

RFI: Modeling a Crisis System of
Care in Louisiana
Q&A Session
March 14, 2019

Format for Q&A session

- Introductions
- Availability of slide deck and other materials
- The session is being recorded and will be available...
- Microphones throughout the room for questions
- Those on the line will not be able to ask questions

DOJ charge

- On June 6, 2018, the Louisiana Department of Health (LDH) entered into an Agreement with the United States Department of Justice which focuses on a target population of Medicaid-eligible persons over the age of 18 with a Serious Mental Illness (SMI) diagnosis either residing in or at risk of entering into a nursing facility. LDH's primary focus is on (1) assessing individuals within the target population that reside in nursing facilities, (2) transitioning those that want to transition back into the community and are able to do so with the right supports, and (3) building the behavioral health and housing services across the state necessary to support the needs of this population in the community, a component of which requires improved access to crisis services and supports.

LDH Opportunity

- Even as LDH has focused specifically on the target population as laid out in the agreement, the Department quickly recognized the opportunity to broadly evaluate the existing crisis system of care and service array, and to propose significant new investments in this area.
- A comprehensive crisis system of care would give LDH the opportunity to intervene earlier, minimize use of coercive approaches, work in partnership with other systems to prevent avoidable institutionalization and segregation, and reduce the harms associated with separations from one's community including impact on family, natural supports, education, work, and housing.

Crisis System of Care components

- Elements required in the DOJ agreement
- Significant additional investments
- Crisis System of Care that will provide services for individuals of all ages and individuals with co-occurring conditions
- The focus of this RFI is to gather a broad set of ideas about a way to model a modern, coordinated, Crisis System of Care that supports the delivery of crisis services across the state

Emphasis on crisis “care experience”

- We recognize that individuals and their loved ones have received crisis services that have been experienced as coercive
- We expect to stand up a modern crisis system that:
 - Emphasizes early engagement and shared decision-making,
 - Minimizes coercive approaches, and
 - Delivers services that are person-centered, strength-based and resolution-focused.
 - Thinks “beyond beds”

MODELING A CRISIS SYSTEM OF CARE

Modeling a Crisis System of Care

- There is marked variation in how crises are managed from state to state, but also from community to community.
 - Who intervenes and in what order
 - Location of services
 - Likelihood of involvement of law enforcement or court
 - Use of involuntary evaluation/treatment
 - Availability of peer crisis support
 - Availability of alternatives to hospitalization

Modeling a Crisis System of Care

- Unlike other traditional mental health treatment services, the delivery and effectiveness of crisis services is heavily influenced by longstanding beliefs, decisions, practices and actions within the broader behavioral health system, other community sectors and the general public.

Modeling a Crisis System of Care

- Unlike most behavioral health services crisis work is necessarily systemic
 - All payers
 - All ages
 - People known and unknown to the system
 - Ongoing need and one-time need
- Multi-system touches in course of one episode necessitates collaboration

Analogous to...

- Disaster Management
- Public Health Models
- Sequential Intercept Model (Criminal Justice/Behavioral Health)
- Children's multi-system initiatives

Modeling a Crisis System of Care

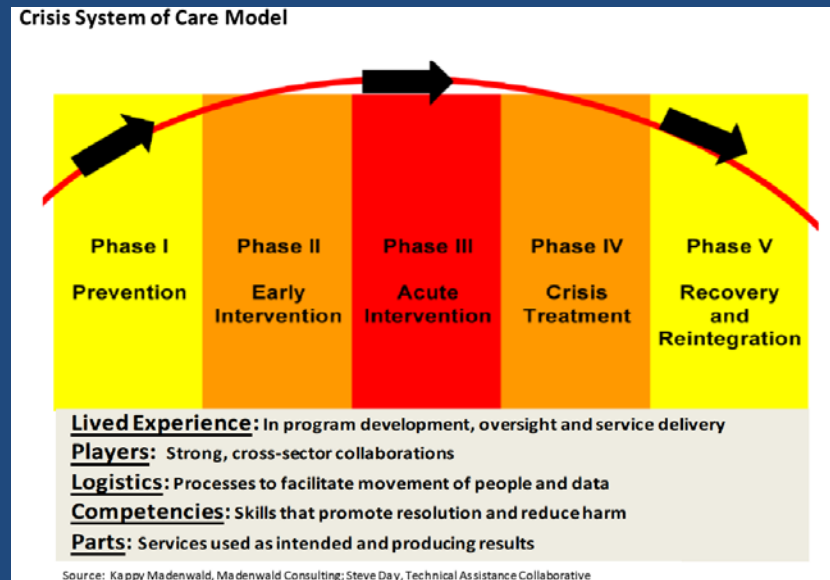
- Think of a Crisis System of Care as the organized whole of a behavioral health crisis system.
- This is quite different from how the system “works” in many communities where you might find:
 - Systems and services operating in silo from each other
 - Under-defined mission, standards and measures

