

**Bobby Jindal**  
GOVERNOR



**Alan Levine**  
SECRETARY

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

June 24, 2009

The Honorable Willie Mount, Chair  
Senate Health and Welfare Committee  
State Capital  
P.O. Box 94183  
Baton Rouge, LA 70804

Dear Senator Mount:

In response to House Concurrent Resolution No. 184 (HCR 184) of the 2008 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The resolution created the Mental Health Care Improvement Task Force to study the ongoing mental health crisis in Louisiana. The resolution requests that the task force present a specific plan and report on how to best implement the recommendations found in the Louisiana Plan for Access to Mental Health Care.

The Office of Mental Health within DHH is available to discuss the enclosed report and recommendations with you and the members of the Senate Health and Welfare Committee. Please contact Jennifer Kopke, assistant secretary of the Office of Mental Health, at (225) 342-2525 with any questions or comments you may have.

Sincerely,

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

Alan Levine  
Secretary

Enclosures

**Bobby Jindal**  
GOVERNOR



**Alan Levine**  
SECRETARY

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

June 24, 2009

The Honorable Kay Katz, Chair  
House Health and Welfare Committee  
State Capital  
P.O. Box 44486  
Baton Rouge, LA 70804

Dear Representative Katz:

In response to House Concurrent Resolution No. 184 (HCR 184) of the 2008 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The resolution created the Mental Health Care Improvement Task Force to study the ongoing mental health crisis in Louisiana. The resolution requests that the task force present a specific plan and report on how to best implement the recommendations found in the Louisiana Plan for Access to Mental Health Care.

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Alan Levine  
Secretary

Enclosures

**A Report in Response to HCR 184 of the 2008  
Regular Session**

**MENTAL HEALTH CARE  
IMPROVEMENT TASK FORCE**



**Submitted by the Department of Health and  
Hospitals**

**June 4, 2009**

## **Introduction**

This document is in response to House Concurrent Resolution 184 passed in the 2008 Regular Session of the Louisiana Legislature. HCR 184 created the Mental Health Care Improvement Task Force to study the ongoing mental health crisis in Louisiana and the progress made to date on Executive Order No. KBB 2005-16. .

HCR 184 established membership of the Mental Health Care Improvement Task Force as follows:

- The secretary of the Department of Health and Hospitals or his designee
- The president of the Louisiana State University System or his designee
- The chairperson of the Louisiana Mental Health Planning Council or his designee
- The assistant secretary of the Office of Mental Health, Department of Health and Hospitals or his designee
- The executive director of Mental Health America of Louisiana or his designee
- The president of the Louisiana State Medical Society or his designee.
- The executive director of the Louisiana Psychiatric Medical Association or his designee
- The president of the AFL-CIO or his designee

HCR 184 directed the Mental Health Care Improvement Task Force to develop a specific plan on how to best implement the goals, strategies, and objectives outlined in Louisiana's Plan for Access to Mental Health Care. This Plan was developed under Executive Order No. KBB 2005-16 which ordered the Department of Health and Hospitals and other state agencies to recommend specific changes to Louisiana's System of Mental Health Care Delivery.

The crisis issues outlined in HCR 184 include (1) System of Care delivery issues in both urban and rural communities in Louisiana; (2) System of Care access issues for needed mental health services within the state continuum of care; (3) Post-Hurricane Katrina and Rita challenges for the mentally ill in accessing treatment especially inpatient facility services; and (4) Safety issues for first responders who may be at risk when encountering and interacting with mental health patients who do not have access to treatment.

## **Task Force Recommendations and Findings:**

- Governor should affirm (a) the six goals of Louisiana's Plan for Access to *Behavioral Health* Care; (b) recognize significant advances made to date; (c) charge the various state agencies to continue coordinated pursuit of the six goals; (d) reconfigure all of the children and youth strategies and objectives identified in the individual goals into one comprehensive child/youth goal with oversight by the Children's Cabinet Advisory Board; and (e) place oversight for remaining goals with Secretaries of Departments of Health & Hospitals, Social Services, Juvenile Justice, Corrections, Education, etc. and direct groups to meet quarterly to assess progress and to develop new strategies.
- Appoint DHH as the agency accountable for the implementation of Louisiana's Plan for Access to Behavioral Health Care.

- Redefine the coordinating body responsible for oversight of the process and reporting to the House and Senate Committees on Health and Welfare with identified reporting timelines.

