

Crisis Response in Louisiana: A Coordinated Approach

Ann Darling, LCSW

Office of Behavioral Health

Developing the Louisiana Crisis Response System: what is this all about?

- These are services that have **not been historically available in most of the State.**
- In the absence of community-based crisis services, **many people have experienced more restrictive, intrusive and coercive interventions.**
- For some, this includes individuals who have experienced **longer-term stays in institutions with limited established pathways back to the community.**
- These new services are designed to remedy some of these issues by offering **safer crisis care.**
- The system **expands the array of response options** for a person in crisis.
- For more information about the LA-CRS, visit: [**https://ldh.la.gov/crisis**](https://ldh.la.gov/crisis)

Safer crisis care is experienced when...

Care is offered:

- Early
- Voluntarily
- Locally
- In natural or community-based settings (e.g., schools)

Teams use approaches that are:

- Family/Person-centered and collaborative
- Strength-based and individualized to person's needs
- Resolution-focused and geared towards regulating physiologic response and reducing symptoms of distress

There is minimal reliance on interventions experienced as coercive.

- Law enforcement involvement
- Involuntary evaluations
- Inpatient hospitalization—particularly if involuntary

Safer crisis care experience (cont.)

- Significant shift in practice for much of the state
- Crisis treatment provided in the community rather than in the ED
 - Engaging individuals & families not known to the team
 - Responding to acute situations
 - Maximizing use of voluntary interventions
 - Use of less-restrictive solutions

Important that this work is also experienced as safe for the teams in the field!

This new crisis service array expands the options for a person in crisis or a concerned referrer.

New Community-based Crisis Services

- **Voluntary / not on involuntary commitment**
- **Timely, trained crisis care response**
- **Resolution / relief-focused interventions** at every point of contact
- **Warm hand-off** to community services and supports with ongoing follow up
- Focus on **harm reduction, person centered interventions and trauma informed care**



EMS/ER



- **Immediate, but limited response** focused on triage and linkage to alternate resources
- Encounter potentially resulting in **involuntary care (leading to lower buy-in to services and higher recidivism)**
- **Appropriate for immediate emergency care access** (overdose, suicide attempt), **medical co-morbidity**, or when **person's needs exceed capacity of new community based services** (involuntary, risk of harm)

Coroner/Law Enforcement



- **Immediate, but limited MH response** focused on triage/linkage to alternate resources
- Encounter potentially resulting in **involuntary care or otherwise avoidable incarceration / legal charges**
- **Higher recidivism given lack of treatment**

Louisiana Crisis Continuum: three pillars of crisis care

Someone to Talk to:

- **988:** Having a tough day, feeling stressed, anxious, depressed, or having thoughts of suicide, communicate with a helpline specialist who can help by calling or texting 988, or chat at 988lifeline.org/chat. Free, confidential, and available 24/7. For more information visit www.louisiana988.org.

- **Crisis Hub:** Statewide triage dispatch line to mitigate crises and access services outlined below

Someone to Respond (services available for Medicaid adults, youth and their families):

- **Mobile Crisis Response (MCR):** Two person teams of trained staff deploy to where the individual is located in the community.
- **Community Brief Crisis Support (CBCS):** ongoing support up to 15 days subsequent to initial crisis intervention.

A Safe Place for Help (services available for Medicaid adults):

- **Behavioral Health Crisis Care (BHCC):** walk in centers offering support to an individual in crisis. (18 and older)
- **Crisis Stabilization (CS):** short-term bed-based crisis treatment and support services for members who have received a lower level of crisis services, need ongoing support to remain in the community, and inpatient psychiatric care is not warranted. (21 and older)

Kids are people, too... expansion of services to children

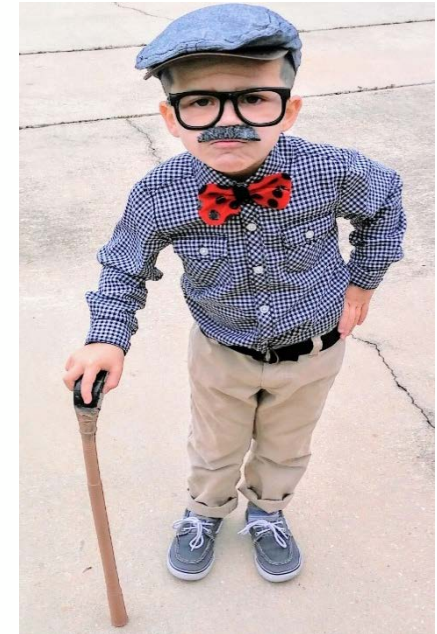
Many of the values and principles that OBH has embedded in the crisis system for adults, apply to children as well.

