

WE ASKED & YOU ANSWERED

Exploring Louisiana's Behavioral Health Services for Youth & Families

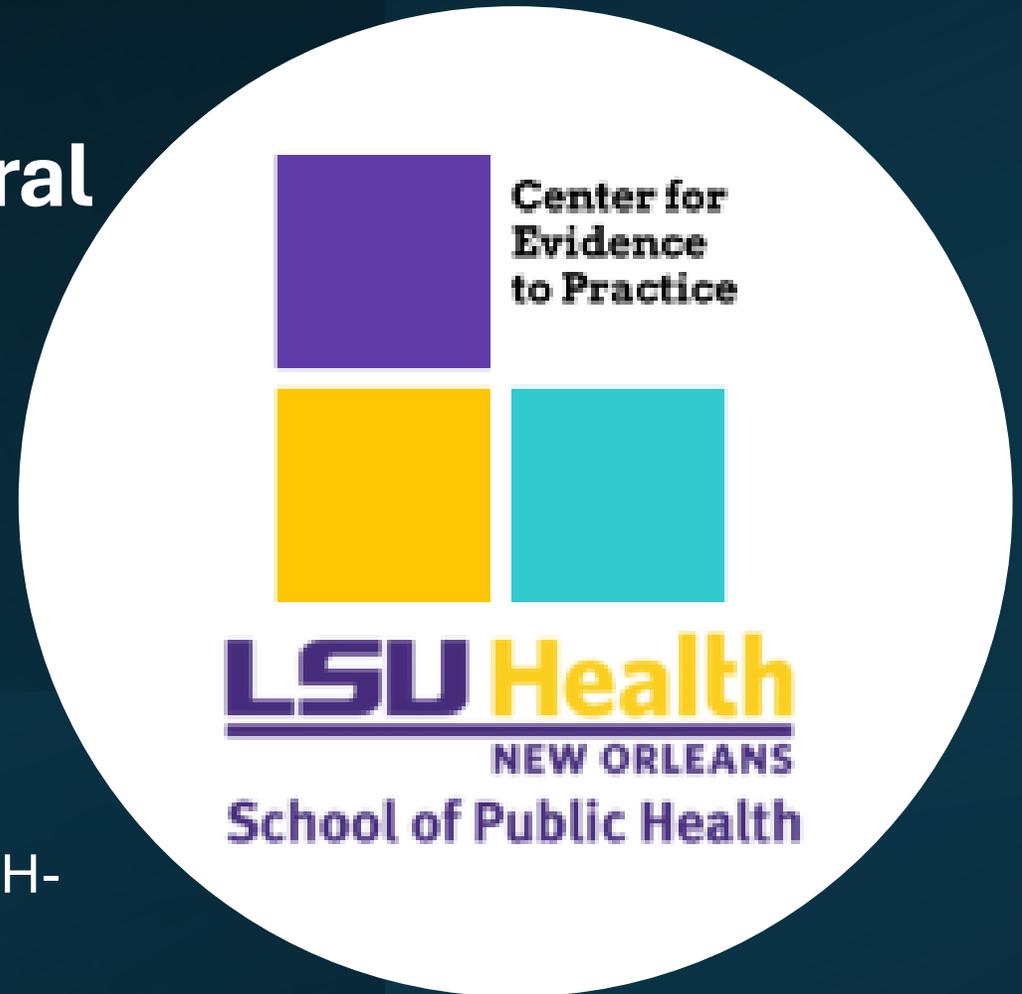
August 7, 2025

Statewide Webinar

Presenters- Drs. Stephen Phillippi & Brian Bumbarger

The Center is a partnership between LSU and LDH-OBH

Funding for this study was through a contract with LDH-OBH and Medicaid.



Story

- We asked, you answered, and the overall take is POSITIVE!
- Help us tell the rest of this story.

Get your fingers ready to respond in the CHAT!

Test- What parish are you in today?



Why this study?

- **Credit and vision** goes to **LDH-OBH!**
- Gaps & needs assessments are **used as tools to aid state behavioral health officials in identifying specific areas of strength and areas of less than adequate service**. This information can **inform re-prioritizing and re-allocating resources** effectively to address unmet needs within populations (Pathare et al., 2018).
- **DEFINES & ILLUMINATES OPPORTUNITIES** for care & workforce development!

