



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

September 1, 2015

The Honorable John A. Alario, Jr., President  
Louisiana State Senate  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804-9183

The Honorable Charles E. Kleckley, Speaker  
Louisiana State House of Representatives  
P.O. Box 94062, Capitol Station  
Baton Rouge, LA 70804-9062

The Honorable Conrad Appel, Chairman  
Senate Education Committee  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804-9183

The Honorable Stephen F. Carter, Chairman  
House Education Committee  
P.O. Box 94062, Capitol Station  
Baton Rouge, LA 70804-9062

Dear President Alario, Speaker Kleckley and Honorable Chairs:

In response to the reporting requirements set forth in Louisiana Revised Statute 17:282.4, the Department of Health and Hospitals (DHH) offers the following information:

***Background***

The Office of Behavioral Health (OBH) implemented the Louisiana Partnership for Youth Suicide Prevention (LPYSP) from 2006-2013 through funds awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the Garret Lee Smith Memorial Act. The goal of LPYSP was to reduce youth suicides and suicidal behavior in Louisiana. During this grant, a cadre of individuals were trained to provide evidenced based trainings in suicide prevention. These programs included the Applied Suicide Intervention Skills Training (ASIST) and the safeTALK (suicide alertness for everyone) trainings. This grant led to the legislation requiring this annual report. OBH worked diligently to build a sustainable trainer network during the term of LPYSP Grant. The LPYSP Grant ended on September 29, 2013. When the LPYSP grant was ending, OBH used unspent funds to purchase materials to continue the safeTALK and ASIST trainings.

***Current Status of OBH Suicide Prevention***

OBH continues to address youth suicide prevention and works to address suicide across the lifespan. In SFY 2015, OBH staff provided suicide prevention and early intervention trainings for almost 700 individuals. These included five of the half day safeTALK presentations (suicide alertness and how to connect to help) and eight ASIST trainings. OBH also provided safeTALK upgrades with the local fire department and presentations on topics such as *Means Restriction in Suicide Prevention* and *What You can do to Prevent Suicide*. The staff members who facilitated these opportunities were trained to be trainers under the Garrett Lee Smith grant. In addition to trainings, OBH responded to calls and e-mails from the general public regarding suicide prevention activities and resources. In an effort to establish relationships and promote behavioral health connections, individuals making these inquiries were also referred to the appropriate Local Governing Entity (LGE) and nationally vetted suicide prevention resources.

Act 582 of the 2014 Regular Legislative Session required the Department of Health and Hospitals to post a list of training resources for health and behavioral health professionals on suicide assessment, intervention, treatment, and management. This link can be found at: <http://new.dhh.louisiana.gov/index.cfm/page/2082>.

Resources for this list were drawn from the Best Practices Registry (BPR) for suicide prevention located at the Suicide Prevention Resource Center and the National Registry of Evidence-Based Programs and Practices (NREPP). The BPR was created by the Suicide Prevention Resource Center and American Foundation for Suicide Prevention. In addition, SAMHSA's NREPP registry lists evidence-based treatment and education programs that address suicide. Resources on the list include: face to face trainings, online trainings, workshops/toolkits for specific populations and some evidence-based intervention and treatment programs regarding suicide. The different resources have a short description that includes the target population for training and whether it is free or a fee is involved.

The link to this list was widely disseminated to the professionals listed in the Act through multiple sources. Information about the list was sent to the following entities:

- The Executive Directors of all the professional boards listed in the Act with a request that the content be shared with membership and with the appropriate professional organizations. This included the Licensed Professional Counselors Board of Examiners, the Marriage and Family Therapy Advisory Committee, the LA Board of Social Work Examiners, the LA State Board of Examiners of Psychologists, the LA State Board of Medical Examiners, the LA State Board of Nursing, and the Addictive Disorder Regulatory Authority.
- The Executive Directors of the Local Governing Entities.
- The Executive Directors of professional organizations such as the American Academy of Pediatrics, the Louisiana Counseling Association, and the National Association of Social Workers-Louisiana Chapter (NASW). NASW shared the information with membership through their newsletter. The Psychology Times newsletter also included information about the list. The Louisiana Chapter of the American Academy of Pediatrics created a "Suicide Resources" tab that included this list as well as other suicide prevention resources for pediatricians.
- Magellan of Louisiana, the state's behavioral health managed care contractor, which disseminated the list through its provider network.
- The Children's Cabinet Advisory Board and the Behavioral Health Advisory Council, which disseminated the information through their networks.

