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Approved Curriculum and Equivalency Standards

Parent Support and Training/Youth Support and Training

Equivalency Standards

Introduction to Wraparound

This initial training introduces new parent support and training and youth support and training staff to systems of care and system of care values.

Participants learn the definition, phases and principles, and goals of wraparound from the National Wraparound Institute perspective. Participants have an opportunity to practice the following skills that support:

1. Describing wraparound;
2. Determining Family Support Organization (FSO) staff goals during the various phases of wraparound;
3. Putting wraparound principles into practice; and
4. Meaningfully participating in the wraparound process as partners with professionals and others.

Functional Behavioral Approach

This intensive training introduces new ~~Parent-parent Support-support~~ and ~~Training-training~~, and ~~Youth-youth Support-support~~ and ~~Training-training~~ staff to ~~Family-family Supportsupport~~, which is, essentially, systems of care values in practice. Participants engage in interactive exercises and activities to learn and practice the key competencies of providing support, teaching skills, and building and maintaining community connection for the youth and families they serve. They are exposed to tools and strategies to support each of the competencies, that also help provide ongoing assessment of whether their service is “on track” to best support ~~Child-child Family-family Team team~~ (CFT)-defined needs.

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This training for those supervising ~~Parent-parent~~ ~~Supports-supports~~ and ~~Youth-youth~~ ~~Supportssupports~~, allows supervisors to bring their experiences into a session where the original and more advanced tools and strategies are introduced and applied, to demonstrate how they can take these back to their staff and deepen service results for those they are serving.

Approved Curriculum

1. Introduction to Wraparound;
2. Functional ~~Behavioral-behavioral~~ ~~Approach-approach~~ (FBA);
3. Supervising FBA (for parent support supervisors and youth support supervisors); and
4. Each FSO is required to have and utilize a comprehensive peer training plan and curriculum, which is inclusive of the ~~Peer-Worker-Core-core~~ ~~Competenciescompetencies for peer workers~~, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by the Office of Behavioral Health (OBH)-Coordinated System of Care (CSoC).

Independent Living/Skill Building**Equivalency Standards**

Training will ~~attend-to~~ ~~address~~ the principles of the system of care in that services are to be individualized according to each youth's strengths, interests, skills, goals and included on an individualized plan of care.

Training may include facilitating normal and instrumental activities of daily living. Participants will learn how to assess needs of the youth and teach skills needed by youth for living independently, which include the following domains:

1. Career planning;

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2. Communication;
3. Daily living;
4. Home life;
5. Housing and money management;
6. Self-care;
7. Social relationships;
8. Work life; and
9. Work and study skills.

Approved Curriculum

Casey Life Skills is the approved curriculum for ~~Independent-independent Livingliving/Skill-skill Building-building~~ (IL/SB) services. (See Appendix A [of this manual chapter](#) for access to link).

Short Term Respite Care

Equivalency Standards

Respite providers will need to learn how to help to de-escalate stressful situations and assure that the respite experience provides a therapeutic outlet for the child.

Training will focus on:

1. Developing successful partnerships with families and youth; and
2. Understanding culture and values.

Knowledge of:

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1. System of care values of family driven care;
2. Individualized treatment, and strengths based approaches;
3. Safety (cardiopulmonary resuscitation (CPR)), ~~First~~first aid, environmental awareness, community safety, etc.);
4. Basic communication skills;
5. Behavioral strategies for managing challenging behaviors, use of positive behavioral supports; and
6. Non-violent prevention of aggressive behavior.

Approved Curriculum

The Family Involvement Center’s Short Term Respite Provider Training is the Office of Behavioral Health (OBH)-approved curriculum for ~~Short-short-Term-term Respite-respite~~ (STR) services. This training must be completed prior to delivering STR services. The training curriculum is designed to be delivered in a classroom setting by a trainer at the STR provider agency. The training consists of seven modules and typically takes approximately six hours to deliver, in addition to break time.

The training modules include:

1. Module 1: Respite Overview;
2. Module 2: Wraparound and the CFT Process;
3. Module 3: Family Culture and Values;
4. Module 4: Understanding Needs;
5. Module 5: Safety;
6. Module 6: Responding to Challenging Behaviors; and
7. Module 7: Are you ready to be a Respite Provider?

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The ~~Office Behavioral Health~~ OBH approved ~~Short-short Term-term Respite-respite Training training~~ can be requested from Magellan of Louisiana at:
LACSOCPROVIDERQUESTIONS@magellanhealth.com.

