



**LOUISIANA CRISIS RESPONSE SYSTEM –
REGIONAL MEETING SCLHSA CATCHMENT AREA**



**October 12, 2021
2:00pm – 3:30pm**

Using the chat function, tell us What role you might play in a crisis continuum (ex:)

- Treatment Provider
 - (specify: Medical, Mental Health, Substance Use)
- Advocate
- Peer
- Law Enforcement
- Other (write in)

AGENDA

- Louisiana Crisis Response System
- Role of the LSU Center for Evidence to Practice
- Regional Dialogue
- 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.



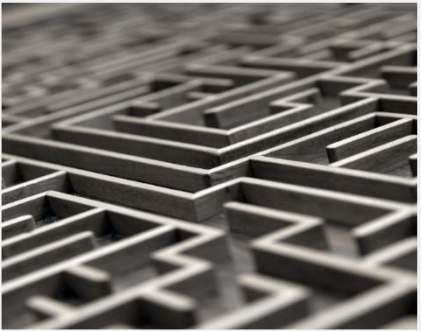
This system:

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

**Mobile Crisis
Response
(MCR)**

March 2022*

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

April 2022

**Community
Brief Crisis
Support
(CBCS)**

March 2022*

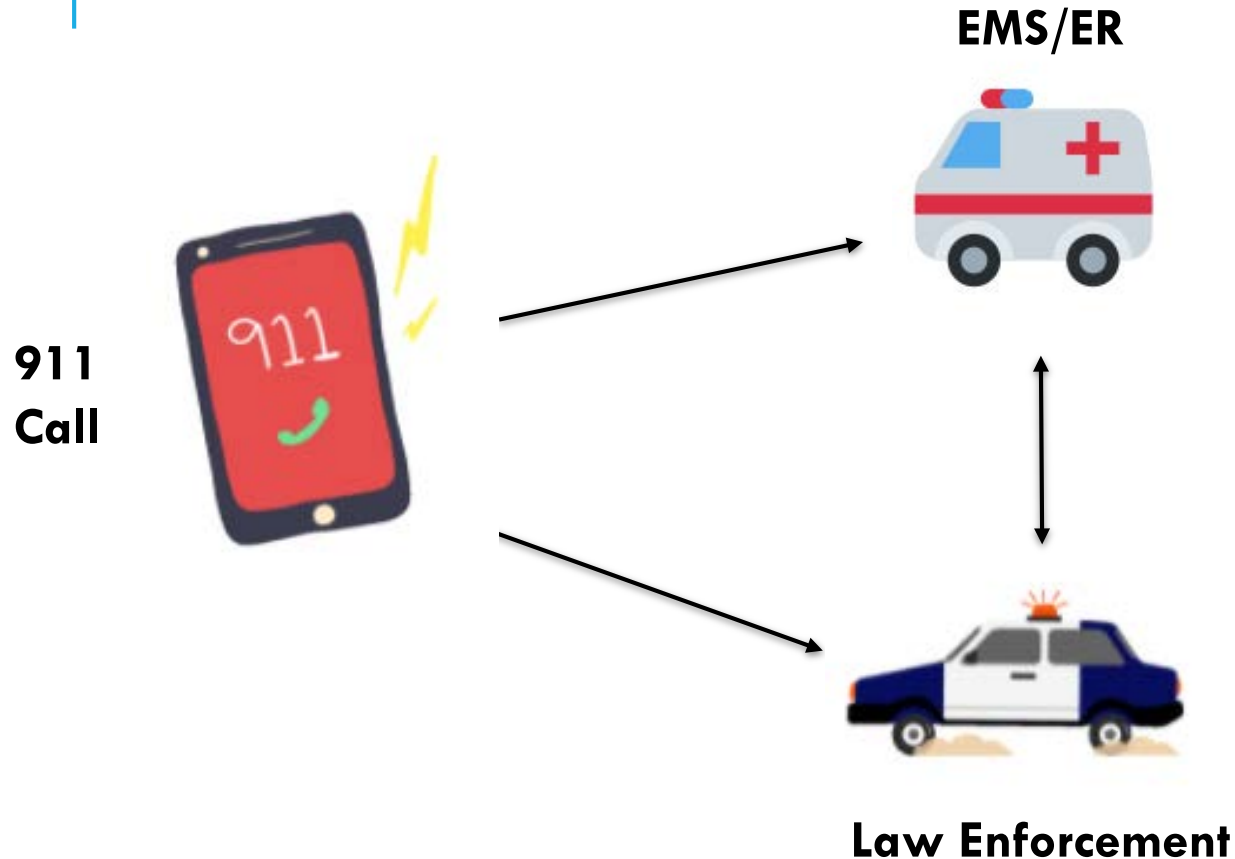
**Crisis
Stabilization
(CS)**

July 2022

DESCRIPTION OF SERVICES

- **Mobile Crisis Response (MCR)** – a mobile service that is available as an initial intervention for individuals in a self-identified crisis, in which teams deploy to where the individual is located in the community. The service is available twenty-four (24) hours a day, seven (7) days a week and includes maximum one (1) hour urban and two (2) hour rural face-to-face/onsite response times.
- **Community Brief Crisis Support (CBCS)** – a face to face intervention available to individuals subsequent to receipt of MCR, BHCC, or CS. This ongoing crisis intervention response is intended to be rendered for up to fifteen (15) days and are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers.
- **Behavioral Health Crisis Care (BHCC) Centers** – a facility based service that operates twenty-four (24) hours a day, seven (7) days a week as a walk-in center providing short-term behavioral health crisis intervention, offering a community based voluntary home-like alternative to more restrictive settings
- **Crisis Stabilization** – a short-term bed-based crisis treatment and support services for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.

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
(BHCC) Center

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

TREATMENT



Community-Brief
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

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

- March, 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; dates have been updated subsequent to Hurricane Ida

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

| Parishes in SCLHSA Catchment Area | CS (beds) | MCR (agency size) | BHCC (centers) | CBCS (programs) |
|--|-----------|-------------------|----------------|-----------------|
| Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne | 7 - 9 | Medium | 1 | 1 |

Data reflects:

- 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
- 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.

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**

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





REGIONAL DIALOGUE

Facilitated discussion: answers can be provided via
Open Mic or the Chat function

IN YOUR AREA, WHAT HAS THE CARE EXPERIENCE BEEN LIKE FOR PEOPLE IN CRISIS?

- What currently works well for people when they are in crisis?
- What doesn't work well currently?
- Are you aware of any unintended consequences for people based on how the system operates today?
- Has anything made some people hesitant to use crisis services? If so, what?

WHAT ARE YOUR THOUGHTS ON THE LOUISIANA CRISIS RESPONSE SYSTEM?

- What part of this plan excites you most?
- What part has you most cautious?
- Who are the key stakeholders and local champions related to this work?
- In your regions, are there opportunities not to be missed when building/expanding your crisis system?

NEXT STEPS:

- Service Definitions posted for public comment: September 27, 2021
- Training Request for Application published (projected): October 13, 2021
- Request for Application Question/Answer Presentation (proposed): October 22, 2021
- Request for Applications Due (proposed): October 27, 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

Additional information about the **LOUISIANA
CRISIS RESPONSE SYSTEM** is available at the My
Choice Louisiana website located at:

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