Who we are...

- **2017** study found **less than 60%** of the services delivered under Medicaid **reported utilizing an EBP**, and **even fewer reported key components** like written training curricula, structured supervision, fidelity monitoring, and manualized treatment.
- **2018/2019 Center Created**
 - **Vision** is a La where all individuals have access to a high quality, responsive and effective behavioral health system delivered by a well-trained workforce.
 - **Mission** is to support La and its agencies, organizations, communities, and providers in the selection and implementation of research-driven BH interventions while understanding and helping to address challenges related to sustaining quality practice that promotes well-being and improves outcomes.

This Study

A point in time snapshot

A three-pronged approach to assess services for youth and their families in Louisiana

- 1) **Analyze Medicaid claims** including information on diagnoses, services provided, and location of services
- 2) A statewide **provider survey** to understand perceptions of care and workforce
- 3) **Focus groups** of providers gathered to explain what they believed the findings suggested



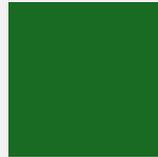
Second study listed on the page

MEDICAID CLAIMS

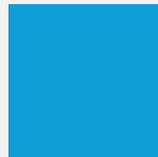
(Brief 10: June 2025)



Title: Medicaid Claims Analyses –
Diagnoses & Service Utilization



Focus: Assess 2023 Medicaid Claims for
youth (ages 0-18) in LA



Data: 1.3M+ claims grouped into
diagnostic categories



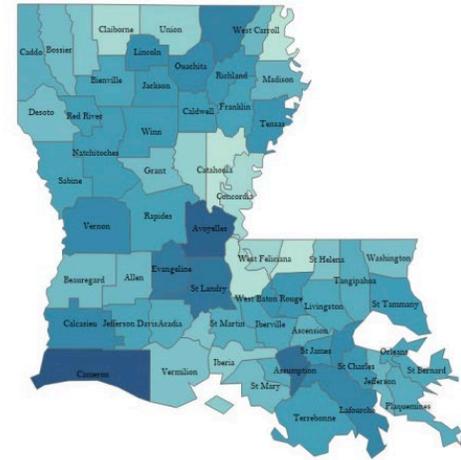
Goal: Examine service allocation,
workforce focus, & explore who was being
served

Frequency of Diagnoses in Claims Among Medicaid Served Youth

Diagnosis	% of Claims	Notes
ADHD	56%	Higher than anticipated (Nat'l prevalence- 11%); wide geographic variability in La
Conduct/Mixed Behavioral Disorders	11%	Highest in many rural, lower resourced parishes
Depression	11%	Lower than anticipated (Nat'l prevalence- 20%); Less geographic variability in La
Adjustment Disorder	10%	Less geographic variability in La
Anxiety	5%	Lower than anticipated (Nat'l prevalence- 32%)
Bipolar & Other	<5%	Diagnostic caution in youth

Geographic Variation in Diagnoses associated with Services

- ADHD highest in **Regions 3, 5, and 8**, as well as parishes like **Cameron (79%)**.
- Adjustment Disorder most prevalent in **Regions 5 and 9 (14%)**, with parish-level highs such as **St. Helena (29%)**.

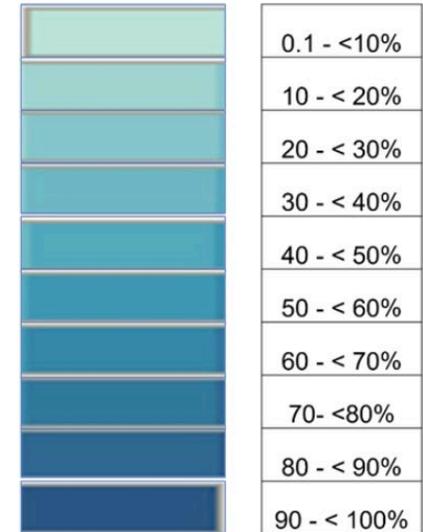


A: ADHD



B: Adjustment Disorder

KEY:

