. There are four subcategories of intensity within this level of care: clinically managed low-intensity (Level III.1), clinically managed medium-intensity (Level III.3), clinically managed high-intensity (Level III.5) and medically-monitored intensive residential (Level III.7). Services provided in these levels of care are dependent on the severity of the individual's disorder, and are available twenty-four hours a day, seven days a week.

Level III.1 Clinically Managed Low-Intensity Residential Treatment – Adult. Residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the workforce, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings are usually available on site. Does not include sober houses, boarding houses or group homes where treatment services are not provided.

Level III.3 Clinically Managed Medium Intensity Residential Treatment – Adult. Residential programs offer at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services. Frequently referred to as extended or long-term care, Level III.3 programs provide a structured recovery environment in combination with medium-intensity clinical services to support recovery from substance related disorders.

Level III.5 Clinically Managed High Intensity Residential Treatment – Adult. This level of care is designed to treat persons who have significant social and psychological problems. Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in participants' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values.

Level III.7 Medically Monitored Intensive Residential Treatment – Adult. This COD residential treatment facility provides 24 hours of structured treatment activities per week including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders (ICOPSD),

whose disorders are of sufficient severity to require a residential level of care. It also provides a planned regiment of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavior or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health.

<i>Programs</i>	<i>Number of Programs</i>	<i>Number of Beds</i>
Adult	32	715
Adolescent	3	48
Women and Dependent Children	7	109

Compulsive and Problem Gambling Programs

The Office of Behavioral Health (OBH) contracts with providers to offer compulsive and problem gambling prevention and treatment services to Louisiana citizens throughout the state. The goal of this program is to raise the public awareness of prevention and treatment services that are available for the problem gambling population that include: Outpatient, Intensive Outpatient and Residential treatment services at the Center for Recovery (CORE), which is the first publicly funded residential treatment facility in Louisiana.

The OBH Problem Gambling Services program provides resources that are available at www.dhh.la.gov, which provide information about self screening, signs and symptoms of problem gambling and other treatment resources. A toll free hotline number is available 24/7 at (1-877-770 STOP), which handles approximately 2400 calls per month from those seeking services. The helpline also provides social media access via text to “NOBET” at (66238) and live chatting at www.helpforgambling.org.

During Fiscal Year 2012-2013, the helpline answered 33,544 calls. Of those calls, 1,132 (3.4%) were calls for direct assistance with a gambling problem. A total of 489 people received direct gambling treatment services, resulting in 58% of the individuals successfully completing the program.

In addition, prevention programs are provided throughout the state targeting the youth population. “Kids Don’t Gamble, Wanna Bet” is an evidence-based, interdisciplinary program designed for youth in the 3rd - 8th grades to discourage underage gambling through improved critical thinking and problem solving skills. It is designed and approved to be utilized as an integrated component for Life Skills Training. During FY 2013, the state registered 14,736 youth in this gambling prevention program, for more information visit www.thegamble.org.

Services are delivered by local behavioral health clinics or through contracts with local social service agencies and/or behavioral health professionals. These services are provided free of charge to Louisiana citizens, utilizing funds from the Compulsive and Problem Gaming Fund. The total amount of funding provided by the Compulsive and Problem Gaming Fund is \$2.5 million, which covers the entire cost associated with the program. According to the National Council of Problem Gambling, the national social costs of problem gambling in 2010 totaled \$7 billion. Research suggests, however, that for every \$1 invested in problem gambling services, a savings in social costs of \$2 is realized.

Outpatient Programs

Level I: Outpatient. Outpatient services are professionally directed and include assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure. These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery and wellness. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but are fewer than nine contact hours or less per week.

Level II.1: Intensive Outpatient Treatment. Intensive outpatient treatment is professionally directed and includes assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure. These services include, but are not limited to individual, group, family counseling and psycho-education on recovery, as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis intervention coverage and orientation to community-based support groups. Intensive outpatient program services should include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and multidimensional family therapy. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but must consist of a minimum of nine contact hours per week for adults, age 21 years and older, (six hours per week for adolescents, age 0 – 21years) at a minimum of three (3) days per week. This level consists of a scheduled series of face-to-face sessions appropriate to the individual's plan of care.

Access To Recovery (ATR) Programs

The Office of Behavioral Health continues to operate the Access to Recovery initiatives, which began in 2004 and 2007, respectively, as federal grants from the Substance Abuse Mental Health Services Administration (SAMHSA). These initiatives continue to be funded using State General Funds due to the success of the project and have been merged into one system.

The enrollment of faith-based and community based providers, ensuring freedom of choice for clients, and providing recovery support services have been key components of the success of this project. Clinical treatment and recovery support services available through the ATR program include:

- Clinical Treatment Services:
 - Outpatient
 - Intensive Outpatient
 - Long-Term Residential Treatment
 - Short-Term Inpatient Treatment
 - Detoxification Services

The Louisiana Behavioral Health Partnership (LBHP) was implemented on March 1, 2012. ATR providers enrolled with Magellan as providers for the clinical treatment services they are licensed to provide. The provider enrollment process requires being certified by OBH and credentialed by Magellan to become an approved provider agency for the LBHP.

