

LOUISIANA CRISIS RESPONSE SYSTEM

REGIONAL COALITION DEVELOPMENT GUIDE

CREATED BY LSU CENTER FOR EVIDENCE TO PRACTICE
IN PARTNERSHIP WITH LOUISIANA DEPARTMENT OF HEALTH – OFFICE OF BEHAVIORAL HEALTH



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The mission of the Louisiana Crisis Response System (LA-CRS) 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. Currently, the **adult** crisis response system includes crisis call center(s), mobile crisis response, community brief crisis support, behavioral health crisis centers, and crisis stabilization providers. The focus of all levels of the Louisiana Crisis Response System (LA-CRS) is to be voluntary person-centered, recovery-oriented, strengths-based, and resolution-focused with less reliance on law enforcement, hospitalization and emergency departments as much as the safety of the situation allows.



Image 1. Adult LA-CRS

The crisis response system is now expanding to include the **youth** population (under age 21) that are Medicaid-insured, and will include mobile crisis response and community brief crisis support.



Image 2. SAMSHA Youth Crisis Continuum

Developing, Evolving, and/or Merging with Regional Coalitions

Crisis work is SYSTEMS work. This fact separates the delivery of crisis work from other types of mental health interventions. One service cannot be effective without collaborative partnerships with other systems. **Systems change is about problem solving.**

Louisiana has responded to behavioral health crises for decades, but in many areas the community mental health system was not part of the response. Instead, law enforcement officers, medics, coroner's offices, and emergency department teams did this work. They developed habits of practice and efficiencies, developed policies and procedures, and no doubt feel they do that job well, using the limited tools and resources available to them.

In contrast, this is new work in many regions of Louisiana, and teams are continuing to develop their skills. Coverage 24/7/365 remains limited as teams slowly grow, and in some parts of the state, there is no coverage at all. As LA-CRS emerges, it must approach partner engagement from a humble, "we are very committed, and it is new to us" place. Crisis services cannot operate in silos from other public-serving sectors in the community, including pre-existing behavioral health crisis services. Understanding the business of and collaborating with this larger set of crisis system partners and stakeholders is imperative for the success of the evolving LA-CRS.

For this reason, LDH-OBH and the LSU Center for Evidence to Practice offer the following guidelines for new LCRS providers to build and/or join regional collations to advance collaborative work. **The goal is simple:** Build coalitions that help your local regions understand, develop, and problem solve responding to the critical needs of people in behavioral health crisis.

STEP 1- ASK (Who's Who)

Gather information on who are the key leaders of crisis services in your region. The focus is to find the leaders who know the local system and are able to discuss it with others. This may not be the agency's top leadership, but they should be well-leveraged within the system and able to influence practice within their organization. Individuals who really know the relevant data and can discuss how crisis services operate in the area might be middle management or even front line service providers active in the area.

- Ask if there is **already an existing crisis coalition meeting regularly**, if so, ask about joining that group. Skip to **STEP 5**.
- If no crisis coalition is meeting, begin to **record** parish-specific tables of key partners and stakeholders as you ask around and consider your current relationship with each partner. This will help you determine the most effective engagement strategy.

Parish name

- Police chiefs/Mental Health leads/Training Leads
- Sheriffs/Mental Health leads
- Coroner/Mental Health leads
- Emergency Departments/Directors
- Federally Qualified Health Centers (FQHCs)/Behavioral Health Agencies
- Court Systems
- Advocacy, family/peer organizations/Persons with lived experiences
- School System
- Juvenile Justice System, Department of Child and Family Services
- EMS/911/988

Agency/sector	Key staff (*identify point of contact)	Status of current relationship	Level of expressed/demonstrated interest in crisis system

- Get contact information and **move to STEP 2.**

STEP 2- PREPLAN

To increase the likelihood of success with the launch of a new coalition meeting, there needs to be planning in advance. Think through some of these questions as you create individual sector meetings:

- Do we know them/do they know us? If not, who might introduce us?
- Did they attend the open house? Who came? What were their interests?
- What are the key questions we want to ask?
 - What are their organizational goals and does it align with the crisis coalition’s goals?
 - What has their role been in the crisis system? What resources can they provide (e.g. data, services, manpower, physical resources)?
 - Who do they see accessing/utilizing the crisis system currently? Who is not getting served?
 - What outcomes are they hoping/expecting for from crisis work in the region?
- Who else do they believe are key members of the community to discuss crisis services with? Can they introduce you?
- What value can they gain by being a part of the coalition?
- What value can they bring by being part of the coalition?
- What are their unique needs?