**Findings:** The *Louisiana’s Plan for Access to Mental Health Care* consisted of six goals with strategies, objectives, goal measures and timelines for implementation. Following are the committee’s findings related to current implementation status of these goals. A comprehensive copy of Louisiana’s Plan for Access to Mental Health Care may be accessed at [www.dhh.louisiana.gov/publications](http://www.dhh.louisiana.gov/publications).

**GOAL ONE: INCREASE THE USE OF EVIDENCE-BASED, DEVELOPMENTALLY APPROPRIATE PRACTICES FOR CHILDREN, ADULTS, AND FAMILIES TO ACCESS NEEDED MENTAL HEALTH SERVICES.**

Strategy One	STATUS UPDATE – in progress
<p><b>Identify list of evidenced-based practices (EBPs) and establish priorities</b></p>	<ul style="list-style-type: none"> <li>• The workgroup researched EBP models for implementation, including criteria of EBPs, from several states and national experts (e.g., Center for Effective Practices; National Research Institute – Implementation Research Monograph; CCOE – Ohio, Patrick Canary, Lon Herman; Invest in Kids – Colorado; States of Hawaii, Maryland, Connecticut, Florida, Iowa; California Institute for Mental Health; Vijay Ganju, Texas; Dan Edwards, Evidence Based Associates, etc.).</li> <li>• The workgroup recommended the following EBPs as the initial focus for statewide training and implementation: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Assertive Community Treatment, Forensic Assertive Community Treatment, Multi-Systemic Therapy, Functional Family Therapy, Illness Management and Recovery, Family Psychoeducation, Medication Management Approaches in Psychiatry, Supported Employment, and Co-Occurring Disorders: Integrated Dual Disorders Treatment.</li> </ul>
Strategy Two	STATUS UPDATE – in progress
<p><b>Engage departments and provider leadership to establish consensus on the principles of using EBPs</b></p>	<ul style="list-style-type: none"> <li>• The collaboration workgroup was created consisting of leaders from multiple agencies (e.g., Office of Mental Health, Office for Addictive Disorders, Office of Public Health, Bureau of Health Services Financing, Office of Juvenile Justice, Department of Social Services, National Alliance for the Mentally Ill, LA Federation of Families, Mental Health America of Louisiana [MHAL], etc.).</li> <li>• The collaborative recommended the regions and local governing entities (LGEs) begin statewide training on EBPs for implementation contingent upon workforce issues and funding availability.</li> </ul>

Strategy Three	STATUS UPDATE in progress
<p><b>Support the use of evidence-based practices through sustainable funding and other needed resources to support model implementation</b></p>	<ul style="list-style-type: none"> <li>• DHH, DSS, and OJJ collaborated effectively with Medicaid to add one EBP – Multi-Systemic Therapy (MST) -- for Medicaid coverage.</li> <li>• Primary Care Stabilization and Access Grant (PCSAG) funding provided training and start-up costs for MST services in the New Orleans area.</li> <li>• Assertive Community Treatment (ACT) has been implemented in some OMH regions and the LGEs with a blended funding stream of SGF and Federal Block Grant dollars.</li> <li>• The MacArthur Foundation provided funding for a Functional Family Therapy (FFT) program located in Region 6.</li> <li>• Through the Governor’s Executive Order BJ-2008-12, Forensic Assertive Community Treatment (FACT) has been implemented in greater New Orleans.</li> <li>• Through the Governor’s Executive Order BJ-2008-12, Assertive Community Treatment (ACT) has been implemented in Jefferson, Orleans, Plaquemines, and St. Bernard Parishes.</li> <li>• The Technical Assistance Collaborative is providing technical assistance to OMH for opportunities to secure Medicaid reimbursement for ACT.</li> <li>• The national outcome data on EBPs provides strong evidence in support of community-based EBP sustainability as evidenced by declines in hospitalizations and with increases in quality of life outcomes.</li> </ul>
Strategy Four	STATUS UPDATE in progress
<p><b>Implement and support the use of evidence-based practices through training and technical assistance</b></p>	<ul style="list-style-type: none"> <li>• The workgroup recommended developing partnerships with universities and community colleges and other state agencies for cross training opportunities.</li> <li>• The workgroup recommended the development of a collaborative cross-agency workforce development strategy.</li> <li>• Implementation of FACT teams has been in accordance with training and consultation provided by the National Alliance for the Mentally Ill Technical Assistance Center and The Technical Assistance Collaborative.</li> <li>• Implementation of the ACT teams has been in accordance with training and consultation provided by the National Alliance for the Mentally Ill Technical Assistance Ctr. and The Technical Asst. Collaborative.</li> <li>• Implement a model plan of permanent housing and supports (PSH) for persons with severe and persistent mental illness and/or co-occurring disorders. This model of PSH has been initiated with consumers who are active clients within the ACT and FACT programs.</li> <li>• Dialectical Behavioral Therapy (DBT) training is being provided by Behavioral Tech, LLC.</li> <li>• Cognitive Behavioral Therapy (CBT) training is being provided by LSU Health Sciences Center’s Department of Psychiatry in New Orleans, LA.</li> <li>• Training opportunities to increase MST and FFT teams statewide will be on-going to maintain fidelity to the EBPs models.</li> <li>• After completion of statewide training for competency and fidelity, EBPs will be implemented as resources allow.</li> </ul>

