



# LDH/OBH COORDINATED CRISIS SYSTEM - IMPLEMENTATION PLAN UPDATE



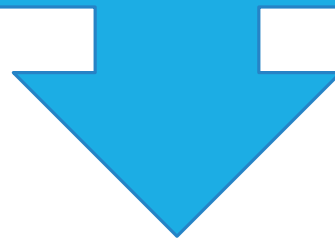
August 26, 2021

# AGENDA

- Brief Refresher – Louisiana Crisis Response System
- System Development
- Regional Crisis System Stakeholder Meetings
- Role of the 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.



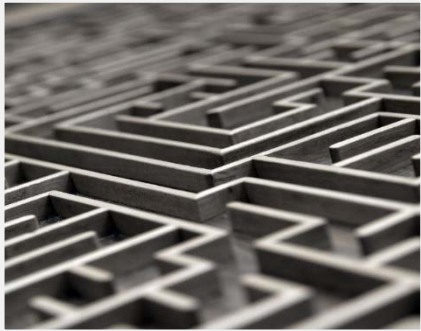
## This system:

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

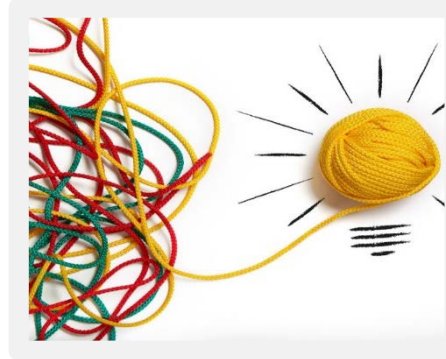
# WHY IS THIS SYSTEM NECESSARY AND UNIQUE?



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.

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**Mobile Crisis  
Response  
(MCR)**

**January 2022**

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**Community  
Brief Crisis  
Support  
(CBCS)**

**January 2022**

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**Behavioral  
Health Crisis  
Care Centers  
(BHCCC)**

**April 2022**

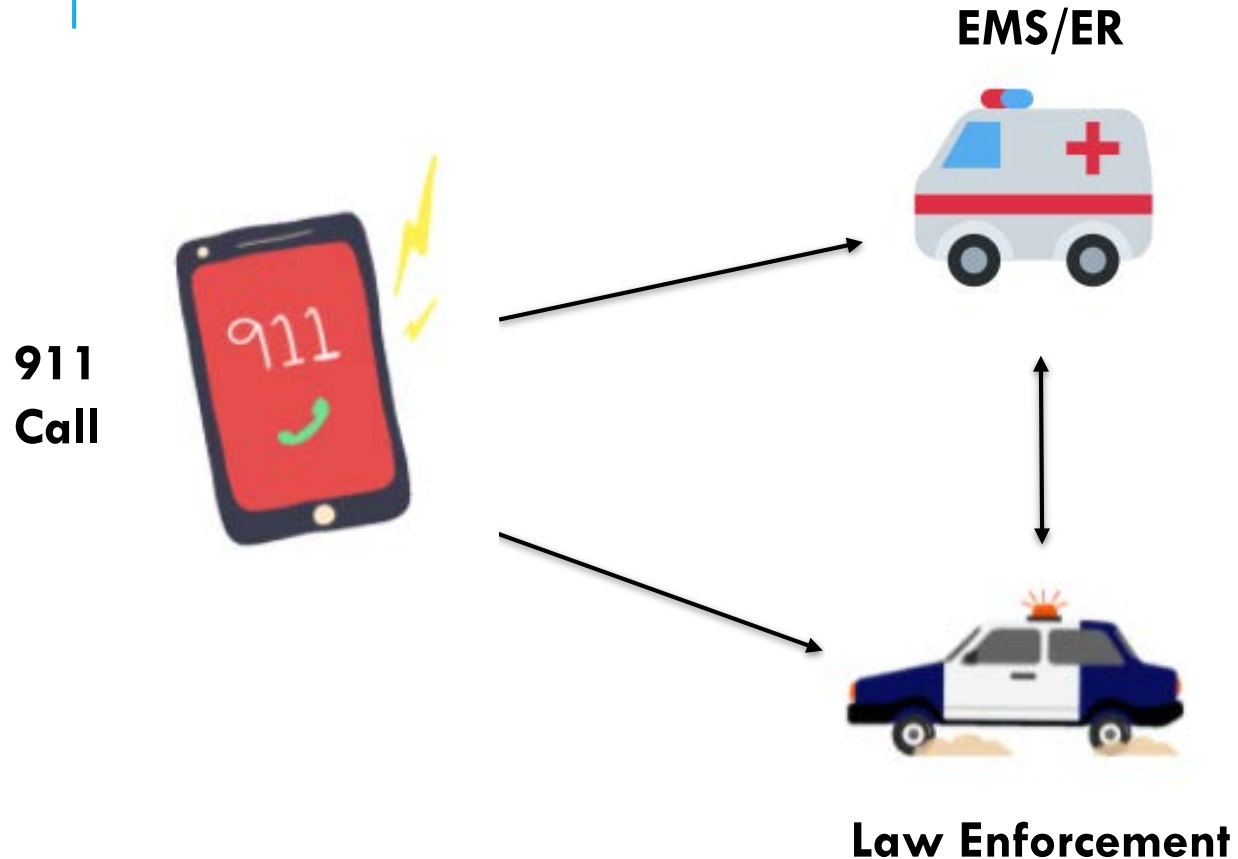
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**Crisis  
Stabilization  
(CS)**

