

Jan M. Kasofsky, PH.D.
Executive Director, Capital Area Human Services
Clinical Design Committee Chair

A CALL TO ACTION

East Baton Rouge Parish's Plan for
Behavioral Health **Crisis** Management

BATON ROUGE AREA FOUNDATION

Today We Seek Your Input

Today's presentation is an important part of the Baton Rouge Area Foundation's initiative to decriminalize mental illness.

The Foundation requested that a Clinical Design Committee be formed to develop a draft plan that focuses on behavioral health crisis services.

The behavioral health crisis services draft plan identifies approaches that divert people away from, & out of, the criminal justice system.

What was the charge?

To design approaches/a place, where citizens, their families, and law enforcement can utilize that averts, or provides care, when a behavioral health crisis occurs.

Who has provided professional advice to create a solution?

CLINICAL DESIGN COMMITTEE

- Jan Kasofsky, PhD, CAHS, Executive Director, *Chair*
- William “Beau” Clark, MD, Coroner, EBRP
- Will Freeman, MD, ER MD/Deputy Coroner
- Anthony Ponton, Major, EBRSO
- Lawrence McLeary, Colonel, EBRSO
- Kenny Huber, Captain, EBRSO
- James M. Rhorer, MD, OLOL, ER Director
- Joe Prokop, Mental Health Attorney
- Darryl Honore', Sergeant, BRPD
- Tonja Myles, Certified Peer, CAHS
- Mark Dumaine, Chief of Administration, EBRPDA
- Raman Singh, MD, Medical/Mental Health Director, DOC
- Aniedi Udofa, MD, CAHS Medical Director; Deputy Coroner
- Scott Meche, PhD, Director Developmental Disabilities Services, CAHS
- Robert Blanche, MD, Psychiatrist, EBRPP
- Treva Parolli-Barnes Chief of Operations, EBR Coroner's Office

What is a BH Crisis?

- When a person with a mental illness or substance abuse problem decompensates with severe problems sleeping/eating/taking care of self
- They experience confusion and are unable to make decisions, hallucinate, experience an alternative reality (psychotic/delusional)
- These problems escalate until they become a danger to self (suicide) and/or others (homicide), or gravely disabled

What Causes a Person to Have a BH Crisis?

- Lack of treatment engagement
 - Newly experienced problem
 - Drop out of treatment
 - Discontinued medications
- Substance abuse
- Treatment and failure as seen in all chronic illnesses

The Shared Vision for the Community

- A safe community, harm reduction
- Rapid access to intake/stabilization services
- Appropriate care at the appropriate time and place: Eliminates default to EDs and jail
- Humane, essential care
- Cohesive linkage to ongoing care; avoid recidivism
- Cost effective care with diminished financial losses
- Ongoing performance appraisal with authority; CQI

What Can We Do as a Community?

- Safety is first; for our consumers, the public and first responders. Be able to “read” the situation rapidly
- Don't wait for a crisis. Provide ongoing treatment to community members with mental illness. Make a referral. Treatment/recovery works
- Build a system to manage crises:
 - a. Train law enforcement and others on signs and symptoms of BH disorders and where there is help
 - b. Provide a system with a site for rapid stabilization to avoid ED and jail when possible
 - c. Provide needed d/c planning in jail to prevent rearrests

What is the BH Crisis in EBR?

We are lacking the Behavioral Health Crisis Continuum



Danger: Without these services people in crisis can only go to, or be taken to, the ER or to jail. They recycle through these institutions and are rarely connected to ongoing care to prevent further crises.

What led to the crisis?

- Closure of two Emergency Departments within two years.
- Closed Mental Health Emergency Room Extension (MHERE) on the EKL campus. (2 years ago)
 - 50% of patients came with law enforcement
 - 40% of patients were self-directed
 - 10% other sources
 - In two years there were 3,400 patients seen and no discharges to jail

What is the solution?



(Re-) Establish the missing
Behavioral Health Crisis Continuum

What is the goal of this plan?



To provide appropriate and proven effective services to avoid the use of the EBR Parish Prison as the de facto residential care and acute unit and to support on-going stability

What are the components of the BH Crisis Continuum?



- Triage or Entry to needed Service/Support
- Facility-based Acute Triage, Assessment & Stabilization for Self/Family and Law Enforcement Assisted Individuals
- Care Management and Navigation to link to Acute and Ongoing Treatment and Supports

How would you get help?



