

Projecting Behavioral Health Crisis Utilization across Louisiana

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Background

- Louisiana is expanding its Behavioral Health Crisis Response System (BHCRS) to improve access to community-based crisis services, including mobile crisis response.
- Many individuals in crisis rely on emergency departments and law enforcement, which are often not equipped for mental health care.
- Effective planning requires accurate estimates of service utilization and cost across regions and populations.
- Limited data exist on parish-level variation in crisis service demand and financial feasibility.
- This study uses available national and state data to project utilization and reimbursement for crisis response services across Louisiana.

Methods

- **Data sources:** Integrated multiple datasets, including U.S. Census population data¹, national crisis utilization rates^{2,3}, Louisiana Medicaid coverage by parish⁴, and private/uninsured insurance estimates^{5,7}.
- **Utilization projections:** Estimated expected mental health crisis service use by applying age-specific population proportions and insurance coverage (5% Medicaid youth) and (1% Medicaid adult, all private and all uninsured) to nationally reported crisis utilization rates^{2,3}.
- **Assumptions:** Calculations assumed a fully operational crisis response system across all parishes^{2,3}.
- **Financial projections:** Regional reimbursement was estimated using the Louisiana Medicaid mobile Crisis per diem rate (\$493.72) per episode of care⁵.

Results

- Crisis service utilization varied widely across parishes, with the highest demand observed in large urban areas such as East Baton Rouge, Jefferson, and Orleans Parishes (Fig 3).
- Projected youth utilization ranged from ~27 to 3,301 cases per year, while adult utilization ranged from ~26 to over 2,600 cases per year, primarily among Medicaid insured populations (Fig 1).
- Medicaid populations accounted for majority of the projected service use, followed by privately insured and uninsured groups (Fig 2).
- Total projected Medicaid annual reimbursement ranged from approximately \$1.17 million to \$2.68 million across regions, with Region 2 showing the highest estimated reimbursement (Fig 2).
- Findings suggest that mobile crisis response services may be financially viable, particularly in regions with higher population density and service demand.

