



Behavioral Health in New Orleans » 2012

Recommendations for systems change.

Prepared by The New Orleans Health Department | Summer 2012

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Executive Summary

Overview

Ensuring that behavioral health is an essential part of health and well-being for children, youth, and families in New Orleans is a step towards ensuring a healthy community. However, the behavioral health system in New Orleans remains a fragile system that is continually evolving with the changing landscape of health care. While these changes present challenges, equally there are opportunities to provide more efficient and effective services for people living with mental illness and substance use disorders. This report outlines the recommendations of community stakeholders and service providers on how to strengthen the behavioral health system by addressing challenges and identifying opportunities for improvement in service delivery.

This report focuses on strategies to strengthen the behavioral health system by identifying how it can be better integrated and coordinated with other service systems (such as education, criminal justice, housing and primary care). A central theme is that change can happen by building strong local partnerships and under a thoughtful leadership body. It is important to understand how other communities have leveraged local resources, identified strong leaders, and developed lasting partnerships to change service delivery and coordinate community efforts. By identifying these best practices from other communities and working together to incorporate the knowledge into New Orleans' unique culture, the behavioral health system can function more cohesively as network of service providers.

Throughout the strategy paper, core concepts that promote change are discussed and emphasized in the context of how to affect change for individuals with mental illness and substance use disorders.

- *Developing leadership*- ensuring a representative body of stakeholders is continually addressing the community's needs and addressing service gaps;
- *Sharing resources*- promoting collaboration by sharing funding and developing innovative ways to fund services;
- *Sharing information and knowledge*- using community data and training opportunities to promote collaboration;
- *Developing behavioral health advocates*- encouraging professionals, consumers, and family members to advocate for high quality behavioral health care; and
- *Multiple-systems working together*- collaborating to increase communication and create efficiencies that would improve processes and limit costs.

This report offers strategies to incorporate the core concepts above with existing community work to improve the behavioral health system for consumers, families, and professionals in New Orleans.

Summary of Recommendations

Challenges

- A lack of coordination within the behavioral health system
- Poor linkages between behavioral health service providing agencies
- A lack of coordination with other service providing systems
- Limited coordination and leadership for community visioning and strategic planning

Opportunities for Growth

- Increased access to services through coordination within the behavioral health system
- Increased behavioral health and criminal justice collaboration
- Coordinating services for youth through prevention and education
- Expanding primary care & behavioral health integration
- Increased access to social supports including housing and transportation
- Increasing advocacy and consumer engagement
- Targeted professional development to build behavioral health competencies
- Promoting evidence based practices, data collection, and evaluation
- Exploring solutions through policy and increased funding

Recommendations

- Form a Behavioral Health Interagency Council to increase coordination, communication and provide community based leadership
- Commission a formal assessment and data scan of the behavioral health system in New Orleans
- Regularly convene stakeholders, service providers, and consumers to give input and advocate for necessary changes
- Develop strong community-wide data through data-sharing agreements and development of information exchanges

Introduction

In 2011, the City of New Orleans was chosen as a Strong Cities Strong Communities (SC2) initiative pilot city. SC2 is a White House initiative that builds partnerships between the federal and local government by bringing federal expertise to help the city identify key projects that will improve the livelihoods of New Orleanians. Through listening sessions with the community, **behavioral health** was identified as an area in need of additional technical assistance, collaboration, communication, and resources. Mayor Mitchell J. Landrieu requested expertise from the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist with capacity building activities for behavioral health.

Through SC2, the New Orleans Health Department and SAMHSA collaborated with the community to develop key strategies to strengthen the behavioral health system. Through this work, partnerships were established with many of the behavioral health service providers at the local and state level. The purpose of establishing these partnerships is to encourage new perspectives and partners to identify and prioritize necessary changes with the behavioral health system.

Purpose

This strategy paper captures the learning that was obtained through this partnership to identify gaps and make recommendations on strengthening the behavioral health system in New Orleans. The goal of this paper is to identify core bodies of work that require further attention and resources to help the community fill gaps and build a coordinated system of care for individuals in need of behavioral health services.

Section 1: Background

History

The need for behavioral health services since Hurricane Katrina has consistently placed pressure upon a behavioral health system that has waned in capacity to provide prevention and treatment services to the greater New Orleans area. The system has failed to function as a comprehensive system that includes promotion, prevention, early identification and treatment. As a city, the population has experienced a history of risk factors that may increase the likelihood of developing a mental illness or substance use disorder. Additionally, the community wide stress and trauma since Hurricane Katrina have increased the need for behavioral health services (Bendsen, et al., 2007). Several key behavioral health related events since the hurricane have had widespread community impact and have encouraged reforms within the behavioral health system.

2005-2008

Studies estimated that between 22 and 42 psychiatrists returned to New Orleans in the fall and winter of 2005. Prior to Katrina there were between 196 and 208 psychiatrists practicing in the New Orleans area for 480,000 residents (Griffies, 2010; Potash, 2008). A significant reduction in the number of mental health beds, 487 beds pre-storm reduced to 190 beds post-storm was also documented (Mehmood, 2010). Reports of emergency rooms backing up with a high number of patients in psychological crisis began to surface and continue to remain an issue (Potash, 2008). The decision to permanently close Charity Hospital meant that the hospital's 97 psychiatric inpatient beds would be permanently lost to the community and later replaced with a fraction of the original inpatient bed capacity (Ott, 2012). After the storm, many hospitals closed their psychiatric wards which created a lack of psychiatric beds and resources to serve the mentally ill. The number of chronically mentally ill incarcerated in Orleans Parish Prison increased during this time and has remained high, although capacity to provide services to this population is limited (Potash, 2008; U.S. Department of Justice Civil Rights Division, 2012).

Subsequently, the Louisiana Public Health Institute developed a network of mental health professionals into an initiative called the Behavioral Health Action Network (BHAN) (Louisiana Public Health Institute, 2012). Through BHAN, the community set three goals: (1) to restore the psychiatric inpatient capacity in Region 1; (2) to restore crisis intervention services – including the crisis unit formerly at Charity Hospital (now known as the Mental Health Emergency Room Extension); and (3) to improve workforce development and training of professionals to deal with the types of issues related to trauma that were presenting in the population. BHAN was successful in these three areas and continued to be funded through Baptist Community Ministries until October 2010. The group was able to set up data sharing agreements, develop a dashboard to share community wide aggregate data and to regularly convene the mental health providers in the community.

Through funding to help reestablish behavioral health services in New Orleans, several community initiatives were launched and were able to provide a significant amount of services. *Louisiana Spirit*, a federally-funded crisis counseling program, provided crisis outreach and links to resources for thousands of people in the years after Hurricane Katarina. REACH NOLA helped build capacity among behavioral health service providers by establishing mental health services within two Health Resiliency Centers through a collaborative approach to mental health service provision. REACH NOLA also developed the Mental Health Infrastructure Training program which offered five multi-day training seminars to help increase capacity to provide evidence-based mental health services (Springgate, et al., 2011).

2008-2012

The murder of New Orleans Police Officer Nicola Cotton is one of the tragic incidents that occurred in the post-Katrina era involving a violent act committed by an individual with mental illness. Officer Cotton was shot and killed by a rape suspect, Bernel Johnson, when she attempted to arrest him. Mr. Johnson was diagnosed with paranoid schizophrenia and had been in and out of institutions throughout his life (Filosa, 2010). This case, and others, spurred

strong reactions within the community to create reform within the behavioral health system and within the Metropolitan Human Services District, the local behavioral health authority. This event inspired several law reform initiatives and a promise by Governor Jindal to provide \$89 million dollars in support for mental health services and the expansion of evidence-based models (Office of the Governor- Bobby Jindal, 2008). The *Assistive Outpatient Treatment* law also called “*Nicola’s Law*” was passed in honor of Officer Cotton. This law allows health professionals to give an order of assistive outpatient treatment that legally requires an individual to accept treatment (Bishop, 2008).

The closure of the New Orleans Adolescent Hospital (NOAH) in 2009 brought further concerns from the community about the lack of inpatient mental health beds and the ability to provide services for mentally ill individuals in the community. The closure of approximately 35 adolescent mental health beds at NOAH and the transfer of those services to the North Shore further depleted the community’s capacity to serve individuals in need of inpatient services. The *Washington Times* documented the need for inpatient services and the negative impacts of closing NOAH, including the separation of families who may lack transportation to see and support loved ones in care across Lake Pontchartrain (Hudson, 2009).