TRIAGE or ACCESS

- Call Center 24/7
- Crisis Mobile Team for Children (CAHS) & Respite Beds
- (CIT Trained) Law Enforcement
- Crisis Mobile Team for Adults (CAHS and Mobile Mental Health Response Team, Law Enforcement &/or EMS)
- Go to the Recovery and Empowerment Center

Facility-based Acute Triage, Assessment and Stabilization



Recovery and Empowerment Center (REC)

Recovery and Empowerment Center



**FACILITY-BASED
ACUTE
TRIAGE,
ASSESSMENT &
STABILIZATION**

- Triage and Assessment Unit
- Medical Triage
- Peer Run Respite Drop-in Unit
- Sobering Unit (10 beds)
- Medical Detox Unit (10 beds)
- Medical Stabilization Unit (10 beds)
- Care Liaisons & ISC Inter-agency Services Planning

Recovery and Empowerment Center (REC)



- Operates 24/7, 365 days
- Safe, acute, time-limited, crisis care (respite and stabilization)
- Links to other services through referral
- Separate access for law enforcement and EMS (involuntary)
- Referrals from mental health clinics, discharge from DOC, screening referrals from law enforcement and referrals from EBR Parish Prison
- All admits connected to a liaison upon discharge

How would the REC be managed?



- An executive director would be retained/contracted to oversee all aspects of managing, operating, and coordination services. This director would chair the Community Board
- Community board would be comprised of behavioral, medical, and law enforcement professionals who meet regularly to provide oversight

Recovery and Empowerment Center

- Triage and Assessment Unit
 - For self referrals, family referrals, law enforcement-escorted, and referrals from other community-based services
 - Ensures medical appropriateness
 - By licensed professionals using validated tools to determine level of need
 - Assistance with enrollment in insurance and benefits
- Peer Run Respite Unit
 - For voluntary self-referred individuals
 - ‘Living Room’ model allows for up to 10 hours of quiet time in a calm environment
 - Certified peers provide evidence-based practices for wellness and motivation for further treatment

Recovery and Empowerment Center

- Sobering-beds Unit (up to 23 hours)
 - A safe place to “sleep off” inebriation
 - Individuals brought by law enforcement
 - Run by EMTs who screen and support individuals for further care
- Medical Detox Unit (up to 72 hours)
 - Medical/medication support for individuals who require a higher level of detox support for their safety
- Medical Stabilization Unit (up to 72 hours)
 - A medical unit supported by ER physician, psychiatrist, mental health team
 - Rapid medication stabilization
 - Voluntary and involuntary commitment

Acute Treatment Services



- Indigent, Funded, Short-term Acute Beds
(32% of all individuals in the medical stabilization unit will need additional hospitalization)
- New Short-term Residential beds
(3-week step down beds after stabilization)

Recovery and Empowerment Center



**CARE
MANAGEMENT
& NAVIGATION**

- Care Liaisons to follow patients over one month to ensure connections to next/ongoing care to prevent cycles of crises and need to re-enter these services
- ISC Inter-agency Services Planning to ensure that a plan is developed and implemented for those most at risk
- Assistance with enrollment in insurance and benefits

Liaisons Connect to Ongoing Treatment and Supports



- Outpatient Treatment: Addiction and MH Services
- Community-based Supports and Services (i.e., housing, primary care, education, vocation)

What are the immediate short-term fixes?

- Within the EBR Parish Prison provide support and focus on discharge planning to connect people with behavioral health needs to community-based care.
- Establish a temporary Sobering Center in the new Baton Rouge Detox facility that accepts law enforcement drop off.

What are the immediate short-term fixes?

- Establish an indigent fund to assist people in the community living with mental illness, and/or substance abuse disorders to access primary care for physical medicine needs, and pharmaceuticals. Contract with local clinics or urgent care centers to avoid crises and unnecessary ER usage.
- Establish the Mobile Mental Health Response Team through collaboration between CAHSD and BRPD &/or EMS to act as a jail and ER diversion program. Focus on stabilization.

Special Thanks

Thanks to the
Clinical Design Committee

What do we need to do to make this happen here?

1. An understanding of what is happening now and its implications for officials and taxpayers
2. Political will
3. Forward thinking leadership
4. Identify funds dedicated to this service
5. Create the new crisis continuum and its community board for oversight

Questions and Comments?

The Behavioral Health Crisis Continuum