All ATR providers completed the certification process with OBH and have been credentialed with Magellan. Providers that are fully credentialed are able to accept Medicaid eligible clients for treatment and be reimbursed by Magellan. Those clients who meet ATR admission criteria (clinical and financial), but who are not eligible for behavioral health services billed via Medicaid can receive state funded ATR services (those individuals who are not Medicaid eligible, or in Medicaid programs that do not include behavioral health services).

Recovery Support Programs

Recovery Support Services (RSS) are ancillary services that help an individual achieve and maintain recovery from substance abuse. These services may include transportation to and from outpatient services, job skills training, and education. Typically, a variety of recovery supports is helpful in achieving sustained recovery. Many recovery support services are provided through the voucher-based Access To Recovery (ATR) program.

A listing of recovery support services available through the ATR program is provided below:

- Recovery Support Services:
 - Transportation
 - Transitional Housing
 - Childcare
 - Life Skills
 - Anger Management
 - Job Readiness
 - Spiritual Support Groups/Pastoral Counseling

IV. Partnerships

The Louisiana Behavioral Health Partnership (LBHP) is the partnership between the Louisiana Department of Health and Hospitals - Office of Behavioral Health, the Department of Child and Family Services, the Office of Juvenile Justice, the Department of Education and a statewide management organization operated by Magellan Health Services, Inc.

- The LBHP offers expanded services and care for:
 - Eligible adults with a serious mental illness or addiction.
 - Children with a serious emotional disorder or emotional behavioral disorder.
 - Coordinated care, including wraparound services for children and youth with significant behavioral problems.
- Through Magellan Health Services, consumers are provided 24-hour access to care for themselves and their families, seven days a week.
- Magellan works closely with behavioral health care providers to ensure consumers are more involved in decisions about their own care.

Providers are contracted as individual practitioners, groups or organizations:

- **Individual Practitioners:** To be a network provider, individual providers must be both *credentialed* and *contracted* by Magellan. Individuals must be enrolled in Medicaid.
- **Group Providers:** Magellan *contracts* directly with the group entity. The group must be contracted with Magellan AND the practitioners within the group must be individually credentialed by Magellan in order to be referral eligible.
- **Organizations:** To be a network provider, organizations must hold an active license through DHH and be credentialed by Magellan. Organizations must also be enrolled in Medicaid. Practitioners within an organization are not individually credentialed, only the organization itself.

Under the Louisiana Behavioral Health Partnership, addiction services include an array of individual-centered outpatient, intensive outpatient and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors.

Services for adolescents must be:

1. Separate from adult services,
2. Developmentally appropriate,
3. Involve the family or caregiver, and
4. Coordinated with other systems (such as child welfare, juvenile justice and the schools).

These services are designed to help individuals achieve changes in their substance abuse behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to be barriers to the goals of treatment. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services for individuals needing more intensive treatment. Outpatient, intensive outpatient and residential services are delivered on an individual or group basis in a wide variety of settings, including treatment in residential settings of 16 beds or less, designed to help individuals achieve changes in their substance abuse behaviors.

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid-eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional licensed and applicable State law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

Services are provided by licensed and unlicensed professional staff who meets the provider qualifications listed in the LBHP Service Definitions Manual. Anyone who is unlicensed providing addiction services must be registered with the Addictive Disorders Regulatory Authority and demonstrate competency as defined by the Department of Health and Hospitals, state law (ACT 803 of the Regular

Legislative Session 2004) and regulations. State regulations require supervision of unlicensed professionals by a Qualified Professional Supervisor (QPS).

The Office of Behavioral Health maintains a dynamic, responsive, and comprehensive system of care for those challenged by mental health and addiction issues. With regard to addiction, that system encompasses a “continuum of care” that begins with prevention and ends with recovery supports for sustained abstinence and re-entry into the community.

Strategic Partnerships

Counselor Education, Licensing & Certification Boards. The Commission maintains a collaborative partnership with both the Louisiana Association of Substance Abuse Counselors & Trainers, Inc. (LASACT), Certification Examining Board (CEB), and the Addictive Disorder Regulatory Authority (ADRA) in the interest of providing a more unified voice in the advocacy for addiction treatment. ADRA’s mission is to ensure that the highest quality continuum of care is provided to citizens of Louisiana through the credentialing and regulation of addiction professionals; high standards of education are set by ADRA and required of professionals in the field of addiction treatment and prevention. In addition, LASACT is an Approved Educational Provider (AEP) through ADRA which provides workshops throughout the state year-round on topics such as substance abuse prevention and counseling, compulsive gambling counseling, professional ethics, and clinical supervision. They also sponsor an annual conference which provides continuing education opportunities by presenting in-state experts and nationally and internationally-renowned speakers. A thorough application and testing process is implemented by the ADRA to ensure only the most qualified specialists in the field of addictions bear ADRA credentials.