Metropolitan Human Services District (MHSD), founded in 2003 by the Louisiana legislature, began a process over several years to improve internal controls, service provision, and streamline communication and referrals into the agency. The agency also increased access to evidence-based models for counseling including *Assertive Community Treatment* (ACT), *Forensic Assertive Community Treatment* (FACT), *Intensive Case Management* (ICM), increased outpatient and residential substance abuse services, and developed a crisis response team. MHSD developed the *Access Center*, a telephonic assessment and connection point for consumers to access MHSD’s services. MHSD revised its business and service strategies to focus on client-centered care with an emphasis on keeping individuals outside of institutions or higher levels of care by serving them in the community (Metropolitan Human Services District, 2011). While MHSD’s efforts have improved their internal processes, they have also further developed relationships with other service providers to strengthen the continuum of care.

Nevertheless, New Orleans continues to struggle with service coordination issues and a lack of resources across the behavioral health system. In the correctional system, the Orleans Parish Prison (OPP) Medical Director estimated that 45% of the OPP daily inmate of 3,200 has indicated on a screening that they have some form of mental illness (Maldonado, 2012). Individuals continue to cycle between MHSD, OPP and the community, including emergency departments. The lack of resources to adequately address behavioral health needs in OPP, the emergency department, and the Coroner’s office is an ongoing concern to the community. These entities lack staff and resources that would assist them in providing high quality services for individuals in need. These agencies have made efforts to coordinate and communicate; however, the lack of ability to share data including patient information continues to deter the system from developing a seamless continuum of care.

The behavioral health infrastructure continues to face cuts and limitations in resources, with several key services being either eliminated or reduced in capacity as of March 2012. Through reductions to the Louisiana State University hospital system, the area's only inpatient medical detoxification center with capacity of 20 beds has been eliminated; there has also been a reduction of 10 mental health beds in the emergency department and a reduction of nine inpatient psychiatric beds (Maldonado, 2012). Additionally, as of October 2012, 94 immediate care beds at the South East Louisiana Hospital (SELH) will be closed (Glover, 2012). The entire SELH campus, which provides inpatient mental health care for the entire region, will be closed as of June 2013 with significant impacts on the inpatient resources available for patients, families and behavioral health professionals (Glover, 2012). The Department of Health and Hospitals intends to build partnerships with private sector providers, including hospitals in the greater New Orleans area, to provide mental health services outside of the state funded hospital system (Office of Behavioral Health, 2012). These reductions in local behavioral health resources will continue to negatively impact the region's fragile behavioral health resources, forcing the behavioral health system to absorb these patients in other settings.

Current Data

While behavioral health data were collected following Hurricane Katrina by multiple organizations, those sources of data have not been updated in recent years. This creates a vacuum in the available data to estimate the number of people in need of treatment and severely limits the ability to engage in community-wide behavioral health planning.

While data are not collected uniformly across the providers of behavioral health services, some data is available from important sources. The Greater New Orleans Drug Demand Reduction Coalition has completed a thorough needs assessment and through strategic planning efforts has brought together multiple available data sources to more accurately understand the extent of substance use in New Orleans (WWLTV- Eyewitness News, 2012). The Louisiana State University –Health Sciences Center (LSU-HSC) estimated that in December 2011, 21 mental health patients were responsible for 109 emergency room visits to the Interim LSU Hospital (Smith, 2012). One person alone made eight visits. This example illustrates how multiple visits by a small group of individuals can place burden on a health system.

It is important to continue to support community efforts to collect and use data to make data-informed decisions about behavioral health. Without strong community indicators for behavioral health, it will be impossible to determine if health reform efforts have affected the community in a negative, positive, or neutral manner. Stronger participation in population-level surveys and data collection is needed to support policy and funding reforms for behavioral health.

The table below highlights national and local data sets to give a snapshot of current data trends related to behavioral health.

Indicator	Data	Source
Substance Abuse Treatment Admissions in 2009	4,309 Individuals	SAMHSA
Treatment Admissions by Substance in 2009	26% Alcohol 21% Marijuana 16% Smoked Cocaine 15% Heroin 9% Prescription Pain Killers 1% Methamphetamine	SAMHSA
Source of Referrals to Treatment in 2009	43% Criminal Justice 32% Individual/Self 15% Substance Abuse Providers 5% Community Organizations 3% Health Care Providers 2% Other	SAMHSA
Lifetime Substance Use by 10 th Graders in 2010 (% of 10 th Graders who responded to the survey that they have ever used a substance)	60% Alcohol 24% Cigarettes 15% Marijuana 9% Inhalants 5% Sedatives 3% Opiates	New Orleans Drug Demand Reduction Coalition-Caring Communities Youth Survey
Percent who say a doctor has ever told them they have a serious mental illness	16% in 2010 15% in 2008 5% in 2006	Kaiser Family Foundation
Percent who say in the past 6 months they have taken medicine for their problems with emotions, nerves or mental health	16% in 2010 17% in 2008 8% in 2006	Kaiser Family Foundation
Reported mental health status in 2010	36% Excellent 30% Very Good 20% Good 11% Fair 3% Poor	Kaiser Family Foundation
Identified “Making it easier to get mental health services” as a priority for rebuilding New Orleans’ Health system	21% Most Important Priority 62% Very Important Priority	Kaiser Family Foundation

Table 1: Behavioral Health Community Level Indicators for New Orleans

Sources: (Center for Behavioral Health Statistics and Quality, 2012; Gallati, 2012; Henry J. Kaiser Family Foundation, 2010)

Louisiana Behavioral Health Partnership

The implementation of the Louisiana Behavioral Health Partnership (LBHP) has changed the landscape of the State's oversight and management of Medicaid resources for behavioral health. The LBHP began implementation on March 1, 2012 with hopes of bringing higher quality services, more coordinated and cost effective care, and increased data capacity to better serve individuals with both mental illness and substance abuse disorders.

The LBHP continues to build a network of providers, enroll new patients, and provide services for existing patients. As the roll out of managed behavioral health care continues the New Orleans Health Department will work with Magellan, the State's managed care organization, to ensure that local problems are addressed when they arise.

Section 2: Developing a Strategy

City of New Orleans Health Department – A public health approach

The City of New Orleans Health Department (NOHD) is moving towards a focus on the essential public health services, which includes mobilizing community partnerships to identify and solve health problems. NOHD's role as a convener of partners and community stakeholders helps to facilitate productive conversations about the public's health, wellness, and increased access to healthcare.

NOHD has increased its behavioral health portfolio by strengthening the behavioral health system in four key areas:

1. **Bringing technical assistance to the community** - NOHD collaborated with SAMHSA to increase access to technical assistance for behavioral health.
2. **Producing a Behavioral Health Resource Guide** - NOHD released the first edition of "The Guide to Behavioral Health Services in the Greater New Orleans Area" in January 2012. This guide is a preliminary step towards assessing available resources and increasing access to behavioral health services.
3. **Convening partners to strengthen the behavioral health system** - NOHD has convened partners and key stakeholders to discuss ongoing efforts to strengthen the behavioral health system.
4. **Using a public health approach to address trauma and build resilience following exposure to violence** - NOHD has convened partners to begin facilitating a more coordinated response to the emotional impacts of violence and trauma, and is actively involved with criminal justice partners, schools and City agencies to address these issues.

The NOHD is continuing to build capacity within the department to help strengthen the behavioral health system in New Orleans. This includes establishing a staff position that will focus on behavioral health and violence prevention. NOHD will continue to link, leverage, and facilitate partnerships to build an understanding that behavioral health is an essential part of health.

Behavioral Health Collaboration is Essential to Health Promotion

Caring for an individual's mental illness and substance abuse disorders is essential to promoting overall health and wellbeing, and ensuring that everyone has the opportunity to participate in and contribute to the community. Using a public health perspective recognizes that mental illness and substance use are often related and can drastically affect an individual's overall health. Many risk and protective factors have an impact on behavioral health and can affect other risk behaviors which must be addressed through related systems, including housing, criminal justice and education.

In order to produce this strategy paper, it was imperative to engage the community in a conversation about how to strengthen behavioral health service provision and improve linkages

to other related systems. In January 2012, the NOHD hosted SAMHSA Administrator Pamela Hyde and the Louisiana Office of Behavioral Health at a meeting for behavioral health providers and stakeholders in the greater New Orleans area. The Behavioral Health System Coordination Meeting gave stakeholders the opportunity to describe gaps in the existing behavioral health system and develop a vision of the future behavioral health system that they would like to build.

Developing a vision for behavioral health

The group of providers and several consumer representatives at the Behavioral Health System Coordination Meeting described their vision for the future behavioral health system in New Orleans. While a formal vision statement was not adopted during the meeting, the meeting participants identified the core components the ideal behavioral health system they hope to build in New Orleans.