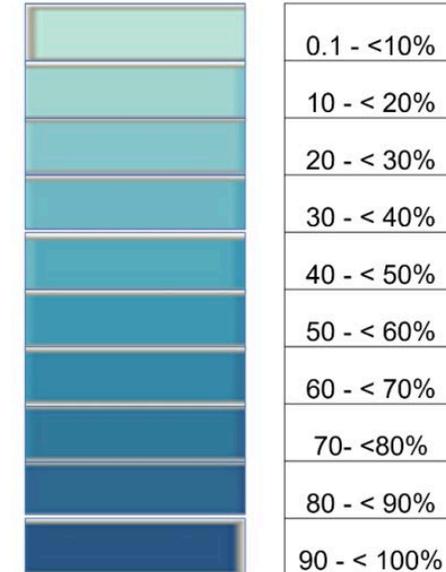


- Conduct disorders higher in **Region 8** and parishes like **East Carroll (55%)**.
- Depression common diagnosis related to services in **Regions 7 & 10**
- Anxiety appears underreported statewide, possible training gap by providers



A: Prevalence of Conduct and Mixed Conditions

KEY:



B: Depression

What these Data Suggest

- **Possible Over-diagnosis of ADHD**
 - Could be masking trauma or other dx
- **Underdiagnosis of Depression/Anxiety**
 - Screening / Assessment issues
 - Provider knowledge
- **High Regional Variation**
 - Diagnostic accuracy
 - Behavioral needs not matching access and capacity



Recommendations

1. **Support high-prevalence parishes** with diagnostic tools and **EBPs to match need**
2. **Track outcomes beyond claims** (quality, not just quantity)
3. **Address regional workforce gaps**, especially in rural parishes where claims suggest lower service access

Q&A: Chat Us!



- What else could these claims mean?
- Does this reflect diagnostic needs you see in communities?

GO! (please use the chat feature)

SURVEY OF PROVIDERS

(Brief 11: July 2025)



Title: EBP Utilization, Areas for Growth, and Strengths

Focus: Assess how EBPs are being used in La's youth-serving system, identify gaps, and inform statewide strategies for improving access, training, and sustainability

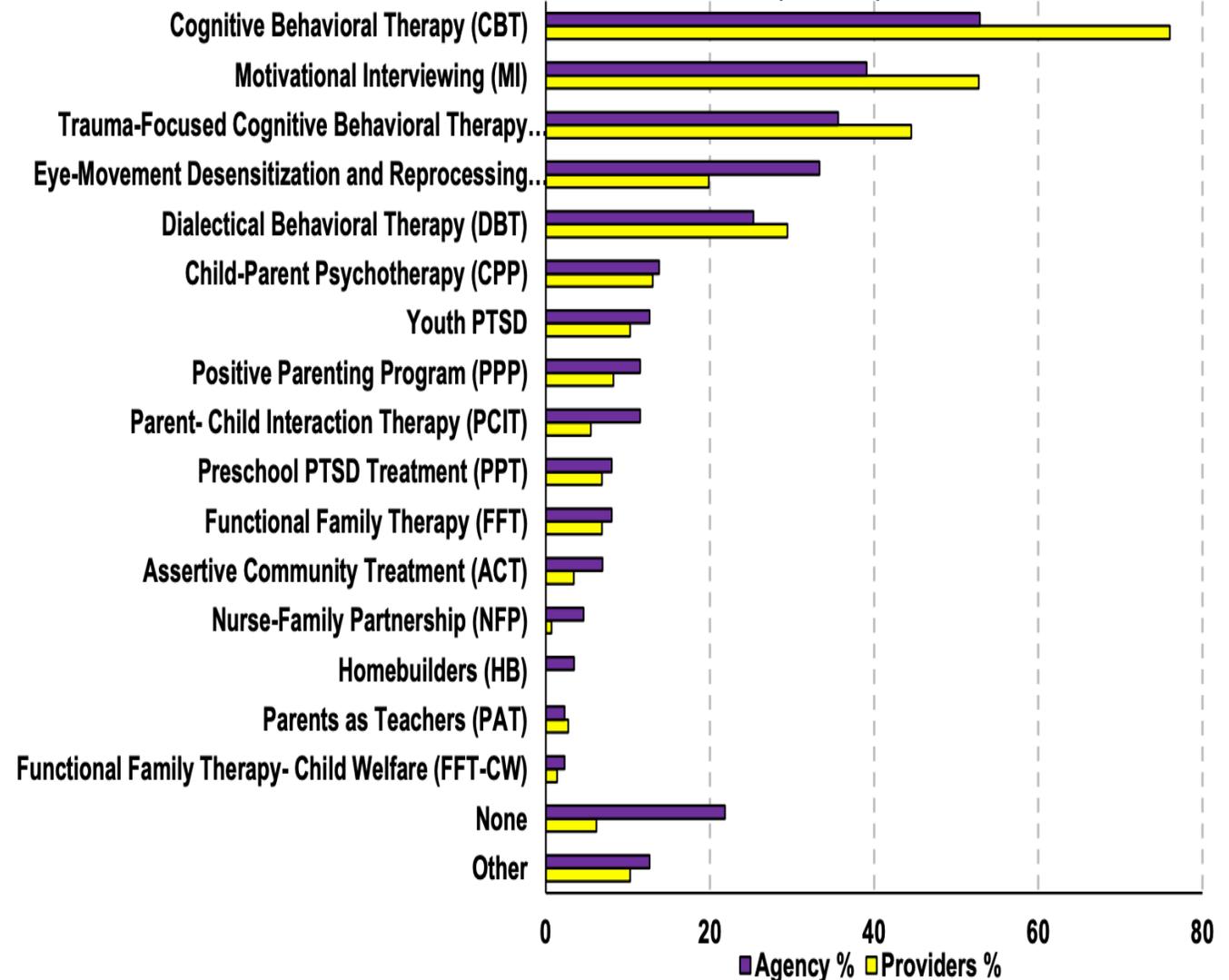
Data: Over 230 providers and agency leaders surveyed, supplemented by three focus groups