Judicial Drug Courts (JDC). The Drug Court program was transferred to the Supreme Court in 2001. The Office of Behavioral Health continues to collaborate with and support the efforts of drug court programs across the state. However, in Region 8, the behavioral health clinic in the 37th Judicial Drug Court (Caldwell Parish), has a contract to provide services for drug court clients.

26th Judicial District Court (JDC). The District Attorney’s Office collaborates with the Office Behavioral Health to support the Gambling Treatment Referral Program (GTRP). This is a diversionary program for non-violent offenders who have legal charges as a result of a probable pathological gambling disorder.

Department of Children and Family Services (DCFS). The Office for Behavioral Health continued a contract with the Department of Children and Family Services (DCFS), to address issues among Temporary Assistance for Needy Families (TANF) women and their dependent children. The services in this program provide addictive disorder treatment for women, pregnant women and their dependent children including screening, assessment and referral services for women involved with the Child Welfare Section (CWS) and Economic Stability and Self Sufficiency (ES&SS) sections of DCFS, gender specific Intensive Outpatient Treatment services, and residential services for women and their dependent children. All individuals involved in this program are referred by DCFS staff, drug courts, probation offices and various other sources. This initiative is not operated with Block Grant funds. However, this program greatly impacts OBH’s ability to provide services to pregnant women and women with dependent children. Despite mid-year reductions in SFY 2013, OBH maintained the Women and Dependent Children’s Residential Treatment Program. This program supports 88 beds for seven (7) residential

facilities for women, pregnant women, and women with dependent children through TANF funding. Six (6) of these facilities housed children on-site with their mothers and provided a drug free environment, thus preserving family unity and providing therapeutic services for the entire family. However, the screening, assessment and referral programs at child welfare sites and Families in Need of Temporary Assistance (FITAP) sites, located in each of the ten Regions/LGEs throughout the state were abolished during SFY 2013. This service was absorbed by the DCFS site program staff through re-implementation of screening the TANF population by utilization of the DAST 20 (Drug Abuse Screening Test) instrument. In addition, two (2) TANF women's gender specific intensive outpatient treatment programs were abolished due to this reduction. This program will be absorbed by the Office of Behavioral Health. OBH continued collaborations with DCFS on the above-listed programs through continued monitoring and implementation of best practices for continued quality outcomes. This process includes quarterly on-site monitoring of all programs, quarterly teleconferences with staff, and monthly review of invoices and outcomes which is submitted along with an on-line report. Further, OBH and DCFS staff participates in quarterly teleconferences to address obstacles and barriers to implementation, while developing and/or revising protocols as indicated.

Department of Education (DOE). The Office of Behavioral Health, formally Office for Addictive Disorders, has partnered with the Department of Education (DOE), since 1998, to conduct the bi-annual Louisiana Caring Communities Youth Survey (CCYS). The CCYS is the primary youth needs assessment tool for state, regional, and community prevention planning. In addition, OBH and DOE have partnered to share resources to include funding, staffing and infrastructure to provide school-based prevention programs. This partnership has reduced OBH's infrastructure cost and allowed resources to be moved to direct services.

V. Emergency Preparedness

The State of Louisiana is vulnerable to a variety of hazards that threaten its citizens, communities, businesses, economy, and environment. It is the responsibility of the Office of Behavioral Health (OBH) to develop and maintain readiness for behavioral health emergency response operations as part of the Department of Health and Hospitals Emergency Support Function (ESF-8) for Public Health and Medical Services within the State of Louisiana Emergency Operations Plan (EOP). In the provision of its mission and essential functions, OBH emergency plans are developed to ensure critical supports and services continue in an all-hazards environment. The following is a general overview of emergency preparedness and response operations for the Office of Behavioral Health.

- OBH works in collaboration with the regional/local governing structure to maintain emergency response plans which integrate response capacity with other state agencies and local emergency operations.
- In the event of a declared emergency or disaster, the OBH provides support to the Office of Public Health for the department's ESF-8 responsibilities following the National Incident Management Structure (NIMS).
- OBH responsibilities include coordination of staff to assist the Office of Public Health at the designated Medical Special Needs Shelters, and to designate behavioral health staff (inclusive

- of the Office for Citizens with Developmental Disabilities) to staff EOC operations, bus triage, and other staging areas as assigned during a declared event.
- Planning for continuity of regular operations for those individuals who are in need of immediate access to outpatient treatment is coordinated through the Louisiana Behavioral Health Partnership (LBHP) and/or the Local Governmental Entity (LGE) directly. Regional protocols are also maintained for access to emergency psychiatric services, including hospitalization during the preparation, response and recovery phases of the disaster incident.
 - OBH also works through the LBHP to ensure the health and safety of patients and staff at the psychiatric and contracted detox facilities, all of which are required to have an emergency response plan. These plans address actions for sheltering-in-place and evacuation of staff and psych patients to other host (destination) facilities.
 - During a declared disaster incident OBH makes available excess bed capacity for the temporary sheltering of patients and staff from other public and quasi-public psychiatric facilities within the state (signed Memorandums of Understanding (MOU) required).
 - OBH may also coordinate access to a brief stay medically supported special needs shelter for psychiatric patients through a cooperative endeavor or established contingency contract for emergency psychiatric acute care beds and staff.
 - Coordinate deployment of stress management for first responders.