Shared vision for the future

The future behavioral health system in New Orleans is person-centered with the consumer at the center of all activities and services. Consumers and family members should be empowered to self-direct treatment and have input in policy level decisions. Media and the community should be engaged to de-stigmatize behavioral health while establishing behavioral health treatment as an essential part of overall health and wellbeing. Prevention and health promotion should be equally emphasized along with providing quality treatment options and a continual focusing on recovery from mental illness and substance use. High quality services across the life span would be available to everyone with an emphasis on screening, early diagnosis, and early intervention. Services should be coordinated to ensure continuity of care and communication across service providers.

Communication and partnership should be coordinated to create shared goals, a shared vision, shared advocacy efforts, workforce development, establishing norms and guiding principles, and building culturally competent services. Efforts should be made to coordinate data and promote the use of health information technology. In order to measure success and establish data-driven decision making, the ability to monitor and evaluate programs should be a standard practice across the community.

The next sections of this strategic report are intended to help the community establish mechanisms to actualize this vision.

Developing Leadership- Behavioral Health Interagency Council

Participants at the Behavioral Health System Coordination Meeting emphasized that transformation at the system level requires a leadership or governance body that can help guide meaningful system-wide change. This governance body should have a shared vision and consist of representatives who are knowledgeable about behavioral health and who are empowered to advocate for change. The group should span boundaries of behavioral health and include representatives from related systems, as well as consumers and family members. This group should have the ability to influence funding and should continually strive to develop quality

standards of care for behavioral health and have the capacity to measure against these standards.

In order for this idea to be successful, the meeting participants felt that it was important for the group to be balanced in the types of agencies represented (non-profit, government, for-profit) and must build on the existing community leadership structure.

The New Orleans Health Department is currently working with a workgroup of stakeholders to further the idea to develop a governance body that will fulfil the following roles:

- **Facilitate cross-system collaboration and coordination of services**
 - *Within behavioral health and with other related systems (criminal justice, social services, housing, etc.) for all populations*
 - *For policy efforts*
 - *For community-level decision making*
- **Assess performance of the system at the policy and programmatic level**
- **Collect and review system-level data**
- **Provide support and technical assistance**
 - *Identification and facilitation of training in evidence based practices for multiple agencies,*
 - *Facilitating cross-training with other systems,*
 - *Identification of resources and funding*
 - *Helping agencies to reach accreditation standards*
- **Provide accountability for managed behavioral health care**
- **Increase leadership capacity**
 - *Helping the community to focus on the bigger picture of creating a behavioral health system*
 - *Promoting sustainable change*
 - *Engaging in long term strategic planning for behavioral health*

Section 3: Coordinating Behavioral Health Services

During the Behavioral Health System Coordination Meeting, stakeholders recognized that currently, there is a fragmented system of services, and that service coordination should be a focal point of efforts to improve service provision in New Orleans.

Best Practices in Behavioral Health

Increasing coordination in behavioral health includes working across a spectrum of promotion, prevention, intervention, and recovery supports.

While there is a genetic and biological basis for mental illness and substance abuse, prevention science has shown that health promotion and prevention interventions can help prevent the development of a disorder or delay the onset and decrease severity of symptoms (National Research Council and Institute of Medicine, 2009). Health promotion focuses on well-being and healthy outcomes in order to reduce the likelihood of developing a mental illness or a substance abuse disorder (National Research Council and Institute of Medicine, 2009). Prevention addresses problems before they happen by promoting safety, healthy environments and behaviors, and reducing the likelihood of incident, injury or condition (Prevention Institute, 2009). Prevention includes three tiers of interventions: universal prevention, selective prevention and indicated prevention. *Universal prevention* reaches everyone in a community, is low in cost and helps build desirable outcomes for everyone. *Selective prevention* interventions target individuals within a population who are at risk for developing a mental illness or substance abuse disorder. *Indicated prevention* interventions are targeted at individuals who are at high risk or show some minimal signs and symptoms of developing a mental illness or substance abuse disorder, although they may not yet meet diagnosable criteria (National Research Council and Institute of Medicine, 2009).

Interventions can be preventative in nature or can be part of a treatment plan. There are many forms of treatment for mental illness and substance use; the type of treatment varies depending on the needs and preferences of the individual. Recovery is the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Promoting recovery throughout the treatment process refers to the ways in which a person with mental illness or a substance use disorder experiences and manages his or her life in the community (Connecticut Department of Mental Health and Addiction Services, 2006). It is important to establish a recovery-oriented system of care that builds upon each person's assets, strengths and competencies to help them achieve a sense of mastery over a mental illness or a substance use disorder.

Supporting coordination of services across promotion, prevention, treatment and recovery will help build a continuum of care for behavioral health.

Addressing Cultural Competency in Behavioral Health

Providing culturally competent services is a foundational part of building a stronger behavioral health system. According to the National Alliance for Mental Illness, for consumers of color, access to mental health services and the quality of the services they receive are negatively affected by the lack of cultural competence in service delivery (National Alliance on Mental Illness, 2012). Many research studies have shown that because of the lack of cultural competence, people of color may not seek services in the formal system, cannot access treatment, drop out of care, are misdiagnosed, or seek care only when their illness is at an advanced stage.

Due to the unique cultural composition of New Orleans, it is important for service providers and stakeholders to continually evaluate measures of cultural competency and incorporate these dimensions into service coordination efforts. When addressing cultural competency in policies and service delivery, it is important to systematically address disparities in:

- Availability - the existence of a needed service
- Accessibility - ease and convenience to obtain and use services
- Affordability - costs to the consumer and the financial viability of a service provider
- Appropriateness - correctness of the service offered or provided for prevention and treatment
- Acceptability - the degree to which the recipient of services believes that the services are congruent with cultural beliefs, values, world view (Jackson, 2012)

Integration and Coordination of Services in New Orleans

At present, behavioral health services in New Orleans are not part of a coordinated system of care focused on ensuring that individuals have the appropriate level of treatment and access to social supports. Stakeholders at the Behavioral Health System Coordination Meeting described the system as a series of “poor linkages” between available services. Services are fragmented and there is minimal coordination between the point of entry into services and the agency providing the service.

Stakeholders identified the following opportunities to establish better coordination and communication:

1. *Developing universal standardized protocols*
2. *Increasing access to services*
3. *Increasing inpatient and outpatient service coordination*
4. *Increasing access to medication*
5. *Coordinating crisis services*
6. *Coordinating with managed behavioral health care*
7. *Increasing linkages to supportive services*

Developing universal standardized protocols- promoting standards of care that are used widely across the community to streamline information collected and promote best practices.

Use of early identification tools such as universal assessments can be part of a community-wide prevention strategy that encourages early intervention. Encouraging the use of universal screening assessments and early identification standards can help identify individuals who are at risk of developing a mental illness and/or substance use disorder. Screening and assessments should be offered at no cost to the consumer (Substance Abuse and Mental Health Services Administration, 2011). Many communities have developed universal referral forms within the publically funded behavioral health services. New Orleans can explore the use of standard referral language with agencies across the community. This effort can be a basis to promote health information exchange by ensuring that providers can communicate more effectively using similar terms and definitions.

Increasing access to services- establishing a “no-wrong door” approach to better coordinate available resources.

In order to establish a “no wrong door” approach all practitioners working with consumers need to understand and be aware of the range of supports available and how clients access these services within the community (Family Relationship Services Australia, 2009). This could include the development of a system of communication to share information about available capacity and referrals. For example, Allegheny County, Pennsylvania used data extensively to guide coordination efforts for publically funded services and supports (Allegheny HealthChoices, Inc., 2011). New Orleans can develop a network of available data and data sharing agreements to support decisions on what services need to be coordinated and how to coordinate them.

Increasing inpatient and outpatient service coordination- establish a better system to provide coordination of care between inpatient units and community based service providers.

Efforts must be made to ensure consumers are linked to community based services upon discharge and information is shared between inpatient and outpatient service providers. One approach that can be explored is moving from discharge planning to a recovery management model. This model views treatment (both inpatient and outpatient) as multi-tiered interventions that engage the consumer as a full partner in directing their care with the goal of building a life in recovery. A recovery coach assists with the development of a recovery plan that

“Having an infrastructure in place that collects, stores, analyzes, and reports on the processes and trends throughout the service system allows for flexibility and adaptation, acts as a stabilizing influence, and affords decision-makers greater confidence in their decisions.”

Allegheny HealthChoices

(Allegheny HealthChoices, Inc., 2011)

incorporates steps toward recovery from substance abuse and/or mental illness (including treatment), living with financial independence, employment and education, relationships and social supports, medical and physical health, recreation, independence from legal problems and institutions, and mental wellness (Substance Abuse and Mental Health Services Administration, 2009). New Orleans can explore developing a pilot program that promotes the use of recovery coaches to assist consumers with their transition to community based services.

