

REQUEST FOR APPLICATIONS

for

Youth Mental Health Crisis Response System

Workforce Training

Issued by

LSUHSC Center for Evidence to Practice



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OPEN ON ROLLING BASIS FOR REGIONS 7 AND 8

Please direct questions to the Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu

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NOTE: This Request for Application (“RFA”) DOES NOT constitute a commitment to enter into an award with an applicant. Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential by a proposer. Any material within a response to this RFA identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Law. R.S. 44:1 et seq. and all applicable rules, regulations, and policies. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

1. INTRODUCTION TO THE TRAINING REQUEST FOR APPLICATION (RFA)

Responding to this Request for Application (RFA) indicates intent of the responding entity to attend training by the LSUHSC-NO Center of Evidence to Practice; seek LA Medicaid credentialing; execute the services as described below, and agree to accept the LA Medicaid rate on file for reimbursement of crisis services. A successful applicant will undergo training that will establish them as a potential crisis provider able to seek credentialing with Louisiana’s Medicaid Managed Care Organizations (MCO) to deliver services within the Louisiana Crisis Response System (LA-CRS). The successful applicant will work with the LSU Center for Evidence to Practice, LDH-OBH, and, if credentialed, Louisiana Medicaid MCOs to execute the new crisis services for youth within their contracted region. The responding entity should be aware that they are applying to be trained to deliver **both** services (e.g., mobile crisis response [MCR] & community brief crisis support [CBCS]). Applicants may be current providers of adult MCR/CBCS services who wish to expand to serving youth, or may be new or separate youth-focused providers who seek to provide MCR/CBCS to youth. Please see link [here](#) for a comprehensive description of each of these services. **If the selected applicant is unable to execute the service within an agreed upon timeframe, LDH-OBH retains the right extend the offer to another organization.**

PLEASE NOTE: It is anticipated, at least initially until further need is established, that there will be one provider for youth crisis services for each region and the selected provider agrees to serve the entirety (all parishes) of the region. Thus, a qualifying provider may want to consider multiple locations needed to serve the population and geographic area. Service capacities per region are based on the regions’ needs, population counts and geographic distance.

*****Please read the entire training RFA below for further information prior to beginning the application. *****

2. LOUISIANA CRISIS RESPONSE SYSTEM, YOUTH EXPANSION

The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) is seeking qualified applicants to be considered for Medicaid crisis response training for the new Youth Services Expansion of the Louisiana Crisis Response System (LA-CRS). Training is provided in partnership with the LSU School of Public Health’s Center for Evidence to Practice. This training is associated with a final review

for consideration of credentialing by the Louisiana Medicaid Managed Care Organizations (MCOs) to deliver services of this new crisis response system through Medicaid.

Since 2018, Office of Behavioral Health (OBH) has worked with Medicaid partners and national experts to examine expanding the crisis system and services offered across the State. This included an analysis of existing crisis services, exploration of national best practices, development of a Request for Information related to crisis services, and the development of a crisis vision and framework. The expanded crisis response system of care is a modern, innovative, and coordinated statewide system of regional providers that builds upon the unique and varied strengths, resources and needs of Louisiana's communities. It is also a system that aims to utilize person/family-centered processes built on crisis resolution and resiliency; provide timely access to a continuum of services; and aims to divert from institutional levels of care, yet respects bed-based crisis services without relying on them as a foundation.

This system is necessary for the following reasons:

- a) Community members may have a mental health crisis, yet not have access to rapid and coordinated care that allows them to remain in the community;
- b) Existing emergency services are often not equipped to perform mental health work;
- c) Barriers that community members face need to be reduced by offering timely care and by diverting unnecessary hospitalizations/emergency department (ED) visits to manage crisis; and
- d) Medicaid funding will be leveraged to provide crisis services to some of the state's most vulnerable citizens.