Goal: Expand EBPs by identifying areas for investment, workforce development, and system improvement.

How widely are EBPs Used?

- Research informed treatment (CBT and MI) reported to be used by many
- EBPs self-reported at the top of utilization
 - TF-CBT
 - EMDR
 - DBT
 - CPP
- However, **22% of agencies reported not using any EBPs**
- Utilization varies widely by agency size, training access, and local infrastructure

Figure 1: Percentage of Agencies and Providers Using Evidence-Based Practices (n=233)



Note: percentages do not add up to 100% due to "select all apply" format of question

Barriers Limiting EBP Access and Quality



Workforce Shortages:

52% of agencies **struggle to hire** clinicians trained in EBPs

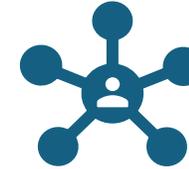
40% of providers report **insufficient clinicians to meet demand**



Financial Challenges:

60% of providers cite **inadequate Medicaid reimbursement** for time-intensive EBP training and delivery

High costs of training, supervision, and documentation limit sustainability, especially in rural areas



Low Structured Support:

21% of providers reported **access to expert consultation**, critical for maintaining EBP fidelity

Under half of agencies **provide supervision or financial incentives** for EBP delivery

Perspectives from Focus Groups



Providers see clear **value in EBPs and report wanting:**

Improved referral processes to EBP-trained providers

Flexibility to adapt EBPs while maintaining **fidelity** and **meeting Medicaid billing rules**

Ongoing consultation and supervision beyond initial training



Calls for **investment in workforce pipeline development** (want partnerships with universities for internships & jobs for graduates)

High turnover particularly in **rural areas**

High turnover in **supervisors**



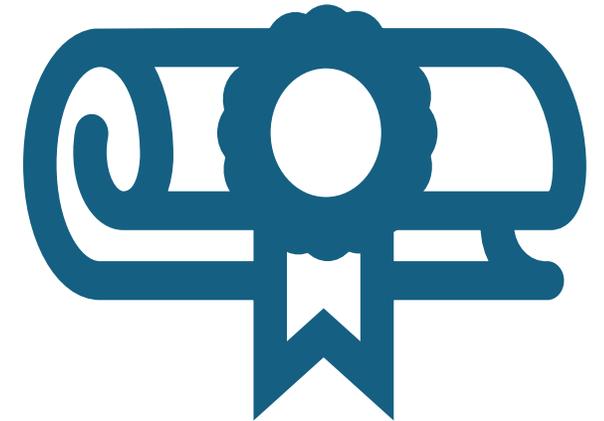
Highlighted needing **trauma-focused EBPs** (TF-CBT, EMDR) as well as **parent focused EBPs** (PCIT) as **key to meeting local needs**



