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# Report Highlights

## Access to Comprehensive and Appropriate Specialized Behavioral Health Services in Louisiana

*Louisiana Department of Health*

Audit Control # 40160027

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### Why We Conducted This Audit

We evaluated the access Medicaid recipients have to comprehensive and appropriate specialized behavioral health (SBH) services in Louisiana. SBH services, which include services such as psychosocial rehabilitation, assertive community treatment, therapy, and crisis intervention, are designed to treat mental health and substance use issues. Mental Health America's 2015 report listed Louisiana as one of five states in the nation with the highest prevalence of mental illness and lowest rates of access to care, as Louisiana ranks 47th among states in people having access to behavioral health services.

### What We Found

We found that Louisiana does not always provide Medicaid recipients with comprehensive and appropriate specialized behavioral health services. The issues and challenges we identified, along with recommendations to assist LDH to address them, are:

- **Although the expenditures for SBH services increased from approximately \$213 million in 2012 to \$445 million in 2016, approximately \$266 million (60%) of 2016 expenditures were for psychosocial rehabilitation and community psychiatric support and treatment, which are not evidence-based services and are difficult for LDH to monitor.** In contrast, the number of individuals receiving two of the four Medicaid evidence-based services decreased after SBH services were moved into managed care. Providing evidence-based services is important because these services have been shown to produce positive outcomes and reduce costs.
- **Case management services help ensure that individuals receive appropriate and coordinated care. Although LDH requires that managed care organizations (MCOs) offer case management for SBH services, MCOs reported that only 7.4% of individuals served by case management had a behavioral health diagnosis.** Given that only a small number of individuals received these services and MCOs are required to identify and offer these services, LDH should develop a method to monitor these services beyond self-reported information by the MCOs.
- **MCOs are required by their contracts to maximize the availability of community-based SBH services to reduce the use of emergency rooms and eliminate preventable hospital admissions. However, according to surveys of both hospitals and coroners, there are not enough accessible community-based services in Louisiana. Also, data shows that Medicaid recipients continue to access emergency rooms for SBH services.** According to survey responses from 36 hospitals, 85% of respondents stated there are not adequate community-based services, and 76% of respondents do not believe that appropriate follow-up treatment and care services are available once they release patients. Coroners also cited the lack of community resources as a reason that commitments have increased.

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## What We Found (Cont.)

- **Although Louisiana has two state psychiatric hospitals, they only serve adults. There are no state psychiatric hospitals for the adolescent or youth populations. In addition, the closure of state psychiatric hospitals and decrease in the number of funded long-term beds has resulted in longer waiting lists for individuals who need more restrictive care.** The waiting list at Central Louisiana State Hospital increased from 62 in June 2016 to 79 in February 2017, while total beds available decreased from 354 in 2012 to 225 in 2016.
- **Individuals with behavioral health needs are served in inappropriate settings, such as prisons and nursing facilities, that do not always provide needed services. For example, of the 4,084 individuals with a primary behavioral health diagnosis in nursing facilities, 49% did not receive any SBH services.** According to Louisiana's Department of Corrections, 25% of inmates have a mental illness. In addition, the United States Department of Justice filed a lawsuit against Louisiana in December 2016 for unnecessarily relying on nursing facilities to serve people with serious mental illness rather than providing services in the most integrated setting appropriate to their needs.
- **Budget cuts have affected the state's ability to provide comprehensive and appropriate SBH services to Medicaid recipients. These challenges have resulted in gaps in services and a lack of data integration among providers, which contributes to fragmented care.** Decreased funding and budget cuts have decreased the state's ability to pay for needed SBH services and have led to delays in providing services to address gaps in SBH services.