

# Request for Information on Modeling a Crisis System of Care in Louisiana

## **Louisiana Department of Health**

*Rebekah E. Gee, MD, MPH, Secretary*

*Mark Thomas, Deputy Secretary*

*Karen Stubbs, JD, Assistant Secretary, Office of Behavioral Health (OBH)*

March 8, 2019



**Louisiana Department of Health**  
**Request for Information on Modeling a Crisis System of Care in Louisiana**

**VISION STATEMENT:** The Louisiana Department of Health (LDH) is committed to ensuring that individuals in crisis and their families experience treatment and support that is compassionate, effective and resolution-focused, and delivered by a crisis system that is coordinated, responsive and efficient.

By addressing the needs of all populations, including Louisiana's most vulnerable citizens (e.g. children and youth in crisis and their families, and individuals with co-occurring conditions) LDH believes improvements to its crisis system of care will maximize the use of voluntary treatment and reduce the need for law enforcement involvement. In addition, it will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, residential care centers, out of home placements, jails, intermediate care facilities for individuals with intellectual / developmental disabilities, and hospitals. It is LDH's goal to develop a statewide model for crisis response that maintains regional and geographic relevance and builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities.

To achieve this vision, LDH, in consultation with service users and key system partners, will develop a modern, innovative and coordinated crisis system of care. LDH's vision is a system that:

- Values and incorporates "lived experience" in designing a crisis system and in crisis service delivery;
- Encompasses a continuum of services that includes crisis prevention, acute intervention and post-crisis recovery services and supports;
- Is built on principles of recovery and resiliency, delivering services that are individualized and person-centered;
- Provides timely access to a range of crisis and crisis stabilization options, including home and community-based services;
- Provides stabilizing interventions and supports that allow individuals to recover as quickly as possible;
- Allows individuals to receive services locally and in the community whenever possible;
- Delivers resolution-focused interventions and assists individuals in problem-solving and in developing strategies to prevent future crises and enhance their ability to recognize and deal with situations that may otherwise result in crises;
- Supports individuals to increase or improve their network of community and natural supports, as well as their use of these supports for crisis prevention;
- Continuously improves its processes to assure seamless and efficient care; and
- Collaborates and innovates with partner systems including healthcare systems, judicial systems, law enforcement, child protective services, educational systems, homeless coalitions, as well as any other system that touches individuals who may experience a behavioral health crisis.

**BACKGROUND:** 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.

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.

#### **PURPOSE OF THE RFI:**

The Louisiana Department of Health (LDH) is seeking input from a broad range of stakeholders to assist in the development of a vision for a modern and comprehensive crisis system of care for Louisiana consistent with the following values:

- Accessible to individuals across the state
- Addresses the needs of specialized populations
- Is organized into a Crisis System of Care rather than a set of disparate, programmatic parts
- Maximizes use of technology (i.e. call centers, electronic tracking of service availability, real-time crisis system intelligence)
- Is guided by the knowledge of /and includes individuals with lived experience in system design, service delivery and oversight
- Delivers crisis treatment services that are experienced as safe, crisis resolving, health promoting, and collaborative
- Delivers services that are resolution-focused (rather than limited to assessment/disposition)

LDH is seeking ideas for the design of a behavioral health crisis system of care (inclusive of mental health and/or substance use disorders) as well as ideas for the types of crisis programs, services, and funding models that will best serve the needs of Louisiana. Specifically, LDH is seeking input in the following areas:

- The overarching structure of a crisis system of care, including how a statewide model can best be organized to assure regionally relevant local connections that are deep, culturally meaningful and geographically functional.
- Innovative financing including models that will maximize broad access/eligibility, considering public and private payment sources and implemented in a manner that allows for the access of services for individuals regardless of insurance status.
- How best to maximize value of existing community resources/assets/talent/workforce
- Methods for collaboration/partnering with other state and local agencies and systems
- How best to meet the needs of specialized populations, including:
  - Those individuals most at risk of institutionalization (nursing home, residential, out of home placement, jail, hospital, intermediate care facility for individuals with intellectual / developmental disabilities)
  - Children, youth and their families
  - Individuals with co-occurring diagnoses (mental health diagnosis and substance use, intellectual or developmental disability, and/or medical condition)
  - Individuals who are homeless
- Identification of essential components for a comprehensive crisis system of care that
  - Minimizes need for new brick/mortar investments
  - Maximizes voluntary, least-restrictive, in-community or close-to-home, person-centered treatment and support

## INSTRUCTIONS:

Any interested parties may respond inclusive of, but not limited to individuals, entities, managed care entities, healthcare systems and providers, advocacy organizations, and/or organizations with Information Technology (IT) expertise. Responses may be accepted from out of state entities.

Respondents are encouraged to provide complete responses to the questions listed below and identify the specific questions responded to in their submission. Please note that a response to every question is not necessary. Additionally, respondents may identify and comment on other issues that they believe are important for the State to consider. LDH asks that you respond to sections in which you hold subject matter expertise, may have future business interest, or can share best practice ideas.

**DATES:** To be assured consideration, comments must be received by 11:59pm CST on March 29, 2019. A question and answer session will be available to potential respondents on **Thursday March 14, 2019, 3:00p.m. – 5:00p.m. in room 118 of the Bienville Building.** Feedback related to these sessions will be posted to [www.ldh.la.gov/mychoice](http://www.ldh.la.gov/mychoice).