Peer Support ~~Services~~ Specialists and Family Peer Support Specialists

Approved Curriculum

The ~~Certified Rrecognized Peer-peer Support-support Specialist-specialist~~ (RCPSS) employed by the provider agency must successfully complete a comprehensive peer training plan and curriculum that is inclusive of the ~~Core-core Competencies-competencies~~ for ~~Peer-peer Workersworkers~~, as outlined by ~~the Substance Abuse and Mental Health Services Administration (SAMHSA)~~, and has been approved by ~~the Office of Behavioral Health (OBH)~~. Training must provide the CPSS with a basic set of competencies that complies with the ~~Core-core Competencies competencies~~ of the profession to perform the peer support function. Successful completion requires obtaining the minimum qualifying score or better on required knowledge and skill assessments.

The Rrecognized Ffamily Ppeer Ssupport Sspecialist (RFPSS) employed by the provider agency must successfully complete a comprehensive peer training plan and curriculum that is inclusive of the Ccore Ccompetencies for Ffamily Ppeer Sspecialists, as outlined by the National Federation of Families for Children’s Mental Health (NFFCMH), and has been approved by the Office of Behavioral Health (OBH). Training must provide the RFPSS with a basic set of competencies that complies with the Ccore Ccompetencies of the profession to perform the peer support function. Successful completion requires obtaining the minimum qualifying score or better on required knowledge and skill assessments.

The RCPSS or RFPSS must complete a minimum of ten (10) ~~Continuing-continuing Education education Units-units~~ (CEU) in the tenets of peer (for the RPSS), or family peer (for the RFPSS), support approved by OBH per calendar year. Three (3) of the ten (10) CEUs must be in the area of Ethics. The other seven (7) will be in the principles and competencies related to tenets of peer, or family peer, support. Courses which are mandatory job trainings such as blood borne pathogens, sexual harassment, or prohibited political activity and are neither recovery oriented or related to ~~Peerpeer/Ffamily Ppeer Support-support~~ should not be counted towards this continuing education requirement. Documentation of completion of the ten approved CEUs shall be submitted to OBH

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by December 31 each year; otherwise, the [RCPSS](#) or [RFPSS](#) will be considered to be lapsed. CEU courses may include:

1. Wellness and Recovery;
2. Cultural Competency;
3. Person Centered Care;
4. Mutuality;
5. Advocacy;
6. Communication;
7. Conflict Resolution;
8. Trauma Informed Care;
9. Integrated Care;
10. Partnering with Other Professionals;
11. Wellness Recovery Action Plan (WRAP);
12. Peer Support Whole Health;
13. Intentional Peer Support;
14. Mental Health First Aid;
15. Suicide Prevention;
16. Treatment/Discharge Planning;
17. Health Insurance Portability and Accountability Act (HIPAA);
18. Mandated Reporting;
19. Target Health; and
20. Chronic Conditions.

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Psychosocial Rehabilitation

Equivalency Standards

Services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. The intent of psychosocial rehabilitation (PSR) is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention.

Training will focus on:

1. Daily and community living skills;
2. Socialization skills;
3. Adaptation skills;
4. Development of leisure time interests and skills;
5. Symptom management skills;
6. Identification and management of symptoms of mental illness;
7. Compliance with physician's medication orders;
8. Education in mental health/mental illness; and
9. Work readiness activities

Crisis Response Services (MCR, BHCC, CBCS) for Adults (Effective 3/1/2022_for MCR and CBCS and 4/1/22 for BHCC)– [and Crisis Response Services \(MCR, CBCS\) for Youth \(Effective 4/01/2024\)](#)

Approved Curriculum

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The LSU Center for Evidence to Practice is the OBH-approved trainer for crisis providers. All required initial trainings and ongoing training and consultation are designed and delivered through the LSU Center for Evidence to Practice. All initial training must be completed prior to delivering services. The training includes the following:

1. Topics of training may include, but are not limited to, the following:
 - a. Overview of Louisiana's Crisis System Continuum;
 - b. Crisis 101;
 - c. Person-Centered, Collaborative Engagements, Shared Decision Making & Voluntary Approach;
 - d. Stabilization, Regaining Cognitive Functioning and Resolution-Focused;
 - e. Trauma, Suicide, Mental Illness, Intellectual Disabilities and Substance Use Related to Crisis;
 - f. Verbal De-Escalation, Basics of Motivation, Empathic Response;
 - g. Assessment of Risk, Lethality Assessment/Scales;
 - h. Safety – Yours and Theirs (Safety Planning);
 - i. Peer Support in Crisis Response;
 - j. Self-Management Tools for Clients/Community/Consumers;
 - k. Voices of Those with Lived Experiences (Focus on Crisis);
 - l. Connecting to Resources/Supports [Urgent Care, Crisis Stabilization, and When Needed, Collaborating with 911, Emergency Departments – Louisiana Mental Health Laws, MCOs] Roles and Responsibilities/Follow-Up Practices;

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l.m. Self-Care, Self-Care Plans, and Sharing for Crisis Responders;

m.n. Supervision (Who, What, When; Decision Making;
Mandatory/Discretionary);

n.o. Billing and Documentation of Services; and

o.p. Continuous Quality Improvement Measures and Reporting.