This system's framework is based on a voluntary intervention approach that is resolution-focused and is person/family-centered. These services are offered to individuals and families who are experiencing an acute psychological/emotional change that results in distress exceeding the abilities and resources of those involved to effectively resolve it. As appropriate, individuals and families may be redirected back to their existing provider for ongoing crisis services, after initial assessment.

In State Fiscal Year 2023, OBH began laying the groundwork for the expansion of the two mobile, community-oriented crisis response services – Mobile Crisis Response (MCR) and Community Brief Crisis Support (CBCS) – to individuals under age 21. LDH requested funding to begin delivery of these services to youth starting in April 2024, at the end of State Fiscal Year 2024. OBH and LSUHSC have partnered to tailor the policies and training for these services to maintain the crisis response system's vision and framework while also adapting these services to the unique needs of children and youth.

3. TRAINING OVERVIEW

Training for the crisis response system, youth expansion will be completed by all staff delivering the services, as facilitated by the Center for Evidence to Practice.

This training Request for Applications (RFA) is written to seek behavioral health agencies in Louisiana that are most ready to successfully participate in the Mental Health Crisis Response (MHCR) Workforce

Center for Evidence to Practice: Youth Mental Health Crisis Response RFA

Training and supported implementation of the expansion of the LA-CRS services to youth. The Center, through its partnership with OBH, coordinates and delivers training to crisis providers in order to implement and render services under the LA-CRS. As previously stated, the mission is to execute a modern, innovative, and coordinated statewide crisis system that builds upon the existing needs, strengths and resources of Louisiana’s Medicaid-serviced individuals and communities. The expansion for youth builds on the current crisis response system including call center(s), and will expand to include mobile crisis response teams (MCR), and community brief crisis support (CBCS) providers, to serve youth.

Successful applicants for training will be selected through this single application process. Once selected, agencies should continue readiness activities (e.g., staffing and supervision planning, infrastructure change considerations, etc.). As a learning collaborative team approach, direct care staff, supervisors, and administrators are expected to participate so that selected agencies understand, and support, via their respective roles, the new crisis response system.

Please note that this is the initial rollout of training for these services. We are anticipating selecting agencies in November 2023, based on readiness to be trained by the beginning of 2024. Selected agency leadership will participate in a training as early as December/January. As selected agencies work on credentialing with MCOs and hire their workforce, the first cohorts of frontline staff training will begin in February/March 2024. The anticipated start date for services will be April 2024.

ABOUT THE CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between the Louisiana Department of Health – Office of Behavioral Health and the Louisiana Health Sciences Center – School of Public Health. Our mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice. The Center expanded its efforts to include the Mental Health Crisis Response (MHCR) Workforce Development and Training Program, which is tasked with collaborating with communities throughout Louisiana, identifying a potential workforce, developing a training curriculum for crisis responders, implementing training, providing technical assistance, facilitating coaching to ensure appropriate execution of services, and monitoring quality on a continuous basis.

For more information on the Center, please visit our website: laevidencetopractice.com.

4. APPLICATION OVERVIEW

A. MENTAL HEALTH CRISIS RESPONSE AGENCIES

The objective of the Mental Health Crisis Response Workforce Training is to equip Louisiana behavioral health agencies to work with Medicaid members voluntarily seeking crisis services by utilizing the new LA-CRS. The existing service definitions for the adult-focused crisis services can be found in the LA Medicaid Behavioral Health Services Provider Manual at ldh.la.gov/crisis.

Revisions to these service definitions, detailing adjustments and adaptations to tailor these services for youth, are published in the Provider Manual [here](#). Review of this service definition is critical for the completion of this RFA.