- Voluntary is better: reduces unintended harm, increases the likelihood of help-seeking in the future
- Lived experience lends credibility to helpers
- Goal to divert from institutional levels of care, support youth to remain in homes and communities
- Goal to respond to crises in ways that increase youth and family sense of safety and trust.

...But kids are NOT tiny grown-ups

Delivering effective services for youth requires that we understand the ways in which children's experiences of crisis require differences in response

- The caller is more likely to be a parent, or a school – rather than the youth themselves
- Telephonic crisis response is less effective for youth – youth are best served face-to-face in the home or community.
- Mobile Crisis Response teams for youth operate with a “Just Go” approach.
- Lived experience as a parent/caregiver lends critical credibility to helpers



What is a crisis for youth? – *Mobile Response*

The crisis is defined by the caller.

- The caller who identifies the crisis and initiates Mobile Crisis Response services for youth, may commonly be an adult currently serving in a caregiving role to the youth in the setting where the crisis is being experienced. **This may include:**
 - Parent, foster parent, other family member,
 - Teacher or staff in a school setting,
 - Helping professional (doctor, FINS worker, probation officer, etc.)
 - **And a special case in consideration of youth with Child Welfare involvement:** “A child experiencing a sudden change in their living situation, such as removal from a family or foster family home and move to a new family or foster family home, may experience this as a crisis that exceeds the abilities and the resources of those involved to effectively resolve it. A minor or their caregiver self-identifying this experience as a crisis is eligible for MCR services.”
- Family Peer Support Specialists bring lived experience to youth crisis response!

Expanding the model of Peer Support via Family Peers!



*A **Family Peer** is a parent or caregiver who has at least one year of experience as the caregiver for a child with complex needs inclusive of social, emotional, mental health, and/or substance use concerns, and/or involvement with child welfare or juvenile justice systems.*

This person may be a birth parent, adoptive parent, foster parent or family member standing in for an absent parent or a person chosen by the family or youth to have the role of parent.

For more information:

<https://www.theextramileregioniv.com/peer-support/>

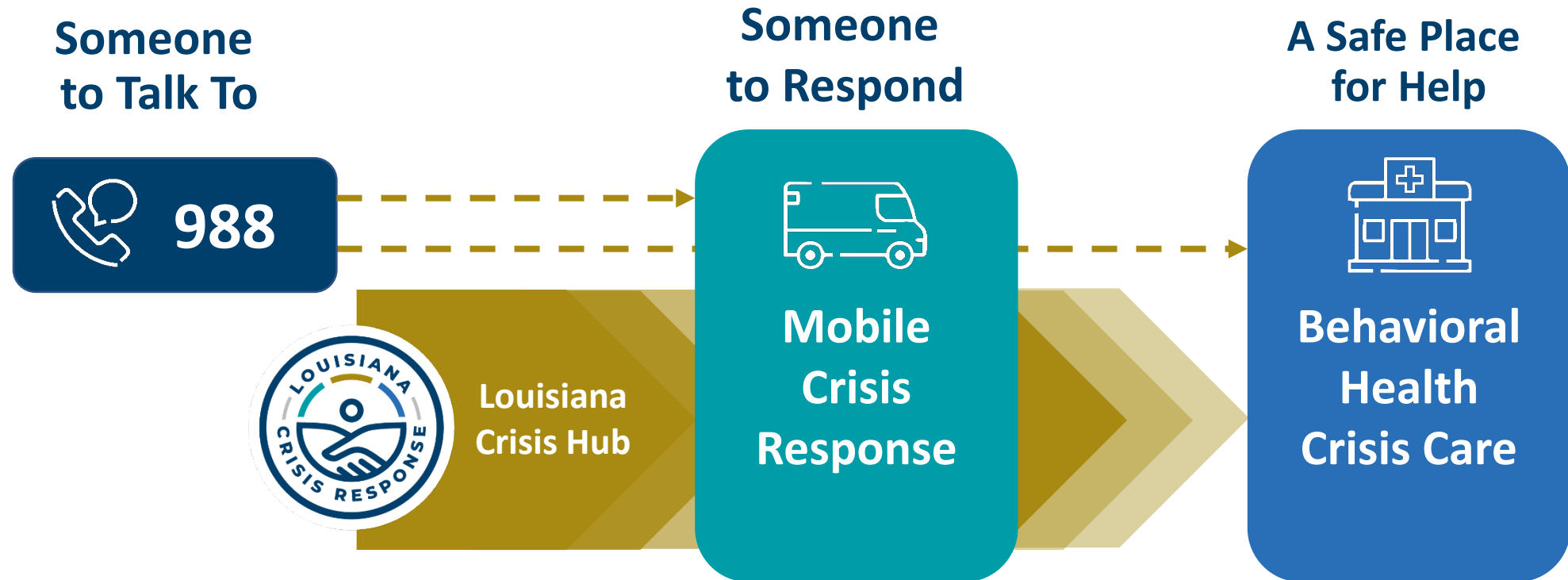
Key takeaways about all LACRS services

Interventions include preliminary screening, assessment, and intervention with a focus on

- Calming:
 - Focus on stabilizing distress and mitigating symptoms
- Connecting:
 - Validate feelings and experiences
 - Communicate in a manner appropriate to the person and circumstances
- Collaborating:
 - Use an individualized approach focused on person centered interventions
 - Integrate supports, connecting with ongoing services through care coordination
 - Partner with supporters

Co-occurring conditions do not exclude individuals from accessing services as long as needs can be safely met within that LOC (i.e. medical crisis, etc)

Going back to the three pillars of crisis care



988, Someone to Talk To

- As a Suicide/Crisis Helpline, 988 continues to serve as **Someone to Talk To**
- Its primary goal is to provide emergency emotional support via phone, text or chat.
- Louisiana has two in-state certified 988 Centers with national backup that provides confidential support, 24/7.
- Some 988 interactions do evolve into Mobile Crisis Responses or walk-ins to BHCCs if the caller is open to that type of help.



Louisiana Crisis Hub (LCH)

Statewide crisis call line available 24/7 at no cost.

Learn about
caller needs

Talk about
services that
are available

Help caller
decide what
services are
right for them

Send help
(mobile teams) or
direct caller to
local help

Get urgent
help if
necessary

LCH, Your Direct Line to Services

The LCH provides a **direct access point** to the LA-CRS services through **established partnerships** with crisis providers in the community.



Crisis Referral Specialists aid callers in navigating to crisis services that are **available and appropriate** for them.

More information about the LCH

- The state has contracted with Carelon to operate the LCH.
 - Carelon has established a 24/7 call center in Louisiana to connect those in need with alternatives to seeking mental health treatment through Emergency Departments during a crisis.
 - Person-centered operational protocols have been developed to streamline the triage and dispatch process.
 - Crisis Providers are supported through the LCH online care traffic control platform that allows for real time/near real time data collection and is scalable as the crisis response system in Louisiana matures.
-

Finding Help

The Louisiana Crisis Hub offers two primary ways for persons to seek help themselves or on behalf of someone they are supporting:



LouisianaCrisisConnect.org
855-24CARE5
(855-242-2735)

Training and Network Development

OBH is working with LSU Health – New Orleans School of Public Health’s Center for Evidence to Practice to:

- **Collaborate with communities** throughout Louisiana, deploy a **readiness process for implementation** of these crisis services
- Deliver a **training curriculum for crisis providers** through initial and ongoing learning opportunities
 - This has included a training to LACRS providers on the ID/DD system
- Identify workforce and **implement training** curriculum and **ongoing coaching** to ensure appropriate execution of services
- Continuous **quality monitoring & improvement**

THANK YOU

Ann Darling, LCSW

Director of Community Integration Best Practices, Office of Behavioral Health

Ann.Darling@la.gov