Strategy Five		STATUS UPDATE in progress
<b>Design and implement quality assurance processes that measure the impact of programming, treatment, and/or services</b>	<ul style="list-style-type: none"> <li>• Workgroup recommended utilizing cross-agency collaboration for data sharing and data analysis to design a quality assurance program to sustain fidelity to the EBP models and the impact to programming, treatment outcomes, and/or service outcomes.</li> <li>• Workgroup recommended the implementation of a quality process for continuous performance accountability to continue to achieve established goals and new cost effective strategies.</li> <li>• OMH is in the implementation phase of selecting and implementing an electronic health record.</li> <li>• OMH is actively engaged in the training and implementation of a system of care initiative referred to as Cornerstone. Cornerstone is comprised of four parts: (1) Resiliency &amp; Recovery; (2) Utilization Management; (3) Credentialing and Privileging; and (4) Accountability.</li> <li>• OMH is engaged in a working relationship with David Lloyd on an accountability system entitled SPQM – Service Process Quality Management. The system is designed to provide transparency and accountability within the state system of care.</li> </ul>	

<b>GOAL TWO: TO ESTABLISH AN ACCESSIBLE CONTINUUM OF CRISIS SERVICES AND CRISIS AVOIDANCE AND TO PROVIDE A REALISTIC ARRAY OF TREATMENT SERVICES IN BOTH THE PRIVATE AND PUBLIC SECTOR.</b>		
Strategy One		STATUS UPDATE in progress
<b>Standardize crisis avoidance and intervention.</b>	<ul style="list-style-type: none"> <li>• Legislative Act 447 – Crisis Response System Development enacted in Regular Session of 2008 to provide for crisis receiving centers, to provide for crisis response systems, to provide for definitions, to provide for licensing; to provide for rules and regulations; to provide for penalties; and to provide for related matter. This legislation is being enacted statewide under the leadership of the Office of Mental Health. Crisis Response System Plans are being designed with technical support provided by Central Office staff. This is an on-going activity.</li> </ul>	
Strategy Two		STATUS UPDATE - in progress
<b>Standardize crisis assessment and referral processes</b>	<ul style="list-style-type: none"> <li>• A Crisis Response System Collaborative statewide meeting was held with leadership from across agencies within regions and LGEs in January 2009 to address ACT 447 as a collaborative effort with all stakeholders invited to participate inclusive of OMH, OAD, OCDD, law enforcement, EMT, Emergency Room Physicians, etc.</li> <li>• A Toolkit for Building a Local Collaborative was designed and distributed to stakeholders attending the Crisis Response System Collaborative meeting.</li> <li>• The collaborative crisis system includes but is not limited to Screening &amp; Assessment Tools, Mobile Crisis Team, Crisis Intervention Team, Case Management, Assertive Community Treatment, and Crisis Intervention Units.</li> <li>• The Child and Adolescent Response Team (CART) is operational</li> </ul>	