All selected agencies and their required staff will participate in the training that will be offered both online (i.e., synchronous/live sessions and asynchronous/independent sessions) and in-person, where applicable. All selected agencies and their required staff must have access to computers with Internet connection and live camera/video capacity for the online portion of the training and the ability to travel, if applicable, for the in-person trainings. The general training curriculum outline can be found in Appendix A. The training is anticipated to take between 3-4 days. **To be eligible for final credentialing by the MCOs, selected agencies and required staff must complete all training, as well as, agree to participate in substantive coaching and follow-up continuous quality improvement (CQI) for this crisis response system.**

B. SUSTAINABILITY

Selected agencies are expected to commit to rendering and sustaining the services under the crisis system of care. **Agencies must demonstrate a strong capability to deliver services in their communities, as well as, fiscal capability to support the transition of staff and processes to the required level of care.** The initial training, technical assistance, and implementation coaching are hosted by the Center for Evidence to Practice without cost to participants; however, there will be costs to the agency to support staff time and effort while in training, modify processes to bill for services, build capacity and supports in their local community, and other operating/overhead expenses. Agencies should be mindful of the fact that services rendered under this system are currently primarily Medicaid claims-based services, and thus require the infrastructure for such billing.

5. APPLICATION AND SELECTION PROCESS

A. ELIGIBILITY REQUIREMENTS AND EXPECTATIONS

Selection will be based upon agency's ability to demonstrate crisis service capability, workforce capacity, fiscal capability, billing capacity, commitment to crisis system vision, values and health outcomes, and community engagement and outreach. Selection will be prioritized for providers that already serve Medicaid-insured children and youth; however, agencies are welcome to make a strong argument for their ability to transition to billable Medicaid services and all the required credentialing and/or licensing. In addition, current providers of LA-CRS services to adults are welcome to make a strong argument for their ability to transition or expand their current crisis services to serving youth, which includes the ability to work effectively with youth, their parents and guardians, and the staff of systems (educational, child welfare, juvenile justice) that also serve those youth.

Qualifying agencies will have to meet all provider requirements detailed in the crisis services definitions found in the Behavioral Health provider manual (links above). Interested provider organizations associated with a Wraparound Agency (WAA) are encouraged to reference draft revisions in the requirements in the LA Medicaid BHS Provider Manual, [Appendix F- Wraparound](#), noting that Center for Evidence to Practice: Youth Mental Health Crisis Response RFA

Wraparound standards do “not preclude the parent agency of a WAA, from providing regionally-based crisis response services, under a separate behavioral health services provider license, enrolled and credentialed as a separate entity.” These draft revisions can be found posted for public comment here:

[BH-2.3-CrisisResponseServicesforAdults-09.26.23-PC.pdf \(la.gov\)](#)

[BH-AppendixD-ApprovedCurric-09.26.23-PC.pdf \(la.gov\)](#)

[BH-AppendixF-WrapAround-09.26.23-PC.pdf \(la.gov\)](#)

As this is a state-funded training, all agencies and required staff must demonstrate their commitment to render services in Louisiana AND pursue credentialing and contracting with each of the six (6) Louisiana Medicaid Managed Care Organizations (MCOs).

B. APPLICATION PROCESS

The application is to be completed by an official at the agency requesting participation in the MHCR Workforce Training and Implementation process. **The training RFA must be signed by the agency administrator and clinical supervisor.**

***Please note that we encourage applicants to download the application, fill it out offline, and, once the applicant is ready to submit the application, then access the application link and insert their prepared responses.

*** Notification of acceptance or rejection, with suggestions for becoming more ready to be trained for crisis services if applicable, will be provided to agencies applying. If your application is not accepted, there will be a 90-day minimum wait period to re-apply.

Thank you for your commitment to serving Louisiana’s Medicaid members. We look forward to reviewing your application!

