Improving the Behavioral Health Continuum of Care in Louisiana: The Case for Expansion of Residential Treatment Options

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April 2021

Statement of the problem: The children, youth, and families of Louisiana face significant challenges in addressing severe mental health problems. Barriers to accessing quality and appropriate mental health services directly contribute to a wide spectrum of adverse outcomes not only for the suffering individuals but for our community as a whole. Development of an adequate continuum of mental health care is a key component to solving this problem. This report highlights the concern that without access to quality residential treatment facilities in this state, youth and families are woefully underserved and the mental health professionals and all associated professionals are unable to provide the level of care that our most vulnerable citizens deserve.

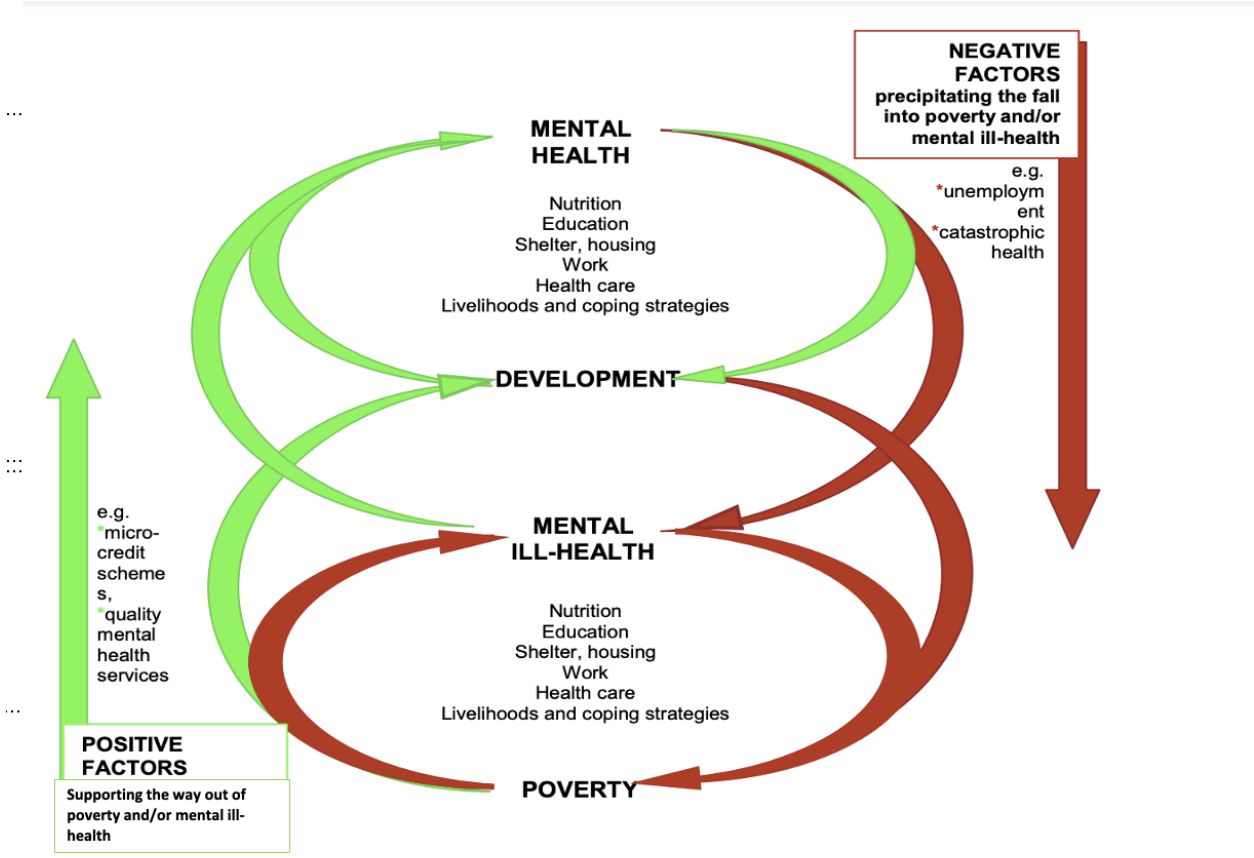
Louisiana's Unique Challenges

Experts in child psychiatry explain the dire need for mental health services for children and youth in a way that most Louisianians likely understand. The amount of children in the U.S. with "significant, impairing disorders who are not receiving treatment would fill 147 New Orleans Superdomes" (Gleason & Zeanah, 2020). These issues highlight the overall picture of children's mental health care in Louisiana. Among these numbers, however, is a much more concerning problem. Louisiana is quite literally a melting pot of cultures, traditions, and rich flavors of life- a delicious gumbo of people, places, and experiences. A vital part of preserving the beauty and integrity of Louisiana's culture is caring for the children and youth in this state. However, children in Louisiana are uniquely vulnerable to adverse physical and mental health problems compared to children in the United States as a whole.