	<p>statewide to provide 24/7 multi-disciplinary, community-based intervention for children in crisis situations.</p> <ul style="list-style-type: none"> <li>DHH Health Standards is working with OMH/OAD and Medicaid in the development of certification standards for crisis receiving centers to be subsumed under several existing DHH licenses. This will allow for existing funding of current programs to be utilized for crisis receiving centers.</li> </ul>
Strategy Three	STATUS UPDATE in progress
<p><b>Build a continuum of care at the local level</b></p>	<ul style="list-style-type: none"> <li>Local level meetings have been on-going in the regions and LGEs with a large number of public and private community participants (e.g., EMS, law enforcement, coroner’s office, emergency departments, advocates, administrative, etc.) working together in a collaborative manner to design a continuum of care plan that best meets the needs of the communities. The underlying assumption is that crisis response is a community issue which involves multiple entities, both public and private. The regional/local Crisis Response System plans are intended to take advantage of local NAMI/law enforcement efforts to establish Crisis Intervention Teams (CIT) within local police units. CIT is a nationally recognized EBP. The local collaboratives are tasked with: (1) identifying current resources used by public and private agencies to address behavioral health crises within their communities; (2) specifying strategies for building a comprehensive crisis response system on an incremental basis over the next three to five years; (3) identifying current funding streams within communities and redirecting these resources to address the desired crisis response continuum; (4) identifying the design and function of crisis receiving centers within this crisis response system utilizing the OMH conceptual framework for crisis receiving centers. The framework is based on the hub and spoke design of the three levels of crisis receiving centers; (5) projecting a budget for each year of incremental implementation, first reinvesting existing resources and then making recommendations to DHH for additional funding, with specific budgets for crisis receiving centers; (6) review the availability of Mental Health Emergency Room Extensions (MHERE) in local areas and determine what enhancements are needed to convert MHEREs to crisis receiving centers.</li> </ul>
Strategy Four	STATUS UPDATE in progress
<p><b>Develop and implement a workforce development strategy</b></p>	<ul style="list-style-type: none"> <li>Credentialing of staff to deliver EBPs is primarily dictated by the EBP model to meet fidelity standards. Collaboration is ongoing to discuss current workforce capacity and ongoing workforce development issues through training opportunities with current staffing patterns across the state and for future recruitment of staff for these specialized evidenced based programs.</li> </ul>



Strategy Five		STATUS UPDATE in progress
<b>Develop a system for sharing information</b>	<ul style="list-style-type: none"> <li>Each region and LGE has actively developed a well organized system for information sharing as a result of the extensive work efforts of stakeholders engaged in regularly scheduled meetings to address Crisis Response System Development – Act 447. Lead persons identified for each region and LGE serve as point of contact for all active participants and inquiries regarding the initiative.</li> </ul>	

**GOAL THREE: PROVIDE EFFECTIVE SERVICES FOR CHILDREN, YOUNG ADULTS AND THEIR FAMILIES DESIGNED TO MEET THEIR EMOTIONAL, COGNITIVE, DEVELOPMENTAL AND PHYSICAL NEEDS, PROVIDED IN ENVIRONMENTS TO ENSURE SUCCESS.**

Strategy One		STATUS UPDATE in progress
<b>Support and implement effective community-based programs across the state</b>	<ul style="list-style-type: none"> <li>EBPs targeted to children, young adults, and families are being implemented across areas of the state based upon funding availability to support the implementation of the EBPs and based upon securing qualified staff as required by the EBP models. For example, Multi-Systemic Therapy, Functional Family Therapy, Cognitive-Behavioral Therapy and Dialectical Behavioral Therapy are being implemented in parts of the state, with varying implementation timelines.</li> <li>Training on these EBPs is being offered statewide.</li> </ul>	

Strategy Two		STATUS UPDATE in progress
<b>Develop and implement individual and family supports that will enhance quality of life</b>	<ul style="list-style-type: none"> <li>Behavioral health supports offered by NAMI Louisiana, MHAL, LA Federation of Families, and Meaningful Minds of Louisiana are integral to the continued efforts to provide quality of life opportunities to behavioral health clients. Examples of programs these organizations offer include NAMI Share, Community Outreach and Education, and leadership trainings.</li> <li>The LA Health First initiative will provide a model for the state to link primary and behavioral health care in a common location thus enhancing early intervention programs and expanding quality of life provisions.</li> <li>A grant from Bristol Myers Foundation targeting pre- and post-natal women allows the Office of Public Health, in conjunction with OMH, to teach physicians how to use the SBIRT screening tool to identify those women at risk for depression, substance abuse and domestic violence.</li> <li>The Early Child Supports and Services program serves children ages 0-6 years and their families, providing parent training and referral to appropriate resources for high-risk children who may develop behavioral/emotional problems related to poverty and other environmental and genetic conditions. Emotional, social, physical, and cognitive development of young children is highlighted in this program.</li> </ul>	