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2. The following are in-person demonstration skills sessions:
 - a. Each one teach one (participants assigned to co-teach with trainer the highlights of online/earlier materials);
 - b. Active listening and empathy team competition;
 - c. Role plays, scene situations, demonstration (including culturally responsive care); and
 - d. Consultation sessions (sign-up and expectations).

Crisis Stabilization

Equivalency Standards

The goal of crisis stabilization (CS) services is to restore the member to his or her prior functioning level following a crisis. Bolstering coping skills and assisting in revitalizing or developing a support system are essential portions of stabilization services. The member may need a person who is capable of providing verbal support or their physical presence to make the member feel safe.

Curriculum standards for crisis stabilization services include but would not be limited to:

1. Solution focused crisis assessments;
2. Crisis communications;
3. Intensive, solution focused interventions;
4. Assisting the youth and family members in developing coping and behavior management skills, and working collaboratively with any existing service providers to prepare for the youth's return to their home environment; and
5. Development of risk management / safety plans.

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Standardized Basic Clinical Competency Training Modules for Unlicensed Staff

~~The Louisiana Department of Health (LDH)~~, OBH developed standardized basic training modules for unlicensed providers and direct care staff as an introduction to the key concepts ~~they must be familiar with~~ and competencies they must demonstrate prior to rendering specialized behavioral health services to members of Healthy Louisiana and CSOC.

These modules are available online through the Healthy Louisiana managed care organizations (MCOs), the CSOC ~~Contractor~~contractor, and LDH. Staff must complete these trainings prior to rendering specialized behavioral health services, and provider agencies are required to submit attestation documentation to the managed care entities with whom they contract.

Training focuses on:

1. MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders;
2. Crisis intervention;
3. Suicide and homicide precautions;
4. System of care overview;
5. Co-occurring disorders;
6. Cultural and linguistic competency (basic); and
7. Treatment planning.

All links to training modules and approved PSR curriculum for adults can be found on the LDH website. Reference Appendix A [of this manual chapter](#) for links.

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Licensed Mental Health Professional

An ~~licensed mental health professional~~ (LMHP) is an individual who is licensed in the ~~State-state~~ of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes individuals licensed to practice independently:

1. Medical psychologists;
2. Licensed psychologists;
3. Licensed clinical social workers (LCSWs);
4. Licensed professional counselors (LPCs);
5. Licensed marriage and family therapists (LMFTs);
6. Licensed addiction counselors (LACs); and
7. Advanced practice registered nurses (APRNs).

LPCs may render or offer prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LPCs may not assess, diagnose, or provide treatment to any individual suffering from a SMI, when medication may be indicated, except when an LPC, in accordance with industry best practices, consults, and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103).

LMFTs may render professional marriage and family therapy and psychotherapy services limited to prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, couples and families, singly or in groups that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LMFTs may not assess, diagnose, or provide treatment to any individual suffering from a SMI, when medication may be indicated, except when an LMFT, in accordance with industry best practices, consults, and

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collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103). All treatment is restricted to marriage and family therapy issues.

LACs who provide addiction services must demonstrate competency, as defined by LDH, State law, Addictive Disorders Practice Act and regulations. LACs are not permitted to diagnose under their scope of practice under State law. LACs providing addiction and/or behavioral health services must adhere to their scope of practice license.

APRNs must be nurse practitioner specialists in adult psychiatric and mental health, and family psychiatric and mental health, or certified nurse specialists in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

Resources:**1. First Aid, Cardiopulmonary Resuscitation and Seizure Assessment Training**

Agencies, organizations and facilities are required to ensure staff complete an American Heart Association (AHA) recognized first aid, CPR and seizure assessment training. Staff must renew certifications at least once every two years or as recommended by the AHA. Psychiatrists, APRNs/clinical nurse specialists (CNSs)/physician assistants (PAs), registered nurses (RNs), and licensed practical nurses (LPNs) are exempt from this training. Courses may be found by visiting the AHA website: <http://www.heart.org/HEARTORG/>.

2. ~~Resource:~~ Establishing Drug-Free Workplace Programs and Developing Policies

Agencies, organizations and facilities may refer to the SAMHSA online guide for establishing drug-free workplace programs and developing written policies. This resource may be found at the following link: <http://www.samhsa.gov/workplace/toolkit/develop-policy>.

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3. **Resource:** Behavioral Health Service Provider License

Information and regulations associated with the Behavioral Health Service (BHS) license rule may be found on the Louisiana Health Standards Section website available at the following link: <https://ldh.la.gov/index.cfm/page/2990>.

Information and regulations associated with other licenses issued by the ~~Louisiana-LDH~~ Health Standards Section may be found under the Programs section on their website at the following link: <http://dhh.louisiana.gov/index.cfm/subhome/32>.