Additionally, both inpatient and outpatient services differ greatly for adults and children. The behavioral health providers and system must account for the difference in needs for children and youth across the lifespan. Community members have noted the limited community-based behavioral health services for young children under 6 years old within the community while others noted that there are limited inpatient services for children and youth. Special attention must be paid to coordinating both inpatient and outpatient services for children, youth and families to ensure their needs are being met.

“Accessible and Appropriate Medication supports continuity of care for individuals with mental illnesses whose treatment often is disrupted when they become involved in the criminal justice system. They may not receive appropriate medication in jail or prison or adequate follow-up when they return to the community. It is imperative that people with mental illnesses and co-occurring substance use disorders have access to the right medication at the right dosage for their condition, as determined by the individual together with his or her clinician.”

SAMHSA GAINS Center

(National Leadership Forum on Behavioral Health/Criminal Justice Services, 2009)

Increasing access to medication- ensuring that individuals have access to the appropriate dosage and types of medication is essential to providing high quality treatment for mental illness and substance use disorders.

Access to medication should improve for individuals covered by Medicaid through the Louisiana Behavioral Health Partnership. Tracking patients’ medical histories and medication through technology will also improve through managed behavioral health care. However, for populations that are not covered by Medicaid, access to medication will remain a challenge. Efforts to improve access to medication for these populations should include an assessment of the current barriers to receiving appropriate medication. Incarcerated individuals and those covered by the local Greater New Orleans Community Health Connections (GNOCHC) Medicaid Waiver will continue to struggle to access the appropriate medication for mental illnesses and addictions. The current GNOCHC waiver program covers behavioral health services through the community clinics but does not currently cover prescription medication (Department of Health and Hospitals of Louisiana,

n.d). For individuals covered under GNOCHC, community clinics could possibly collaborate with a local hospital to purchase a stock of commonly used medications and put agreements in place to dispense them appropriately.

Coordinating crisis services- *increasing coordination and communication between crisis services.*

Crisis services in New Orleans spans a wide range of events including response to violent incidents and injuries, response to natural disasters, response to individuals in a behavioral health crisis, and response to general trauma in the community. As the city continues to evolve its crisis response protocols, establishing regular coordination meetings between crisis responders can help address service gaps, including 911, 211, 311, EMS, NOPD, and the Metropolitan Crisis Response Team. Coordination meetings give crisis responders the opportunity to share data, address common barriers, and create efficiencies in crisis response. Increasing the level of coordination to include the school districts and charter schools can establish common procedures and a city-wide coordinated crisis response system.

Establishing a protocol and resource mobilization plan to address the emotional response to violent incidents in the community will help better allocate available resources to provide trauma informed counseling. Developing opportunities for additional training in evidence-based models to address trauma for community members such as teachers, religious leaders, and first responders will increase the capacity to provide immediate trauma assessments and supportive incident debriefing.

Increasing outreach to the community about how to access behavioral health services in crisis situations can be part of efforts to streamline crisis services. Establishing a communication plan about the available crisis response and counseling services will help reduce stigma about seeking treatment and will inform consumers and family members about available resources.

Coordinating with Managed Behavioral Health Care- *coordinating services across the behavioral health system, including strengthening the planning for supports and services that are essential to the overall system but outside of Medicaid funded services.*

Identifying opportunities for future efforts to promote seamless transitions between services and to further coordinate across providers is important to providing high quality behavioral health services for everyone in the community. This can include establishing strong relationships with the State's managed care organization, Magellan, to ensure that issues with

"Many individuals will use both HealthChoices (Medicaid funded) and County funded behavioral health services that are not Medicaid-funded (e.g., residential services, social rehabilitation services), and some individuals may move in and out of Medicaid eligibility yet remain in need of public safety net mental health and substance abuse services. The goal at the local level is that consumers' experience with the publicly funded treatment system, whether they have Medicaid or County funded services, is seamless."

Allegheny HealthChoices

(Allegheny HealthChoices, Inc., 2011)

implementation of the Louisiana Behavioral Health Partnership (LBHP) are identified and addressed for the entire community. LBHP will be a source of rich data that can be analyzed locally and used to inform changes in the behavioral health services in New Orleans. These data can be complemented with local data sets and information about non-Medicaid service providers to better inform policy decisions and funding needs.

Increasing linkages to supportive services- *providing holistic and comprehensive services to the community by ensuring that consumers have access to case management and can be linked to the appropriate supportive services.*

“Successful peer recovery support programs offer clients a network for building strong and mutually supportive relationships with formal systems in their communities (i.e., treatment programs, housing, transportation, justice, education). Peer services are designed and delivered primarily by individuals in recovery to meet the targeted community’s recovery support needs, as the community defines them.”

SAMHSA

(Kaplan, 2008)

Furthering development of resources that help individuals continue to be engaged in treatment and recovery while building basic life skills is important to helping individuals with mental illness or substance use disorders live successfully in the community. This might include expansion of the network of available peer support services or the redevelopment of a peer program that helps individuals transition between points of care (i.e. the emergency room to the community). Supportive services can include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life.

Expansion of peer support services provides more opportunities for peers to guide individuals through services and help engage them in long term recovery efforts. This can include additional peer support specialists that focus on individuals involved in the criminal justice system (Policy Research Associates, 2011). This can also ensure that individuals who are re-entering communities from incarceration have a person who is following up with them to help obtain access to treatment and resources within the community setting.

Section 4: Coordination with Other Systems

The groundwork for coordination efforts between behavioral health service providers and other related systems has been laid since Hurricane Katrina. While some progress has been made in integrating services for some populations, such as the homeless, coordination between systems is a difficult and ongoing effort that requires continuous collaboration.

Recognizing the importance of collaboration at multiple levels and across multiple systems, New Orleans has the opportunity to improve communication through use of health information technology. Establishing novel partnerships that allow for information exchange and coordinated treatment will increase the ability to manage care for high service users and individuals who touch multiple systems.

Special Populations & High Risk Individuals

New Orleans has the highest homicide rate in the United States and is consistently ranked amongst the lowest cities in the nation for health outcomes (University of Wisconsin Population Health Institute, 2011; Wellford, Bond, & Goodison, 2011). With perpetual exposure to traumatic events, including natural disasters, domestic and community violence, residents of New Orleans have displayed above national average levels of stress, depression and suicide (Spiegel, 2010; Weisler, Barbee, & Townsend, 2006; Bendsen, et al., 2007). The consistent exposure to traumatic events and limited resources for trauma informed care leaves a number of individuals at risk of developing mental illness and substance use disorders which can lead to increased risk of contact with the criminal justice system. Ensuring that people who have been exposed to trauma get the appropriate services is a key step in preventing adverse health outcomes.

Additionally, individuals with behavioral health disorders are at higher risk for poor general health outcomes and being victimized by crime (Teplin, McClelland, Abram, & Weiner, 2005; Lawrence & Kisley, 2010). It is important to coordinate services across systems for those with behavioral health needs and to coordinate services for individuals who are at high risk of developing a mental illness and substance use disorders and with subsequent contact with the criminal justice system.

Coordinating Services for Criminal Justice & Behavioral Health

In 2011, SAMHSA provided technical assistance through the *National GAINS Center for Behavioral Health and Justice Transformation* to develop recommendations to strengthen the intersection between the criminal justice system and behavioral health. A Strategic Intercept Map was developed through two group workshops and shows how individuals can be intercepted at multiple points within the behavioral health or criminal justice systems and diverted to treatment rather than incarceration (Policy Research Associates, 2011).

