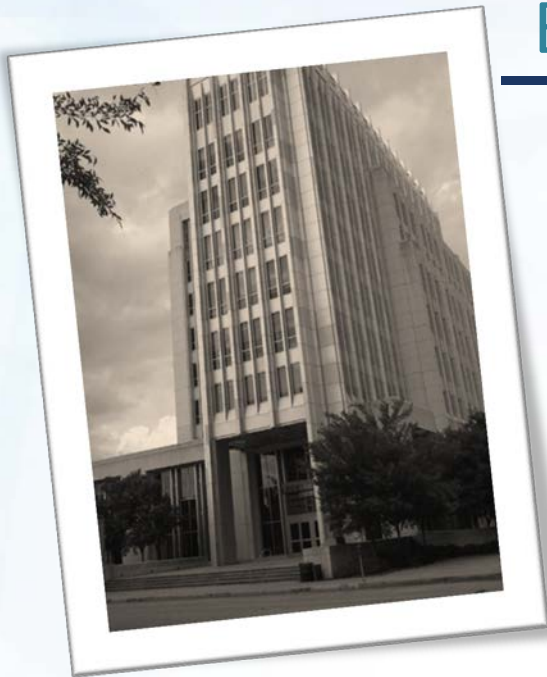


# Service Design Site Visit Report

Louisiana Office of Behavioral Health  
Baton Rouge, Louisiana



Dates of Site Visit: May 6–8, 2014

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



# Table of Contents

---

Louisiana Office of Behavioral Health.....	iii
Executive Summary.....	v
Awardee Overview and Environmental Context .....	1
1. Site Visit Overview .....	2
2. Awardee Leadership .....	2
3. Interagency Collaboration .....	3
4. Financing and Financial Mapping .....	4
5. Workforce Development .....	4
6. Implementation of Evidence-Based Practices .....	5
7. State-Requested TA: Engaging Youth and Families .....	5
8. Family and Youth Involvement .....	6
9. Evaluation .....	7
Summary .....	7
Abbreviations and Acronyms .....	15

# Louisiana Office of Behavioral Health

<b>Awardee Name</b>	Louisiana Office of Behavioral Health (OBH)
<b>Awardee Phone Number</b>	225-342-8676
<b>Grantee Address</b>	628 North 4th Street, Baton Rouge, LA 70821
<b>Site Visit Dates</b>	May 6–8, 2014
<b>Program Name</b>	LA SAT-ED
<b>Grant TI Number</b>	TI 024266-01
<b>SAIS Number (TA Number)</b>	3731
<b>Awardee Contact Person</b>	Katherine Prejean, M.S.
<b>Government Project Officer</b>	Melissa V. Rael, M.P.A., RN, B.S.N., Captain, U.S. Public Health Service
<b>Site Visit Team Members</b>	Pam Baston, M.P.A., CAP, CPP, JBS International, Inc. Doreen Cavanaugh, Ph.D., Georgetown University Melissa Silhan, M.A., LMHC, CAP

Awardee Project Team Members	
Jody Levison-Johnson, LMSW	Deputy Assistant Secretary Office of Behavioral Health
Katherine Prejean, M.S.	SAT-ED Project Director
Kelley Francis, Ph.D.	OBH Evaluator
Kashunda Williams, Ph.D.	OBH Evaluator
Jacob Romer	OBH Data Analyst/Statistician



***Left to right: Katherine Prejean, Rochelle Head-Durham, Kelley Francis, Kashunda Williams, Jodi Levinson Johnson***

#### **Awardee Project Sites Visited**

Capital Area Human Services District	Met with staff at OBH office
Cenikor Foundation	Met with staff at OBH office

# Executive Summary

---

In October 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Louisiana's Office of Behavioral Health (OBH) a State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement to improve State infrastructure and treatment for adolescents with substance use disorders (SUDs) or co-occurring SUDs and mental health disorders. OBH, Louisiana's single State authority (SSA), manages the SAT-ED initiative named LA SAT-ED.

Through the collaboration of the State or territory and two local treatment provider sites in a SAT-ED project, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. SAT-ED awardees are expected to—

- ▶ Address needed changes to policies and procedures.
- ▶ Develop financing structures that support the current service delivery environment.
- ▶ Develop and implement a statewide workforce development dissemination plan.
- ▶ Create a blueprint to increase the use of EBPs.