**July 2022**

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# HISTORICAL RESPONSE TO MENTAL HEALTH CRISES



- Limited mental health training for responders
- Resulting in possibility of:
  - Early initiation of involuntary processes
  - Fear of accessing services
  - Unnecessary hospitalization/institutionalization
  - Unresolved mental health needs
  - High return utilizers (unmet needs)
  - Injury
  - Incarceration
  - Even death in some instances

## 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



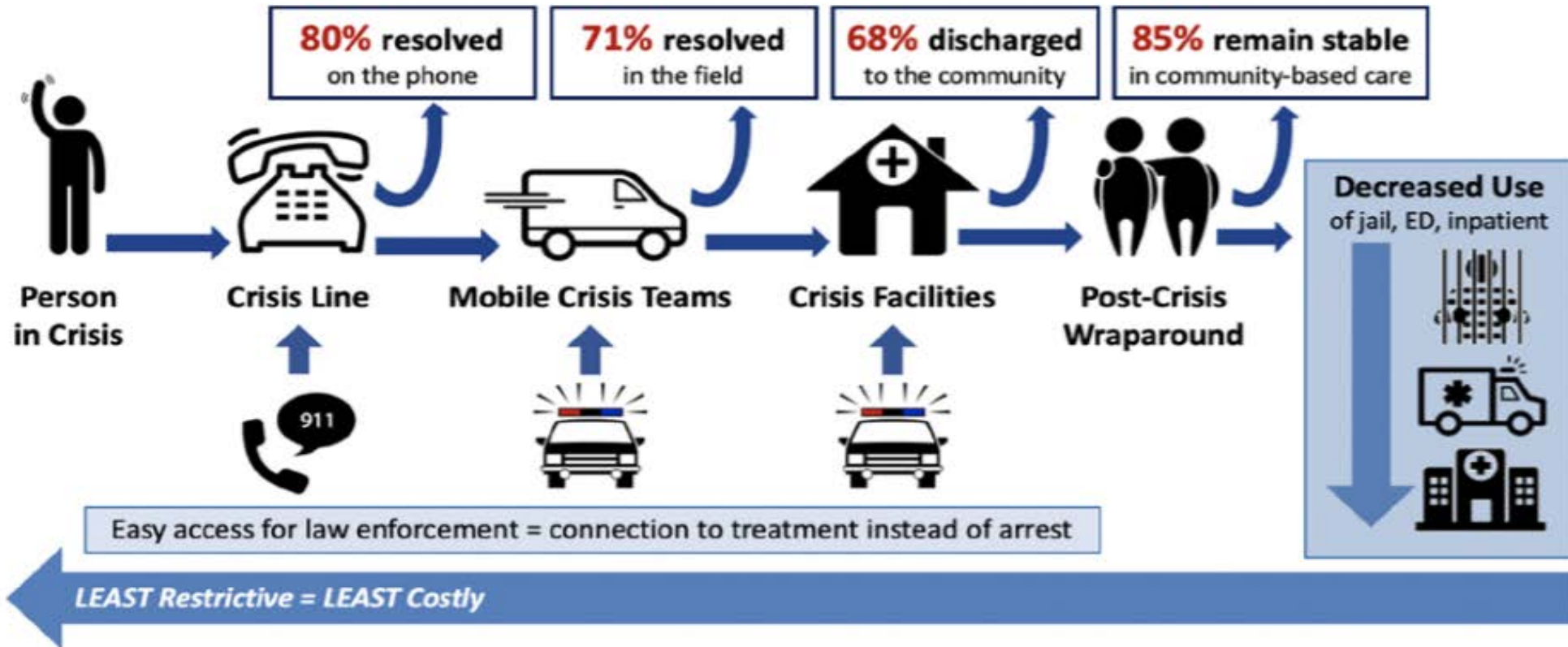
Community-Based  
Crisis Support  
(CBCS)

Crisis-Stabilization  
(CS)

Inpatient hospitalization—  
When community-based  
options are insufficient

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

# ALIGNMENT OF CRISIS SERVICES FOR CRISIS SYSTEM



Source: : Balfour, M.E., Hahn Stephenson, A., Winsky, J., & Goldman, M.L. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors. Figure 1: Alignment of crisis services toward a common goal.