Disaster Readiness/Event Response for FY 13/14

Readiness Activities. OBH Emergency Preparedness staff conducted presentations on behavioral health response during the series of ESF-8 trainings conducted regionally and at the annual DHH Hurricane Summit. Staff also participated in some of the weekly Local Government Entities (LGEs) /Regions Conference to update districts, regions, and authorities about the planned ESF-8 regional trainings, encouraged pre-hurricane season readiness assessment including updating employee emergency assignments. In 2013, DHH implemented the new Employee Emergency Database (EED) System for maintaining staff deployment assignment and contact information. All OBH staff information was uploaded into the system and administrative staff trained on maintaining the system to ensure staff recall rosters and required disaster trainings are current.

Disaster readiness briefings were conducted with headquarters staff and behavioral health first responders. “*Are You Ready – 2013*” hurricane readiness surveys were distributed to all OBH employees as an annual review of what preparations should be in process for the employee and their families. The “*e-OP Emphasis on Preparedness Briefing*” was disseminated monthly to all headquarters employees to keep staff awareness of man-made and natural disasters and the effect in certain communities and cultures. The emergency preparedness staff implemented new awareness resources, i.e. daily Snippets were developed providing brief readiness information for personal and workplace preparedness for hurricanes and flu updates. Readiness tips were distributed daily to OBH employees during the National Hurricane Preparedness Week.

Other activities included: 1) staff worked with hospital leadership to identify available sheltering space and developed Memorandum of Understandings (MOU) with interested private and public hospitals that may be required to evacuate; 2) participated in onsite visits to East Louisiana Mental Hospital System (ELMHS) and Central Louisiana State Hospital (CLSH) to assess sheltering facilities; 3) participated in an evacuation exercise with DHH leadership and Metropolitan Human Services District to identify

available resources to support disaster response efforts locally; 4) conducted interoperability communication activity and annual emergency preparedness training with behavioral health first responder staff; and 5) presented with Office of Public Health (OPH) and DHH at Hospital Preparedness Program (HPP) and Center for Disease Control (CDC) federal site visits.

The Emergency Preparedness Section partnered with OPH in achieving Louisiana Project Public Health Ready (PPHR) Recognition for Metropolitan Human Services District, MHSD (formally Region 1) and Central Louisiana Human Services District, CLHSD, (formally Region 6). Efforts are currently underway to attain PPHR for Acadiana Area Human Services District, AAHSD (formally Region 4) and Northeast Delta Human Services Authority, NEDHSA, (formally Region 8). OBH also continues to provide stress management and grief/loss support to other state and local agencies as requested.

Response Activities: OBH is the designated lead agency for the development and administration of Federal Emergency Management Agency (FEMA) and Substance Abuse and Mental Health Services Administration (SAMHSA) funded emergency crisis counseling programs following a Presidential Declaration of a Major Disaster Incident.

- **Hurricane Isaac Response.** In August 2012, OBH provided immediate support to survivors impacted by Hurricane Isaac using existing behavioral health resources. Members of the behavioral health first responder team and the local governing entities (LGEs) in the impacted regions were deployed to assist with the evacuation and sheltering of individuals pre- and post-landfall. Beginning February 2013, OBH continued to support Isaac survivors and coordinated the provision of crisis support and outreach.
- **Louisiana Spirit Project.** The OBH and the LGEs delivered outreach and crisis support services in 14 parishes with grant funds awarded for crisis counseling regular services program for the period from February 25, 2013 through November 24, 2014. Louisiana Spirit Teams deployed exceeded the number of survivors targeted and more than 50,000 survivors participated in and benefited from services provided through Metropolitan Human Services District, Florida Parishes Human Services Authority, Jefferson Parish Human Services Authority, and South Central Human Services Authority. OBH provided ongoing oversight, monitoring, technical assistance and training. Additional trainings were identified and provided by OBH to enhance competence of teams and LGEs to improve program outcomes, i.e. Safety, ASIST(Applied Suicide Intervention Skills Training), Stress Management, HATS (Healing After Trauma Skills), SSETS (Support for Students Exposed to Trauma Skills) and Cultural Competency.

VI. Major Challenges and Triumphs of 2013

The Office of Behavioral Health faced a number of difficult challenges during 2013, but also realized some significant triumphs. Some of those issues or situations constantly challenge the Office since they arise from growth, change, and progress. Others presented new obstacles that stretched the resources of the agency or offered opportunities for expansion and efficiency. Regardless of its origin or nature, each of the following situations is a measure of and tribute to the strength, resolve, and continuing dedication of “those we serve, and those who serve them.

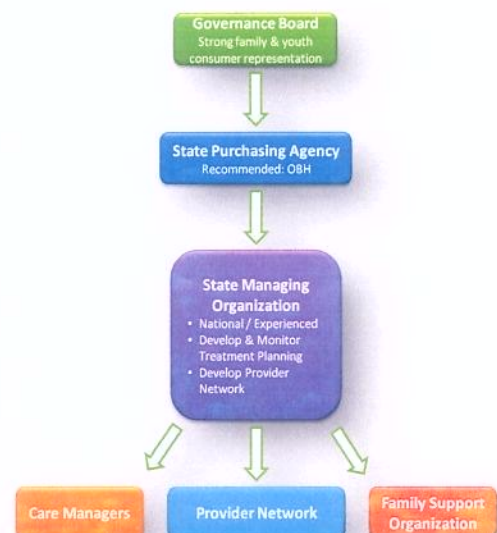
New Roles During the 2006 legislative session, the Department of Health and Hospitals put forward legislation that would convert all remaining Regions to Human Services Districts (Act 90). The transition process began immediately and is expected to be completed by June 30, 2014. Legislation mandated that the administration of the Louisiana mental health, addictive disorder, and developmental disability healthcare system change from a centrally controlled set of Regions to a system of independent healthcare districts or locally controlled authorities. These districts and authorities are referred to as Local Governing Entities (LGEs). The LGEs are local umbrella agencies that administer the state-funded mental health, addictive disorder and developmental disability services in an integrated system within their localities. The LGE model affords opportunity for greater accountability and responsiveness to local communities since it is based on local control and authority. DHH oversight of the LGEs is managed through a Memorandum of Understanding (MOU) with each LGE and monitored through a statewide Accountability Implementation Plan (AIP) by the Office of Behavioral Health (OBH) and the Office for Citizens with Developmental Disabilities (OCDD).

With the transition to a managed care system and the shift from the role of providing direct services to the role of monitoring, surveillance and technical assistance, the Office of Behavioral Health reorganized its central office. This effort was finalized by February 02, 2013. The agency's new organizational structure includes an Adult Operations Division that includes the delivery and monitoring of services to adults; a Children and Family Operations Division that includes the delivery and monitoring of services to children, including oversight of the Coordinated System of Care; a Health Plan Management Division that provides for business intelligence, emergency preparedness, workforce development and quality management; and an Administration Division that includes executive management, and fiscal operations.

The Coordinated System of Care, a new initiative in the State of Louisiana, represents a cooperative partnership across four state agencies: the Department of Health and Hospitals, the Department of Education, the Department of Children and Family Services, and the Office of Juvenile Justice. This new service delivery system is intended to provide more efficient and effective services for those treatment populations who typically receive services from more than one segment of the state system. Specifically, this initiative began as a way to provide "wrap-around" services for youth who are identified as being at-risk for institutionalization or are currently in an institution. As the system was developed, opportunities were discovered to extend services to adults as well as adolescents. The implementation of this new cooperative service delivery system is projected to save Louisiana approximately \$59M.

The Coordinated System of Care model has four basic levels of administration. The top level is a Governance Board that has strong family and youth consumer representation, making the system consumer-driven. The second tier of administration is a State Purchasing Agency. Under the State Purchasing Agency is a State Managing Organization responsible for overseeing the fourth tier (care managers, the provider network, and a family support organization).

As the State Purchasing Agency in this Coordinated System of Care, the Office of Behavioral Health will bear



responsibility for coordinating with the other agencies involved, the Governance Board, and the State Managing Organization to develop policy; determining performance-based funding options; and monitoring services for fiscal and quality management.

Maximizing Available Resources

During 2009, the State of Louisiana announced that it was facing serious budget shortfalls and would need to identify efficiencies within state government. Combined with large cuts at the federal level, the puzzle of continuing funding for prevention and treatment of addictive disorders in Louisiana grew into a large endeavor. The primary challenge for the Office of Behavioral Health lies in identifying and implementing even more evidence-based practices and efficiencies to improve the quantity and quality of services while simultaneously streamlining its administrative functions and service delivery system.

Update on Louisiana Behavioral Health Partnership (LBHP) and the Statewide Management Organization (SMO). On March 1, 2012, the Office of Behavioral Health (OBH) implemented the LBHP. The LBHP is the managed care system for both Medicaid and non-Medicaid eligible adults and children who require specialized behavioral health services. The LBHP is managed by Magellan Health Services of Louisiana, the company selected through a Request for Proposals (RFP) process. The LBHP includes collaboration between various community-based stakeholders and state agencies, including OBH, Medicaid, the Office of Juvenile Justice (OJJ), the Department of Children and Family Services (DCFS), and the Department of Education (DOE).

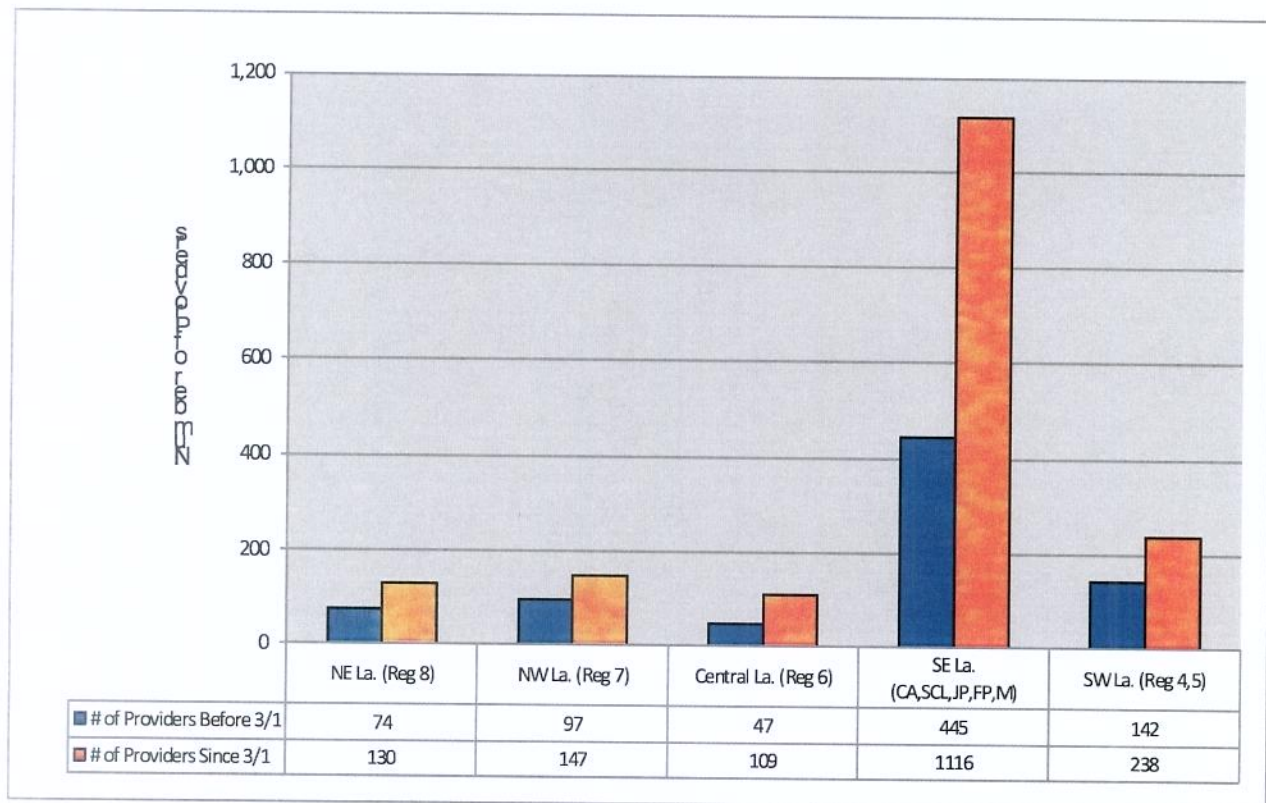
The LBHP is designed to serve the needs of individuals who comprise one of the following populations of focus:

- Children with extensive behavioral health needs either in or at-risk of out of home placement;
- Medicaid-eligible children with medically necessary behavioral health needs;
- Adults with severe mental illness and/or addictive disorders who are Medicaid eligible; and
- Non-Medicaid children and adults who have severe mental illness and/or addictive disorders

The Office of Behavioral Health oversees the Behavioral Health Statewide Management Organization (SMO), Magellan Health Services of Louisiana. Magellan manages behavioral health services for both Medicaid and non-Medicaid eligible populations including those Medicaid eligible children who will need coordination of services provided by the multiple partner agencies of the LBHP.

There are 1.2 million people eligible for services under the LBHP. As Magellan members, these individuals have 24-hour/7-day a week telephonic access to professional clinicians. Magellan helps members identify services and assists them in accessing network providers.

Greater Access. Under the new managed care system the number of providers, as well as the levels of care and provider types, has increased significantly. The LBHP provider network now includes a wider array of community-based, residential and inpatient treatment options to increase choice and benefits to members. The chart on the right shows the before implementation (blue bars) and after implementation (red bars) numbers of providers by general geographic region of the state (Northeast LA, Northwest LA, Central LA, Southeast LA, and Southwest LA). In all areas of the state the number of providers has increased.