C. APPLICATION REVIEW PROCESS

Applications received via the online application form are reviewed by a team consisting of the Center for Evidence to Practice, members of a statewide mental health advocacy organization, and representatives from Medicaid MCO organizations and the CSoc Contractor. All reviewers sign a conflict-of-interest form and recuse themselves from the scoring process if a conflict of interest exists. All reviewers score applications independently. Final decisions are based on those deemed most ready to proceed to training based on the highest averaged scores. The factors that will be used to review the applicant’s responses include:

- Leadership
- Organizational infrastructure
- Organizational capacity and capability to expand for crisis services

- Experiences with crisis service implementation, including independent mobile crisis supports and services
- Cross-systems experience with Medicaid populations, as well as, crisis supports including police, ERs, EMTs, Coroners, and other community crisis-related stakeholders and providers.
- Cross-systems experience with child and youth populations including work with parents, guardians, and family peers, work with Wraparound Agencies and other child and youth serving behavioral health supports, work with child-serving systems such as schools and LEAs, child welfare, FINS, and juvenile justice.
- Ability to engage in innovation and new transformational services
- Leadership Letter of Agreement
- Community Letters of Support

PLEASE NOTE: If applicant is a new/start-up agency and/or an agency that has not previously worked with the Medicaid population, we ask you respond to the questions with thorough detail (i.e. staffing plans, budget, community collaboration).

6. APPLICATION

Please respond to the questions below.

Organization/Contact Information

1. Name of Agency
2. Address of Agency
3. Agency NPI
4. Main Contact Person Name
5. Main Contact Person Role in Agency
6. Main Contact Person Address
7. Main Contact Person Phone
8. Main Contact Person Email

Agency-related Information

9. Which Louisiana regions do you serve currently? (Select all that apply).
- Region 1
 - Region 2
 - Region 3
 - Region 4
 - Region 5
 - Region 6
 - Region 7

- Region 8
- Region 9
- Region 10
- Not currently serving any Louisiana region

10. Which Louisiana region(s) do you **PROPOSE to serve with crisis services?** (Select all that apply)

- ~~Region 1~~
- ~~Region 2~~
- ~~Region 3~~
- ~~Region 4~~
- ~~Region 5~~
- ~~Region 6~~
- Region 7
- Region 8
- ~~Region 9~~
- ~~Region 10~~

11. a. Is your agency a Local Governing Entity (LGE)? Please note that the agency that applies cannot subcontract for these services, unless that agency is an LGE.

- Yes
 - Which one? Select all that apply.
 - Capital Area Human Services District (CAHSD)
 - South Central Louisiana Human Services Authority (SCLHSA)
 - Acadiana Area Human Services District (AAHSD)
 - Imperial Calcasieu Human Services Authority (IMCAL)
 - Central Louisiana Human Services District (CLHSD)
 - Northwest Louisiana Human Services District (NLHSD)
 - Northeast Delta Human Services Authority (NEDHSA)
 - Florida Parishes Human Services Authority (FPHSA)
 - Jefferson Parish Human Services Authority (JPHSA)
 - Metropolitan Human Services District (MHSD)
 - Do you intend to subcontract for these services?
 - Yes
 - i. Please provide the name of the subcontractor or how a subcontractor will be identified.

- No
- Does your LGE agree to provide continuous service, with no break in service, regardless of whether your agency is directly providing or subcontracting for services?
 - Yes
 - No
- No

11.b. Does your agency currently contract with a Local Governing Entity (LGE)?

- Yes
 - i. If so, which one?
 - Capital Area Human Services District (CAHSD)
 - South Central Louisiana Human Services Authority (SCLHSA)
 - Acadiana Area Human Services District (AAHSD)
 - Imperial Calcasieu Human Services Authority (IMCAL)
 - Central Louisiana Human Services District (CLHSD)
 - Northwest Louisiana Human Services District (NLHSD)
 - Northeast Delta Human Services Authority (NEDHSA)
 - Florida Parishes Human Services Authority (FPHSA)
 - Jefferson Parish Human Services Authority (JPHSA)
 - Metropolitan Human Services District (MHSD)
- No

12. Are you currently contracted with a Louisiana Managed Care Organization (MCO) or the CSoc Contractor for Medicaid services to children and adolescents? Please note we verify this with the MCOs.