**This new crisis service array expands the options for a person in crisis or a concerned referrer.**



## **New Community-based Crisis Services**

- **Voluntary**
- **Timely, trained crisis care response**
- **Resolution/relief-focused** at every point of contact
- **Warm hand-off** to community services/supports
- **Harm reduction**

### **EMS/ER**



- **Potentially involuntary (lower buy-in to services)**
- **Immediate emergency care access (overdose, suicide attempt)**
- **Person unwilling to seek services voluntarily & imminent risk to harm self/others**
- **Medical co-morbidity, intoxication, significant agitation**
- **Unresolved mental health needs (recidivism)**

### **Coroner/Law Enforcement**



- **Potentially involuntary**
- **Immediate, but limited MH response**
- **Potential for incarceration/avoidable legal charges**
- **Higher recidivism**

# 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.
- 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)

# IATROGENIC HARM

- Harm caused by treatment
- Generally unintended & often avoidable
- Iatrogenesis: *Brought forth by a healer*
- 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.
- While these types of interventions are sometimes necessary, they are not necessary for every person in every circumstance.

**ANY intervention, regardless of provider intention, introduces a risk of harm that would not otherwise be present.**

(Madenwald 2018 Resolution-focused Crisis Response)

# MENTAL HEALTH CRISIS FROM PEOPLE WITH LIVED EXPERIENCE



“Being in mental health crisis today is very scary.”

“The first thing done is to admit me to a local hospital that has a psych ward. Being in a ward where there are so many people in crisis is difficult and too few staff [are present]. Other patients made me more sick, and it is hard to be without love ones. ”

“My experience is a targeted system that does not look at the whole person, and medication is always given.”

“I look forward to the day where individuals have a choice to stay at home to get over the crisis with the help of mental health professional[s].”

-Person with Lived Experience

# OBH LOUISIANA CRISIS RESPONSE SYSTEM – IMPLEMENTATION SCHEDULE

- January, 2022
  - Mobile Crisis Response (MCR)
  - Community Brief Crisis Support (CBCS)
- April, 2022
  - Behavioral Health Crisis Care (BHCC) Centers
- July, 2022
  - Crisis Stabilization (CS) – Adults (*Note: funding will be requested for SFY23*)

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

# OBH CRISIS RESPONSE SYSTEM – SOFT LAUNCH

- Phased in approach to service implementation as aspects of the system are developed
- This can include temporary modifications in staffing, hours of operations, referral processes, and response times while:
  - Local coalitions are developed and implemented; and
  - Processes for triage/dispatch are identified and implemented via a unified, statewide system
- This soft launch will provide ample opportunity for team training and coaching and supporting the teams through initial implementation
- Data will help drive the real time process evaluation to know what strengths and challenges are being experienced in the new system so corrective action can be taken

# OBH CRISIS RESPONSE SYSTEM - PROVIDER PROJECTIONS

Projections established by consultants, based on review of adult Medicaid data related to 2019 ER visits for Behavioral Health and national best practices related to crisis services and are subject to change as planning is finalized

Data on the following slides reflect:

- The number of Crisis Stabilization (CS) beds needed to meet the demand of diverting 10% of ER episodes. Per the service definition, CS programs have a minimum capacity of four (4) beds and a maximum capacity of sixteen (16) beds; # of distinct programs will depend on the specific bed capacity of each CS program.
- The size of Mobile Crisis Response (MCR) capacity in FY 2022 needed to meet the demand of diverting 30% of ER episodes
- The number of Behavioral Health Crisis Care (BHCC) Centers in FY 2022 needed to meet the demand of diverting 15% of ER episodes
- The number of Community Brief Crisis Support (CBCS) programs in FY 2022 needed to support the small proportion of individuals in need of this service; it is expected that the size of these programs will be commensurate with the size of the other crisis programs in any given geographic area.