Modeling a Crisis System of Care

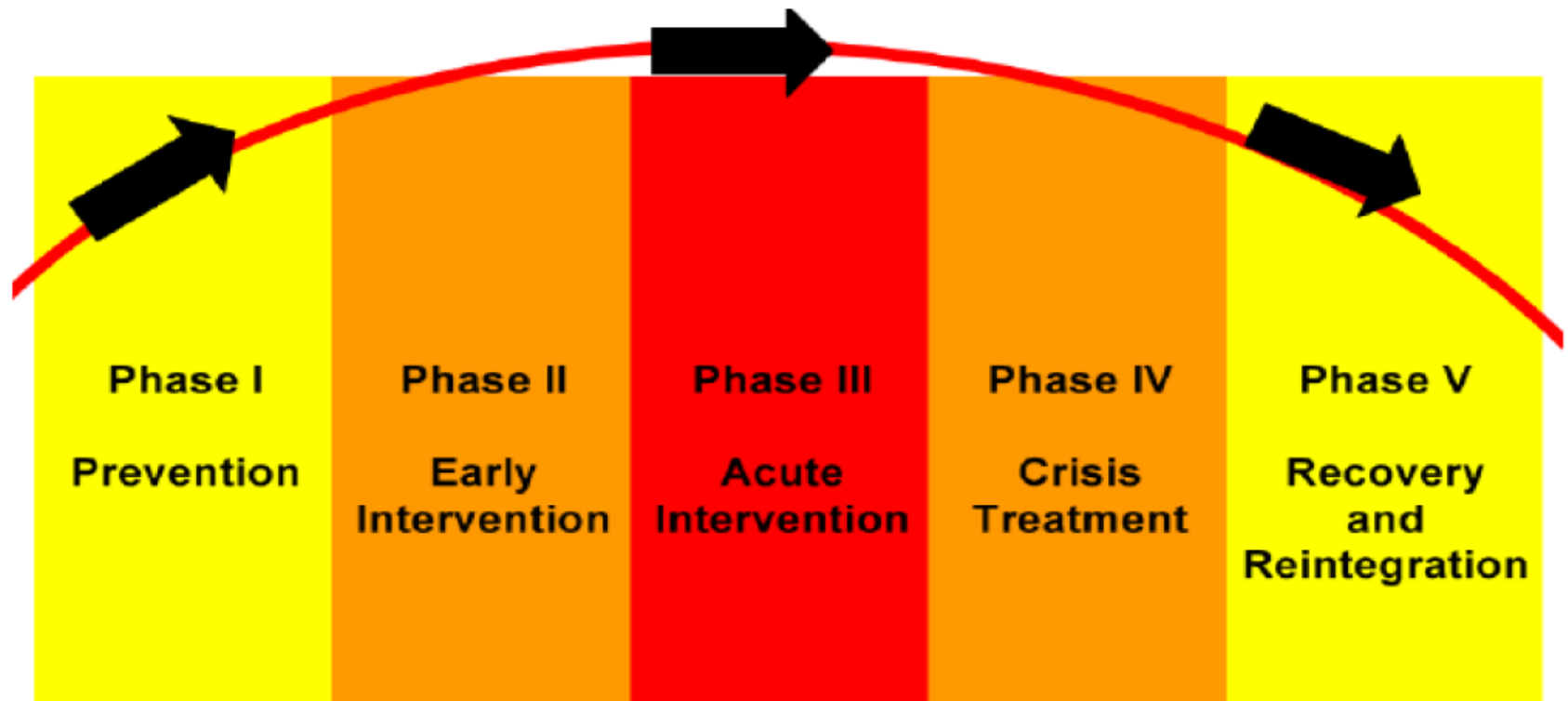
- Without a well developed plan, it is hard to get in front of
 - Costs of care for highest volume/highest risk service users
 - Overuse of ED, inpatient treatment, jail, child welfare
 - ED boarding
 - Risks to individuals, communities
 - Risks to state/agencies (Olmstead complaints, Law enforcement/jail complaints)

Crisis System of Care Framework

This is an organizing and planning framework that offers ten points of opportunity for building depth and breadth into a crisis system: within five “phases” and five “key components”



Crisis System of Care Model



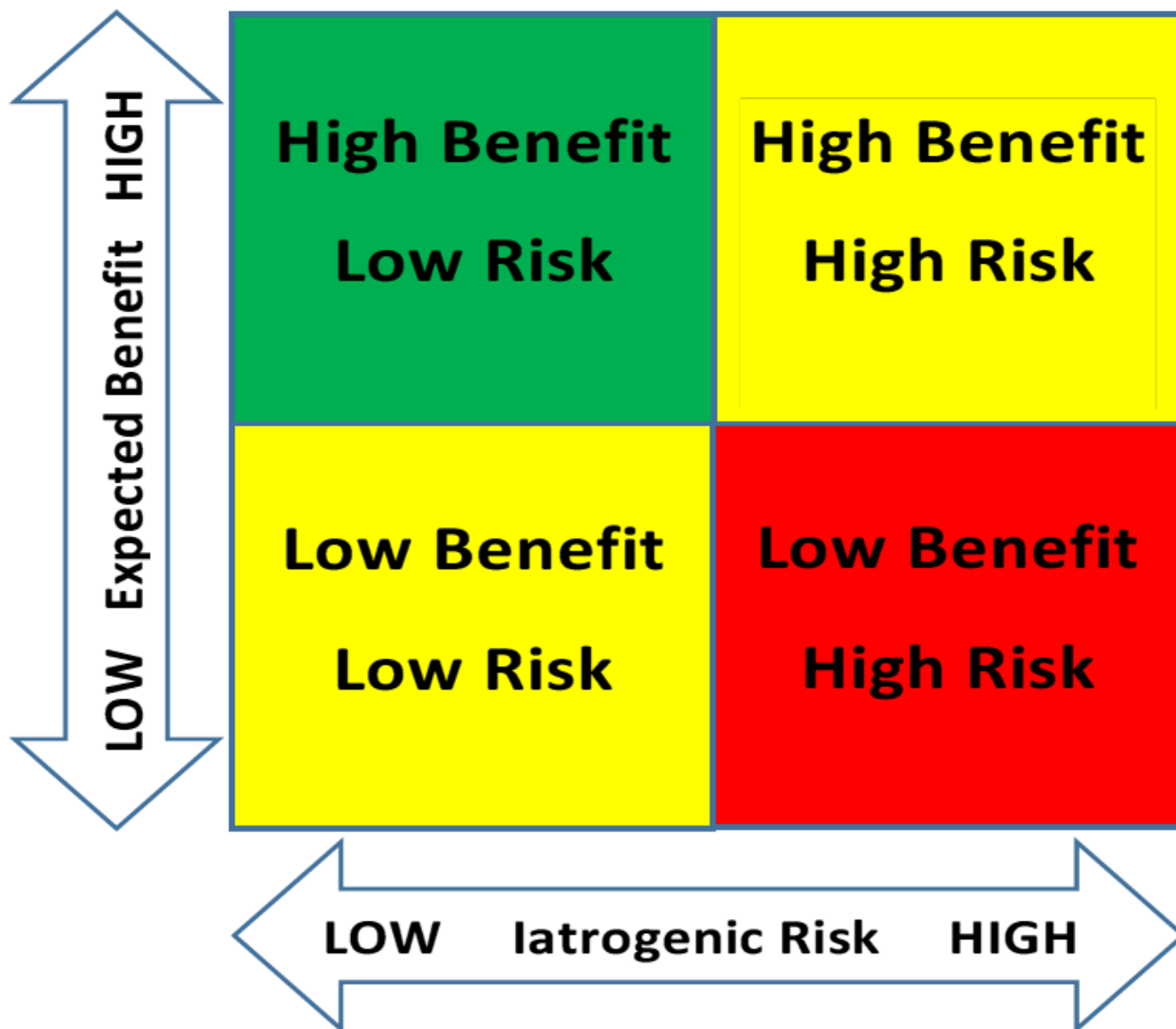
Lived Experience: In program development, oversight and service delivery

Players: Strong, cross-sector collaborations

Logistics: Processes to facilitate movement of people and data

Competencies: Skills that promote resolution and reduce harm

Parts: Services used as intended and producing results



When the crisis system is underdeveloped...

- Under-assigned roles, responsibilities and systemic expectations
- Default, and often early use, of safety net providers such as law enforcement, hospital emergency departments and crisis teams
- Underdeveloped crisis competency.
- Narrow focus on assessment, not enough focus on treatment
- Narrow focus on disposition, not enough focus on resolution

Crisis Systems of Care

Want to invest across the crisis arc

- Upstream (pre-acute crisis) investments are quite useful in terms of cost avoidance and harm prevention.
 - Crisis planning
 - Urgent access
 - Flexible service intensity
 - Medication adherence strategies
 - Peer support

Crisis Systems of Care

- It is also important that a person successfully return home and that there is careful attention to risk during, and in the weeks that follow, transition.
 - Rapid appointment
 - Flexible service intensity
 - Well-developed safety plan
 - Attention to housing, job, entitlements, social supports, etc. that contributed to crisis or changed as a result of the treatment
 - Support of family members and loved ones

Crisis Systems of Care

- Crisis System “parts” are important
- But “parts”, in and of themselves, are not enough
 - More “parts” doesn’t automatically result in a better crisis system
 - Parts should make sense systemically
 - Should serve the right people for the right amount of time and produce benefits that are worth the cost
 - Parts must be experienced by the user as effective

Expand the “Players”

- Effective crisis systems are:
 - Past the “finger pointing” stage
 - Building cross-sector, non-traditional relationships and collaborations
 - Finding win-win business reasons for doing so
 - Blending funding
 - Evaluating outcomes at a system level
 - Using the experience of those who have used crisis services as an orienting point for system improvement

Invest in “Logistics”

- Effective systems are:
 - Figuring out ways big and small to efficiently and safely move people and data
 - Attending to access, supply, demand, and efficiency of each of the system’s “parts”
 - Developing push/pull mechanisms to aid movement (especially back door)
 - Sorting out cross-system sharing/evaluation
 - Retrospective data has some value, but real-time data and forecasting are game changers

Master the “Competencies”

- Across the board
 - Person-centered, strength-based, resolution-focused, and trauma-informed care
- Sector specific, for example:
 - Crisis planning, prevention, support (Tx providers)
 - Crisis Intervention Team (law enforcement)
 - Sanctuary Model (residential care)
 - Mental Health First Aid (Laypersons)

Using a Crisis Systems of Care Framework can help a community:

- Identify and address gaps in the safety net
- Expand knowledge and skillset of laypersons
- Increase efficient use of resources
- Reduce handoffs and duplication
- Provide services that are most meaningful and useful to individuals in crisis and their families
- Promote development of local solutions
- Reduce use of coercive interventions
- Reduce civil and criminal court involvement
- Reduce need for emergency and inpatient services
- Reinforce a coordinated, systemic (rather than agency-centric) approach to planning, delivery, policy, and outcome management.