- Yes
 - For what services? Select all that apply.
 - Licensed Mental Health Professional (LMHP) services
 - Therapeutic Group Home (TGH)

- Psychiatric Residential Treatment Facilities (PRTF)
- Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)
- Assertive Community Treatment (ACT)
- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Support and Treatment (CPST)
- Peer Support Services
- Substance Use Disorder (SUD) Outpatient
- Substance Use Disorder (SUD) Residential
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT or FFT-CW)
- Homebuilders
- Psychotropic medication management
- Coordinated System of Care (CSoC) specialized waiver services
- Wraparound Agency (WAA)
- Other

- Under which MCO plan(s)? Select all that apply.

- Aetna Better Health
- AmeriHealth Caritas of Louisiana
- Healthy Blue
- Humana Healthy Horizons of Louisiana
- Louisiana Healthcare Connections
- United Healthcare Community Plan
- Magellan

- No

- Describe your plan to become contracted with Louisiana MCOs and the CSOC Contractor, including your timeline.

Population Served & Crisis Services Provided

13. Provide a brief overview of your organization including mission, philosophy, vision and the current range of services and/or activities provided.

14. Which, if any, services does your agency provide currently? Select all that apply.

Service	Approximate Volume of	Hours Available	Population Served (select all that apply)
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	people served in the past 6 months		
<input type="checkbox"/> Triage			<input type="checkbox"/> Children/youth <ul style="list-style-type: none"> <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <ul style="list-style-type: none"> <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> After-hour crisis response			<ul style="list-style-type: none"> <input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <ul style="list-style-type: none"> <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Mobile Crisis Response			<ul style="list-style-type: none"> <input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <ul style="list-style-type: none"> <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Facility-based/Residential Care			<ul style="list-style-type: none"> <input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <ul style="list-style-type: none"> <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions

<input type="checkbox"/> Threat/lethality Screening or assessment			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Person-centered safety planning			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Suicide specific outpatient behavioral health services			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Critical Incident Response			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions

<input type="checkbox"/> Case management			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Peer/family-support			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> Other (Please describe _____)			<input type="checkbox"/> Children/youth <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 6 to 17 years <input type="checkbox"/> 18 to 20 years <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions
<input type="checkbox"/> None (we currently do not provide crisis services)			

15. What is your current process to identify and screen children with current, or a history of, anxiety, depression, conduct problems and/or history of exposure to traumatic events?

16. What are examples of standardized screens or assessments that are currently used by the agency?

Agency Capacity – Staffing

17. What license, credentials or accreditations does your agency currently hold as a behavioral health provider?

18. Does your agency currently have staff to maintain the appropriate needs of the training and implementation for these crisis services? **Mention of other resources to be shared with larger program/entity is fine and often encouraged for efficiency, such as the role their agency's CEO, CFO, billing staff, etc.**

Director	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Director	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family and/or Youth Peer Support Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unlicensed staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triage Response Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatry consultations after hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinicians	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Please describe _____

19. If your agency currently does not have staff, can you **HIRE (or, only if LGE, SUBCONTRACT)** staff to appropriately meet the needs of the training and implementation of services in the next 3 months?

- Yes. I can hire.
 - Please explain the agency's recruitment, selection and hiring processes for the positions you indicated that the agency currently does not have. (Note that only mentioning the job posting on Indeed does not constitute as a plan and more detail is required).
- Yes, I can subcontract (LGEs ONLY).
 - Please explain the plan, including timeline.
- No
- The agency has the necessary staff hired and available.

20. Are any of your agency's staff bilingual?

- Yes

- i. What is the total number or percentage of all staff who are bilinguals?
 - ii. What other languages do they speak?
- No

21. What other expertise does your staff have that would aid in the successful implementation of these services?

Agency Capacity –Billing & Referrals

22. The services rendered under this system are Medicaid claims-based services. Does your agency currently have the capacity to bill for Medicaid services?

- Yes
 - Briefly describe your process for billing services (e.g. manually, electronic system, other billing software).
- No
 - Describe the plan to achieve such billing capacity.