STEP 3- REACH OUT (Individual Meetings)

Begin reaching out to your key individuals from your lists above. These meetings will ideally be in-person, but may be done by phone or Zoom if that means you can meet sooner. The focus is to make connections.

- It’s important to explain the purpose of these individual meetings as well as the primary goal of building coalitions, which is to help local regions understand, develop, and problem-solve responding to the critical needs of individuals in behavioral health crisis.
- Make the meeting all about them (**see Step 2 PREPLAN**).
- Determine who from the crisis agency should attend (sometimes bringing the CEO or clinical director, or someone who already has the relationship with the sector that can bridge the connection).

- **Practice two-way communication.** Plan to listen and learn more than explaining your services or trying to sell them on the ways the services can replace or supplement the their historic and current system.
- Gather their knowledge of the current system and what would be indicators of system success from their point of view.

NOTE: Their answers may turn you off. For instance, an ED director might say “get these people out of my ED.” If something like this happens, don’t react defensively or try to correct this or insert your services. Instead, get curious. Prompt them with questions like:

- Please say more about that.
- What is the hardest part about the situation?
- What is the impact on your workforce? On your throughput? On safety?
- Do you have any current way that you track or quantify any of those things?
- What would change? How might that happen? Do you track information about this, and, if so, what does that look like/suggest?

You don’t need to solve anything. In fact, as they begin describing their experiences, they may offer ways to track, proceed or solve. When feasible, it is useful to follow their thinking about how they can use their own resources to think/do things differently as they partner with the system in the future. **Also,**

- Ask permission to discuss any data offered with other partners or in a collaborative forum, and note data points that you think are worth tracking as indicators of crisis system success.
 - Ask about their willingness to share data and possible data sharing processes.
- Work to understand and value their opinion and ideas as we want to move critical ideas to a bigger system discussion. Thank them and let them know that this helps your organization better understand this larger community system.
- Leave the meeting with a better understanding of their organization and their role in the current system. Consider whether or not this person is a key collaborator for the initial crisis coalition. Not everyone is going to be a key coalition member, but you should leave this initial contact with a relationship that you can maintain and build upon. As your services develop and merge into the crisis system, you want to have open communication to troubleshoot any problems in crisis response that you may encounter.
 - Respond in writing to thank them for their time and summarize key takeaways from the meeting.

STEP 4- IDENTIFY & INVITE

To improve the likelihood of a successful coalition, the work group needs to be defined and rightsized. Three to six people representing 3-4 entities, including yours, is a decent starting size. Partners need to be able to talk about the who, what, where, and volume of services in the area with both quantitative and qualitative information. The six initial people might represent existing crisis services, law enforcement, emergency departments, EMS, local 911, schools, or coroner’s office, etc. Remember that you are “building” and don’t have a coalition yet.

- Don't settle for "audience members"; you want key partners. Partners are those that see value in the effectiveness of the crisis system and the quality care experience received. An improved crisis response system benefits their staff, their workplace, and their community. Partners do not come to meetings empty handed or to simply hear updates. They come with information, resources and strategies; they leverage their own business/sector-specific power.
- Although you might get lucky, most partner relationships do not naturally exist, they are cultivated. Some of the same change-promoting competencies that we use when supporting an individual in crisis can work here too—engage these partners as credible, capable, intuitive and able to collaborate. If someone attends that is acting more as an audience member, be curious, ask questions, and get clarifications by calling on them and being open to their responses.

The best invite is a direct, individualized invite that is followed-up in writing. Pick up the phone, thank them for your initial meeting(s) (**Step 3 REACH OUT**), and ask if they would be willing to meet with other key partners you have met to discuss the current, and possible future, of the local crisis response system. Let them know that it is clear from your discussions that you learned about their program and that their ideas and involvement will be key to creating a better system. Get consensus from 3-4 essential partners on a date and time that is good for all.

Follow-up your personal invite with an email reminder/calendar invite. Others that may be additional partners can be invited as well, but make sure your essential members agree on the date.