Emphasis on **culturally responsive care** and **local adaptation**

System Strengths

- Strong provider **motivation and interest** in using **EBPs**
- **43%** of agencies have over **21 employees**, indicating capacity for scaling EBPs further
- **Medicaid** remains the primary funding source (**78%** agencies, **75%** providers) supporting service delivery
- Providers are using **EBPs** to treat **anxiety (66%)**, **depression (62%)**, **parenting challenges (59%)**, and **ADHD (56%)**.
- Providers are already primarily **serving ages 12 to 49**.
- **Investment and participation in EBP training and certification!**



Recommendations to Strengthen EBP Infrastructure



1. **Target non-EBP agencies** for training and support



2. **Invest in supervision** to increase fidelity sustainable (possibly through co-ops)



3. **Incentivize EBP use** and improved outcomes associated by **matching EBP to needs**



4. **Expand access** to EBPs for transitional aged youth and adults



5. **Track usage and impact** at the system level

Q&A: Chat Us!



- How do we reach groups not engaged?
- Why would you (or why would you not) participate in EBP consultation and supervision to help with fidelity after training?

GO! (please use the chat feature)

WORKFORCE

Title: *Louisiana's Workforce Stability, Opportunities, and Low Burnout*

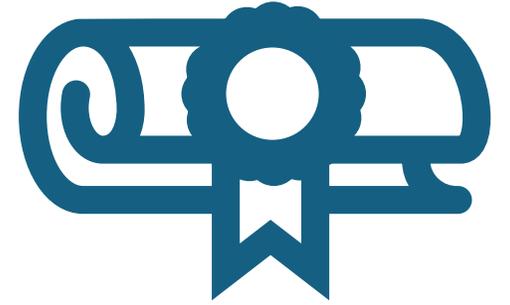
Focus: Assess who is serving La's youth & families, identify strengths and gaps, examine burnout, and inform statewide strategies for workforce development

Data: Over 200 individual providers surveyed

Goal: Understand, plan and support our La BH workforce

How you answered....

Strengths



- **53%** employed with an **organization** suggesting some level of support and benefits vs. **42%** in **private practice** which can give more flexibility to choose the EBPs to offer and greater direct financial benefit
- **75%** planned to **remain in their career path** in the next year, and 16% were uncertain.
- **66%** are serving between **11 and 50 clients per week**.
- **71%** report **involvement in EBP training**
- Only **2%** reported **terminating Medicaid MCO contracts** within the last year.
- **73%** of agencies **offer clinical internships**, and **58%** provide **supervision towards licensure**, helping pipeline future clinicians
- Growing **cross-agency collaborations and university partnerships**