Strategy Three	STATUS UPDATE in progress
<p><b>Engage the local community, stakeholders, and citizens in planning, resource development and advocacy</b></p>	<ul style="list-style-type: none"> <li>• A strong collaborative effort exists for advocacy and is being sustained by public and private advocates and stakeholders with a commitment to provide early prevention and treatment for children, adults and families.</li> <li>• Families Helping Families, LA Federation of Families for Children’s Mental Health, and NAMI demonstrate significant support of community-based, best-practice planning and continued efforts in resource development.</li> <li>• Interagency Service Coordination provides service and resource development for youth who are unable to get their needs met through one or two single agencies.</li> <li>• With the Neighborhood Place initiative by Act No. 775 of the 2008 Regular Legislative Session, Louisiana is following Kentucky’s model and creating multi-service centers in high poverty areas as one means of providing the full range of social services in a coordinated and seamless manner. The Departments of Social Services, Health and Hospitals, Workforce Development and Juvenile Justice are working together to establish three pilot centers – two in northern Louisiana and one in Orleans Parish. State and local level representatives are working to develop partnerships that include the local service providers, clients and the community.</li> </ul>
Strategy Four	STATUS UPDATE in progress
<p><b>Allocate funding to support a continuation and /or increase in effective services to all children, youth, adults and their families.</b></p>	<ul style="list-style-type: none"> <li>• Collaboration of interagency funding, as well as blended funding to include grant opportunities and collaboration among agencies, is a strong component of statewide support in continuing and increasing effective services to this identified population. Collaborative efforts are ongoing with Medicaid in seeking to secure Medicaid funding for EBPs.</li> </ul>
Strategy Five	STATUS UPDATE in progress
<p><b>Increase accessibility of behavioral health services</b></p>	<ul style="list-style-type: none"> <li>• Access issues continue to be a challenge; however, progress is being made by collaboration among agencies. A significant challenge to the current behavioral health system of care remains workforce development issues, inclusive of psychiatrists, medical psychologists, psychologists, nurse practitioners, licensed social workers, licensed professional counselors, RNs, etc. to allow for timely access to the system of care for early intervention.</li> <li>• Accessibility of behavioral health crisis services is available to all children and their families in the state for crisis intervention up to seven days to stabilize the crisis, refer to the appropriate community resources, and teach the families how to handle their own crises through the Child and Adolescent Response Team (CART).</li> </ul>

**GOAL FOUR: PROVIDE PRIMARY HEALTH CARE AND BEHAVIORAL HEALTH CARE AT COMPREHENSIVE ACCESS SITES.**

Strategy One	STATUS UPDATE in progress
<b>Study feasibility of implementing comprehensive access sites in communities</b>	<ul style="list-style-type: none"> <li>The Health Care Reform Act of 2007 directed DHH to develop and pilot a new system of care that will increase access, improve quality and provide sustainability in medical care for the Medicaid and uninsured population. The system of care is known as “Louisiana Health First.”</li> </ul>
Strategy Two	STATUS UPDATE in progress
<b>Identify successful models of primary care and behavioral health integration</b>	<ul style="list-style-type: none"> <li>The Louisiana Health First Technical Advisory Council consisting of an integrated system of public and private providers willing to participate in the system was convened.</li> <li>A Behavioral Health Ad-Hoc Workgroup was formed to address many issues inclusive of the task to research and evaluate successful models of behavioral health integration.</li> <li>Ad-Hoc committee continues to meet to evaluate successful models from other states. Meetings are on-going and the work of the group is progressing.</li> </ul>
Strategy Three	STATUS UPDATE in progress
<b>Develop implementation plan for introducing model for primary care and behavioral health integration into current programs and services in communities</b>	<ul style="list-style-type: none"> <li>The Ad-Hoc Workgroup (i.e., OMH, DHH Research and Development, Bureau of Health Services Financing, OAD, and Office of the Secretary) is working to develop implementation plans by identifying child/youth and adult behavioral health services based on best practice for the Louisiana Health First initiative.</li> <li>Funding issues and sources are being identified.</li> <li>A “cross-walk” is being developed with current service definitions and provider credentialing.</li> </ul>
Strategy Four	STATUS UPDATE in progress
<b>Research and provide sustainable funding and other needed resources to support model implementation</b>	<ul style="list-style-type: none"> <li>The Louisiana Health First Medicaid Reform Initiative will be reimbursed based on successful managed care reimbursement principles set forth by the Bureau of Health Services Financing.</li> <li>The LA Health First Technical Advisory Council will continue to be updated by the Ad-Hoc committee regarding funding and workforce issues and resource requirements.</li> </ul>
Strategy Five	STATUS UPDATE in progress
<b>Monitor program implementation</b>	<ul style="list-style-type: none"> <li>DHH will monitor LA Health First anticipating, at a minimum, (1) a 25 percent reduction in acute hospital admissions, (2) a 33 percent reduction in state hospital admissions; and (3) improvement in access to a system of community-based care through the implementation of evidence-based health care in a comprehensive primary care environment.</li> </ul>