Reminder email include language like:

"Dear _____:

(Introduce yourself, position, new team, agenc(ies)

Thank you for your time and willingness to help me and others better understand our local behavioral health crisis response system and to plan for the future as new services come on line in the region. As part of that follow-up discussed we will be gathering as a group and exploring the existing crisis response system. We would like to meet with you and other members of the crisis response community to begin to better understand the services, strengths, and gaps of the system and to consider strategies and efficiencies and how the new crisis services can best serve the region.

We have scheduled the meeting for

DATE/TIME

LOCATION

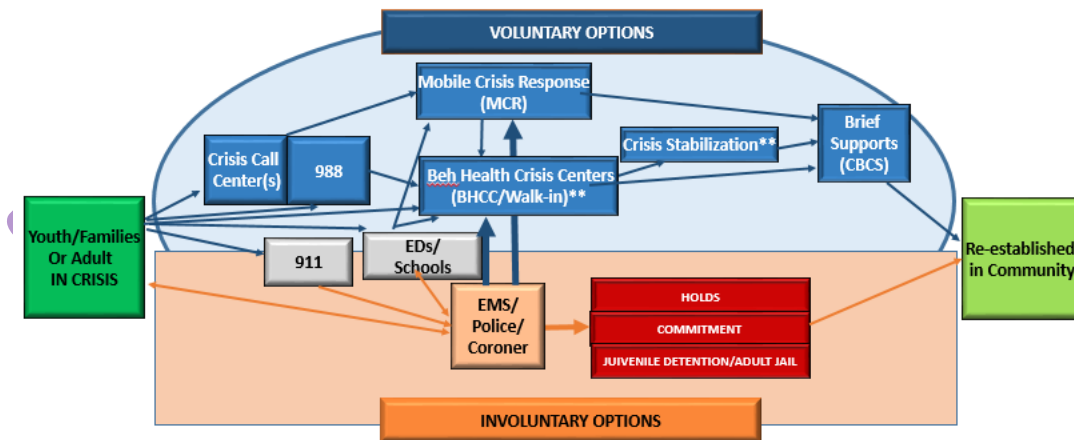
Please RSVP to help us know if this date/time will work for the majority of participants."

STEP 5- MEET & MAP (Coalition Group)

The primary goal for your new crisis responding agency is to listen and listen some more. This is particularly true if you/your agency are new to the region.

- The initial group meeting is **NOT** a sales pitch on your services, or a proposal that you are going to fix the system. Instead, try to understand what others are experiencing from their perception of the system first and foremost.
- Engage them as an important partner that values this opportunity to meet with other partners to move this system.
- It may take more than one interaction with the right people in attendance to introduce the idea of mapping out local and regional services. Propose that mapping might help everyone better understand all of the components of the current system, including the absence of key parts of the service array.
- Start mapping by introducing the concept of a full service array (**Figure 1**), and explain that this model can serve to anchor the group in a common goal —more options to respond more fully to the variety of needs people present. Make note of what they see as different with these options and how they can be supportive of each other if fully implemented.

MAPPING CRISIS SERVICES



The new options for individuals in crisis offer a fully voluntary path to re-establishment in the community and/or diversion for those that may have started in an involuntary path to the voluntary path.

*Behavioral health crisis centers (BHCC) and Crisis Stabilization are adult only crisis services.

Figure 1. Mapping the Crisis Response Service Array

Move from this system overview to identifying the current state of the adult crisis response system (Move to **Figure 2**).