High Satisfaction and Low Burnout

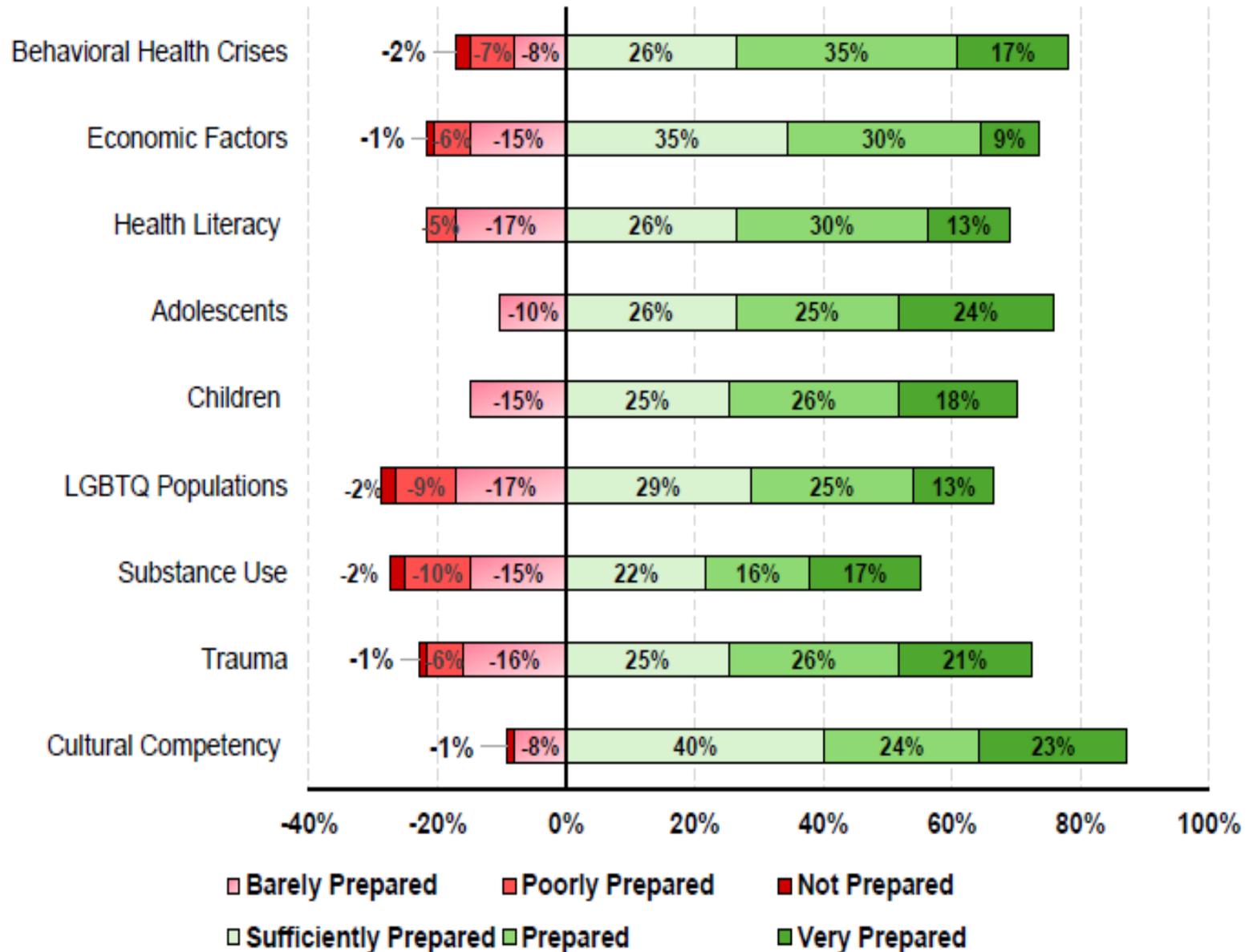
- Over half (**55%**) of the providers surveyed reported **low levels of emotional exhaustion**
- Additionally, over half (**57%**) reported a **sense of high personal accomplishment**
- **90%** of providers indicated they were **not experiencing burnout**

Suggesting a positive outlook for the workforce.

Agency Leaders on strengths

Reported an **overall perception of readiness** in their current workforce to serve population needs

Figure 12: Perception of readiness in relation to behavioral health services (n= 87)



How you answered....