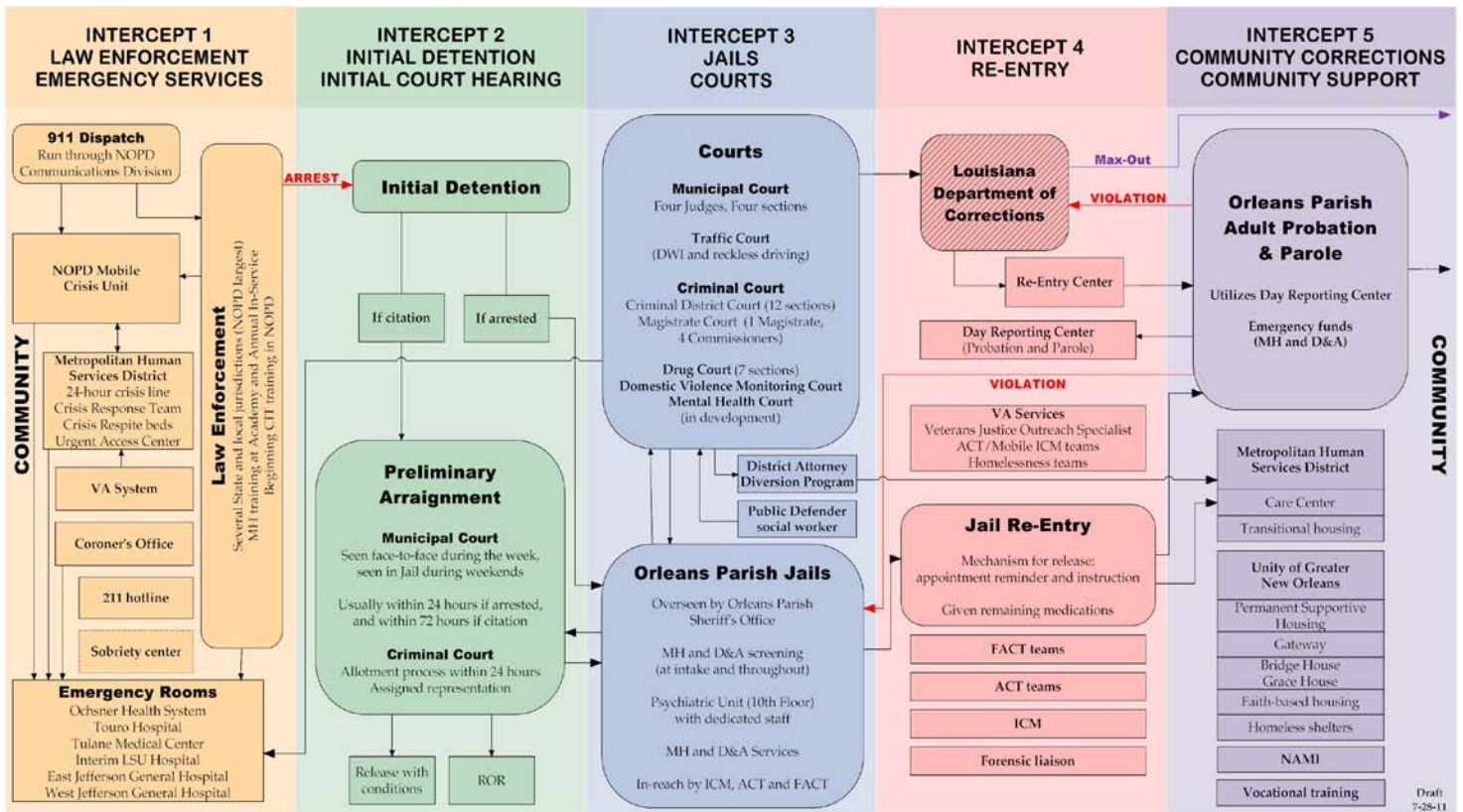


Figure 1- Strategic Intercept Map Source: (Policy Research Associates, 2011)

Based upon the Strategic Intercept Mapping exercise, the existing coordination gaps are:

- Lack of coordination between behavioral health service providers and the criminal justice system;
- Limited data collection within the criminal justice system;
- The inability of behavioral health service providers to access criminal justice data on a common platform or on a regular basis;
- Lack of trauma informed care for the justice involved population;
- Lack of access to a range of recovery oriented services and community-based supports;
- Need for further coordination of services to address the population of high service utilizers that cycle through the jail; and
- Limited diversion options for people with behavioral health disorders, including screening to identify candidates and veterans eligible for diversion programs.

New Orleans has the opportunity to build upon the work done through the Strategic Intercept Mapping process and to use the Behavioral Health Interagency Council, described above, as the vehicle to further coordinate these efforts.

Efforts to address these gaps can focus on three key areas that will better coordinate behavioral health and criminal justice intersection:

1. *Develop a formal criminal justice and behavioral health planning structure*
2. *Expanding service capacity for justice involved individuals*
3. *Expanding diversion options and coordinating behavioral health services upon reentry.*

Develop a formal criminal justice and behavioral health planning structure

Through the Behavioral Health Interagency Council, a formal working group can be established to build a collaborative working relationship between the criminal justice system and the variety of behavioral health service providers. This working group can focus on a variety of initiatives including:

- *Sharing data and information across multiple systems and stakeholder groups through the use of a health information exchange.* Multiple providers will be using the LBHP's electronic medical record system. The working group can explore how to start sharing information between this system and the criminal justice system without violating privacy principles. This type of data sharing could be piloted between the mental health court and the LBHP.
- *Building capacity to address the needs of violent offenders with mental health or substance use disorders.* As part of the City's violence reduction strategy, the top 5% of violent offenders are being targeted to better link this population to social services (City of New Orleans, 2012). The Criminal Justice & Behavioral Health working group can identify ways to better engage this population in treatment and link them to services immediately upon re-entry into the community. This workgroup can determine the best way to transfer people with mental illness from police custody to the mental health system, and ensure that there are adequate facilities for mental health triage (National Alliance on Mental Illness, 2011).

Expanding service capacity for justice involved individuals

As with service coordination for all individuals in need of behavioral health services, coordination of services for the criminal and civil justice involved population requires a spectrum of recovery-oriented supports to be available at the level of care necessary to meet the individual's needs.

- *Establishing CAMP Teams-* To address the needs of frequent users of multiple systems it would be beneficial to explore the development of a Case Assessment Management Program (CAMP) Team as modeled in Los Angeles, CA with the Department of Mental

Health and the Los Angeles Police Department. CAMP Teams consist of a mental health clinician, a patrol officer, and a detective who focus on clients that pose the highest risk for violent confrontation with the police and are the highest users of all types of emergency services. Establishing a CAMP team would be one step beyond the current crisis continuum which provides emergency diversion services. The Los Angeles CAMP team has demonstrated cost savings in a sample population of eight frequent users in 2006 of \$806,550 based on a reduction in the number of hospitalizations alone (Case Assessment and Management Program, 2005)

- *Work with the courts to ensure that the appropriate level of sustainable funding is available to provide behavioral health supports for the municipal and specialty courts.*

Individuals involved in the criminal justice system can cycle through both the Municipal Court and the Criminal Court. Sustainable behavioral health assessments and links to services should be available in the court system to meet the needs of individuals with mental illness and substance use disorders. The Municipal Court needs case managers who can assist with linking individuals to social services and contact behavioral health providers to link individuals to the appropriate therapeutic interventions. The Orleans Parish drug courts and mental health court have been strong post-conviction resources for the community to divert people from jail into treatment. In order to continue supporting these interventions, permanent funding is necessary to support and possibly expand the mental health court beyond their current grant which expires in 2013. The specialty courts also need assistance in linking to supportive services such as stable housing, which will help their clients as they move towards recovery.

- *Identify sustainable resources to increase the services provided by the New Orleans Forensic Center through the Coroner's Office.* The New Orleans Forensic Center is responsible for evaluating individuals with mental illness and/or substance abuse who are dangerous to self, dangerous to others, or gravely disabled for Orders of Protective

CAMP Team Success

"The challenge was to effectively connect this group of treatment-resistant and/or violent clients to on-going, comprehensive mental health services.

By meeting with these clients before another critical incident took place, establishing rapport with them and their families; by collaborating with the staff of our mental health courts, advocating to criminal justice professionals for treatment over incarceration; and finally by linking these clients to intensive, out-patient, mental health treatment, CAMP has been able to reduce violent police encounters, arrests & jail time, all types of emergency service calls, & psychiatric hospitalizations."

Case Assessment and Management Program

(Case Assessment and Management Program, 2005)

Custody (OPC) or involuntary psychiatric commitment in Louisiana. Additional staff capacity is necessary in order to meet the high volume of OPCs or psychiatric commitments and to consistently collect and analyze data within the New Orleans Forensic Center. Additional staff capacity will allow the Coroner's Office to provide the necessary services while giving them the ability to oversee data collection and administrative tasks. Providing resources to the New Orleans Forensic Center will support the criminal justice system by diverting individuals who may become violent or pose a threat to others into behavioral health services when appropriate.

Expanding diversion options and coordinating behavioral health services upon re-entry

Currently, efforts to begin establishing diversion programs are being developed through pre-trial services. The Vera Institute for Justice is conducting pre-trial risk assessments that will identify non-violent offenders who can be recommended to be released on their own recognizance with supervision. However, the pre-trial services that are being implemented will not have the staff capacity to act as a formal diversion program for people with mental illness (Woll & Simpson, 2012). Additionally, there are few resources that specialize in mental health services for individuals with criminal backgrounds, making it hard for a diversion program to access the necessary treatment to divert people from the criminal justice system.

As system-wide coordination develops for both behavioral health and related criminal justice system, there are several opportunities to build on existing capacity and develop additional diversion options.

- *Identifying ways to divert individuals towards community based behavioral health services and away from costly emergency department or criminal justice resources.* Agencies such as Metropolitan Human Services District, Orleans Parish Prison, and the LSU Interim University Hospital – Mental Health Emergency Room Extension (LSU-MHERE) can work together to further explore the population of individuals that cycle between the emergency department, the jail, and community behavioral health providers.