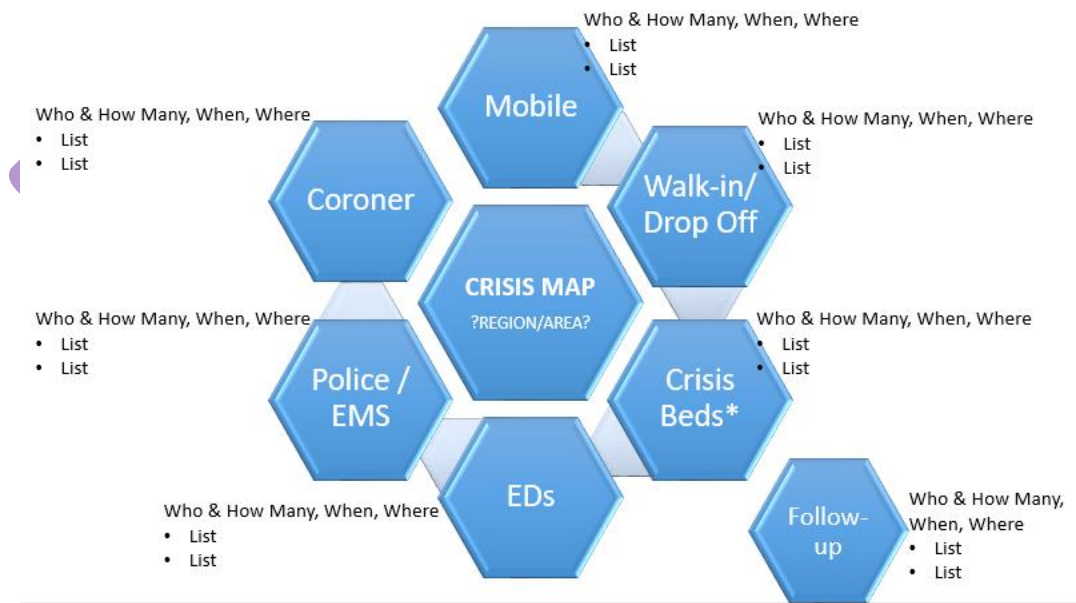
Ask the group to offer information on the service(s) available for each of the parts of this interconnected network. Get both information and quantification, if possible, by asking:

- What does the current workforce to deliver these services look like?
- When and how are these services accessed and utilized?
- Where current services do exist, how many people can access/utilize them?
- Who is referring to each point in the system (who is referring and from where)?
- Identify and discuss the pain points in the system and what they might be.
- Capture the most common and important decision points where people come in contact with the crisis system.
- Discuss how decisions are made at various points.
- Inquire what information and/or data are obtained, stored and/or shared related to these decisions.

Bring any additional data you gathered about the parish from your individual meetings (**Step 3 REACH OUT**)—this will continue to accumulate as you meet as a group and expand information the coalition can provide.

- Seek additional information/clarification that will allow the team to fill out the information for each sector of crisis response. Having these data elements can help the coalition track changes. What numbers would the partners like to see moved? What outcomes would they to see improved?

As a new crisis service agency, **the focus here is to listen**. We are adding to these services and trying to figure out where we best fit. It would be best if the others in the group saw the fit and talked about it more than you trying to force your fit into their existing system.



* Crisis Stabilization are adult only crisis services.

Figure 2. Mapping Current State of the Crisis System

Purposely held to last- Ask if you can share some information about what the new system and services are attempting to bring to the area. Share and let them ask questions. It is more important that you have relationships to collaborate and continue to discuss, then feel forced to solve all the problems of the system that day. The meeting is not the end goal. The meeting is the start of a larger process.

- Be sure to follow-up in writing to summarize meeting notes and action items and to confirm accuracy of documentation.

STEP 6- NEXT MEETING

Remember this is a process - suggest a standing meeting. Scheduling monthly meetings while the initiative is new will allow opportunities for ideas and issues to be discussed. The more frequent meeting helps to move this into routine, as well. At the very least, the coalition should meet quarterly. Be sure to ask about who else should attend and extend the invitations. In between meetings, continue to develop your relationship with those KEY partners—refining data, developing an agenda, strategic planning, etc.

- Decide, as a group, if this coalition is able to operate a regional coalition or if it is best to initiate this process for each parish in the region. Factors to consider include how many services/same partners are common across the region; the ease of convening; whether the various parishes are accustomed to convening regionally; and whether the “voice” of each parish will be sufficiently heard in that type of multi-parish forum.

As issues emerge in the group, discuss what are the priorities and the consensus areas that move the system forward. Every issue will not demand the complete group’s attention. This will take leadership, delegation, and decision making skills to facilitate well and maintain the importance of the coalition.

- Ask for agenda items from all participants in advance of each meeting and always have a plan, a written agenda, and updated data. The agenda should always include discussion of new services, system progress/strengths (quantify and track if possible), and system pain points/challenges. Be ready to solve problems and see progress in the rearview mirror. Emphasizing the importance of each member’s role will keep people engaged and invested.

Meeting organization considerations:

- Time limited agenda (create an agenda that is achievable in the time agreed)
- Take notes/document the meeting to generate minutes
- Consider moving the meeting to different locations for people to see/experience the other work environments of the coalition members