

## DESIGNING CRISIS SYSTEMS THAT HELP PEOPLE STAY IN THE COMMUNITY: LOUISIANA



### VISION

The Louisiana Department of Health (LDH) entered into an agreement with the United States Department of Justice in 2018 to transform services for adults aged 21 and older with Medicaid. The agreement stemmed from their investigation of individuals 18 years and older with serious mental illness unnecessarily residing in nursing homes. Several requirements were included in the agreement related to the state's behavioral health service system including the development of a comprehensive crisis system of care. The vision for this system is to ensure individuals in crisis and their families experience treatment and support that is compassionate, effective, resolution-focused, and delivered by a crisis system that is coordinated, responsive and efficient. LDH used TTI funds to conduct research and identify options for designing the crisis call center component of a comprehensive system. To arrive at an approach that would work for Louisiana, the study included an assessment of state service gaps and resources, surveyed stakeholders, and reviewed best practices in other states. Based on the report, LDH will soon issue a request for proposals to establish crisis call hubs to serve as the primary point of entry to crisis services. The hubs will receive crisis calls directly from the

**“Crisis is self-defined and can best be labeled as ‘need help now’ determined by the individual.”**

–The 2019 Louisiana Coordinated Crisis Plan

community and from 988 and will coordinate with provider agencies to dispatch mobile crisis teams, access walk-in and crisis stabilization facilities, and deliver follow up care after crises are resolved. Based in part on this report and its comprehensive crisis system blueprint, LDH is in the process of standing up additional mobile crisis teams and crisis stabilization units.

### JAIL DIVERSION APPROACH

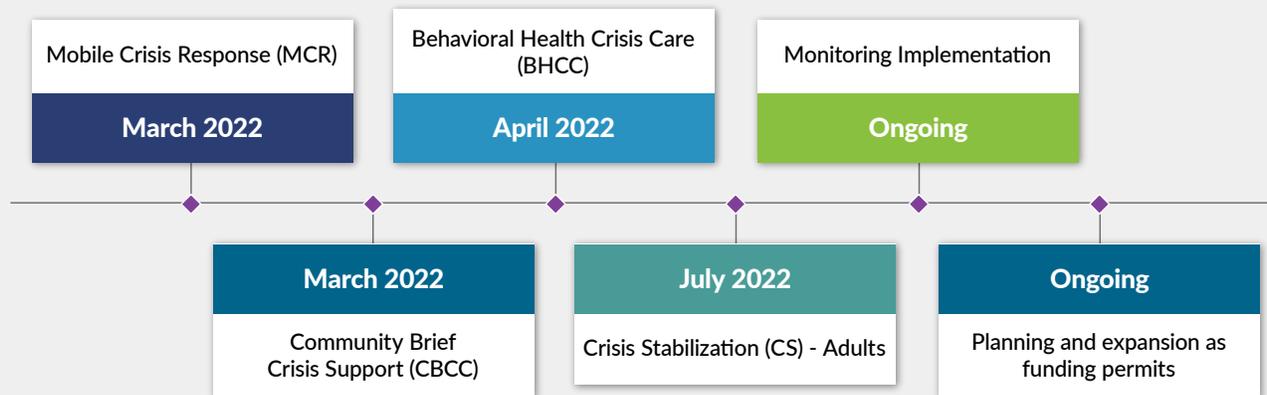
While the stimulus for this system change was to ensure individuals with mental illness are provided services in the most integrated setting appropriate to their needs, a comprehensive crisis system will divert individuals from unnecessary institutionalization, whether in medical settings or correctional settings. The model maximizes the use of voluntary treatment and reduces the need for law enforcement involvement.

### MEASURING PROGRESS

A number of measures are under consideration for the crisis call hubs that include:

- Availability of crisis line services;
- Availability of adequate staff to meet service demand within timeliness requirements;

## MEDICAID ADULT CRISIS SERVICES IMPLEMENTATION SCHEDULE FOR LOUISIANA



- Answer rate time and location;
- Call abandonment rate;
- Call handle time;
- Percent of callers assessed for suicide;
- Percent referred to services; and
- Percent of callers who receive follow-up services.

### INTEGRATION WITH CRISIS SYSTEM

LDH is seeking to build a comprehensive crisis care system. The crisis call hubs will serve as the single point of entry to the crisis system, resolving crises when possible and coordinating community resources for ongoing care as they are needed. In addition to establishing crisis call hubs, LDH is growing mobile crisis teams from 4 to 8 of its 10 health regions in the near future. Crisis stabilization units are in 4 of the state’s health regions and their numbers will likely grow as services to Medicaid recipients can be billed.

### BEHAVIORAL HEALTH EQUITY

Regions of the state vary not only geographically, but culturally as well. As crisis systems are developed, access and availability must match the needs and resources of localities. The selection of service providers will be based in part on their ability to identify and address the specific needs of diverse ethnic communities in Louisiana, such as Acadians or Vietnamese Americans and innovate solutions to service impediments such as language and transportation barriers.

### PROJECT LEGACY

This project funded a review and recommendations for establishing a crisis call center that served as a blueprint for a comprehensive crisis system in Louisiana. More than just another report that sits on the shelf, its recommendations were adopted, and system build-out has begun. The keystone of the system, the crisis call hub is in process for procurement and expansion of mobile crisis teams and crisis stabilization units are on the horizon.

### WHAT HAS DESIGNING A CRISIS SYSTEM TAUGHT US?

A major catalyst to the crisis system redesign, due in part to the DOJ settlement agreement, is the recognition that crisis services are critical supports to help people live and thrive in the community. LDH found the review of best practices of crisis call systems in other states extremely helpful. The surveys and interviews of crisis call centers in the state, Managed Care Organizations, and Lifeline centers informed an assessment of the system’s readiness to align services with SAMHSA’s National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit helped LDH determine next steps. Input from a workgroup of MCOs, advocates, people with lived experience, nursing homes, and other stakeholders responsible for implementing the DOJ settlement agreement to the report’s helped LDH determine how to proceed.

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