**GOAL FIVE: PROVIDE ALL INDIVIDUALS WITH BEHAVIORAL HEALTH (MENTAL HEALTH AND/OR ADDICTIVE DISORDERS) CONDITIONS WITH APPROPRIATE INDIVIDUALIZED SUPPORTIVE SERVICES TO SECURE AND MAINTAIN THEIR EDUCATION, EMPLOYMENT AND HOUSING GOALS.**

Strategy One

STATUS UPDATE in progress

**Increase educational opportunities and supports for individuals (both children and adults)**

- Cross-agency collaboration among DSS (OCS, Louisiana Rehabilitation Services[LRS]), DHH (OMH/OAD), Department of Education, NAMI, and MHAL addressed current best practices occurring statewide, as well as future methods of collaborating for programs to serve children and adult students.
- The workgroup worked on methodology to ensure retention in both secondary and post-secondary educational settings.
- Educational supports are inclusive of PBS (Positive Behavior Supports) through the Department of Education at all public schools.
- In the six OMH regions, mental health school-based services are being offered in 118 schools, serving 16,580 persons for a cost of \$3.6 million. LGEs offer school-based services as well.
- School-based social workers are being utilized in some areas of the state based on funding availability.
- Within the post-secondary educational setting, disability affairs staff is being exposed to supported education best practices by way of seminars and conferences.
- OMH, the Dept. of Education and other partner agencies continue to collaborate on expanding best practices.
- Nationally recognized Peer Support Specialist Programs, Wellness Recovery Action Plans (WRAP), Smoking Cessation programs and Wellness programs are being implemented statewide. These programs will be strong contributors to the enhancement of an individual's quality of life.

Strategy Two

STATUS UPDATE in progress

**Increase employment opportunities and supports for individuals with behavioral health conditions**

- Collaborative efforts among LRS, OMH, OAD, Department of Education, NAMI, MHAL, Social Security Administration, Governor's Office on Elderly Affairs and the Housing Authority addressed methods of expanding upon the evidenced-based practice of supported employment.
- Current efforts are focused on improving collaboration between LRS and OMH and other partner agencies.
- Yearly job fairs are ongoing.
- Additionally, the workgroup addressed the issue of transition-age youth and methods of alternative funding sources through Social Security Administration.
- Four Peer Support trainings have been conducted with 69 behavioral health clients trained with 25 employed.
- Mental health consumers in our system of care have been trained as WRAP facilitators and have been conducting groups in most areas of the state while being financially compensated.

Strategy Three		STATUS UPDATE: in progress
<b>Increase opportunities for Permanent Supportive Housing, transitional housing, and mainstream housing and additional support services for individual and families</b>	<ul style="list-style-type: none"> <li>• Collaborative partners discussed methods of increasing permanent supportive housing sites statewide with housing authorities and other stakeholders.</li> <li>• Housing authority assisted in identifying needs and barriers when working with landlords/contractors.</li> <li>• Funding sources were researched for program implementation for all housing types as well as supports.</li> </ul>	
Strategy Four		STATUS UPDATE: in progress
<b>Reduce social stigma of behavioral health conditions</b>	<ul style="list-style-type: none"> <li>• The reduction of social stigma continues to be an on-going challenge that many organizations have addressed through anti-stigma campaigns and educational opportunities within the communities statewide.</li> <li>• MHAL has actively supported anti-stigma campaigns through the distribution of educational materials in addition to spearheading a public relations campaign for the community that included billboards and fliers.</li> </ul>	

**GOAL SIX: DEFINE, ESTABLISH, AND SUSTAIN THE LEADERSHIP ROLE OF THE OFFICE OF MENTAL HEALTH IN ORDER TO EFFICIENTLY AND EFFECTIVELY ACCOMPLISH "BRINGING THE HOPE OF RECOVERY TO LOUISIANANS WITH MENTAL HEALTH CONDITIONS" AS DELINEATED IN THE "ROADMAP TO CHANGE."**