In recognition of the need for expanding the state's capacity to respond to workplace traumatic crises such as deaths by suicide, violence, or accident, OBH has created the Behavioral Health Crisis Support Cadre at the headquarters level. The cadre is deployed to help workplace survivors of sudden loss or individuals impacted by a traumatic event to offer emotional support shortly after an event by utilizing trauma-informed interventions to facilitate the grieving and coping process. It is effective in stabilizing the workplace community and helps the organization return to normalcy and pursue its mission. The process helps individuals and groups understand normal reactions, helps them work through their crises, and connects them with culturally relevant resources in their community. Thirty (30) clinicians within OBH were trained in crisis and stress responses, grief and loss, group dynamics, cultural perspectives, trauma informed practices, postvention processes, and strategies related to suicide, Psychological First Aid (PFA), and Skills for Psychological Recovery (SPR).

### ***Suicide Prevention at the Local Level***

Louisiana's statewide crisis services include crisis prevention, early intervention, crisis intervention and stabilization, and post-crisis support across the lifespan. These activities occur at the local level through the LGEs and are part of the state's response to suicide prevention and intervention. There is a crisis line number available in every LGE which gives direct access to crisis services for children and youth. In some areas, these services are provided in conjunction with adult services. The LGEs provide suicide prevention/intervention training for staff and the community to continue to enhance and expand capacity. For example, the Florida Parishes Human Services Authority (FPHSA) offered three ASIST trainings and Northeast Delta Human Services Authority (NEDHSA) offered one ASIST training for staff and community participants in SFY 15. In addition, NEDHSA also funds and supports regional programs that provide suicide prevention as part of its evidence-based curriculum. Several LGEs provide and/or support Crisis Intervention Training (CIT) with law enforcement to expand the community's ability to respond to mental health crises. The LGEs providing this training are: Capital Area Human Services District (CAHSD), Imperial Calcasieu Human Services Authority (ImCAL), Northwest Louisiana Human Services District (NLHSD), and FPHSA. Suicide intervention and stabilization for individuals at risk is included as part of each LGE's overall crisis response. Safety planning, support, care coordination, and post-suicidal crisis services are also included as part of the local response for individuals at risk of suicide.

Crisis services for youth are available in every LGE. Within the LGEs, the community-based Child and Adolescent Response Team (CART) program and other community-based supports and services continue to provide assistance in the reduction of inpatient hospitalizations and diversion from out-of-home placements. Crisis services for children and youth involved in CART are provided twenty-four hours a day, seven days a week, and are available to all children and their families. Services include: telephone access with additional crisis services and referrals; face-to-face screening and assessment; crisis respite in some areas; clinical case management; consumer care resources; and access to inpatient care when deemed necessary or requested by the caretakers. The infusion of Social Service Block Grant funds supports respite care, in-home crisis stabilization, and family preservation at various locations across the state. The CART program provides daily access to parents/teachers, doctor's offices, emergency room staff, or other community persons who identify a child experiencing a crisis. These referrals can begin with any interested party/stakeholder with consent from the guardian. After the maximum seven day period of CART crisis stabilization, youth and their families may still require further in-home intensive services. Evidence-based intensive in-home services may be provided through any of the available community-based services such as Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Homebuilders, Community Psychiatric Support and Treatment (CPST), or Psycho-Social Rehabilitation (PSR) services with child providers.

Adult mobile crisis teams are part of the overall crisis services response in several areas including Metropolitan Human Services District (MHSD), Jefferson Parish Human Services Authority (JPHSA), CAHSD, and NLSHD. Additionally in FPHSA, a contractor provides mobile crisis services in St. Tammany parish. JPHSA's Community Based Crisis Intervention Service (CCIS) includes crisis evaluators who respond to community requests for on-site crisis services during the day from the Coroner's Office, Adult Protective Services, and the Jefferson Parish School System. Crisis Specialists also provide on-site stabilization for individuals in identified Health Centers who are awaiting transportation to a hospital. In JPHSA, the CCIS is also the Single Point of Entry (SPOE) for individuals seeking inpatient psychiatric care, detoxification, or co-occurring disorder treatment. JPHSA also provides crisis-related transportation services.

Post-crisis intervention and support services provided in the LGEs generally include peer support, linkages to care coordination, and follow-up to clinical care. Most LGEs provide ongoing support that includes transition for each individual who has received crisis intervention to ensure the immediate crisis situation was resolved and the linkages are being effectively utilized within the community for follow-up. The ongoing support can include individualized safety planning, inclusion of family and natural support systems, individual and group therapy, psychiatric medication management services, and contracted case management services.

I hope you have found this information useful. Please do not hesitate to contact my office at 225.342.2540 should you have any further questions or require additional clarification regarding DHH suicide prevention activities.

Sincerely,



Hugh Eley  
Deputy Secretary

cc: The Honorable Members of the Senate Education Committee  
The Honorable Members of the House Education Committee  
David R. Poynter Legislative Research Library