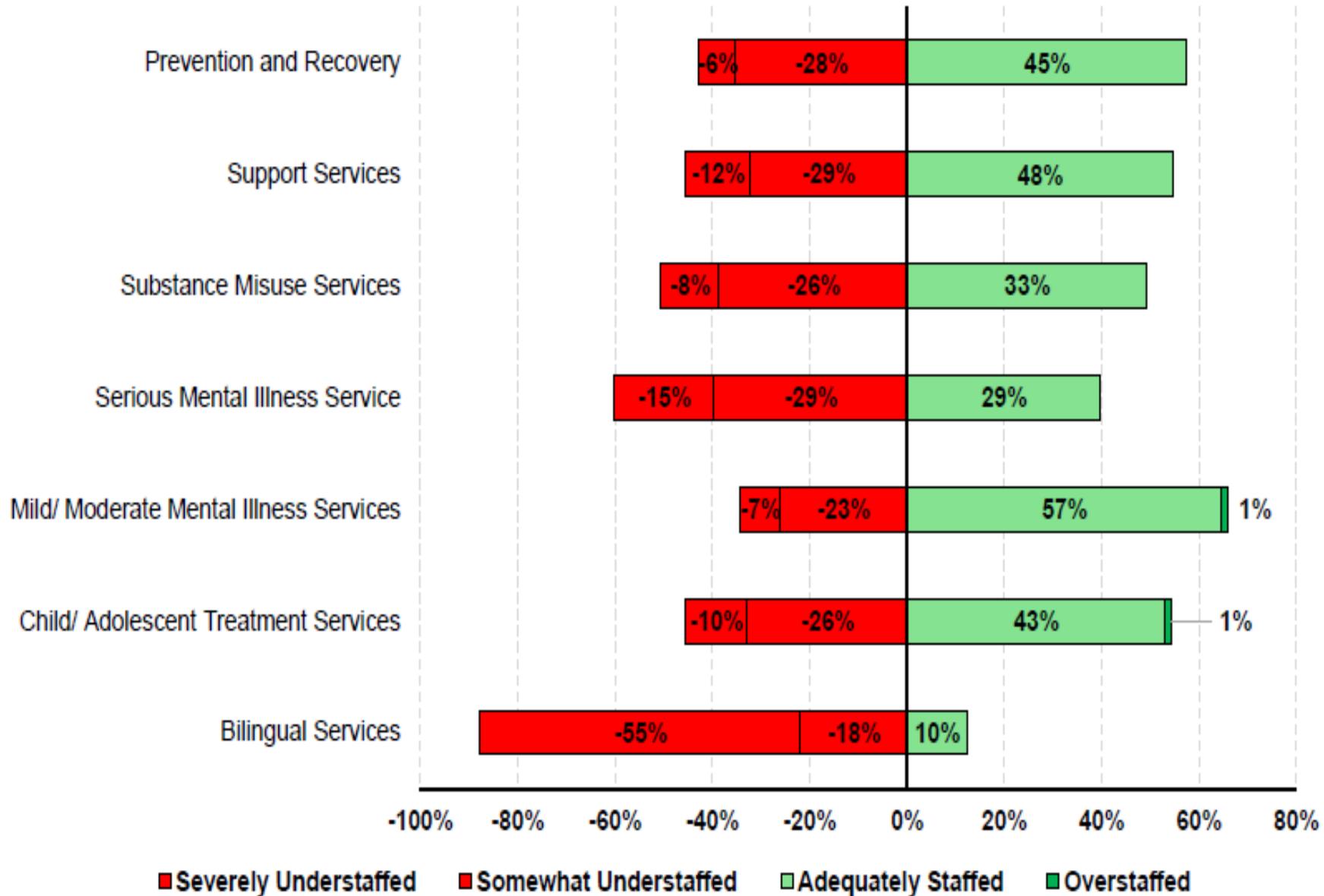
Challenges

- Key barriers
 - **funding** limitations (60%)
 - **insufficient workforce** (40%)
 - limited **access to supervision or consultation** (17 - 21% report supervision).
- **Only 5% of agencies provided financial incentives for EBP delivery**, despite increased demands on providers for training, certification, consultation, and often more complex needs in the populations served.
- **Smaller, rural agencies faced especially limited supervision capacity.**

Agency Leaders on challenges

Staffing adequacy was more challenged

Figure 13: Staffing adequacy to parts of behavioral health delivery (n= 87)



Recommendations to Strengthen the Workforce



1. Strategize was to **more effectively engage BH career paths from provisionally licensed to licensed professionals** to recruit, train, and retain the workforce



2. **Invest in supervision** to increase fidelity sustainable (possibly through co-ops)



3. Advance ways agencies **incentivize the workforce that invests in needed clinical approaches**

Q&A: Chat Us!



- What else do we need to know about the workforce?
- How can we better support a career pipeline in behavioral health?

GO! (please use the chat feature)



THANK YOU!

Without **you** NONE OF THIS IS POSSIBLE!