Strategy One		STATUS UPDATE
<b>Ensure that the vision and the mission for Office of Mental Health services reflect not only a recovery and resiliency orientation, but also that they include the concept and practice of integrating care through a coordinated network of providers/ stakeholders outside of the traditional MH systems (private providers, university systems, other state</b>	<ul style="list-style-type: none"> <li>• OMH has adopted as its vision statement: "We envision a future in Louisiana where every individual has the opportunity to live a full, satisfying, and productive life in their community." Its mission statement is "OMH will advance a resiliency-, recovery- and consumer-focused system of person-centered care utilizing best practices and evidence-based practices that are effective and efficient as supported by data from monitoring outcomes, quality and accountability."</li> <li>• Legislation is being proposed during the 2009 Regular Legislative Session to merge the offices of Mental Health and Addictive Disorders into an Office of Behavioral Health. This will align the central office functions and structure in a fashion more consistent with the LGEs of human service districts/authorities. The DHH central office functions will focus on quality improvement, monitoring of program operations, implementation and sustainability of EBPs, workforce development, policy and regulatory oversight.</li> <li>• HB 837 which would create the Office of Behavioral Health (OBH) includes a stakeholder committee to advise DHH on the development and</li> </ul>	

agencies, etc.).	implementation of the Office of Behavioral Health.
Strategy Two	STATUS UPDATE in progress
<b>Refocus the work of the Office of Mental Health both in response to the creation of comprehensive human service districts/ authorities and to facilitate the same</b>	<ul style="list-style-type: none"> <li>• Act 373 allowed for OMH to respond to regions preparing to become comprehensive human service districts/authorities with the Human Services Accountability Plan. The Accountability Plan allows the statewide human services plan developed by DHH, in consultation with the Human Services Interagency Council which sets forth the criteria, process, timelines, guidelines for service delivery, clinical protocols, evidence-based practices, quality management and monitoring, data collection and reporting, performance outcome measures, information management, and readiness assessment protocols to be followed by the department and the districts.</li> <li>• OMH will provide assistance to the regions in guidance with the “readiness assessment” process by which a survey team will review all areas of business management of the district to determine operational readiness based on a set of uniform criteria.</li> <li>• Upon her appointment, OMH Assistant Secretary Jennifer Kopke reorganized the OMH Central Office to facilitate responsiveness to LGEs. She has placed special emphasis on the Central Office roles related to quality, accountability, evidence-based practices and workforce development.</li> </ul>
Strategy Three	STATUS UPDATE in progress
<b>Develop a strategic approach—one that aligns the workforce planning and competencies with the vision and mission of the Office—that makes it possible to build leadership capacity now and for the future.</b>	<ul style="list-style-type: none"> <li>• A credentialing and privileging workgroup was formed to address competences and credentialing.</li> <li>• A review of professional licensing and certification standards was conducted with State of Louisiana Licensing and Credentialing Boards.</li> <li>• A cross-walk of service delivery definitions by professional credentialing and related billable service codes was created in collaboration with the Bureau of Health Services Financing.</li> <li>• OMH centralized and formalized the process for credential verification of all prescribers working in OMH community programs.</li> <li>• OMH elevated workforce development within its infrastructure and placed it under the same structure as the Division of Adult Best Practices and the Division of Child/Youth Best Practices.</li> </ul>
Strategy Four	STATUS UPDATE
<b>Develop capacity for the Office of Mental Health to provide technical assistance to local governing entities in the areas of program innovation and technology transfer, including working through the Human Services Interagency Council where appropriate.</b>	<ul style="list-style-type: none"> <li>• OMH, in collaboration with the HSIC, OCDD, and OAD, has reviewed and updated the draft of the LGE Accountability Plan and the related performance measures. This plan is still in draft format, with the goal being common measures across program disciplines where feasible, and distinct measures within program discipline where appropriate.</li> </ul>
Strategy Five	STATUS UPDATE

<p><b>Develop capacity for the Office of Mental Health to ensure professional standards and program integrity throughout the mental health system inclusive of regions/local governing entities, including working through the Human Services Interagency Council where appropriate.</b></p>	<ul style="list-style-type: none"> <li>• See above.</li> </ul> <p>OMH is currently enhancing its ability to provide technical assistance by establishing a division of quality improvement and policy issuance, as well as divisions functioning as centers of excellence for adult and child/youth services.</p>
<p>Strategy Six <span style="float: right;">STATUS UPDATE</span></p>	
<p><b>Develop capacity for the Office of Mental Health to provide assistance to regions/local governing entities in the area of data management and utilization, including working through the Human Services Interagency Council where appropriate.</b></p>	<ul style="list-style-type: none"> <li>• OMH has initiated the Service Process Quality Management (SPQM) data management initiative with all LGEs participating.</li> <li>• OMH has taken steps to initiate a review of electronic health records and make recommendations to DHH regarding the various options.</li> <li>• OMH continues to update the OMH Integrated Information System by implementing electronic formats for scheduling, admissions, discharges, service tickets and concurrent documentation of service plans.</li> </ul>
<p>Strategy Seven <span style="float: right;">STATUS UPDATE</span></p>	
<p><b>Continuing service provision through its inpatient facilities, the Office of Mental Health will review its policies and processes to ensure integration of services and seamless service delivery within the larger continuum of care statewide.</b></p>	<ul style="list-style-type: none"> <li>• CEOs of four OMH hospital systems have collaborated to develop cross-hospital contracts for purposes of standardization and efficiency.</li> <li>• OMH monitors, as a key indicator, the continuation of behavioral health services in the community system upon discharge from inpatient care.</li> </ul>

