



**National Mental Health Association
and
Mental Health Association in Louisiana
Report for On-Site Technical Assistance**

SITE

Baton Rouge, Louisiana

TOPIC

Olmstead Planning and Implementation

DATE

February 21, 2002

ORGANIZATIONS REQUESTING ASSISTANCE

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NATURE OF TECHNICAL ASSISTANCE REQUESTED

The Mental Health Association in Louisiana (MHA-LA) and the Office of Mental Health of the Department of Health and Hospitals requested technical assistance from the National Mental Health Association (NMHA) to support the state's Olmstead planning and implementation efforts.

On February 20, 2002, MHA-LA met with members of the state's mental health coalition to analyze Louisiana's *Olmstead* planning activities already underway and their capacity to

implement the statewide plan upon completion. This technical assistance initiative was necessitated by the state's efforts over the course of the past two years to comply with the 1999 United States Supreme Court decision *Olmstead v. L.C. and E.W* decision. The objectives for the meeting were to guide participants in developing a long-term action plan, and assist members in developing recommendations to present to the full Consumer's Task Force in a meeting slated for February 22, 2002.

To prepare for this training, NMHA staff worked extensively with MHA-LA to examine the state's *Olmstead* activities across disability groups. Information gathered demonstrated that as early as a decade prior to *Olmstead*, attempts had been made by various advocacy coalitions and state agency officials to address the lack of comprehensive community-based services and supports from a focus exclusive to developmental disabilities. Additional information showed that in 2001, Louisiana mandated a Consumer Task Force to build on the efforts of the Louisiana Persons for *Olmstead* Planning (LaPOP) coalition.

Further information gathered also showed that following these mandates, Louisiana passed Senate Bill 855 to organize a cross-disability coalition to assist the state in crafting a comprehensive *Olmstead* plan. Senate Bill 855 also charged the coalition with the task of applying for a \$5-million dollar "Real Choice" federal grant to implement a demonstration model system to effectively move consumers from across disability groups to the community. Individuals participating in the meeting represented the following array of stakeholders: mental health agencies, mental health consumers, family, and parent advocates, state hospitals, the Disability Law Center, child advocates, Louisiana's Psychological Association, and Louisiana's Protection and Advocacy organization.

TECHNICAL ASSISTANCE PROVIDED

The meeting began with a presentation on national trends and state efforts regarding *Olmstead* planning and implementation by NMHA staff. Shortly thereafter, NMHA directed a discussion on key areas of consideration for *Olmstead* planning in Louisiana. During lunch, NMHA staff facilitated a presentation on national and state policy and funding trends to put these efforts in a national context. Following lunch, MHA-LA staff moderated a stakeholder panel that consisted of a representative from NAMI-LA, the Mental Health Advocacy Center, Consumer Council, and the Director of Louisiana's Office of Mental Health.

Following the stakeholder panel, participants engaged in a consensus building discussion to prioritize action planning goals and objectives. The day concluded with a breakout action planning activity on the *Olmstead* planning process, mental health services in the Louisiana budget, and access to psychotropic medications. Participants opted to break into three action-planning groups so that they could work on all of the goals identified during the consensus building discussion. Listed below are items prioritized by members of each group.

Goals Prioritized During Consensus Building Discussion:

- *Olmstead* Planning Process
 - Current/Future Involvement
 - Priorities
 - Amending the Plan

- Budget Resources
- Securing Access to Services/Medication

The larger group opted to action plan as three separate groups in order to adequately focus on the above-mentioned goals. Each group was asked by NMHA staff to designate an individual to document the actions explored and prioritized, an individual to give a verbal report on these actions to the larger group and an individual to contact all of the members of each groups to organize a follow-up meeting to examine timelines and ensure that the groups remained on task.

Prior to breaking into three separate groups, the larger group outlined a series of tools (listed below) they viewed as necessary to carry out the action plans:

Tools Necessary to Reach Goals:

- Data
- Coalition Strategies
- Targeted Decision Makers
- Media
- Public Education
- Consumer Advocacy
- Collaboration Across Disability Groups

Action Planning:

Group A action planned on *Olmstead* planning. The group began by examining the state's efforts to comply with the *Olmstead* decision and then moved on to explore ways that the state could re-evaluate its mental health system to expand community based services and supports.

Group A: *Olmstead* Planning Process

- Broad-based education of community
- Development of a base-line survey for consumers in institutions
- Development of core components for two types of assessment instruments
 - Assessment of mental health systems and supports
 - Assessment of consumers to determine transition
- Collaboration with state and statewide disability advocates
- Explore the feasibility of a test case/sample study (investment of resources for a small subset of consumers to transition to the community in order to determine the overall cost for the state to move consumers in institutions at a reasonable pace to the community)
- Develop a comprehensive plan template that is "person centered"
- Create a working collaboration across state agencies to explore readiness of agencies to support the needs of consumers transitioning into the community

Group B: Resources

Group B action planned on mental health funding and alternative resources. The group explored the existing funding streams within the state and opted to outline legislation that would call for the state to move non-violent individuals out of its institutions and into the community in order to generate more resources. The group identified two possible state legislators who could introduce the legislation before the House with a fiscal note attached to ensure that the state would carry out implementation (if passed) throughout the state.