Data Source: 1. Annual Report\POST_LA Medicaid- Par 761 by Region WORK 3 v02 values shared

Services for children, youth and families have been enhanced as evidenced by:

- Increased access to a more comprehensive array of both services and providers. New provider and service types previously unavailable may now be accessed with the goal of supporting youth and families in communities. Access to care has been simplified, anyone seeking behavioral health treatment – a parent, school staff member, pediatrician, child-serving state agency personnel – can call one number 24/7 and assure a child's behavioral health issues are appropriately assessed and proper services are put in place.
- Psychiatric Residential Treatment Facilities (PRTF) are now in place with dialogues continuing about expansion.
- The state has licensed eight Therapeutic Group Home beds. A therapeutic group home is a community-based 24-hour living setting that provides care under the supervision of a psychiatrist or psychologist. There are ongoing conversations to encourage programs to obtain licensure for this service.
- There are currently Therapeutic Foster Care beds. Therapeutic Foster Care are foster families who have received specialized training to more effectively provide care for children who have emotional/behavioral problems or serious medical conditions.
- There are currently non-medical group home beds which serve as a safe placement option for children/youth where services from community-based providers can be offered

As part of the Coordinated System of Care (CSoc), there are five new specialized services that are available to enrolled children and their families. These include two types of peer support, Parent Support and Training and Youth Support and Training which are skill development services offered by parents, family members and young people who have faced and successfully managed their own behavioral health

challenges. In addition, families can access Short Term Respite Care designed to help meet the needs of the caregiver and the child by offering a break to reduce stressful situations in the home. Independent Living and Skills Building is available to teach older youth important life skills for the transition to adulthood. Crisis Stabilization is offered as an alternative to hospitalization and provides intensive out of home services and resources for the youth and his or her family on a short-term basis, thereby reducing the need for longer term more costly out of home placements.

With the centralized access and authorization offered under the Partnership, OBH is poised to more actively monitor service utilization and outcomes. Data from the SMO is routinely reviewed through an established quality monitoring process that allows OBH to engage in continuous quality improvement activities that position us to adapt our approaches and assure our ability to best meet the needs of the children and youth population.

Quality Management Oversight and Monitoring

Quality Assurance, Performance Improvement Projects, and Utilization Control. The Office of Behavioral Health (OBH) and Louisiana Medicaid have taken great strides to ensure that the Louisiana Behavioral Health Partnership and its associated Medicaid Waiver Authorities promote and protect the well-being of residents while containing costs and expanding access to services. Managed Care Organizations and Prepaid Inpatient Health Plans must have an ongoing quality assessment and performance improvement program for the services it furnished to its enrollees (per 42 CFR 438.20(a).

The LBHP is committed to examining all of the strengths and needs of this complex re-design for behavioral health treatment. Key data is being collected and analyzed in order to correct issues, where necessary. The ultimate and most critical goal is to improve the lives of children, youth and adults who experience behavioral health challenges.

Other OBH Initiatives

Workforce Development Initiatives. The workforce development unit continues to work with LBHP credentialed providers (organizations and individual practitioners) to assure compliance with standards, address issues of compliance. This unit has begun a process of site visits to further assure compliance by verifying documentation, attestations, received during the certification process. This past year, the unit also successfully completed re-certification of all organizations between July and October 2013.

The workforce development unit continues to assure that OBH staff maintains compliance with internal requirements for training, focusing on required ORM, Supervisory, CPTP, and other trainings, policies or new initiatives.

The Office of Behavioral Health continues to offer the Learning Management System as an efficient method of training delivery for courses related to treatment. This platform documented 33,975 hours of training last year, an increase of just over 10,000 hours from the previous year. This method of training continues to offer the benefits of minimizing lost time due to pre-scheduled trainings, travel, and allowing users to increase their productivity in providing services. The Office also continues to make use of electronic seminars called “webinars,” where personnel can attend a “live” training directly from their computer terminal. Thus eliminating the need for travel while providing a high degree of interactivity and presenter functionality (such as the ability to build and present a customized slideshow while

speaking to and interacting with the participants). In addition, webinars can be recorded for later viewing by those whose daily work schedules prevent them from attending at a set time.