Fig 1: Utilization Projected by Region and Age

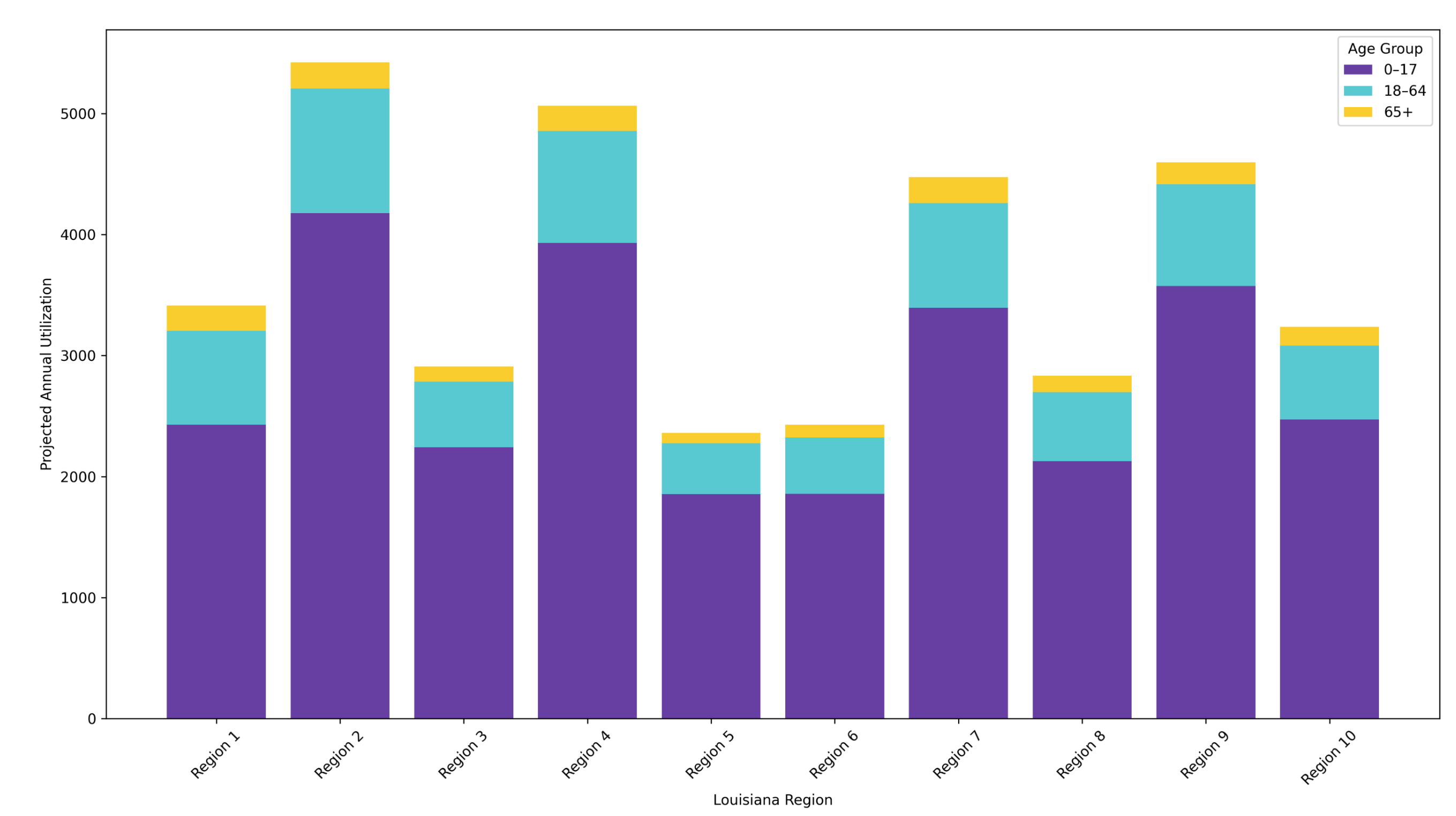


Fig 2: Projected Regional Reimbursement

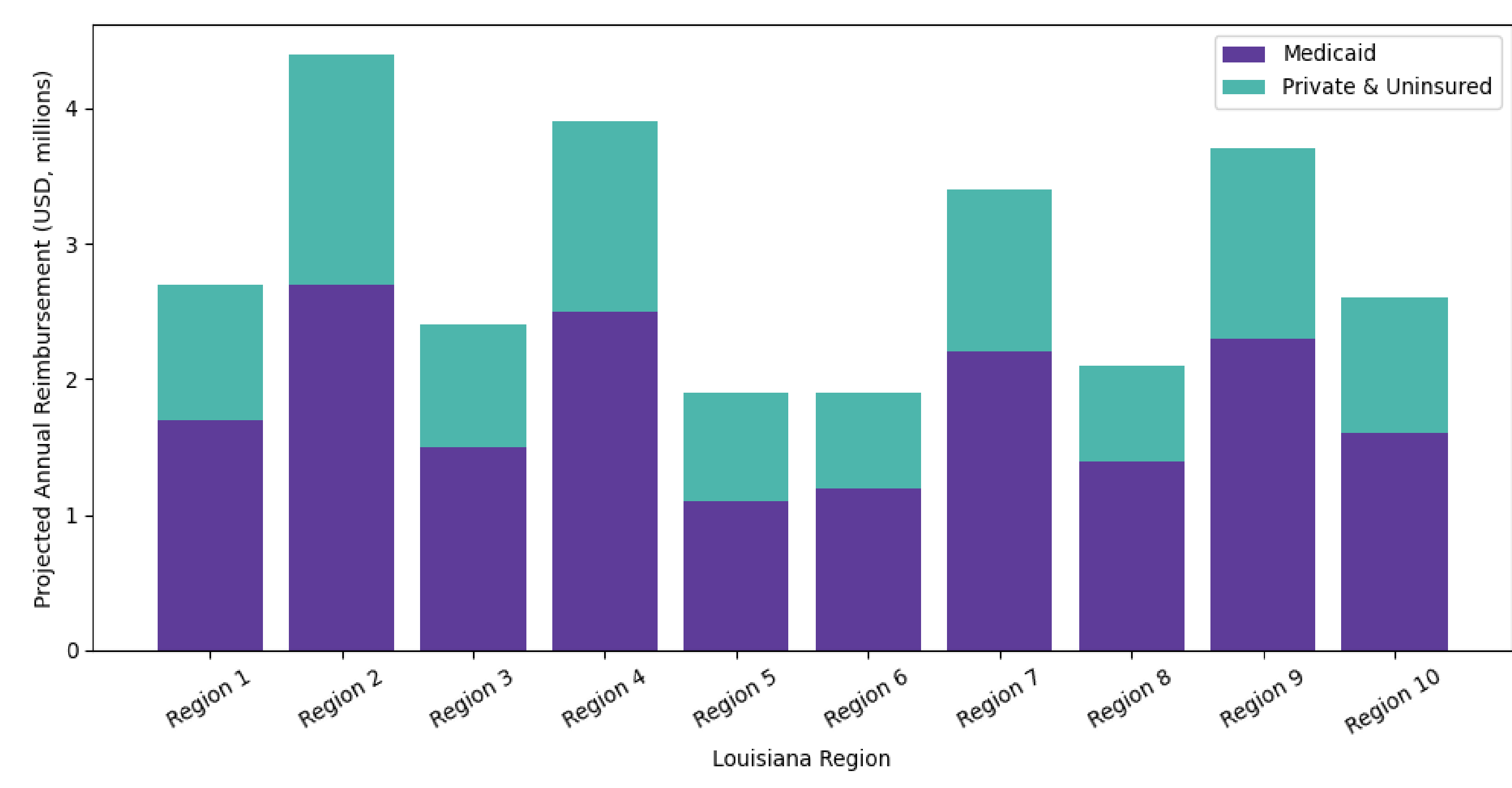
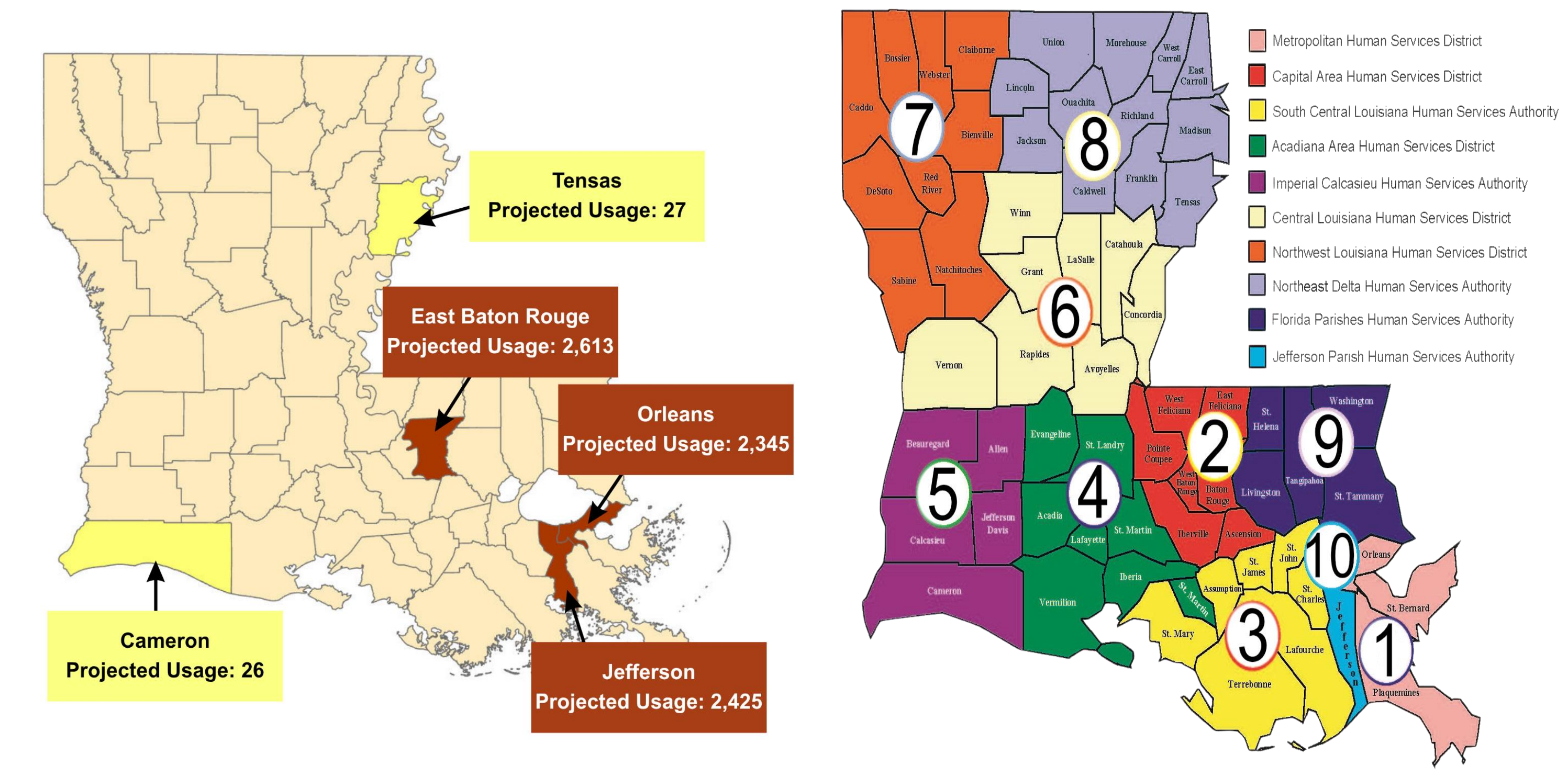


Fig 3: Parish Level Annual Utilization Map (Highest & Lowest)



Conclusion

- Crisis service utilization varies widely across parishes and regions, with higher demand in urban areas and lower demand in rural areas.
- Medicaid populations account for majority of the projected service use, highlighting the importance of public insurance in crisis care delivery.
- Regional reimbursement projections suggest financial feasibility, particularly in high-population areas.
- Substantial rural-urban differences indicate the need for flexible, region-specific service models.
- Findings support the continued expansion of Louisiana's Behavioral Health Crisis Response System (BHCRS) using data-driven planning.

Planning Implementation

- Tailor workforce distribution based on regional demand (for example fewer staff in low-utilization areas, expanded teams in high-demand regions).
- Implement flexible service models, including limited hours in rural areas and 24/7 coverage in urban regions.
- Use data-driven planning to guide staffing, funding allocation, and service capacity.
- Prioritize Medicaid-supported services, while accounting for private and uninsured populations.
- Scale mobile crisis response services gradually, ensuring systems are fully operational and sustainable.

References

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