AGENDA

• Louisiana Crisis Response System
  • Overview
  • Implementation Timeline

• Peer Perspective

• Updates
  • Regional Meetings
  • Service Descriptions
  • Rates
  • RFA - LSU Center for Evidence to Practice

• Next Steps
WHAT IS LOUISIANA CRISIS RESPONSE SYSTEM?

A modern, innovative, and coordinated statewide crisis response system that builds upon the unique and varied strengths, resources, and needs of Louisiana’s individual communities.

This system:

- Provides timely access to a continuum of services (e.g., prevention, acute intervention, community & mobile based crisis services, and post-crisis recovery supports)
- Aims to divert from institutional levels of care, yet respects bed-based crisis services without relying on them as a foundation
WHY IS THIS SYSTEM NECESSARY AND UNIQUE?

Community members have mental health crises and may not have access to rapid, coordinated care, rendered in a way that best allows them to remain in the community.

Existing emergency services are often not equipped to perform behavioral health work.

Reduces barriers that community members face by offering timely care needed by diverting from unnecessary hospitalizations/ED visits to manage crisis.

Crisis system funded primarily with Medicaid. Opportunity to improve the crisis care experience for individuals and their families in ways that increase their sense of safety and trust.
**FOUR MAIN CRISIS SERVICES**

All services are time-limited and offered to individuals experiencing psychiatric crisis until the crisis is resolved and/or the person returns to existing services or is linked to other behavioral health supports as needed.

*dates have been updated subsequent to Hurricane Ida

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**This schedule reflects a soft launch of services as aspects of the system are still being built**
NEW, Louisiana Crisis Response System

CALL
24 hour access line

MOBILE
Mobile Crisis Response (MCR)

FACILITY
Behavioral Health Crisis Care Center (BHCC)

TREATMENT
Community-Based Crisis Support (CBCS)
Crisis-Stabilization (CS)

CURRENT, more restrictive options

CALL 911—
Imminent safety/medical issue

CALL coroner—
When voluntary efforts are not effective

EMS
In-field medical triage and transfer

Law enforcement
Imminent safety risk/legal factors

Emergency Department—
When this level of care is necessary to treat/stabilize

Inpatient hospitalization—
When community-based options are insufficient

Goal is to choose the least restrictive, “NO FORCE FIRST” option whenever possible
INTERVENING IN CRISIS IS COMPLEX FOR INDIVIDUALS AND TEAMS

• Because we are working with individuals whose health care crises are life threatening, it is natural to be concerned about personal or corporate liability.

• It is important to have a broad understanding of the ways that crises put individuals at risk.

• We also have to understand the ways that a system’s response to crises can put individuals at risk. Involuntary processes, law enforcement interventions, emergency department visits are more likely to be experienced as iatrogenic, particularly if care is involuntary and if there are restrictions.

• Individually, and as a system, we can work to minimize iatrogenic harm.

• Iatrogenic harm is easiest to recognize when we orient ourselves to the care experience of the individual and we view from their perspective.

(Madenwald 2018 Resolution-focused Crisis Response)
Research has shown repeatedly that writing up a do not harm plan and having clients sign DOES NOT CHANGE ANYTHING (Brodsky et al., 2018).

Research has also shown that approaching clients from an involuntary, coercive frame of reference to “treat” behavioral health concerns leads to more harm, lawsuits, and even death (Chieze et al., 2019; Hyldahl & Richardson, 2011).

Highest level of care (hospitalized) is NOT always the safest level of care for behavioral health crisis (JAMA Psychiatry, 2017).
PEER PERSPECTIVE RELATED TO CRISIS SERVICES

Angéla Lorio, Peer Recovery Support Specialist (PRSS)

- Certified Peer Support Specialist since 2014
- Credentialed Peer Recovery Support Specialist
- Crisis Intervention Team training presenter since 2016
- Vice chair on the Louisiana State Interagency Coordinating Council for early learning.
- State/National advocate for healthcare equity and home/community-based services since 2014
GROUP DISCUSSION

• How do we learn from lived experience?
• How do we orient ourselves to the care experience of the person in crisis/family members?
• What will be good measures of progress in that area?
IMPLEMENTATION UPDATES

• Regional Meetings October 5 – 12, 2021
  • First step in developing Regional Crisis Coalitions regarding the Louisiana Crisis Response System
• Service Definitions posted public comment through December 27, 2021
• Service Rates uploaded to website
• LSU RFA – deadline October 27, 2021
• Ongoing development of:
  • Triage and dispatch function
  • Referral and process flows
  • Data collection/reporting functions
NEXT STEPS:

• RFA Final Selection for providers to participate in training: November 15, 2021
• Louisiana Crisis Response System Implementation Plan Updates - Statewide webinars*:
  *December 16, 2021: 2:30p.m. – 3:30p.m.

• Crisis Trainings: January, 2022 – February, 2022
• MCO Credentialing/Contracting: December, 2021 – February, 2022
• MCR/CBCS Go Live: March 1, 2022

* Dates subject to change
QUESTIONS?
The presentation will be available at the My Choice Louisiana website located at: https://ldh.la.gov/Crisis