



# LDH/OBH COORDINATED CRISIS SYSTEM - IMPLEMENTATION PLAN



March 29, 2021

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## BACKGROUND

In 2014, a Department of Justice (DOJ) investigation of Louisiana focused on individuals residing in Nursing Facilities (NF) who have Serious Mental Illness (SMI).

Findings, published in 2016, outlined that Louisiana was **inappropriately relying on Nursing Facilities to serve people with SMI** instead of providing services in integrated settings appropriate to their needs.

Upon receipt of the findings letter, Louisiana LDH immediately began proactively working with DOJ on the development of an Agreement intended to mitigate the DOJ's findings.

Louisiana LDH entered into an Agreement with DOJ on June 6, 2018.

The Agreement outlines expectations regarding activities related to individuals with SMI in NF and the overall behavioral health service system. **This includes the development of a crisis system of care.**

Link to Findings Letter: <https://www.justice.gov/crt/case-document/file/919861/download>

Link to Agreement: <https://www.justice.gov/opa/press-release/file/1068906/download>

## DOJ REQUIREMENTS FOR CRISIS SYSTEM

Sections 63 – 69 outline LDH’s requirements associated with the **implementation of a crisis system**. Some highlights follow:

63. LDH will **develop and implement a plan** for its crisis services system. LDH will **ensure** a crisis service system that provides **timely and accessible services and supports to individuals with SMI experiencing a behavioral health crisis within their local community**. The services shall include a **mobile crisis** response capacity, **crisis intervention** services, and **crisis telephone** lines ... Crisis services shall be provided in the **most integrated setting appropriate** (including at the individual’s residence whenever practicable), consistent with community-based crisis plans developed for individuals receiving services, or in a manner that develops such a plan as a result of a crisis situation, to **prevent unnecessary hospitalization, incarceration, or institutionalization**.

64. LDH will ensure that the Target Population has access to a **toll-free crisis hotline** in each community 24 hours a day, 7 days a week, staffed by qualified providers, with sufficient capacity to preclude the use of answering machines, third-party answering services, and voicemail.

65. LDH will, through the Implementation Plan, ensure that a **face-to-face, mobile crisis response** capacity is available **statewide** before termination of this agreement.

66. LDH will, through the Implementation Plan, ensure that a crisis receiving system is developed statewide with capacity to provide **community-based de-escalation and recovery services** to individuals experiencing crisis

# OBH ACTIVITIES TO ACHIEVE THESE REQUIREMENTS

For the last 2 years, OBH worked with partners in Medicaid and national experts to develop a system and services that achieve these requirements. This has included:

- **An analysis of existing crisis service array/network**
- **Exploration of national best practices**
- **Development of a Request for Information** related to crisis services  
<https://ldh.la.gov/assets/docs/MyChoice/CrisisSystemRFIFINAL2019-3-8.pdf>
- **Development of a Crisis Vision and Framework**  
<https://ldh.la.gov/assets/docs/MyChoice/CrisisFramework.pdf>

## OBH VISION FOR CRISIS SYSTEM

OBH has worked to finalize the **service design** associated with crisis system of care that is **modern, innovative** and **coordinated**. The vision is that the system:

- Results in a crisis continuum that **includes and respects a bed based crisis service but does not rely on that level** as the foundation of the crisis continuum;
- Values and **incorporates “lived experience”** in designing a crisis system and in crisis service delivery and is **built on principles of recovery and resiliency using person-centered processes**;
- Encompasses a **continuum** of services that includes **crisis prevention, acute intervention** and post-crisis **recovery services and supports**;
- Provides interventions to **divert individuals from institutional levels of care** including inpatient placements, emergency departments utilization, nursing facilities and other out of home settings; and
- Provides **timely access to a range of acute crisis responses**, including locally available **home and community-based** services and **mobile crisis response**.

