

LOUISIANA CRISIS RESPONSE SYSTEM - IMPLEMENTATION PLAN UPDATE



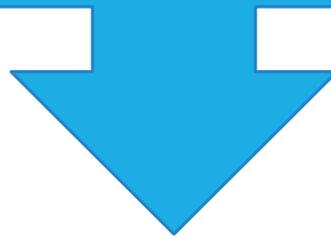
October 28, 2021

AGENDA

- Louisiana Crisis Response System
 - Overview
 - Implementation Timeline
- Peer Perspective
- Updates
 - Regional Meetings
 - Service Descriptions
 - Rates
 - RFA - LSU Center for Evidence to Practice
- Next Steps

WHAT IS LOUISIANA CRISIS RESPONSE SYSTEM?

A modern, innovative, and coordinated statewide crisis response system that builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities.



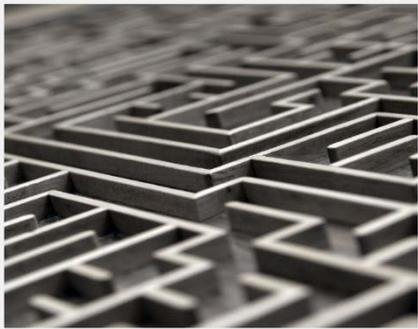
This system:

Utilizes a person-centered process built on recovery & resiliency

Provides timely access to a continuum of services (e.g., prevention, acute intervention, community & mobile based crisis services, and post-crisis recovery supports)

Aims to divert from institutional levels of care, yet respects bed-based crisis services without relying on them as a foundation

WHY IS THIS SYSTEM NECESSARY AND UNIQUE?



Community members have mental health crises and may not have access to rapid, coordinated care, rendered in a way that best allows them to remain in the community.



Existing emergency services are often not equipped to perform behavioral health work.



Reduces barriers that community members face by offering timely care needed by diverting from unnecessary hospitalizations/ ED visits to manage crisis.



Crisis system funded primarily with Medicaid. Opportunity to improve the crisis care experience for individuals and their families in ways that increase their sense of safety and trust.

FOUR MAIN CRISIS SERVICES

All services are time-limited and offered to individuals experiencing psychiatric crisis until the crisis is resolved and/or the person returns to existing services or is linked to other behavioral health supports as needed.

*dates have been updated subsequent to Hurricane Ida

This schedule reflects a soft launch of services as aspects of the system are still being built

Mobile Crisis Response (MCR)

March 2022*

Behavioral Health Crisis Care (BHCC) Centers

April 2022

Community Brief Crisis Support (CBCS)

March 2022*

Crisis Stabilization (CS)

July 2022

NEW, Louisiana Crisis Response System

CURRENT, more restrictive options

CALL



CALL
24 hour access line

CALL 911—
Imminent
safety/medical issue

CALL coroner—
When voluntary efforts
are not effective

MOBILE



Mobile Crisis Response
(MCR)

EMS
In-field medical
triage and transfer

Law enforcement
Imminent safety
risk/legal factors

FACILITY



Behavioral Health Crisis Care
Center (BHCC)

Emergency Department—
When this level of care is
necessary to treat/stabilize

TREATMENT



Community-Based
Crisis Support
(CBCS)

Crisis-Stabilization
(CS)

Inpatient hospitalization—
When community-based
options are insufficient

Goal is to choose the least restrictive, “NO FORCE FIRST” option whenever possible

INTERVENING IN CRISES IS COMPLEX FOR INDIVIDUALS AND TEAMS

- Because we are working with individuals whose health care crises are life threatening, it is natural to be concerned about personal or corporate liability.
- It is important to have a broad understanding of the ways that crises put individuals at risk.
- We also have to understand the ways that a system's response to crises can put individuals at risk. Involuntary processes, law enforcement interventions, emergency department visits are more likely to be experienced as iatrogenic, particularly if care is involuntary and if there are restrictions.
- Individually, and as a system, we can work to minimize iatrogenic harm.
- Iatrogenic harm is easiest to recognize when we orient ourselves to the care experience of the individual and we view from their perspective.

(Madenwald 2018 Resolution-focused Crisis Response)

MYTH BUSTER- What Safety IS NOT!

Research has shown repeatedly that writing up a do not harm plan and having clients sign DOES NOT CHANGE ANYTHING (Brodsky et al., 2018).

Research has also shown that approaching clients from an involuntary, coercive frame of reference to “treat” behavioral health concerns leads to more harm, lawsuits, and even death (Chieze et al., 2019; Hyldahl & Richardson, 2011)

Highest level of care (hospitalized) is NOT always the safest level of care for behavioral health crisis (JAMA Psychiatry, 2017)

PEER PERSPECTIVE RELATED TO CRISIS SERVICES



Angéla Lorio, Peer Recovery Support Specialist (PRSS)

- Certified Peer Support Specialist since 2014
- Credentialed Peer Recovery Support Specialist
- Crisis Intervention Team training presenter since 2016
- Vice chair on the Louisiana State Interagency Coordinating Council for early learning.
- State/National advocate for healthcare equity and home/community-based services since 2014

GROUP DISCUSSION

- How do we learn from lived experience?
- How do we orient ourselves to the care experience of the person in crisis/family members?
- What will be good measures of progress in that area?

IMPLEMENTATION UPDATES

- Regional Meetings October 5 – 12, 2021
 - First step in developing Regional Crisis Coalitions regarding the Louisiana Crisis Response System
- Service Definitions posted public comment through December 27, 2021
- Service Rates uploaded to website
- LSU RFA – deadline October 27, 2021
- Ongoing development of:
 - Triage and dispatch function
 - Referral and process flows
 - Data collection/reporting functions

NEXT STEPS:

- RFA Final Selection for providers to participate in training: November 15, 2021
- Louisiana Crisis Response System Implementation Plan Updates - Statewide webinars*:
 - December 16, 2021: 2:30p.m. – 3:30p.m.
- Crisis Trainings: January, 2022 – February, 2022
- MCO Credentialing/Contracting: December, 2021 – February, 2022
- MCR/CBCS Go Live: March 1, 2022

* Dates subject to change



QUESTIONS?



The presentation will be available at the My
Choice Louisiana website located at:

<https://ldh.la.gov/Crisis>