An exploratory data analysis between Orleans Parish Prison and MHSD estimated that 60% of the clients receiving mental health services in the prison were MHSD clients at some point (Gore, 2012). This indicates that formal data collection and analysis are necessary to ensure that consumers are receiving the appropriate level of care in the community and individuals are being diverted away from criminal justice system and towards services where possible.

- *There is an opportunity to expand the current jail-based screening of new inmates to identify individuals who might be eligible for diversion and referral to mental health and/or substance abuse treatment.* Current screening procedures identify individuals who require mental health services while they are incarcerated. Orleans Parish Prison and Metropolitan Human Services district can explore how to ensure that publically

funded behavioral health clients currently in the jail can be linked to community based services more efficiently upon release or can access quality mental health and substance abuse treatment while incarcerated. For example, the Jail Mental Health Data Link Project through the Illinois Department of Health and Human Services uses the daily census from the jail to cross match with clients of the Department of Mental Health and to identify detainees who might be eligible for state funded mental health services (The Council of State Governments Justice Center, n.d.).

- *As the community is developing reentry programs, providing for the needs of individuals with behavioral health disorders requires links to a spectrum of treatment options to ensure they receive the proper level of services within the community setting.* Steps should be taken to ensure that individuals with mild to moderate mental illness have access to counseling and therapeutic interventions (Bendsen, et al., 2007). This population is currently underserved as much of the coordination to linking justice-involved individuals to services has been focused on consumers with serious mental illness. In addition to the interventions mentioned above to address the needs of individuals with serious mental illness, attention must be paid to individuals with co-occurring disorders to ensure that they are linked to the appropriate substance abuse treatment in addition to meeting their mental health needs. There are no current estimates about the number of people who are incarcerated and have mild to moderate mental illness. Estimates indicate that the prevalence for serious mental illness amongst incarcerated individuals is 14.5% of men and 31% of women or approximately 2,161,705 individuals when applied to the 13 million jail admissions in 2007 (Staedman, Osher, Clark Robbins, Case, & Samuels, 2009).

Interventions that rely heavily on the criminal justice system alone will not be successful. Adequate mental health and substance abuse resources must be available to support collaborative efforts between criminal justice and behavioral health. Research suggests that implementing multiple complementary programs that support the needs of justice-involved individuals rather than individual programs yields the best results. Implementing multiple programs, such as *Forensic Assertive Community Treatment Teams (FACT)*, *Forensic Intensive Case Management (FICM)*, specialized probation supervision caseloads, and *Crisis Intervention Team (CIT)*, have demonstrated effectiveness at reducing criminal justice involvement (Epperson, Wolff, Morgan, Fisher, Frueh, & Huening, 2011). While New Orleans has some of these resources in place, FACT and CIT, there is still room to coordinate services between the existing resources and develop additional programs that will serve the justice involved population.

Coordinating Services for Youth- Education and Prevention

Long term efforts to address violence in New Orleans and strengthen the community's health and resilience must be built upon a foundation of prevention with a focus on the next generation. While coordination efforts have taken place to bring youth serving agencies together, more work is needed to continue forging partnerships and breaking down barriers to providing high quality services to children, youth, and families.

The education system in New Orleans is unique and presents obstacles to systematically making behavioral health services available in the school setting so they are more accessible by children, youth and families. While many behavioral health service providers have relationships with individual schools, constantly changing priorities, budgets, and administrative issues make it hard to consistently provide services across multiple school years in the same school environment. Agencies have found it difficult to maintain consistent services year to year in the same school, even if funding is available to provide the service free of charge. Addressing barriers that jeopardize the ability to provide prevention, assessments, and early intervention programs in schools will help behavioral health service providers consistently serve the same population of students thereby increasing the effectiveness of evidence-based programs.

There are several significant ways to better integrate behavioral health services into the schools and community to ensure children, youth and families have access to quality services:

1. *Focusing on health promotion and prevention*
2. *Addressing risk factors and promoting protective factors*
3. *Establishing a Coordinated System of Care*
4. *Increasing access to school based mental health services*
5. *Providing trauma-informed care*
6. *Promoting family and youth participation*

Focusing on Health Promotion and Prevention – *Establishing a community wide focus on health promotion and prevention, with an emphasis on reducing risk factors for developing a mental, emotional and behavioral and/or substance use disorder.*

Building the infrastructure to support and finance preventative interventions requires coordination from multiple systems, including health and education (National Research Council and Institute of Medicine, 2009). It is important to develop common priorities related to health promotion and prevention across multiple sectors that are serving children, youth, and families. These priorities should be designed to address the needs of the community. For example, according to the Caring Communities Youth Survey, 60% of 10th graders surveyed have consumed alcohol and 16% have used marijuana (Gallati, 2012). Targeting underage drinking

or marijuana use for prevention and intervention activities would help decrease the risk of using these substances across the lifetime and can delay the age of initial use.

New Orleans has several agencies that provide substance abuse prevention evidence-based curricula at low or no cost to the schools. The greater New Orleans Drug Demand Reduction Coalition has identified substance abuse prevention as one of their three priority areas. Through this coalition, establishing a network of the prevention providers can support the prevention programs that are being implemented and help boost collaboration in the prevention field. This group could engage in outreach to the various charter networks and schools to build support for the implementation of prevention programs uniformly across the community. The group could also explore how to implement prevention programs in out of school time hours, possibly through a relationship with the New Orleans Recreation Department, and using marketing campaigns to share prevention messaging across the community.

Expanding the availability of violence prevention activities to additional schools is an initial step towards long term interruption in the cycle of violence. Currently, the Recovery School District is focusing on youth violence prevention through the Safe Schools Healthy Students Initiative. Evidence-based programs are being implemented to teach youth skills in preventing violence and bullying, teaching aggression management, and referring youth to community based mental health services. Implementing these types of evidence-based programs across the community will reduce the number of youth who engage in violent activities.

Addressing Risk Factors and Promoting Protective Factors – *Mitigating risk factors and supporting the development of protective factors in the home, school, and community.*

Risk factors, or variables that are associated with increased risk for developing mental illness or substance use disorder, can occur at multiple levels- biological, psychological, family, and community. Conversely, protective factors are attributes of the individual, family or community that lower the likelihood of developing a mental illness or substance use disorder (National Research Council and Institute of Medicine, 2009). Building a resource base within the community to incorporate programs that promote protective factors and reduce risk factors is a key step towards community and individual wellness. Existing workgroups focusing on schools and youth programs can develop a resource bank and cadre of trainers that will help educators and families understand how to strengthen protective factors and mitigate risk factors through evidence-based programs and interventions.

Establishing a Coordinated System of Care – *Building upon the State and local Systems of Care movements to better coordinate child and youth based services.*

The system of care approach provides an organizational framework and philosophy to better structure the delivery of mental health services and to improve the effectiveness of the interventions used to meet the complex and changing needs of children with serious mental health problems and their families (Wotring & Stroul, 2011). The Systems of Care philosophy maintains that services should be community based, child centered and family focused and culturally and linguistically competent.

With SAMHSA funding and support, the New Orleans area has been awarded two children's mental health program grants to support building a Systems of Care infrastructure. Additionally, the Louisiana Office of Behavioral Health is supporting the statewide development of the Coordinated System of Care (CSoC) for at-risk children and youth with significant behavioral health challenges or co-occurring disorders (Louisiana Department of Children and Family Services, 2012). Although Region 1 or the Greater New Orleans Area is not part of the statewide Coordinated System of Care pilot program, the movement will incorporate all areas of the state in the future. Louisiana's CSoC will initially serve children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement (Louisiana Department of Children and Family Services, 2012).

While the Louisiana CSoC will focus on a specific population, the Systems of Care philosophy can be applied to many services and generally to all children's services. It is a significant asset to have local expertise in the Systems of Care movement in New Orleans. Due to the changes at the state level, it will be imperative to have local partners with expertise in the systems of care philosophy to ensure the community is ready to be incorporated into the statewide program.

Increasing Access to School Based Mental Health Services – *Ensuring that children and youth in need of counseling and therapeutic interventions can easily access services in the most convenient location for the family.*

SAMHSA estimates that across the nation, 12.1% of students surveyed through the National Survey on Drug Use and Health reported receiving some form of mental health treatment in education settings (Substance Abuse and Mental Health Services Administration, 2012). In New Orleans, there are several agencies collaborating with schools to pilot various forms of school based mental health services. However, these services are limited and are difficult to sustain. Some agencies partner with the school to provide services such as psychiatric evaluation and assessment, individual and group counseling, and medication management within the school setting or through a school based health center. Other agencies collaborate with schools on an individual basis to provide counseling within the school setting for select children that would otherwise see the counselor in a community setting. Recovery School District noted that their primary concern related to behavioral health is to ensure wider access to school based mental health services for more students in New Orleans (Crews, 2012).