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED awardees are required to—

- ▶ Improve interagency collaboration.
- ▶ Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment.
- ▶ Expand the qualified workforce to meet increasing service delivery needs.
- ▶ Disseminate EBPs.
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes.

During the May 6–8, 2014, site visit to Louisiana, the site visit team reviewed Louisiana's SAT-ED accomplishments, provided engagement technical assistance, and considered other areas where technical assistance might enhance performance and services. OBH has made much progress with its SAT-ED initiative and has many strengths on which to build. Strengths include a proactive approach developing a comprehensive array of services for youth with SUDs and their families, progress developing a financial map, trained EBP providers and a competent evaluation team, and a site-level evaluation plan. Still, multiple SAT-ED requirements must be addressed concurrently over the next 16 months, and the current staffing pattern does not

appear to support this level of effort. OBH may want to augment SAT-ED staffing, infuse youth SUD issues into the workings of its interagency council, complete the baseline financial map, develop the SAT-ED workforce dissemination plan, strengthen pathways to youth SUD treatment, and develop a plan to evaluate the required SAT-ED infrastructure activities.

# Awardee Overview and Environmental Context

---

In 2009, Louisiana's legislature created Act 384, which directed the consolidation of the offices of addictive disorders and mental health into the [Office of Behavioral Health \(OBH\)](#), effective July 1, 2010. The consolidation streamlined services to better address the needs of people with co-occurring mental illness and addictive disorders. Act 384 implementation was guided by stakeholders and leaders in the behavioral health field from across Louisiana who sat on the Department of Health and Hospitals' OBH implementation advisory committee.

*Louisiana's Office of Behavioral Health is located in downtown Baton Rouge, Louisiana, a block from the State capitol.*

OBH oversees the statewide management contract for most behavioral health services and delivers direct care through both hospitalization and community-based treatment programs. Addictive disorders and mental health services are provided statewide through 10 districts/authorities, local governmental entities governed by a local board of directors with missions to provide State behavioral health services, and services for the individuals with developmental disabilities. The districts/authorities are defined as local entities and provide information to the Department of Health and Hospitals as requested.

OBH oversees the Louisiana Behavioral Health Partnership (LBHP) whose mission is to establish a service delivery system that is better integrated, has enhanced service offerings, and achieves improved outcomes. The LBHP is the system of care for Medicaid and non-Medicaid adults and children who require specialized behavioral health services, including those children at risk for out-of-home placement under the Coordinated System of Care (CSoC). LBHP is supported by OBH, the OBH-contracted managed care organization (MCO), Medicaid, Office of Juvenile Justice, Department of Children and Family Services, Department of Education, the Governor's Office, family, youth, and advocate representatives.

OBH has undergone significant change over the past few years since its 2010 consolidation and its increasing managed care oversight. This change will continue through ongoing implementation of OBH's CSoC and SAT-ED awards and its pending MCO contract procurement. With these many changes come tremendous opportunities for OBH to continue its work to strengthen access to a robust array of effective services for youth with behavioral health disorders and their families, regardless of diagnosis.



# 1. Site Visit Overview

---

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit to Louisiana May 6–8, 2014. Melissa Rael, Louisiana’s SAT-ED Government Project Officer (GPO), participated in sessions via telephone. The site visit team reviewed the awardee’s accomplishments and identified areas for growth and technical assistance (TA) opportunities to enhance performance and services.

On the first day of the visit, the site visit team met with the OBH single State authority (SSA) director, the deputy assistant secretary, the SAT-ED project director, and others to review the goals and expectations of the site visit and receive an overall project update. The SSA and SAT-ED team provided an overview of the State’s organizational structure, its progress with the SAT-ED initiative, and its coordination with other State efforts. This session was followed by discussion with some of Louisiana’s interagency behavioral health advisory council representatives who provided an overview of its mission and intended work with the SAT-ED initiative. This session was followed by a policy-level discussion on financing treatment and recovery services for youth with substance use disorders (SUDs) and SUDs and co-occurring mental health disorders. The day ended with sessions involving families of youth with SUDs and SUDs with co-occurring mental health disorders, followed by discussions with youth in recovery.