23. Firewalls within the agency will need to be established to ensure that practitioners are properly referring individuals to services provided under this crisis response system. Agencies may not utilize these services as crisis mitigation care for its current consumers. For example, an agency’s licensed mental health providers and present crisis mitigation policies should remain the first line of response for their population. The new crisis response system is designed to prioritize voluntary Medicaid enrolled children that are not established in CPST (including MST, FFT, FFT-CW, and Homebuilders), PSR, CSoC, and ACT mental health services. **Describe how you will set up firewalls/boundaries within your agency to delineate the separation in roles.**

Agency Capacity – Physical and Fiscal Capacity

24. Describe the physical resources (such as space, vehicles, mobile units, etc.,) your agency has and/or will acquire that are needed to carry out this work.

- a. Space (Please insert a physical address within the region(s) you are applying to be trained to serve)
- b. Vehicles/mobile units (#)
- c. If need to acquire vehicles, what is your timeframe to start and complete?
- d. If need to secure space (i.e., regional address), when do you expect that to occur?

25. Describe fiscal reserves to sustain operations during the initial implementation phase and building up to fully operational crisis services and billing capacity. (**Note: We recommend having no less than \$100k in reserve**). Please provide a business plan and/or timeline for building capacity.

Agency Capacity – Continuous Quality Improvement

26. What are your agency's data collection, management and reporting capabilities? Include information on the number of days' agency enters client intake data into the system after the first day of service.

27. Does your agency have a Continuous Quality Improvement (CQI) process? The National Institutes of Health (NIH) defines Continuous Quality Improvement (CQI) as **a progressive incremental improvement of processes, safety, and patient care**. The goals of CQI may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance.

- a. Yes
 - i. Describe.
- b. No

28. Please provide an example of data utilization to improve processes and outcomes (e.g., determining training needs, supervisory needs, staff performance monitoring, service delivery monitoring, system alignment monitoring, etc.).

29. Does the agency have an established electronic health record (EHR)?
- a. Yes
 - b. No

Collaboration, Community Engagement & Outreach

30. How many years has your agency operated in Louisiana?

- Less than a year
- 1-2 years
- 3-4 years
- 5 + years
- New/start-up agency

31. Please describe how you make the community aware of the services you provide.

32. If accepted, the agency is expected to be actively leading or engaged in community coalitions to inform the community about services and how those services fit in the crisis service array that exists. **With this in mind**, describe any formal or informal partnerships

especially with child-serving systems and organizations in the communit(ies) you are applying to serve, and include relationships with schools if applicable.

Services & Practice

Prior Trainings

33. List prior trainings that agency staff have extensively trained in related to mental health crisis intervention and person-/family-centered, trauma informed care.

34. Additional training will be necessary, but not provided by the Center for Evidence to Practice. Those include standard training on: CPR/First Aid, Confidentiality, Physical Safety/Defense, Peer Specialist Basic Training (i.e., Family and/or PSS training described in the [Behavioral Health Services Provider Manual](#) Family and/or Peer Support Services chapter [here](#)), etc. These trainings will need to be provided independently by the agency. Please list trainings you currently have that you believe will be pertinent to crisis system work. If you do not currently have these training options, describe your plan to complete such training.

35. Describe your supervision and coaching practices to support front line staff in applying new skills learned in training. Provide specific examples.

Service Implementation

36. Do you currently provide services in rural and urban areas? If so, describe your approach to maintaining staffing to reach these diverse populations. If not, please describe your strategy/plan to provide such crisis care to rural and urban populations.

37. Services under the youth LA-CRS are initiated for any family defined crisis involving a young person under the age of 21. Describe your current approach, if any, with serving this population.

38. Does the agency have an MOU established with at least one other child serving agency in the service area to collaborate on linking MCR to young people and their families who need services?

- a. Yes. Please describe.
- b. No.

39. Please describe your current relationship with the school(s) in your area, the extent of current discussions and agreements with the school(s) to participate.

40. Please describe your current relationship with the child welfare and/or juvenile justice systems.

41. The implementation of the youth LA-CRS seeks to incorporate a voluntary, person/family-centered, resolution-focused approach. Describe how you will apply this approach to provide crisis services.

42. Describe how your agency responds to factors related to racial/cultural disparities in access, utilization and outcomes of the services your agency provides, and implements strategies to mitigate their impact.

43. Describe any innovative behavioral health initiatives your agency has been a part of and what that role was.

44. What needs and challenges do you anticipate may get in the way of participating in and completing training? How do you plan to address those challenges prior to the beginning of training?

Leadership Support

Please have your agency's leadership (e.g., executive director, president, director) read, sign the letter in **Appendix C** , and return to EvidencetoPractice@lsuhsc.edu.

Letters of Support

Please **provide a minimum of three letters of support** from leaders in your community (examples of leaders could be Parish President, Mayor, Sheriff or Police Chief, Regional hospital emergency department leadership, schools, LEAs, DCFS, OJJ, FINS (local and state), heads of LE, DCFS, homeless services, etc.) **and submit them via email with the subject line "Youth Crisis Training RFA Letters of Support – NAME OF AGENCY APPLYING" to the LSU Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu .**

(NOTE: APPLICATIONS WILL NOT BE CONSIDERED COMPLETE OR REVIEWED WITHOUT THE LETTER OF LEADERSHIP SUPPORT AND LETTERS OF SUPPORT AFFIRMING LEADERSHIP UNDERSTANDING AND SUPPORT. Please make sure that the letters of support speak to your agency's ability to provide services in the region.)

Notification of acceptance or rejection will be provided to agencies applying. If your application is not accepted, there will be a 90-day minimum wait period to reapply.

The applicant agrees they will accept the Louisiana Medicaid rate on file as payment in full for these services (**Appendix B**).

- I agree
- I don't agree

Appendix A: Youth MHCR Curriculum

Selected providers undergoing the Youth Mental Health Crisis Response training will be exposed to various topics, including, but not limited to:

- The Crisis Response Model
- Brain Science and Stress
- Risk Assessment
- Crisis Intervention and De-escalation
- Supporting Families
- Diversion from Law Enforcement
- Working with Schools
- Self-care

Appendix B. Rates

Effective April 1, 2024, youth MCR and CBCS Services will be reimbursed at the same rates currently active for Adult Crisis Services, as listed on the LA Medicaid Specialized Behavioral Fee Schedule and embedded here:

ADULT CRISIS SERVICES				
Code	Description	Modifier	Unit	RATE
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - <i>Effective 12/1/22</i>	TG, U8	Per Diem	\$493.72
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - <i>Effective 12/1/22</i>	TG, 95	15 Minutes	\$29.09
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 12/1/22</i>	TG, U8	15 Minutes	\$37.91
H2011	COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 12/1/22</i>	HK	15 Minutes	\$38.16

NOTE: Providers must agree to accept the rate on file as agreement in full to render services.

Appendix C: Leadership Letter of Understanding & Agreement

To whom this may concern:

I, _____ <name> _____, as the <<<position (e.g., President, CEO, Director)>>> _____ of <<<agency name>>>> support the submission of this application for Youth Mental Health Crisis Response Workforce Training. I acknowledge that the implementation of the Louisiana Crisis Response System (LA-CRS) is compatible with the agency's mission and values. Specifically, I acknowledge the importance of a crisis response system that is voluntary, person-centered, resolution-focused, and recovery-oriented. I further support our agency being part of a learning environment that teaches, reinforces, and builds on these principles. I, and my team, have considered the risks and challenges commensurate with providing 24/7 behavioral health crisis response services and we have determined providing such services is in keeping with our agency's scope and competency. We will support our staff in their participation in required training, ongoing coaching and supervision activities required to be part of the learning community advancing the LA-CRS.

Print Signature: _____

Signature: _____

Date: _____