Community members and school officials can work together to increase the capacity to provide school based mental health services in the following ways:

- **Address school climate through universal programs** - Support school sites with implementation of Positive Behavioral Interventions and Supports (PBIS), an evidence-based program supported by the Louisiana Department of Education that is designed to positively affect the interaction between students and the school climate.
- **Explore Medicaid billing** - Partner with school districts in other communities that have identified models for billing Medicaid for school based mental health services and

work with the Louisiana Behavioral Health Partnership to develop additional staff capacity to provide mental health services within the school setting.

- **Connect with existing partnerships** - Work with existing partnerships that focus on youth services and school based mental health, such as the school social workers and Louisiana Public Health Institute's School Health Connections group, to determine the models of behavioral health service provision in schools that best fit the student's needs.
- **Explore new partnerships**- Host an all-stakeholder meeting focused on school based mental health that invites parents and students to meet service providers and give feedback about what types of services are needed and how to bring these services to specific school sites. Developing an opportunity to discuss school based mental health must include the charter school officials and their school boards as well as other community partners.

Providing Trauma-Informed Care – *Ensuring trauma-informed care is available to children, youth and families who may be exposed to trauma in schools or the community.*

Due to the high rate of violent incidents in the community and schools, exposure to trauma will continue to threaten the wellbeing of children, youth, and families. While several programs provide counseling to children and youth who have been exposed to traumatic events, little coordination across these providers has formally taken place. The city government is in a unique position to work with all of these providers to establish a trauma-informed network of providers who are competent and poised to provide services to individuals immediately after a traumatic event. Coordination of existing resources will allow for quicker access to these services and better communication about what resources are available to provide an immediate emotional response to traumatic events as well as ongoing support.

Promoting Youth & Family Participation – *Encouraging youth and family participation in areas of health promotion, prevention, and early intervention.*

Focusing on building strong communities through youth engagement and civic participation has been increasing in New Orleans. The opportunity to engage youth in decisions that affect their communities, families and future will positively influence how programs and policies are made while inviting youth to meaningfully take part in decisions that affect them. Additionally, seeking ways to encourage family involvement in decisions about behavioral health will build the family's capacity to advocate for appropriate programs and interventions for their children. Schools and community providers should identify meaningful ways to engage parents and youth in programs and services targeting prevention and health promotion.

Coordinating efforts across multiple schools and school systems is a challenge that must be addressed to ensure that children, youth, and families have access to the appropriate behavioral health supports and interventions as well as the necessary social supports such as transportation, food and child care that keep them engaged in services.

Expanding Primary Care & Behavioral Health Integration

Through integrated health care professionals consider all health conditions at the same time, including chronic illnesses and behavioral health disorders. The integrated care approach often includes cross-disciplinary case conferencing, co-management of care and some form of care coordination (National Institute for Health Care Management, 2009). While a foundation has been laid for more closely integrating primary care and behavioral health services in New Orleans through the community clinic network post-Hurricane Katrina, additional capacity is needed to bring these efforts to scale. As we look forward to health reform, integration of primary care and behavioral health services is a step towards improving overall health through a holistic approach.

Currently, through the New Orleans Charitable Health Fund, primary care and behavioral health integration is being promoted along with the establishment of a community wide Health Information Exchange platform. The work of the New Orleans Charitable Health Fund will expand the community's knowledge base through the development of a learning collaborative across six grantees who are implementing primary care/behavioral health integration models (Louisiana Public Health Institute, 2012).

To support integration there are a few key areas that will further develop the community's capacity to integrate primary care and behavioral health:

1. *Focusing on workforce development*
2. *Targeting frequent users*
3. *Supporting local initiatives*

Focusing on Workforce Development – *Strengthening primary care behavioral health integration through development of new types of workers to deliver behavior change services.*

Adding new types of workers onto a holistic health team can help integrate behavioral health and primary care interventions. Such roles as health educators, behavioral health specialists, behavioral health interventionists, health coaches, patient navigators and case managers can support both primary care and behavioral health interventions by providing consultant-liaison functions (Collins, Levis Hewson, Munger, & Wade, 2010).

Health educators may screen patients for risky health behaviors (such as overuse of alcohol, nicotine use and/or depression using a standardized instrument), score a health screening instrument, and provide feedback or brief intervention for appropriate patients (Dilonardo, 2011). In Wisconsin, some health educators provide monitoring and support for patients receiving medication assisted treatment for substance abuse in primary care settings. In California, peer health educators provide screening and brief

interventions within an emergency room setting for a high portion of Spanish speaking patients.

Behavioral Health Specialists based in the primary care setting can perform assessments, brief treatment, service planning, consultation and communication with the care management team and possess an understanding of self-care requirements for individuals with chronic diseases. In California, the behavioral medicine specialists are being used to co-manage patients with identified mental health conditions, providing counseling and problem-solving support, individually or in group sessions. These specialists work in partnership with a primary care physician who is responsible for medication management and refers patients with severe mental illness or substance use disorders to psychiatric specialty care or chemical dependency treatment (McCarthy, Mueller, & Wrenn, 2009).

Care Managers & System Navigators are critical to providing care for individuals with multiple chronic conditions or who are frequent users of health services. Care managers support integrated care by managing care coordination, increasing self-efficacy in patients, tracking patients on a registry, linking patients with needed resources and providing consultation with other health professionals. SAMHSA has supported the use of Behavioral Health Peer Navigators who offer support to individuals, family members and care givers in order to successfully connect them to culturally relevant health services, including prevention, diagnosis, treatment, recovery management and follow-up (Substance Abuse and Mental Health Services Administration, 2011).

Expanding the health care service delivery team to include new types of workers will provide additional coordination and support for patients with mental or substance use conditions or who are having difficulty making or maintaining behavioral changes necessary to improve their health (Dilonardo, 2011). It may be more feasible to share workers across multiple practices that are integrating behavioral health into the primary care setting. Supporting the development of integrated primary care and behavioral health teams throughout the community will improve health outcomes for individuals with mental illness and substance use disorders by providing the necessary social supports to keep them engaged in treatment.

Targeting Frequent Users – *Addressing the needs of frequent users of health and behavioral health services through service delivery models developed across the country.*

“Frequent users” are a small group of individuals who frequently use emergency departments and crisis resources, and who have complex unmet needs not effectively addressed in high-cost acute care settings. These individuals face barriers in accessing medical care, housing, mental health care, and substance abuse treatment, contributing to their frequent emergency department visits (Frequent Users of Health Services Initiative, 2008). As previously indicated, initiatives that focus on redirecting frequent users from emergency based services to lower cost

community based settings have seen significant reductions in emergency department visits and a drop in the number of inpatient days.

There are multiple models that have been created to specifically target the population of frequent users of health services, which have integrated or linked to behavioral health services. New Orleans can work collaboratively through existing community collaborative efforts, such as 504HealthNet, to explore implementation of the models developed in other cities.

California's Efforts- through the California Endowment and the California HealthCare Foundation, many counties in California participated in the Frequent Users of Health Services Initiative and have focused on reducing costs by targeting service integration for high users. An evaluation of the pilot initiative that began in 2003 demonstrated a 59% reduction in Emergency Department costs within two years for pilot sites (Frequent Users of Health Services Initiative, 2008). Many of the sites used a multi-disciplinary team approach that included a physician and/or licensed clinical social worker, a case manager, and a benefits advocate. These pilot programs also included several core elements: case management, incentives for engagement, and transportation assistance. The evaluation of this initiative found that several successful strategies helped reduce emergency department utilization:

- *Connecting to housing-* nearly half of the program participants were homeless, connecting homeless frequent users to permanent housing made a significant difference in the user's ability to reduce emergency department visits and charges.
- *Connecting to benefits-* upon enrollment into the program, 63% frequent users were uninsured or underinsured. The pilot sites with active benefits advocacy components were more successful at completing applications and getting users approved for SSI benefits.
- *Connecting to behavioral health services-* for users with mental health issues at enrollment into the program, 42% were connected to mental health services. The ability to connect individuals to mental health services was highly dependent upon the services being available in the community (Frequent Users of Health Services Initiative, 2008).

Camden, New Jersey's Efforts- The Camden Coalition of HealthCare Providers has been successfully working to help reduce unnecessary emergency department utilization by using data to target 'super users' of services and finding ways to better meet their health and social services needs. A major piece of the Camden Coalition model is the integration of health information technology to identify and outreach to the target population of frequent users of health services. The coalition has established both Care Management and Care Transition Programs to meet the needs of this frequent user population. The Care Management program consists of a multidisciplinary team that works together to actively seek out the clients where they are located to provide care coordination services rather than waiting for the clients to come to them.