According to the Annie E. Casey Foundation Kids Count Data Book (2019), Louisiana's national ranking on indicators of child health and well-being is abysmal. Louisiana ranks 50th in the United States with regard to children's economic well-being, 48th on education indicators, 42nd on health indicators, and 48th on family and community indicators (e.g., teen pregnancy, living in single-parent households). The cumulative risk of social determinants such as poor education, health, and poverty is significant and well-known to both predict and perpetuate a number of adverse outcomes in the absence of intervention (Felitti, et al., 1998; WHO, 2007). Figure 1 illustrates how the cyclical nature of social determinants of health and well-being can intensify or perpetuate positively or negatively.

Figure 1.

The Cycles and Factors Linking Mental Health and Social Determinants



Content source. The World Health Association's 2007 fact sheet on breaking the cycle between mental illness and poverty.

With the children of Louisiana living among many of the most concerning societal conditions, it is no surprise that the youth of Louisiana have high rates of mental health problems and engage in high risk behaviors at higher rates than their counterparts in other states in almost every category. The 2009 Community Mental Health Services Block Grant application conducted by the Louisiana Office of Behavioral Health (formerly the Office of Mental Health) put a spotlight on the behavioral health needs of children in the state. Behavioral health needs can range from temporary and relatively routine to what is referred to as serious mental illness or SMI. Serious mental illness is defined by the National Institute of Mental Health as a "mental, emotional, and behavioral disorder resulting in serious functional impairment, which interferes with or limits one or more major life activities" (NIMH, 2021). According to this report, the prevalence of SMI is estimated to be 9%, but less than half of those 85,223 children receive any kind of services for these issues (Louisiana OMH, 2009). In this same report, OBH reported that only 13% of that office's budget is spent on providing services to children despite their high level of vulnerability and the great potential for preventing long-term adverse outcomes, which are costly to society and the individuals and families affected.

According to SAMSHA's 2015 Behavioral Health Barometer plan, 37,000 youth in LA between the ages of 12-17 (approximately 10% of all youth in this range) experienced at least one major depressive episode in 2014, and 61.7% of these youth, or 22,829 individuals, received no treatment. Perhaps not surprisingly, a 2020 update to this report demonstrates that there has been an actual increase in the rates of major depressive episodes among this age group with the current prevalence being 11.9% and only 41.2% of those youth reporting having received treatment. There are a variety of reasons why so few youth are receiving treatment beginning with the problematic availability of services in the state. However, when Louisiana's children receive mental health treatment, the majority (69.5%) reported improved functioning, which is higher than self-reports of improvement across the nation (SAMSHA, 2015). Table1 shows the number of providers per 10,000 children aged 0-17 years, as of 2015 in each parish within Louisiana. The numbers captured in this table highlight the severe shortage, and in many cases absence, of child healthcare professionals throughout the state. Even in one of the most well-resourced parishes, Orleans, each psychiatrist would need to be available for approximately 5,764 children. Over half of the parishes in the state do not have a psychologist practicing in that area, and even among the most populous profession in this group, licensed social workers, caseloads would need to be quite large and likely unmanageable to meet the needs of the youth in that area.

Table 1.

Number of Providers per 10,000 Children per Parish in Louisiana in 2015

Parish	Pediatricians	Psychiatrists	Family Medicine Physicians	Licensed Social Workers	Psychologists
Acadia	2.4	1.2	9.6	7.2	2.4
Allen	1.7	0.0	6.9	5.2	1.7
Ascension	3.4	1.9	7.1	9.9	0.9
Assumption	0.0	0.0	7.6	0.0	1.9
Avoyelles	0.0	0.0	7.1	3.1	0.0
Beauregard	1.1	0.0	13.3	5.5	0.0
Bienville	0.0	0.0	3.1	3.1	0.0
Bossier	3.8	1.6	10.1	6.0	1.9
Caddo	13.7	7.7	16.8	19.9	8.3
Calcasieu	4.3	2.6	15.7	8.7	1.6
Caldwell	4.5	0.0	13.4	17.9	0.0
Cameron	0.0	0.0	0.0	0.0	0.0
Catahoula	0.0	0.0	8.8	0.0	0.0
Claiborne	3.3	0.0	9.9	3.3	0.0

Concordia	2.0	0.0	9.9	6.0	0.0
De Soto	1.5	1.5	1.5	3.0	0.0
East Baton Rouge	11.2	4.2	12.8	40.2	9.8
East Carroll	0.0	0.0	5.4	0.0	0.0
East Feliciana	0.0	10.3	5.2	119.0	0.0
Evangeline	3.4	0.0	6.7	6.7	0.0
Franklin	0.0	0.0	9.6	11.5	1.9
Grant	0.0	0.0	6.2	2.1	0.0
Iberia	6.1	0.5	12.3	7.7	0.5
Iberville	4.1	0.0	5.5	6.9	1.4
Jackson	0.0	0.0	2.8	2.8	0.0
Jefferson	12.9	5.8	11.2	31.8	7.3
Jefferson Davis	1.2	0.0	9.8	12.3	1.2
Lafayette	9.6	3.6	16.2	25.9	7.6
Lafourche	3.9	1.3	10.8	8.2	3.0
La Salle	2.9	0.0	2.9	5.9	0.0
Lincoln	8.3	1.0	13.5	16.6	5.2

Livingston	1.7	0.6	5.0	2.0	0.8
Madison	3.4	0.0	6.9	6.9	0.0
Morehouse	0.0	0.0	12.3	6.1	1.5
Natchitoches	4.3	1.1	13.0	11.9	4.3
Orleans	15.3	13.4	8.8	51.2	17.2
Ouachita	6.3	2.3	19.5	11.0	4.0
Plaquemines	0.0	0.0	3.2	8.0	0.0
Pointe Coupee	0.0	0.0	13.6	7.8	0.0
Rapides	6.3	4.5	16.2	38.7	10.8
Red River	0.0	0.0	9.4	0.0	0.0
Richland	0.0	0.0	21.1	15.3	1.9
Sabine	0.0	0.0	6.8	5.1	0.0
Saint Bernard	0.8	0.0	3.4	72.1	2.5
Saint Charles	3.7	0.7	3.7	12.7	3.0
Saint Helena	0.0	0.0	12.6	21.0	0.0
Saint James	1.9	0.0	3.9	0.0	0.0
St John The Baptist	2.7	0.9	4.5	13.6	0.0

Saint Landry	6.6	2.2	11.9	4.9	0.4
Saint Martin	0.0	0.0	6.8	3.8	0.0
Saint Mary	4.6	0.8	9.2	5.3	0.8
Saint Tammany	9.8	5.3	9.0	24.1	6.6
Tangipahoa	2.5	1.3	6.7	24.1	4.1
Tensas	0.0	0.0	0.0	8.3	0.0
Terrebonne	5.2	0.7	5.2	15.5	3.1
Union	0.0	0.0	3.9	0.0	0.0
Vermilion	3.2	0.0	5.1	2.5	0.0
Vernon	4.3	0.7	7.9	17.3	4.3
Washington	1.8	0.0	13.4	15.2	0.0
Webster	5.3	0.0	20.3	7.5	0.0
West Baton Rouge	0.0	0.0	5.0	1.7	0.0
West Carroll	3.6	0.0	14.3	3.6	0.0
West Feliciana	7.9	0.0	23.6	19.6	0.0
Winn	6.2	0.0	12.5	3.1	0.0

Content source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2021.

The State of Behavioral Health Care in LA

The pendulum of favor for intensive treatment options such as residential care has swung back and forth since the early 1900s, and in the late 20th century, federal funding for residential facilities was decreased in favor of community-based services (Kott, 2010). Community based mental health services typically involve a system of individuals or agencies intended to identify an individual's needs and address those collaboratively while keeping the individual in their home or community environment. The changing attitude towards more intensive services such as partial hospitalization and residential care revolves around the quality of available community-based services, the unwavering need for access to intensive services, and the economic impact of both options (Dinges, 2008; Garland, Haine-Schlagel Brookman-Frazee, Baker-Ericzen, Trask, & Fawley-King, 2013). Beyond considering the quality of services, as Table 1 clearly shows, the availability of providers in Louisiana is a desperate situation in which too few providers are responsible for the care of vast amounts of individuals making the delivery of specialized, high quality care a daunting task.

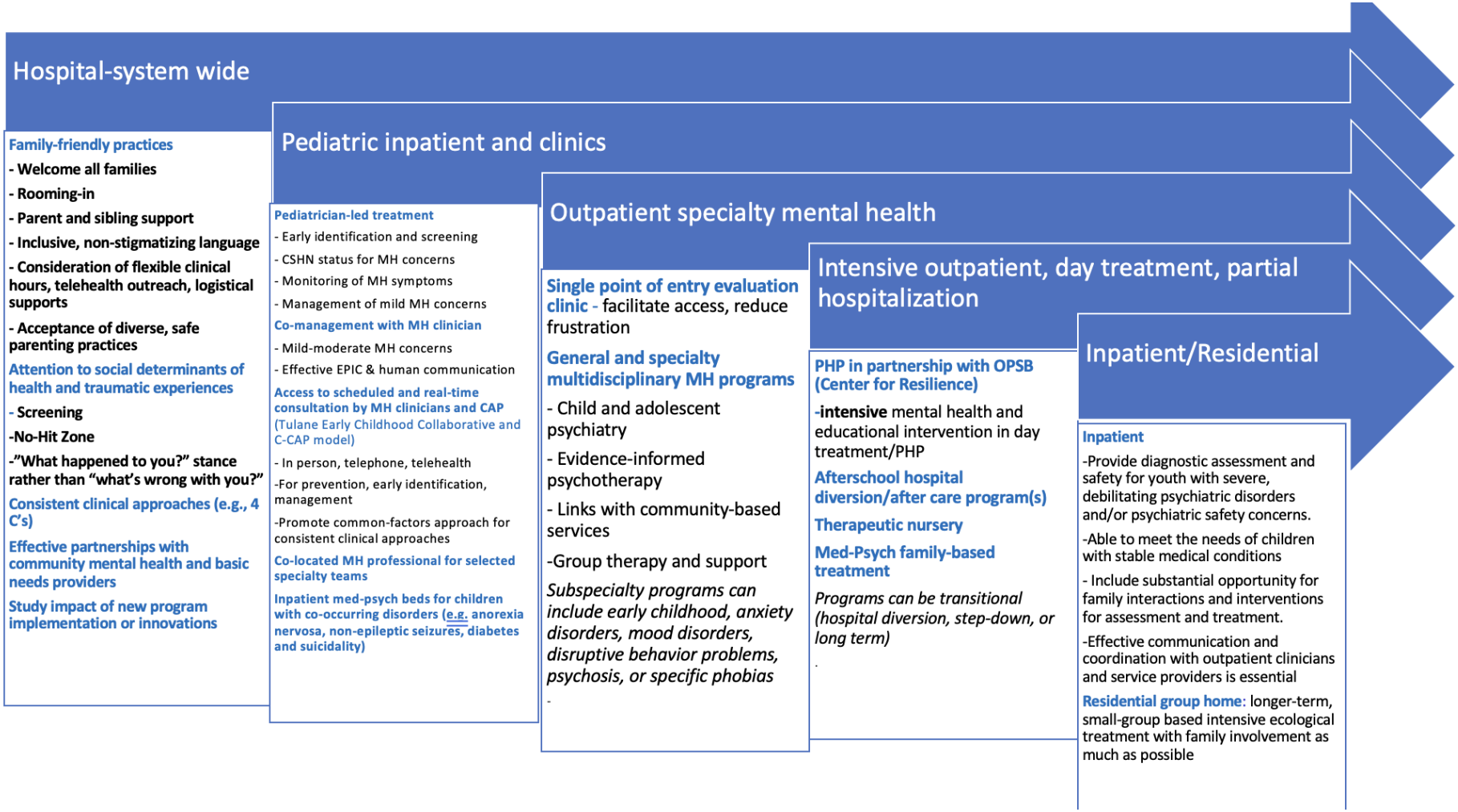
Medicaid-eligible children and adolescents in Louisiana have been disproportionately impacted by policies that favor community based services over providing a true continuum of appropriate care services. In 2012, the Louisiana Behavioral Health Partnership (LBHP) was formed in an attempt to coordinate behavioral health services and in this same year, many of the public mental health facilities (e.g., Southeast Louisiana Hospital) were turned over to private, less regulated systems of care. Shortly thereafter between 2014 and 2016, the LBHP was dissolved and services were further privatized leading many mental health experts, legislators, and behavioral health advocates to raise concerns about the availability and quality of services, particularly for the most vulnerable youth in the state. In fact, in 2019 the Southern Poverty Law Center filed a suit on behalf of five families against the Louisiana Department of Health claiming that Louisiana has failed in its obligation to provide adequate mental health services for Medicaid-eligible children in the state leading to frequently cycling in and out of emergency departments, inpatient hospitalization, and often the juvenile justice system (Southern Poverty Law Center, 2019). Figure 2 depicts the ideal continuum of care that, if in place, significantly reduces the risk of overuse of high cost, triage services and certainly the risk of future litigation-based scrutiny in this way.

According to the Southern Poverty Law Center, "Louisiana was left with a privatized, hodgepodge system plagued by inadequate provider networks and nonexistent crisis services, or more plainly, a system that cannot serve the neediest children," according to a release from the law center, which conducted an investigation into the state's Medicaid program." (SPLC, 2019). This lawsuit is currently on-going.

Considering that nearly a decade prior to this writing Louisiana's families were left with very little preventative and intervention options, it is no surprise that our pendulum now needs to swing back to increasing the availability of intensive treatment settings while simultaneously building back our community-based services to provide the state with a true continuum of care. Even the strongest advocates for community-based care acknowledge the need for residential and/or partial hospitalization programs to cover the inevitable gaps in care and respond to the needs of the state's most affected individuals (Dinges, 2008).

Figure 2.

Recommended Continuum of Mental Health Care Across the State



Content source: Gleason & Zeanah, 2020

Why Should We Take Action?

According to the American Academy of Child & Adolescent Psychiatry (AACAP, 2013), there are a number of well-founded adverse outcomes for individuals and society when communities fail to care for the needs of our youth. Quite clearly, the research indicates that youth involvement in the justice system is directly related to youth mental health (King, Abram, Romero, Washburn, Welty, & Teplin, 2011). Around 50% of children with mental illness dropout of high school, and 70% of youth in juvenile justice facilities have mental health concerns (20% of those are severe). The AACAP also states that suicide is the second leading cause of death for youth between the ages of 15-24 with accidental injuries being the leading cause. Children with untreated mental illness are also at much higher risk for entry into the child welfare system (Keller, Salazar, & Courtney, 2010). Another major concern for vulnerable children with inadequate mental health treatment is the increased risk of involvement in human trafficking and other exploitative illegal activities. From a fiscal standpoint, the AACAP estimates that the indirect and direct costs of untreated mental and behavioral disorders is approximately $247 billion per year (AACAP, 2013).

While the statistics around these outcomes are compelling, numbers do not capture the undue human suffering that is experienced when mental and behavioral health needs are inappropriately recognized and addressed. Mental health problems remain highly stigmatized creating a double-edged problem when appropriate services are not available to those already less likely to seek these much needed services out (Liegghio, 2017). In essence, the message being sent to the most vulnerable children and families in need of intensive support is either that their needs are not legitimate or not important enough to be cared for. The end result, if unaddressed, is a cascade of increasing risk factors (e.g., substance use, gang involvement, unsafe sexual practices) and adverse events (e.g., criminal involvement, self-injurious behavior, traumatic loss) which exacerbate existing mental health problems thus creating a vicious cycle that can devastate individual lives, families, and incur unnecessary costs to society (Folk, Kemp, Yurasek, Barr-Walker, & Tolou-Shams, 2021; Reid, Baglivio, Piquero, Greenwald, & Epps, 2019; Filetti, 1998).

What Action Should We Take?

For a small but significantly vulnerable portion of the population, residential care is necessary and extraordinarily beneficial. It is also worth noting that this group of individuals, while nowhere near the majority of those in need, disproportionately utilize publicly funded mental health services in the absence of appropriate care options.

Nationally, it is thought that approximately 5–9% of youth in need of services are considered "to be so extreme with regard to their functional impairment that their ability to relate successfully to others and to succeed within more normalized, community-based environments (e.g. the family, the school) is severely compromised" (Sprague & Walker, 2000). Specifically in regard to "severely compromised" is the extremely common tendency for children in need of high levels of care to exhibit severe aggression towards themselves and others, property destruction, significant non-compliance and oppositionality, to be verbally aggressive, to runaway and/or engage in high risk behaviors within their community (McCurdy & McIntyre, 2004).

In addition to building an infrastructure that supports each level of need for those suffering, it is imperative that the state invests appropriate resources into ensuring that care facilities offer high quality, state of the art interventions. Fortunately for Louisiana, there are well-designed and effective program models and interventions that can be implemented to both treat Louisiana's youth with the level of integrity and compassion they deserve and to also avoid unnecessary costs and suffering associated with inadequate treatment. The costs of inadequate and inappropriate treatment to individuals and their communities are significant and quite avoidable. Namely, those costs include criminal behavior, progressive and chronic mental illness, child abuse, neglect, human trafficking, school problems, unemployment, substance abuse, and premature death (Folk, Kemp, Yurasek, Barr-Walker, & Tolou-Shams, 2021; Reid, Baglivio, Piquero, Greenwald, & Epps, 2019; Filetti, 1998).

How Do We Make Sure Our Actions Are Worthwhile?

Despite clear evidence that inadequate interventions lead to dire consequences for youth and society, the mental health community and policy makers have valid concerns regarding intensive treatment options such as residential treatment. Those opposed to dedicating resources to intensive, out-of-home treatment options cite the disproportionate costs of treating a relatively small number of youth and the potential damage of removing a child from their home community (Lyons, Woltman, Martinovich, & Hancock, 2009). Research has also raised concern that treatment gains made during an intensive stay are not maintained after discharge, which is likely due to inadequate or non-existent community supports. Another valid concern is the possible exposure to antisocial or otherwise inappropriate behavior in a residential setting (Dinges, 1998).

However, experts in child mental health and social services as well as families themselves recognize that for this small but enormously challenged group of children, there exists no substitute for the unique and essential services of quality residential care. Researchers and clinicians recognize that certain diagnoses and presenting problems such as Post-Traumatic Stress Disorder and high risk behaviors such as sexual

offending are best treated in residential settings and thus this option is necessary (Helgerson et al.; Lieberman, 2004; Dinges, 2008). Additionally, underserved youth in need of intensive treatment are very likely to continue to suffer and develop deeper and more complicated mental health and social service needs.

By national standards as measured by the Agency for Healthcare Research and Quality (AHRQ), Louisiana is far behind the national benchmarks for quality behavioral health care. For example, regarding suicide rates in individuals aged 12 and over, Louisiana's status is 96% away from meeting the national standard meaning that those at risk for suicide are woefully underserved. Unsurprisingly, the Department of Health has indicated that there is an on-going need for "inpatient residential behavioral health treatment" but continues to promote community-based services and preventative measures despite an inadequate number of providers to offer these services (Louisiana Department of Health, 2019). While these priorities are unequivocally needed, the current crisis of serious mental illness paired with inadequate access to services calls for increased availability of intensive services to, at a minimum, slow the concerning trends in the behavioral health patterns of Louisiana's youth.

Mental health experts agree that a comprehensive continuum of mental health care services that includes a wide variety of less intensive, community-based outpatient services as well as a smaller number of quality high intensity options to cover the spectrum of needs. Many experts also clearly see the state of the recommended continuum as a crisis. An additional and validated concern regarding the crisis of inadequate services highlights that Louisiana's ideas around the privatization and dissolution of intensive services likely led to a redirection of youth into high cost environments such as emergency department visits, juvenile justice, and rotating stays in psychiatric inpatient units (Gleason & Zeanah, 2020; Thompson, Simmons, & Wolff, 2021; Grimes, Schulz, Cohen, Mullin, Lehar, & Tien, 2011).

Quantity or availability of service systems does not equate to quality. Though there is a great deal of research and program evaluation that remains to be completed on intensive services, much is already known about what characterizes quality interventions in community-based and residential settings. Many of these characteristics overlap across all service settings and some are specific to the incredibly complex situations of youth in need of residential placement. Regardless, a coordinated, statewide philosophy and approach to behavioral healthcare for Louisiana's youth should include a focus on healthy, healing relationships as a mechanism for change, trauma-informed care, extra-therapeutic interventions such as expressive therapists, culturally-relevant experiences, physical exercise, and quality nutrition. Quality services include continuity of care planning to sustain improvements made while in residential placement. Services should also be in relative proximity of families in need of that support. While a full detailing of what quality residential care

should entail is beyond the scope of this report, the mental health community has extensive guidance on the topic and public resources should only be allocated to organizations invested in drawing from this expertise (Thompson, Simmons, & Wolff, 2021; Daly, Huefner, Bender, Davis, Whittaker, & Thompson, 2018; Baker, C. N., Brown, Wilcox, Verlenden, Black, & Grant, 2018).

While it is difficult to empirically study the efficacy of residential treatment as an intervention model using the standards of evidence-based treatment classification, existing data in addition to clinical expertise supports the need for this service. Somewhat simply put, for an intervention to be considered "well-established," multiple studies must take place across multiple locations that involve randomly assigning children to at least one of two intervention models and examining outcomes. This particular research design is called a "randomized controlled trial" (Chambless et al., 1996). Though this scientific approach is extremely important to the development of behavioral health treatment, the ethical and practical issues involved in that process are significant. Children in need of residential treatment are, as previously described, in nothing short of crisis. Discerning clinicians and families understand that quality residential treatment offers the opportunity for immediate safety, stabilization, and habilitation as well as the prevention of on-going suffering for vulnerable youth and those whose lives may be impacted by their condition.

Two randomized controlled trials have investigated the efficacy of residential treatment centers (RTCs) and have shown mixed results. In one, children deemed eligible for RTC were randomly assigned to either a specialized school setting or residential treatment, and those who were assigned to an RTC emerged with significantly less clinical symptoms. In the other children were assigned to either a family-based community treatment option or an RTC, and after one year those in the family-based option showed significantly more improvement in their clinical symptoms.

Another research methodology that has been explored in this regard is the single-sample design, which is more abundant given the reduced level of ethical and clinical complexity in this approach. These studies more clearly support the notion that RTCs result in improved behavioral symptoms and reductions in mental health concerns but continue to highlight the need for family involvement and a comprehensive continuum of care to support children and families post-discharge. These mixed results highlight the necessity of having both options available for youth and families and for having RTCs that support and are accessible to family involvement (McCurdy & McIntyre, 2004).

Currently, in Louisiana, LDH indicates that there are six psychiatric residential treatment facilities, all of which are located in rural areas within the state. It is important to also note that a percentage of beds within these facilities are allocated for children in the Office of Juvenile Justice custody as well as those in the Department of Children

and Family Services custody, which drastically decreases the availability of beds for children not involved in these agencies. An additional consideration is that families in need of accessing this service are disproportionately low-income and unlikely to have the means to travel distances to engage in their child's treatment. Without an adequate dispersion of available placements across the state, families (as well as taxpayers) are facing the significant likelihood of repeated psychiatric utilization in emergency and intensive settings.

Taken all together there are significant reasons from an economic and humanitarian standpoint to ensure that the continuum of behavioral healthcare in Louisiana is robust and thorough. A true continuum reflects expert understanding that individuals can and will fall anywhere along the spectrum of service needs and to connect an individual with services that either underserve their needs or are too restrictive is neglectful at best, inevitably more costly than appropriate care, and can be dangerous. The children of Louisiana contend with many uphill battles in education, healthcare, and financial security, all of which exacerbate underlying or existing vulnerabilities to healthy functioning. Given the general national trend of re-thinking pre-pandemic ways of functioning, Louisiana has an opportunity to examine these issues closely, build a high quality system of care, and take care of its residents in a thoughtful and humane way.

A Concerning Future

Mental health professionals and society at large have much reason to expect that a unique wave of mental health crisis is building in the wake of and is likely to surge in the aftermath of COVID-19. Particularly for youth whose lives have been disrupted by loss of family and members of their communities, caregiver stress as well as the shutdown of schools and other youth-facing organizations, existing mental health problems and vulnerabilities are being exacerbated and new problems are emerging. Mental health professionals have seen a surge in requests for services without an increase in capacity to provide these services (Howley, 2021; Turner, Herman, & Chatterjee, 2021; Wagner, 2020).

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