Strategy Fight	STATUS UPDATE
<p><b>Develop and implement a comprehensive financial strategy that transforms approaches to funding of behavioral health services in order to improve access and cost-effectiveness.</b></p>	<ul style="list-style-type: none"> <li>• Implementation strategies associated with building a functional Office of Behavioral Health will address financing strategies.</li> </ul>



Regular Session, 2008

HOUSE CONCURRENT RESOLUTION NO. 184

BY REPRESENTATIVES LAFONTA AND MILLS

A CONCURRENT RESOLUTION

To create the Mental Health Care Improvement Task Force to study the ongoing mental health crisis in Louisiana and to report to the House and Senate committees on health and welfare no later than April 1, 2009.

WHEREAS, mental health issues continue to plague both urban and rural communities in Louisiana; and

WHEREAS, despite the increased awareness of mental health issues, many mental health patients are still not getting the services they desperately need; and

WHEREAS, after Hurricanes Katrina and Rita, it is increasingly difficult for the mentally ill to access treatment, especially inpatient facilities; and

WHEREAS, first responders are put at risk when they encounter and interact with mental health patients who do not have access to treatment which is best evidenced by the tragic death of New Orleans police officer, Nicola Cotton; and

WHEREAS, Governor Kathleen Babineaux Blanco issued Executive Order No. KBB 2005-16 which ordered the Department of Health and Hospitals as well as other state agencies to recommend specific changes to Louisiana's system of mental health care delivery; and

WHEREAS, in 2006, the Department of Health and Hospitals, working in conjunction with experts, developed Louisiana's Plan for Access to Mental Health Care; and

WHEREAS, despite the development of this plan, Louisiana's mental health crisis continues due to the lack in progress in implementing the plan's recommendations.

THEREFORE, BE IT FURTHER RESOLVED that the Legislature of Louisiana does hereby create the Mental Health Care Improvement Task Force to make recommendations on how to efficiently implement and find funding sources for key recommendations in Louisiana's Plan for Access to Mental Health Care.

BE IT FURTHER RESOLVED that the task force shall be composed of the following members:

- (1) The secretary of the Department of Health and Hospitals or his designee.
- (2) The president of the Louisiana State University System or his designee.
- (3) The chairperson of the Louisiana Mental Health Planning Council or his designee.
- (4) The assistant secretary of the office of mental health, Department of Health and Hospitals or his designee.
- (5) The executive director of Mental Health America of Louisiana or his designee.
- (6) The president of the Louisiana State Medical Society or his designee.
- (7) The executive director of the Louisiana Psychiatric Medical Association or his designee.
- (8) The president of the Louisiana AFL-CIO or his designee.

BE IT FURTHER RESOLVED that the members shall elect a chairman and vice chairman whose duties shall be established by the task force.

BE IT FURTHER RESOLVED that the secretary of the Department of Health and Hospitals shall fix a time and place for regular meetings of the task force which shall meet at least on a quarterly basis.

BE IT FURTHER RESOLVED that a majority of the membership of the task force shall constitute a quorum and shall be necessary to take action.

BE IT FURTHER RESOLVED that the task force shall present a specific plan on how to best implement the recommendations found in the Louisiana Plan for Access to Mental Health Care to the House and Senate committees on health and welfare no later than April 1, 2009. At a minimum, the plan should address the following:

- (1) Identify sources of funding including whether there is a need to dedicate general fund dollars to mental health care.
- (2) Prioritize existing recommendations in Louisiana's Plan for Access to Mental Health Care.
- (3) Determine the infrastructure needs of state and local mental health facilities.

(4) Develop a detailed implementation strategy for each of the human service districts and Department of Health and Hospitals regions.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE