

Falconer

- (6) Health system transition.
- (7) Health system quality improvement.

Proposed law requires the office of behavioral health to ensure that administrators of all healthcare facilities licensed by LDH and that all healthcare professionals licensed by any La. board or commission have ready access to informational resources and technical assistance necessary for implementation of the zero suicide initiative.

Proposed law requires the office of behavioral health to examine and coordinate the use of existing data to identify priority groups of patients, improve the quality of care for persons who are suicidal, and provide a basis for measuring progress in the ongoing operation of the zero suicide initiative.

Proposed law expresses the intent that La. healthcare providers do the following:

- (1) Work in collaboration to adopt and operate the zero suicide initiative as promulgated in administrative rules by LDH.
- (2) Work with advocacy groups, faith-based organizations, and any other entities with an interest in suicide prevention to support the adoption by health systems in La. of the suicide prevention plan provided for in proposed law.
- (3) Make efforts to connect persons and groups who are at higher risk for suicide with services provided under the suicide prevention plan established by proposed law.

State Suicide Prevention Plan

Proposed law requires the creation of the La. suicide prevention plan by the office of behavioral health.

Proposed law provides that the goal and purpose of the La. suicide prevention plan is to reduce the incidence of suicide through system-level implementation of the plan in criminal justice and health systems statewide, including mental health and behavioral health systems.

Proposed law provides that the office of behavioral health shall collaborate with criminal justice and health systems, including mental health and behavioral health systems, primary care providers, physical and mental health clinics in educational institutions, colleges and universities, community mental health centers, advocacy groups, emergency medical services professionals, public and private insurers, hospital chaplains, and faith-based organizations to develop and implement all of the following, which shall be included as elements within the state suicide prevention plan:

- (1) A plan to improve training on means by which to identify a person with trends, attributes, and indicators of suicidal thoughts and behavior across criminal justice and health systems.
- (2) A plan to improve training on the provisions of the federal Health Insurance Portability and Accountability Act and regulations issued pursuant thereto; and on other applicable federal and state laws and regulations concerning privacy of health information.
- (3) Professional development resources and training opportunities regarding indicators of suicidal thoughts and behavior, risk assessment, treatment, and management.

Proposed law encourages criminal justice and health systems, including mental and behavioral health systems, primary care providers, and hospitals throughout the state to contribute to and implement the state suicide prevention plan.

Proposed law requires the office of behavioral health to publish the state suicide prevention plan on or before Dec. 31, 2020. Provides that at the time of publication of the plan, the office shall transmit a summary of the plan in a report to the governor and to the legislature.

Proposed law expresses the intent of the legislature that the following systems and organizations contribute to the development and implementation of the state suicide prevention plan:

- (1) Community mental health centers.
- (2) Behavioral health services providers.
- (3) Hospitals.
- (4) Emergency medical services professionals and responders.
- (5) Regional health systems.
- (6) Physical and mental health clinics in educational institutions.
- (7) State and local criminal justice systems.
- (8) Advocacy groups with an interest in suicide prevention.
- (9) Faith-based organizations.
- (10) Colleges and universities.

(Adds R.S. 28:801-814)