**RESPONSE SUBMISSION:** Responses should be submitted to the Louisiana Department of Health with the following email address: [MyChoiceLA@la.gov](mailto:MyChoiceLA@la.gov). **For questions or additional information, contact [MyChoiceLA@la.gov](mailto:MyChoiceLA@la.gov)** with “CRISIS SYSTEM RFI” in the subject line.

**RESPONDENT CONTACT INFORMATION:** Please provide the name, organization, address, contact number, and email address of the respondent.

## QUESTIONS:

1. Describe your vision for how a behavioral health crisis **system** could be developed in Louisiana.
2. What programs or services do you think the state should consider in meeting the crisis needs of individuals whether or not they currently exist in Louisiana? (This can include crisis prevention, early intervention and post-crisis services and supports)
  - a. What programs/services need to be available statewide?
  - b. Are there programs/services that would be better tailored at the local level?
  - c. Do you have ideas about how peer operated or delivered services could be used in the system?
  - d. Do you have suggestions on how to support the rapid development of a crisis network (staff competencies, provider networks, system protocols, etc.)?
3. How could a crisis system be developed geographically, so that services are locally relevant and available to every Louisiana resident?
  - a. If the state were to pursue a crisis system management model comprised of two (2) or more geographic regions what do you view as the risks, benefits and challenges of such an approach?

- b. What do you view as the risks, benefits and challenges of a single, statewide model?
4. Do you have ideas about how a crisis system of care could best meet the needs of particular specialty population groups (including but not limited to children and youth, individuals with opioid use disorder, individuals with co-occurring intellectual / developmental disabilities)?
  5. How could services best be coordinated between the crisis system and the broader behavioral health care system to ensure an efficient and satisfying care experience for individuals using the system?
  6. How could innovative designs in a crisis system promote principles of recovery and resilience and offer services and supports that are delivered in the least restrictive settings, minimizing the need for coercive approaches?
  7. How could the crisis system or program be supported by a diversified payment/reimbursement structure in order to ensure care is not limited by payment/reimbursement type, such as those on Medicaid, private pay, uninsured, private or commercial insurance, etc.?
  8. How could the system be designed to ensure appropriate coordination between the crisis system and the broader behavioral health system?
  9. Are there unique resources and/or opportunities in Louisiana that should be considered in designing the crisis system?
  10. What else do you think the State should be considering?

**SPECIAL NOTE TO RESPONDENTS:** Whenever possible, respondents are asked to draw their responses from objective, empirical, and actionable evidence and to cite this evidence within their responses. References to evidence-based practices and models used in other states relative to your responses are appreciated. When possible, please reference outcomes data and/or lessons learned relevant to the implementation of the proposed practices or models.

#### **REFERENCE MATERIALS**

The following reference materials are available to aid in the development of a response to this RFI:

- Crisis System of Care Model ([www.ldh.la.gov/mychoice](http://www.ldh.la.gov/mychoice) - under “Related Resources”)
- NASMHPD Crisis Now: Dedicated to Transforming Mental Health Crisis Systems  
<https://www.nasmhpd.org/content/crisis-now-dedicated-transforming-mental-health-crisis-systems>
- Crisis Now website <http://www.crisisnow.com/>
- NASMHPD Crisis Now Transforming Crisis Services <http://bhltest2.com/>
- SAMHSA Crisis best practices - Core Elements for Responding to Behavioral Health Crises: Practice Guidelines  
<https://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/sma09-4427>
- Crisis Services Effectiveness, Cost-Effectiveness, and Funding Strategies

<https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848>

- Making the Case for a Comprehensive Children’s Crisis Continuum of Care  
[https://www.nasmhpd.org/sites/default/files/TACPaper8\\_ChildrensCrisisContinuumofCare\\_508C.pdf](https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf)
- SAMHSA guidelines for trauma informed care Trauma-Informed Practices  
<https://www.samhsa.gov/nctic/trauma-interventions>
- SAMHSA Recovery Support Tools and Resources/Peers <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

**THIS IS A REQUEST FOR INFORMATION (RFI) ONLY.** This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, application, or proposal abstract. This RFI does not commit the State to contract for any supplies or services or make a grant award. Further, the State is not seeking proposals through this RFI and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense.

Information obtained as a result of this RFI may be used by the State for program planning on a non-attribution basis. All submissions become State property and will not be returned. The State will accept requests from any interested party to keep the information in its submission confidential, and will agree to confidentiality if appropriate in accordance with state and federal law. In all other cases, the State may publicly post a summary of the comments received.

**Confidential Information, Trade Secrets, and Proprietary Information**

All financial, statistical, personal, technical and other data and information relating to the proposer’s operation and submitted in response to this RFI shall be not be considered confidential. The State shall not be required to keep confidential any data or information submitted in response to this RFI.

All material will be handled in accordance with the Louisiana Public Records Act, R.S. 44: 1-44 and applicable rules and regulations. Any offer marked as confidential or proprietary may be rejected without further consideration or recourse.

In addition, if the State receives a public records request for information pursuant to the Louisiana Public Records Act, R.S. 44: 1-44 and a proposer wishes to assert that information is confidential, the proposer may seek a protective order from a court of proper jurisdiction preventing the release of such information. In such case, the proposer agrees to hold the State harmless for any and all costs or fees incurred, including attorneys’ fees, related to the State’s refusal to release documents or other information over which confidentiality has been claimed.