- Stave off proposed 12-million dollar budget cut (explore legislation passed during the 2001 session allowing the state to cut a percentage of the budget in other state agencies—highlight the fact that Louisiana’s mental health budget has not enjoyed protection from budget cuts even during years that other state human service agencies were spared from such spending reductions)
- Solicit support for a constitutional amendment
- Identify a sponsor in the legislature
 - Craft legislation to move non-violent youth and adults in the state’s justice system into the state mental health system
 - Highlight state dollars used to pay for detainment/incarceration and demonstrate that these dollars can be used as a match-rate to draw down federal/state Medicaid dollars to expand community mental health
 - Attach a fiscal note to legislation
 - Outline implications for other social service systems to show the full impact

Group C: Securing Access to Services/Medication

Group C action planned on securing access to medications. The groups examined the states’ Pharmacopiea (Louisiana’s P&T Committee) and explored a variety of ways that they could attempt to stave off proposed limitations on access for mental health medications. The group requested that NMHA provide the larger coalition with data relative to those state mental health coalitions such as Florida who successfully lobbied the state to remove mental health medications from the state’s formulary list.

- Identify Members of players on the Pharmcopiea
- Explore the possibility of getting a consumer appointed to the Pharmacopiea
- Determine Pharmacopiea’s plans for Access to SSRI’s
 - Highlight clinical significance
 - Research generic equivalent
 - Determine whether or not a physician can call in a 72-hour Supply for a consumer
 - Determine the role of PMB as it relates to managing medication (formulary)
 - Dispel myths about formularies saving money for the state

- Counter measures to implement step therapy (highlight trauma and other implications for consumers; merry-go-around; unnecessary torture; loss of dignity and impact on quality of life for consumers)
 - Spotlight the minimum cost of treating a consumer as opposed to the exuberant cost of not treating a consumer
- Examine medication algorithms
- Re-examine language to exempt mental health medications
- Analyze other medications
- Explore ability to undo Pharmacopiea or exempt mental health medications
- Consider working with other disability groups (HIV/AIDS, Cancer, etc.)
- Explore the possibility of identifying legislators to sponsor legislation
 - Look at prior authorization
 - Analyze Geodone
- Work to insure commitment to treat mental health symptoms and side effects
- Identify list of five atypicals approved for Louisiana consumers
- Determine the first line of treatment
- Determine when formularies are set to go into effect
- 15 days should be the average length of stay (ALOS) for Consumers
- Will the ALOS be consistent across funding mechanisms (Medicare or private insurance)?
- Write letters to P&T Committee
- Campaign for the inclusion of advocates in Pharmacopiea planning
 - Attend meetings
 - Engage in discussions regarding the issues
 - Fight to ensure that atypicals are not excluded
- Solicit support from NMHA to craft initial letter
- Examine state criteria (what services are required during the first 21 days post emergency care?)
- Review North Carolina statutory protection for atypical medication (legislative language)
- Spotlight the fact that the implementation of a formulary for the uninsured and uninsurable and not the Medicaid population is a form of discrimination
- Develop a strong educational campaign to heighten awareness to the negative effects of formularies (consider soliciting a public relations or marketing firm)
- Raise awareness throughout the state that Medicaid is a fiscal agent to the Governor

IMMEDIATE ACTIONS FOLLOWING THE *OLMSTEAD* PLANNING TECHNICAL ASSISTANCE

A number of stakeholders attending the meeting have committed to joining the Louisiana Consumer Task Force on *Olmstead* Planning and to attend its subcommittee meetings. Stakeholders have also agreed to convene a subsequent meeting prior to the next full *Olmstead*

Task Force meeting so that they can fine-tune their recommendations that will be brought forward by stakeholders of Louisiana's larger mental health coalition.

FOLLOW-UP AND TECHNICAL ASSISTANCE

NMHA will schedule a follow-up conference call with MHA-LA and a subset of members of the state mental health coalition six weeks following this meeting to discuss the status of the coalition's efforts and steps outlined for action planning. NMHA will continue to provide additional technical assistance, as well as strategic support, to address any issue areas confronting the coalition. Lynn Bauer, Policy Analyst in the Healthcare Reform Department has been designated to work closely with MHA-LA and its larger coalition.

STAKEHOLDERS ATTENDING

Description of Participants	Representation
Consumer of Mental Health Services	16%
Advocate for Mental Health Services	32%
Family Member of Mental Health Consumer	16%
Provider of Mental Health Services	12%
State Employee	20%
State Legislator	0%
Other	4%

SUMMARY OF POST MEETING EVALUATION RESPONSES

Post Meeting Evaluation Criteria	5	4	3	2	1	0
Overall Rating of Meeting	26.6%	60%	6.7%			6.7%
Promising Practices in <i>Olmstead</i>	66.7%	26.7%	6.7%			
Facilitated Discussion	53.3%	40%	6.7%			
Federal and State Update	33.3%	53.3%	13.3%			
Stakeholder Panel	40%	53.3%	6.7%			
Prioritizing Goals, Objectives and Action (Consensus Building)	46.7%	40%				13.3%
Brainstorming Action Planning (Sufficient Time)	80%	20%				
Brainstorming Action Planning (Useful Information)	100%					