



Louisiana

In 2006, Louisiana's mental health care system received a grade of D. Three years later, the grade has not changed.

Louisiana's mental health system must be viewed in the context of Hurricane Katrina in 2005 and subsequent storms, which affected inpatient beds, workforce availability, and access to services throughout the Gulf region—including those areas that received evacuees. While people with serious mental illnesses continue to lack access to treatment, leading to overflowing emergency rooms and jails, the state has taken steps to improve the system.

Louisiana's administrative structure for the delivery of care is still evolving. The Office of Mental Health (OMH) operates within the Department of Health and Hospitals, and the community mental health system is moving toward independent health care authorities or districts under OMH direction.

In 2008, Governor Bobby Jindal proposed several mental health care reforms that the legislature enacted. They included a 24/7 telephonic crisis screening and referral system, additional support for police Crisis Intervention Teams (CIT), more mental health staff for the New Orleans parish prison, staff to serve consumers affected by Hurricane Gustav, and crisis receiving centers to be implemented on a statewide basis.

Signs of other progress are visible. In the New Orleans metropolitan area, new services—such as Assertive Community Treatment (ACT) and rental subsidies to increase access to housing—are becoming available. Elsewhere, some human services districts are doing exemplary jobs, including using evidence-based practices and communicating well with consumers and families. Louisiana also has worked to improve provider training and policies to support individuals with co-occurring disorders.

In 2007, the state expanded its outpatient commitment law and increased access to telemedicine for commitment procedures.

Louisiana faces significant challenges in retaining an adequate workforce in mental health services. In some

Innovations

- Capital Area Human Service District mobile health unit
- "Road Home" program housing allocation for people with serious mental illness
- Co-occurring disorders provider training and service access

Urgent Needs

- Expand crisis, inpatient, and community services
- Finance mental health services under Medicaid
- Address mental health workforce shortage

Consumer and Family Comments

- *"A great deal of money and human suffering could be spared if ADE-QUATE resources were put into prevention and management of mental illness rather than waiting until the person needs to be hospitalized."*
- *"No beds available, no psychiatrists available, no community support available."*
- *"Those in the field are generally caring—just overloaded. Hospital stays for my daughter have been too short to assure stability, resulting in a subsequent hospitalization soon after discharge. Housing remains one of the area's greatest needs."*

cases, there are no psychiatrists at all in the public mental health centers. Out-migration of mental health workers is a serious problem and contributes to decreased access to services.

The state has moved very slowly in using Medicaid to finance mental health services and supports. As Louisiana moves forward with Medicaid reform in general, it is important that mental health services are not left behind and that provider reimbursement is adequate to sustain them. Unfortunately, the state restricts access to psychiatric medications in the Medicaid program—which in the long run can cost more as people experience poor outcomes.

Turmoil and change characterize Louisiana's overall challenges in recent years, as hurricanes have wracked havoc in the state, and a new governor has been elected. The state needs stability and progress to build a mental health system that will meet the needs of its citizens.