Parishes in Catchment Area	CS (beds)	MCR (agencies)	BHCC (centers)	CBCS (programs)
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion	12 – 14	LARGE	1	1
Orleans, St. Bernard and Plaquemines	8 – 10	MEDIUM	1	1
Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne	7 – 9	MEDIUM	1	1
Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster	7 – 9	MEDIUM	1	1
Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana	7 – 9	MEDIUM	1	1
Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington	7 – 9	MEDIUM	1	1
Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll	5 – 7	SMALL	1	1
Allen, Beauregard, Calcasieu, Jefferson Davis and Cameron	5 – 7	SMALL	1	1
Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn	5 – 7	SMALL	1	1
Jefferson	4 – 6	SMALL	1	1
<b>PROJECTED TOTALS</b>	<b>67 – 87</b>	<b>10</b>	<b>10</b>	<b>10</b>



# REGIONAL CRISIS SYSTEM STAKEHOLDER MEETINGS

Regional Stakeholder meetings scheduled August 30, 2021 – September 9, 2021

Meetings developed with the intention of providing education about the developing crisis system and soliciting local stakeholder feedback on:

- Crisis coalition building
- Regional concerns / opportunities
- Regional readiness
- Local considerations for implementation

Schedule of meetings are located on the following slide

# REGIONAL CRISIS SYSTEM STAKEHOLDER MEETINGS

Date	Time	Regional Stakeholder Meeting
August 30, 2021	9:00a – 11:00a	Regional Stakeholder Meeting: FPHSA Catchment Area
August 31, 2021	2:00p – 4:00p	Regional Stakeholder Meeting: JPHSA Catchment Area
August 31, 2021	11:00a – 1:00p	Regional Stakeholder Meeting: CAHSD Catchment Area
September 1, 2021	12:00p – 2:00p	Regional Stakeholder Meeting: AAHSD Catchment Area
September 1, 2021	3:00p – 5:00p	Regional Stakeholder Meeting: NLHSD Catchment Area
September 2, 2021	10:00a – 12:00p	Regional Stakeholder Meeting: IMCAL Catchment Area
September 3, 2021	1:00p – 3:00p	Regional Stakeholder Meeting: NEDHSA Catchment Area
September 7, 2021	3:00p – 5:00p	Regional Stakeholder Meeting: CLHSD Catchment Area
September 8, 2021	2:00p – 4:00p	Regional Stakeholder Meeting: SCLHSA Catchment Area
September 9, 2021	3:00p – 5:00p	Regional Stakeholder Meeting: MHSD Catchment Area

Registration information can be found at <https://ldh.la.gov/crisis>

# TRAINING AND NETWORK DEVELOPMENT

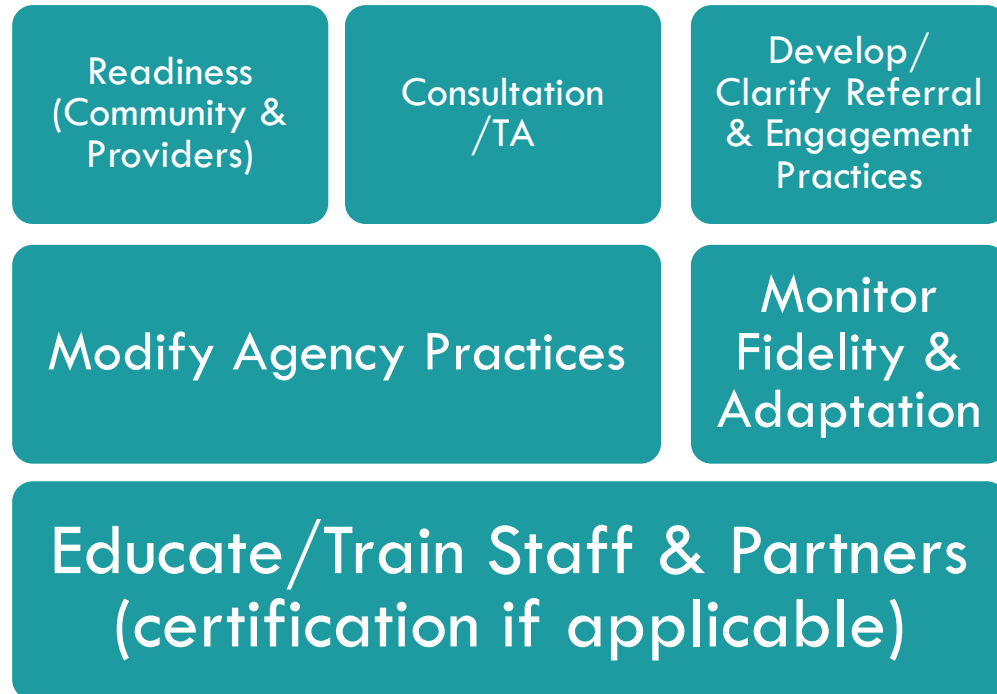


OBH is working with Louisiana State University Health Science Center – New Orleans (LSUHSC-NO) School of Public Health, Center for Evidence to Practice to:

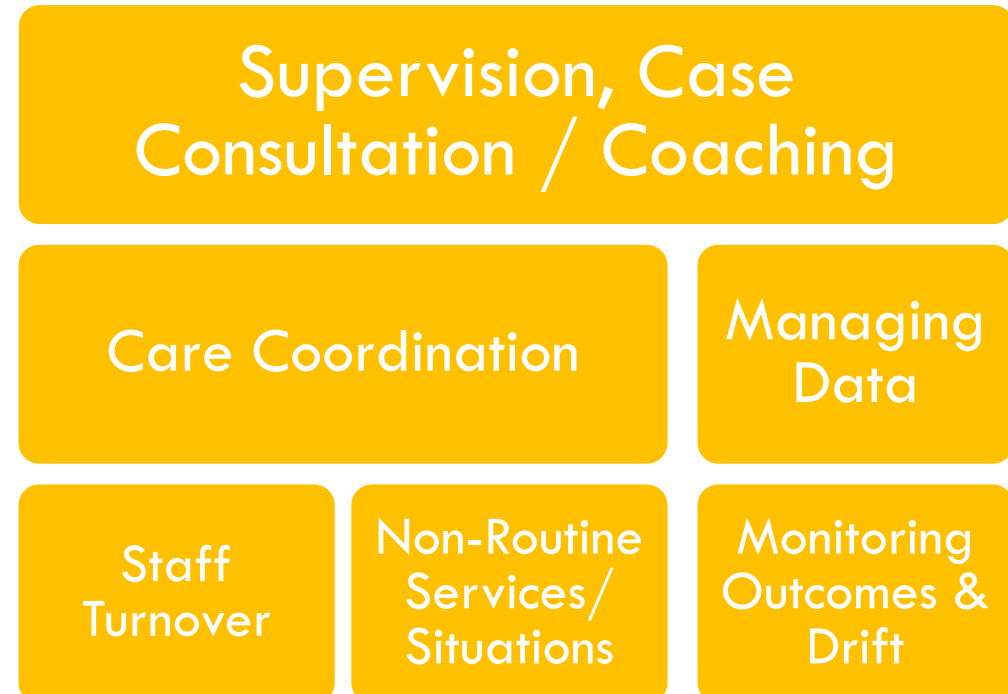
- **Collaborate with communities** throughout Louisiana, developing a **readiness process for implementation** of these crisis services
- Develop a **training curriculum for crisis providers**
- Identify workforce and **implement training** curriculum and **ongoing coaching** to ensure appropriate execution of services
- Continuous **quality monitoring & improvement**

# SUPPORTING IMPLEMENTATION & SUSTAINABILITY

## Adoption & Implementation



## Service Delivery & Sustainability



# WHAT IS 988?

On July 16, 2022 a **direct three-digit line to trained National Suicide Prevention Lifeline counselors** will open the door for millions of Americans to seek help they need, while sending the message to the country that **healing, hope, and help are happening every day**

In 2020, the Lifeline received over 2.6 million calls, chats, and texts; with an easy to remember and dial number like 988, the Lifeline hopes to reach many more people in emotional crisis

A 988 crisis line that is effectively resourced and promoted will:

- **Connect** a person in a mental health crisis **to a trained counselor** who can **address their immediate needs** and help **connect** them **to ongoing care**
- **Reduce healthcare spending** with more cost-effective early intervention
- **Reduce use of law enforcement, public health, and other safety resources**
- **Meet the growing need for crisis intervention** at scale
- **Help end stigma** toward those seeking or accessing mental healthcare

**When you've got a police, fire or rescue emergency, you call 911**

**When implemented, if you have an urgent mental health need, you'll call 988**

**Louisiana is developing a Statewide 988 Implementation plan due 1/21/2022**



# NEXT STEPS:

- Regional Webinars: August 30, 2021 – September 9, 2021
- Service Definitions posted for public comment (projected): September 7, 2021
- Rates published (projected): September 10, 2021
- Training Request for Application published (projected): September 10, 2021
- Request for Application Question/Answer Presentation (proposed): September 20, 2021
- Request for Applications Due (proposed): September 25, 2021
- Louisiana Crisis Response System Implementation Plan Updates - Statewide webinars\*:
  - October 28, 2021: 2:30p.m. – 3:30p.m.
  - December 23, 2021: 2:30p.m. – 3:30p.m.

\* Dates subject to change



**QUESTIONS?**



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

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