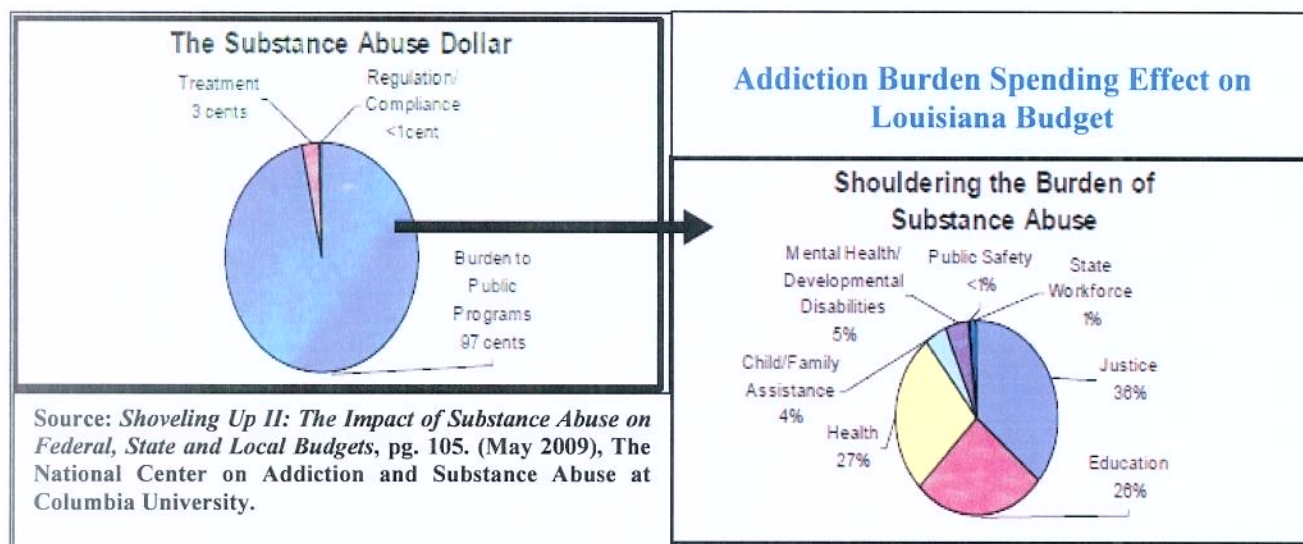
“Live” training will continue as an important method of delivering content to staff with a renewed focus on how decisions are made and what resources should be allocated to this intensive level of staff development. We can expand the “reach” of our live training by using video conferencing equipment, more interactive learning and overcoming limitations of physical space for training.

It is still the case that traditional means of training staff (such as face-to-face training sessions) are less cost-effective and newer technologies and practices allow for more efficient, more effective means of achieving OBH training goals. OBH continues to investigate how best to assure transfer of learning, when utilizing the technology of online training.

Preservation of Critical Infrastructure

Prevention Services. As the only “front line” for deterring the onset of substance abuse, reducing high-risk behaviors that lead to addictive disorders, and diverting the state’s youth population from entering the treatment system, prevention services are a significant and critical portion of the Office of Behavioral Health’s service delivery infrastructure. Since Substance Abuse Prevention and Treatment (SAPT) Block Grant funds (20%) are the sole source of funding for all prevention services, any reduction in this funding stream is likely to impact negatively the prevention service delivery capabilities of OBH, thereby creating a services gap where at-risk youth may not be identified. Such a gap would limit the ability of the office to identify and mitigate high-risk behaviors and increase the youth population’s initiation to drug and alcohol use, creating a larger burden on the state’s treatment system. It is recommended that careful consideration be given to the preservation of funding for prevention services and the critical infrastructure they represent.

Treatment Services. Untreated addiction affects every area of the State of Louisiana’s budget⁶. The state pays for the consequences of untreated addictive disorders in increased rates of high school dropouts, incarceration, child welfare costs, highway fatalities, and lost workforce productivity⁶. An economic study on addiction titled *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets* states that on average, “States pay over 11 times the total amount spent on prevention, treatment and research coping with the burden of substance abuse and addiction in the health care system”⁶. The same 2009 study, conducted by the National Center on Addiction and Substance Abuse (NCASA) at Columbia University, indicates that as the state invests in addiction treatment programs, society profits from reductions in future criminal justice, medical, and health care expenses⁶. Also, “burden spending” in other areas of state and local government is drastically reduced by funding effective prevention and treatment programs.⁶



According to SAMHSA Administrator Pamela S. Hyde, J.D., "Behavioral health services are critical to health systems and community strategies that improve health status and they lower costs for individuals, families, businesses, and governments. The value of behavioral health services is well documented. Studies have shown that every dollar invested in evidence-based treatments yields \$2.00 to \$10.00 in savings in health costs, criminal & juvenile justice costs, educational costs, and lost productivity. **Yet, too many people don't get needed help for substance abuse or mental health problems and health care costs continue to skyrocket**"⁸.

Louisiana generally has a higher concentration of population in need of addiction treatment than the national average⁴. In addition, Louisiana has one of the highest incarceration rates in the nation⁴. Given these initial conditions, it is reasonable to assume that investments in the prevention and treatment of substance use disorders for Louisiana residents would produce a return greater than the national average.

The Office of Behavioral Health and the Commission on Addictive Disorders continue to believe in the validity of, and will make all efforts to move toward, the integration of addiction treatment into a primary care/public health model. Leveraging Department of Education partnerships and the existing Public Health Unit infrastructure to increase OBH's preventive impact is a current initiative of the Office.

The Office of Behavioral Health continues to seek and develop additional sources of funding in the interests of expanding the state's service capacity for addiction treatment and ensuring the delivery of quality care to citizens in a timely and effective manner. Addiction is a health care issue, and systems that acknowledge and treat it as such tend to realize significant benefits, as noted above.

VII. References

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- ⁹“Where the primary drug of choice is reported”