## **COMMUNITY SUPPORT SERVICES - CRISIS SERVICES**

This service design for the crisis system includes the following services:

- **Mobile Crisis Intervention (MCI)**
- **Behavioral Health Urgent Care (BHUC) Centers**
- **Community Brief Crisis Support (CBCS)**
- **Crisis Stabilization (CS)**

Services will be available in this initial implementation for **adults (21 and older) with Medicaid.**

**All services will be voluntary.**

# MOBILE CRISIS INTERVENTION (MCI) - OVERVIEW

MCI services are an **initial or emergent crisis response** intended to provide **relief, resolution** and **intervention** through crisis supports and services during the first phase of a crisis in the community. MCI is:

- A **community-based, mobile crisis** response service
- A **face-to-face, time-limited** service
- Available **twenty-four (24) hours a day, seven (7) days a week**
- Available as an **initial intervention** for **up to 72 hours**, until either the **individual experiences relief/resolution** to the crisis **or they are linked to an alternate service** necessary to meet their needs including medical care, a community based behavioral health provider, inpatient psychiatric hospitalization or another crisis service
- Inclusive of **maximum one (1) hour urban** and **two (2) hours rural face-to-face/onsite response times**

# COMMUNITY BRIEF CRISIS SUPPORT (CBCS) - OVERVIEW

CBCS services are an **ongoing crisis intervention response** rendered for **up to fifteen (15) days** and designed to provide **relief, resolution and intervention** through **maintaining the member at home / in the community**, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers. CBCS is:

- A **community-based** service
- Available **twenty-four (24) hours a day, seven (7) days a week.**
- A **face-to-face, time-limited service**
- A service that **provides follow up subsequent to the initial crisis mitigation**, ensuring **ongoing stability** for those individuals who had received services through a MCI, a BHUC Center, or a CS provider
  - This includes Coordinating with the member's Managed Care Organization (MCO) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated and includes the transfer to alternate levels of care when warranted

# BEHAVIORAL HEALTH URGENT CARE (BHUC) CENTERS - OVERVIEW

BHUC Centers are **facility based services** 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. BHUC Centers are:

- An **initial or emergent psychiatric crisis intervention** response intended to provide **relief, resolution and intervention** through crisis supports and services during the first phase of a crisis for adults
- Designed to offer **recovery oriented and time limited services up to twenty-three (23) hours per intervention**, generally addressing a single episode that enables a member to return home with community-based services for support or be transitioned to a higher level of care as appropriate if the crisis is unable to be resolved
  - **Follow up services** are available as an initial intervention for **up to 72 hours** until either the individual experiences **relief/resolution** to the crisis or they are **linked to an alternate service** necessary to meet their needs
- **Driven by the member** and include **resolution focused** treatment, **peer support, safety planning, service planning, care coordination** designed to **de-escalate the crisis**. Strategies are developed for the member to use after the current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate

# CRISIS STABILIZATION (CS) - OVERVIEW

CS services are **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. CS is:

- Provided in an **organized bed-based non-medical setting**, delivered by appropriately trained staff that provide safe **24-hour crisis relieving/resolving intervention and support, medication management, observation and care coordination** in a supervised environment where the member is served
- Designed to **prevent or ameliorate a psychiatric crisis** and/or **reduce acute symptoms** of mental illness and to provide crisis relief, resolution, and intensive supportive resources for **adults who need 24/7 support**
- Utilized when additional crisis intervention and supports are necessary to stabilize the crisis and **ensure community tenure** in instances **in which more intensive inpatient psychiatric care is not warranted** or when the member's needs are better met at this level
- Coordinates contact through a **warm handoff** with the member's Managed Care Organization to link members with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated
- Able to provide **follow up** to the member and authorized member's caretaker and/or family **up to 72 hours post discharge** to ensure continued stability post crisis for those not accessing CBCS or higher levels of care

# IMPLEMENTATION SCHEDULE

The schedule for implementing these services follows:

- January, 2022:
  - Mobile Crisis Intervention (MCI)
  - Community Brief Crisis Support (CBCS)
- April, 2022
  - Behavioral Health Urgent Care (BHUC) Centers
- July, 2022
  - Crisis Stabilization (CS) - Adults

## NEXT STEPS

To achieve these implementation timelines, OBH is:

- Exploring the **integration with the upcoming 988 system**
- Working with **consultants to outline training and network development requirements**
- Exploring **options related to the call center, triage, and dispatch functions** associated with and critical to the crisis system

## WHAT IS 988?

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



# 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

## CALL CENTER, TRIAGE, AND DISPATCH FUNCTIONS

OBH is working with a national consultant who is exploring **options related to the call center, triage, and dispatch functions** associated with, and critical to, the crisis system. This includes:

- **Conducting an assessment of the operational competencies of the existing system**
- **Issuing recommendations** regarding the various operational **plans** for how to move forward

The presentation will be available at the My Choice Louisiana website located at: <https://ldh.la.gov/MyChoice>

Feedback / Questions can be directed to [MyChoiceLA@LA.GOV](mailto:MyChoiceLA@LA.GOV), please reference Crisis Implementation Plan in the subject line