On the second day, the site visit met with the OBH MCO’s children’s system administrator and area contract manager and the SAT-ED project director to discuss the workforce development strategies that lead to meaningful and sustainable outcomes. This session was followed by a review of SAT-ED site-level progress implementing the Global Appraisal of Individual Needs (GAIN) assessment, Adolescent Community Reinforcement Approach Assertive Continuing Care (A-CRA ACC) model, recovery services, and potential service expansion and sustainability. The site team then provided State-specific TA to support sites with their youth and family engagement and retention process. The day ended with a discussion with Louisiana’s SAT-ED evaluation team to review the evaluation plan and their observations to date.

The final day of the site visit began with delivery of financial mapping TA and concluded with an exit interview with the OBH SSA, deputy assistant secretary, SAT-ED director and others.

## 2. Awardee Leadership

---

The LA SAT-ED team includes a full-time project director, two in-kind evaluators, and a part-time statistician. Although the OBH deputy assistant secretary only charges a small percentage of time as the SAT-ED principal investigator, she is very involved in the initiative and brings extensive experience from past system of care work and has a direct reporting relationship to the SSA. A special-initiative staff team with capacity for some ad hoc support is housed within

the OBH Child and Family Operations division and may be available to assist the SAT-ED team. The OBH executive management team is very supportive of the SAT-ED initiative and expressed intentions to increase involvement and support.

The transfer of LA SAT-ED from one division to another and changes at the project director and evaluator levels that occurred over the first 18 months of the award contributed to several startup delays. Multiple SAT-ED requirements must be addressed concurrently over the next 16 months, and the current staffing pattern does not appear to support such a level of effort. OBH might review current staffing, including the level of effort of in-kind staff dedicated to SAT-ED and consider a reorganization or augmenting the current pattern through paid staff or contracts.

### 3. Interagency Collaboration

---

OBH chose to use its behavioral health advisory council to serve as the interagency council required under the SAT-ED award. This council includes most of the SAT-ED required members, and there are existing memoranda of understanding in place. Because the council will continue after the SAT-ED award expires, it has the potential to facilitate SAT-ED sustainability after the award period ends.

The OBH council originally focused on mental health issues. There is a continuing need to infuse youth SUD issues into the workings of the council. Currently the council has no representation of families or youth with a primary SUD, and while council leadership has expertise in mental health advocacy, there is little experience with youth SUD issues. While there is one subcommittee focused on SAT-ED issues, the subcommittee structure is not facilitating the expansion of SUD issues throughout the work of the council (e.g., there is currently no dedicated committee to develop and implement the SAT-ED workforce dissemination plan). The council should develop a common, shared SUD agenda and move it forward through interagency council activities. The site visit team suggested that OBH add representation of youth and family with a primary SUD and add SUD expertise on every subcommittee.

The OBH council members meet only four times a year. It is therefore essential for OBH to introduce SUD content to all the subcommittees to ensure focused, continual work on SAT-ED priorities. There is no State agency representative in a council leadership role, although SAT-ED required activities will necessitate enhanced collaboration among all youth-serving State agencies. It may be beneficial for OBH to consider adopting a cochair model to include State agency leadership. SAT-ED staff should consider addressing these issues and other ways of ensuring significantly enhanced efforts to improve access to quality SUD treatment, continuing care, and recovery services and supports. Moving forward, the State needs to review the mechanisms the council may use to facilitate SUD-focused policy change across child-serving agencies.

## 4. Financing and Financial Mapping

---

Over the past several years, Louisiana has made significant policy changes in the area of financing youth SUD treatment. The introduction of managed care served as a catalyst for interagency collaboration and a blended funding approach to service provision. Blending funds from multiple child-serving agencies to serve youth with behavioral health disorders has helped achieve the most from Federal Medicaid funds. Prior to the Behavioral Healthcare Partnership, there were no Medicaid-reimbursed treatment services for youth with SUDs. Medicaid now covers youth SUD treatment with matching funds from OBH and from the State's child welfare and juvenile justice agencies. Medicaid leadership is using a proactive approach to the development of a comprehensive service array for youth with SUDs and their families. Louisiana also employs some substance abuse prevention and treatment block grant funds to enhance treatment and recovery services for youth.

OBH articulated a comprehensive vision of a behavioral health service array for youth, regardless of diagnosis. OBH is making notable progress in expanding Medicaid-covered services, including development of rates for A-CRA and GAIN. However, several challenges remain. Louisiana does not have sufficient funds to address the needs of youth with SUDs and their families. The current Medicaid rates appear to be low and do not support all the components of an EBP. OBH does not yet have rates set for enhanced EBPs that are inclusive of actual costs for many services. The site visit team recommended that OBH conduct a rate study and work with Medicaid to take up the presumptive eligibility option.

Louisiana has extensive financial data that will assist SAT-ED staff in completing their baseline financial map. However, OBH does not currently have disaggregated data from all child-serving agencies. The forward-thinking, blended funding arrangements may present challenges because it is necessary to identify all funding resources separately in the financial map. OBH will need to obtain and disaggregate additional financial data from other sources and develop a SAT-ED-required financial map in anticipation of the June due date.

## 5. Workforce Development

---

LA SAT-ED does not have a SAT-ED workforce dissemination plan. The LA SAT-ED project director is a member of the planning committee for the 2014 Children's Behavioral Health Summit where adolescent SUD training will occur. The SAT-ED team has begun talking with other child-serving agencies such as juvenile justice and child welfare to identify their training opportunities and needs. OBH may also consider working with its contracted MCO and the regional Addiction Technology Transfer Center (ATTC) to identify additional training opportunities. The most relevant identified training needs can then be included in the workforce dissemination plan.

Staff from the two SAT-ED provider sites have attended training for GAIN, A-CRA, and ACC. They are either certified in these EBPs or actively working toward certification. OBH has discussed with their Government Project Officer changing their initial plan to certify additional provider sites in the EBPs in award years 2 and 3 from three to two provider sites per year. The LA SAT-ED team can incorporate any training needs that arise from the initial or future expansion sites in its workforce dissemination plan.

## 6. Implementation of Evidence-Based Practices

---

Louisiana's two SAT-ED provider sites reported positive implementation experiences with the GAIN and A-CRA ACC EBPs. The providers articulated GAIN's value in identifying treatment needs and in netting valuable data. The site staff described benefits of A-CRA, such as how it brings focus, breaks down complex information, teaches real-world skills, and offers flexibility. Both treatment providers expressed concern about the length of the GAIN assessment process, though one provider is also implementing an agency-specific assessment. The SAT-ED team may want to explore with that provider opportunities to streamline their assessment process.

While access to ACR-A is facilitated by OBH's MCO, which permits delivery of up to 24 outpatient sessions without preauthorization, the SAT-ED-providers do not have a robust array of recovery and support services. OBH is encouraged to continue its efforts to fill this gap.

## 7. State-Requested TA: Engaging Youth and Families

---

OBH requested TA on engagement to address youth and family retention challenges. The SAT-ED providers reported losing nearly half their clients between the assessment process and the first treatment session. The SAT-ED providers also expressed challenges with the current flow of referrals and difficulties getting families to engage in the A-CRA model.

The SAT-ED sites developed an incentive plan to address youth retention challenges. If family incentives are not included in this incentive approach, the providers may want to consider adding them. One SAT-ED provider found a creative solution to client transportation barriers by using a transportation service offered by a person in long-term recovery. Even with these solutions, engagement and retention challenges continue.

The TA team provided some engagement TA using a virtual walk-through process designed to identify process improvement opportunities. Examples of engagement barriers identified by the TA team included an unwelcoming facility requiring a security check upon entry, locked doors that limit access to water fountains and restrooms, a double assessment process, and missing

opportunities to strengthen use of social media. While it may not be possible to change some of facility barriers, a pleasant atmosphere with improved facility décor and welcoming staff may offset these barriers somewhat. The SAT-ED providers could expand the use of social media to increase referrals, check in with and remind youth and families of appointments, and link clients and families to prosocial community opportunities. The use of social media should not involve the use of personal staff cell phones, Facebook sites, or other personal electronic communication devices or methods. The site team recommended the SAT-ED providers continue these and other recommended process improvements while the site team and the GPO arrange additional engagement TA.

## 8. Family and Youth Involvement

---

OBH scheduled interviews with families who were forthcoming in sharing their experiences and offering specific recommendations. Families identified lack of information on available treatment resources, lack of access to recovery support services, and financial barriers to receiving services. One parent described her frustration in attempting to access electronic information on local service availability. Parents identified extensive drug availability in schools, and one parent did not receive referral information even when she specifically requested it. Parents reported law enforcement representatives were also not able to provide them with information about accessing SUD treatment.

Although the interviewed parents were referred to community family support groups, some felt the need for more direction in managing the family dynamics resulting from a child's SUD. Parents reported initially finding a lack of providers capable in co-occurring disorders resulted in missed diagnoses. Parents also reported a troublesome "fail-first" policy for accessing youth residential treatment even for youth with serious and dangerous drug problems. All parents interviewed demonstrated great resiliency in their efforts to find care for their children. Families expressed a willingness to be included in the planning process for services for adolescents with SUDs and co-occurring disorders and their families. One parent said it would be worth her time if she could prevent just one family from having the difficult experiences she had.

Two youths were interviewed and readily shared their experiences. They reported teachers were often unaware of their SUDs, and those who were aware did not offer assistance. Both youth experienced multiple treatment experiences before gaining stable recovery. When discharged from treatment, neither youth was offered recovery support or continuing care services. One youth took the initiative to enroll in the counseling component of a drug court program and in vocational rehabilitation services. Although neither was initially diagnosed with a co-occurring disorder, both were now receiving services for a mental health disorder in addition to a primary SUD. Although in most cases it took repeated attempts to obtain services, both youth and families reported positive experiences once appropriate care was accessed.

OBH may consider offering additional information to schools, law enforcement, and communities on adolescent SUD resources, including a user-friendly Web site. OBH could use its interagency council to develop strategies to strengthen timely parent and youth access to needed SUD treatment access information and related resources. OBH could strengthen its behavioral health system to ensure a minimal threshold of services in co-occurring conditions and recovery supports. OBH's incorporation of family and youth members and a vocational technical agency representative on its interagency planning council may help strengthen the youth treatment system. OBH may want to review the reported "fail-first" policy for accessing youth residential treatment since it is inconsistent with American Society of Addiction Medicine criteria.

## 9. Evaluation

---

LA SAT-ED has a competent evaluation team that strives for continuous improvement and is open to TA. The evaluation team includes two in-house evaluators and a part-time statistician who assists the evaluators. The team has developed a comprehensive site-level evaluation plan that includes a specific focus on examining health disparities. The team ensures transparency by meeting regularly with both the SAT-ED project director and SAT-ED sites.

There are some challenges related to evaluation, however. Currently, GPRA data are collected by the provider site staff rather than the State-level evaluators. The presentation of site-level evaluation data needs to be streamlined and simplified. Important policy-relevant variables should be identified and evaluators should develop policy-focused rather than research-focused reports.

The absence of an evaluation plan for State-level infrastructure change is a significant concern. Evaluators should develop and implement a plan that identifies how the evaluation team will capture baseline information and any changes in infrastructure during the first 18 months of the award as well as how infrastructure change will be evaluated going forward. This plan should be submitted to the GPO. The evaluation team also needs to collect and report GPRA data for training events.

## Summary

---

OBH has made much progress with its SAT-ED initiative. The OBH executive management team is supportive of the SAT-ED initiative and has expressed intentions to increase involvement and support. The SAT-ED interagency council includes most of the SAT-ED required members, and there are existing memoranda of understanding in place. Other strengths include a proactive approach developing a comprehensive array of services for youth and families regardless of

youth diagnoses, progress developing a financial map, trained EBP providers, and a competent evaluation team and a site-level evaluation plan.

Multiple SAT-ED requirements must be addressed concurrently over the next 16 months, and the current staffing pattern does not appear to support this level of effort. OBH may want to augment SAT-ED staffing, and infuse youth SUD issues into the workings of its interagency council and increase its SUD and SAT-ED focus. OBH is encouraged to continue working with Medicaid to ensure the treatment reimbursement rates support all the components of an EBP. OBH will need to complete the baseline financial map, develop the SAT-ED workforce dissemination plan, strengthen pathways to youth SUD treatment, and develop a plan to evaluate the required SAT-ED infrastructure activities.

# Strengths and Considerations for Action

## Awardee Leadership

### STRENGTHS

- The LA SAT-ED initiative has the full participation of high-level policy leaders.
- There appears to be a cohesive team in place.

### CHALLENGES

- The program has experienced significant staffing changes over the first 18 months.
- Multiple SAT-ED requirements must be addressed concurrently over the next 16 months, and the current staffing pattern does not appear to support this level of effort.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Review the level of effort of in-kind staff dedicated to SAT-ED, and consider augmenting through paid staff or contracts.	X		

## Interagency Collaboration

### STRENGTHS

- The LA SAT-ED interagency council has most of its required members and memoranda of understanding.
- The council has a subcommittee structure that could be used to support required SAT-ED activities.
- The use of the existing interagency structure has the potential to facilitate SAT-ED sustainability after the award ends.

### CHALLENGES

- The council is missing youth and family SUD representation.
- The council meets only four times a year, making it essential for SUD content to be infused into the subcommittees.
- The current leadership has expertise in mental health advocacy but less in SUDs.
- There is no State agency representative in a council leadership role.
- There is no dedicated committee to develop and implement either the financial map or the SAT-ED workforce dissemination plan.



## Interagency Collaboration

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Add youth and family SUD representation to the council.	X		
2	Add SUD expertise on every subcommittee.	X		
3	Consider adopting a cochair model to include State agency leadership.	X		
4	A common shared SUD agenda should be developed and moved forward through interagency council activities.	X		
5	Review the mechanisms the council can use to facilitate policy change across child-serving agencies.	X		

## Financing and Financial Mapping

### STRENGTHS

- Louisiana has successfully achieved Medicaid coverage for youth with SUD diagnoses.
- OBH articulated a comprehensive vision of a behavioral health service array for youth regardless of diagnosis.
- Medicaid appears to use a proactive approach to being a full participant in the development of the service array for youth with behavioral health disorders.
- The program achieves the most possible from Federal Medicaid funds by blending funds from multiple child-serving agencies to serve youth with behavioral health disorders.
- OBH is proactively thinking about its new managed care procurement and associated enhancements.
- OBH is using Substance Abuse Prevention and Treatment block grant funding for youth treatment.
- OBH is making strong progress in expanding Medicaid-covered services, including development of rates for A-CRA and GAIN.
- The program has much financial data to populate the required SAT-ED financial map.

### CHALLENGES

- The Medicaid rates appear to be low and do not support all the components of an EBP.
- Louisiana does not have sufficient funds to address the needs of youth with SUDs and their families.
- OBH will need to obtain and disaggregate additional financial data from other sources.
- Currently OBH does not have disaggregated data for all child-serving agencies.
- OBH does not yet have rates inclusive of actual costs for many services.

## Financing and Financial Mapping

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	OBH might benefit from a rate study.	X		
2	OBH may want to consider establishing Medicaid presumptive eligibility.	X		
3	OBH will need to develop a SAT-ED-required financial map in anticipation of the June due date.	X		
4	OBH will need to obtain and disaggregate additional financial data from other sources.	X		

## Workforce Development

### STRENGTHS

- OBH has a strong Medicaid managed care initiative whose staff are willing to help the provider community adjust to managed care.
- The SAT-ED sites have completed all GAIN training certifications, and most staff have completed A-CRA certification.
- LA SAT-ED has begun talking with other child-serving agencies such as juvenile justice and child welfare to identify training opportunities and needs.
- LA SAT-ED has planned SUD sessions at an upcoming conference (Ken Winters will serve as a speaker).

### CHALLENGES

- LA SAT-ED does not have a workforce development dissemination plan.
- LA SAT-ED does not have a structure that supports formal training of child-serving agencies.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	LA SAT-ED needs to develop a workforce development dissemination plan.	X		
2	Begin implementation of basic SUD training while simultaneously developing the comprehensive sequenced training plan.	X		
3	Work with Louisiana's regional ATTC to identify and use existing training content and opportunities.	X		

## Implementation of Evidence-Based Practices

### STRENGTHS

- The sites expressed positive experiences with both the GAIN and A-CRA EBPs.
- The staff described benefits of A-CRA, including that it brings focus, breaks down complex information, teaches real-world skills, and is flexible.
- The SAT-ED sites have developed an incentive plan to address youth and family retention challenges.
- One SAT-ED provider found a creative solution to client transportation barriers.
- The Medicaid benefit of up to 24 outpatient sessions that do not require preauthorization facilitates client access to ACR-A.

### CHALLENGES

- SAT-ED providers expressed challenges with the current flow of referrals.
- One SAT-ED provider reported having redundant assessments (two lengthy assessments) to meet agency accreditation requirements.
- SAT-ED providers expressed several engagement challenges.
- SAT-ED providers expressed some concern about SAT-ED staff retention.
- The SAT-ED-providers do not have a robust array of recovery and support services.
- The SAT-ED providers expressed difficulties getting families to engage in the A-CRA model.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore whether family incentives are included in the current incentive approach, and if not, consider implementing them.	X		
2	Continue to receive TA on engagement and retention.	X	X	
3	Explore opportunities to streamline the assessment process.	X		
4	Explore opportunities to increase access to recovery services and supports for youth and families.	X		

## Family and Youth Involvement

### STRENGTHS

- The LA SAT-ED arranged for interviews with articulate parents and youth who shared their SUD treatment experiences; this approach can greatly inform enhancements to this system.
- Both parents and youth interviewed agreed to participate in the program's interagency council or other related processes.
- Both parents and youth groups demonstrated outstanding resilience in spite of the many system barriers they encountered.
- Both parent and youth groups offered concrete recommendations to enhance the system.
- Families and youth reported favorable assistances from vocational rehabilitation (not facilitated by the treatment agencies).
- Once parents and youth were connected to the right services, they were complimentary about the services they received (e.g., Drug Court).

### CHALLENGES

- Parents and youth lack concrete assistance and information to identify and navigate the SUD treatment system.
- Parents and youth lack access to needed continuing care and recovery supports.
- Louisiana lacks formal structures to support parents and youth with SUD challenges and to use their voice and lived experience to inform SUD policy and practice.
- Both parents and youth groups interviewed reported rampant drug use in schools, and even when they specifically asked for SUD referral assistance, school counselors were not equipped to provide assistance.
- Youth reported that teachers were often not aware of their SUD use, and when they were, they did not offer any concrete assistance.
- Both parents and youth reported access to print or electronic SUD information was insufficient.
- Parents and youth reported a lack of providers capable in co-occurring disorders resulted in years of missed opportunities for accurate diagnoses.
- Parents and youth reported significant financial barriers to treatment, even when insured.
- There is a need to clarify the "fail-first" policy for accessing youth residential treatment.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Louisiana needs a structure to support parents and youth with SUD issues.	X		
2	Schools need training on how to identify and refer youth and families needing SUD assessment and treatment.	X		
3	OBH may want to enhance its Web site to include user-friendly SUD treatment resource information.	X		

## Family and Youth Involvement

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	OBH should consider including vocational rehabilitation and the Department of Labor on the interagency council and to institutionalize these resources throughout treatment programs.	X		
5	OBH would benefit from strengthening the capacity of its behavioral health treatment system to ensure all providers are at least capable with co-occurring disorders.	X		

## Evaluation

### STRENGTHS

- There is a competent evaluation team open to continued improvement and TA.
- The evaluators developed a comprehensive site-level evaluation plan.
- The evaluators are looking at disparities.
- The evaluation team meets regularly with the SAT-ED project director and SAT-ED sites.

### CHALLENGES

- The SAT-ED evaluation team does not have a State-level infrastructure evaluation plan.
- There is a need to establish baseline data for the infrastructure measures.
- The evaluation design is complex, and some key findings are not clear.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The SAT-ED evaluation team will need to develop and implement a SAT-ED infrastructure evaluation plan.	X		
2	The SAT-ED evaluation team will need to complete the SAMHSA GPRA event training and implement the GPRA best practices.	X		
3	There is a need to simplify the research design and evaluation findings.	X		

## Abbreviations and Acronyms

---

A-CRA ACC	Adolescent Community Reinforcement Approach, Assertive Continuing Care
ATTC	Addiction Technology Transfer Center
CSoC	Coordinated System of Care
EBP	evidence-based practice
GAIN	Global Appraisal of Individual Needs
GPO	Government Project Officer
GPRA	Government Performance and Results Act
LBHP	Louisiana Behavioral Health Partnership
MCO	managed care organization
OBH	Office of Behavioral Health
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SSA	single State authority
SUD	substance use disorder
TA	technical assistance