The Care Management Program team includes:

- *Nurse practitioner* - to perform patient examinations, write prescriptions, identify additional medical treatment needed and provide follow-up care.
- *Social worker* - serves as a case manager helping clients through state and federal benefit systems to become eligible for public health insurance and access other programs such as drug abuse counseling and housing assistance.
- *Community health worker* - responsible for patient education, care coordination, providing emotional support and making sure clients adhere to prescribed treatment regimens.

The Care Transitions Program embeds nurse coordinators and health coaches in primary care practices and Federally Qualified Health Centers (FQHC) and reaches out to patients in hospitals and the community. The Care Management and Care Transitions Programs rely heavily on data from the community's Health Information Exchange (HIE). The teams receive real-time alerts on hospital and ER utilization from the HIE for targeted patients (Green, Singh, & O'Byrne, 2010; Camden Coalition of Health Care Providers, 2012).

While the models developed to target frequent users of health services have demonstrated cost savings for hospitals and emergency departments, supporting these models requires equal investment into the development of integrated care. The California pilot counties estimated that their frequent users programs ranged in cost between \$2,805 to \$5,845 dollars per client annually (Frequent Users of Health Services Initiative, 2008). In order to support this work, investments in health information technology must be made to assist with the collection of data to be used to target individuals with high emergency department utilization. For behavioral health, this would also entail additional tracking of super users who have mental illness and substance use disorders and the developing ability to share information across providers.

Supporting Local Initiatives – *Ensuring local initiatives have enough support to be successful and are following national models for primary care and behavioral health integration.*

Through various funding streams, several New Orleans based entities are supporting behavioral health and primary care integration. The New Orleans Charitable Health Fund through the Louisiana Public Health Institute (LPHI) is working to establish a network of primary care providers that are enhancing their behavioral health services within the community health care providers. Additionally, with funding targeted at building capacity to serve individuals affected by the Deepwater Horizon oil spill, the Gulf Region Health Outreach Program (GRHOP) has several component programs that promote behavioral health and primary care integration. LPHI is implementing the Primary Care Capacity Project to improve capacity and infrastructure to deliver high quality and value health care, with linkages to specialty mental health and behavioral health services (Louisiana Public Health Institute, 2012). The Primary Care Capacity

Project will also work to increase mental and behavioral health capacity within the Federally Qualified Health Centers and community clinics.

Also through GRHOP, Louisiana State University (LSU) is implementing the Mental and Behavioral Health Capacity Program which is working to supplement therapeutic treatment and provide supportive strength-based services for individuals affected by the Deepwater Horizon oil spill (Louisiana State University, 2012). Currently, LSU is working in New Orleans East and surrounding parishes that were affected by the oil spill to establish relationships with clinics and school based health centers where services can be provided to affected individuals.

These initiatives are important to furthering primary care and behavioral health integration in New Orleans. Support for these initiatives is imperative to sharing the learning obtained through these projects across the community and to establishing sustainability for these efforts.

Increasing Access to Social Supports Including Housing and Transportation

Housing

Promoting recovery for individuals with mental illness and substance use disorders is highly dependent on the availability of a stable living environment. As a social determinant of health, poor housing is frequently associated with poor health. Housing is a large obstacle for people living with mental illness and substance use disorders as many are at risk for homelessness or have bounced between multiple unstable living environments. Individuals living with mental illness and/or substance use disorders may oscillate between varied levels of functioning and thus may have housing needs that require more support and coordination with treatment

services.

Essential Components of Housing

***Affordability-** Housing must be affordable to people with serious mental illness and they should not have to pay more than 30% of their income for housing costs.*

***Independence-** People should be able to choose their housing. Independent housing provides occupants with a clear sense of their rights which includes rights of tenancy.*

***Accessibility-** People with mental illness who have physical disabilities must live in units that are physically accessible. Access to needed services such as healthcare and community amenities is also important.*

National Alliance on Mental Illness

(National Alliance on Mental Illness, 2003)

Currently, the priority area for housing is focused on individuals who are chronically homeless. A great deal of work is being done in New Orleans to coordinate the homeless services continuum through the establishment of the Interagency Council on Homelessness. The Council will include a representative from a behavioral health service provider who is working with the homeless population.

Supporting coordination between housing and behavioral health services

Permanent Supportive Housing (PSH) programs are a significant housing resource for individuals with mental illness and substance use disorders, however, the structure of the PSH program in Louisiana will change based

upon the implementation of the Louisiana Behavioral Health Partnership. Under the LBHP, the PSH contracted agencies will be able to provide two levels of treatment for individuals with mental illness, including housing support services. Continuing to support the integration of housing as a priority for individuals with mental illness and substance use disorders is crucial as health reform is being implemented since some of the supportive services will be covered by Medicaid.

Additionally, as of June 1, 2012 the Louisiana State PSH program amended its preference criteria for the PSH program to include individuals with mental illness and substance use

disorders who are leaving institutions. The definition of institutions was changed to include individuals leaving jail and residential substance use treatment facilities in addition to mental health inpatient facilities, which was already part of the preference. This change in the preference gives more individuals with behavioral health disorders the ability to move higher in the list of applicants for the PSH program. There have been several local efforts to ensure that the agencies that are now eligible to refer people to PSH under this program understand this change and can get individuals into these housing resources.

While the revisions to the Permanent Supportive Housing program are steps towards increasing opportunities for stable housing, there are additional areas that can be addressed to limit barriers to stable housing:

- Work with the local housing authority to limit the ‘revolving door’ of housing for individuals with mental illness by reviewing eviction policies and establishing a mediation plan for individuals with mental illness.
- Explore the use of a housing-based service coordinator who can enroll individuals with qualifying health and behavioral health conditions in Medicaid coverage.
- Explore advocacy options for individuals with diagnosable Post-Traumatic Stress Disorder (PTSD) to be included in the State’s Medicaid Waiver program, and thus be eligible for treatment and housing support services covered under Medicaid.

Develop strategies for diversifying housing options in the community

Although some housing options exist for individuals in recovery, there are very few options accessible. In order to meet the substantial need for housing, more resources are needed to establish a continuum of varied types of housing that will best meet the needs of individuals who are living with, or in recovery from, mental illness and substance use.

A formal assessment of the types of housing is needed to identify the housing options that would most benefit individuals with behavioral health disorders. For example, several service providers have noted the absence of a true halfway house model within the New Orleans area. Additionally, service providers have identified a need for low barrier, emergency, and transitional housing. Many people who currently qualify for housing support qualify due to a serious mental illness, leaving a significant gap in available resources for individuals who have mild to moderate mental illness and individuals recovering from substance use disorders. The current housing programs for individuals recovering from substance use disorders have very long waiting lists. Assessing the success of these programs and increasing the number of available programs and units would greatly reduce the waiting lists that currently exist. Any assessment of housing needs should be consumer-driven, meaning that consumers should be able to provide feedback on what housing options are available and that best meet their needs. The assessment should also pay special attention to the cultural and linguistic needs of special populations.

With limited housing resources for individuals in need, people with mental illness and substance use disorders must compete with other priority populations for housing. Developing a plan and identifying resources to support housing that meets the specific needs of individuals with mental illness and substance use disorders is a step towards providing stable living environments.

Transportation

Coordinating transportation for individuals who cannot afford transportation to and from medical appointments is difficult in New Orleans due to the sprawl of the area, public transport access, and the locations of service providers. While Metropolitan Human Services District has clinics throughout the area, the addition of new providers to the system through managed behavioral health care will increase access to services. However, the location of these services may still be centralized in the Central Business District and surrounding areas rather than spread across the entire parish.

Increase awareness of transportation available for Medicaid funded individuals

Through the Department of Health and Hospitals, non-emergency medical transportation is available through regional dispatch offices (State of Louisiana Department of Health and Hospitals). Individuals covered under Medicaid can call 48 hours in advance to schedule transportation to and from medical appointments for Medicaid funded services at a Medicaid contracted provider (Johnson, 2012). This is an excellent option for individuals who need transportation to behavioral health services, however, individuals with limited functioning may not be able to set up the appointment 48 hours in advance. This requirement also makes it difficult to transport people for appointments in mental health crisis who are in need of same-day appointments. As more people are made eligible for Medicaid, an awareness campaign for this program can be established to ensure that people know how the program works and that the service is available. (More information can be found at: <http://new.dhh.louisiana.gov/index.cfm/page/352>)

These services are available for individuals covered by Medicaid; there is still a need to increase transportation options for individuals who are not enrolled in Medicaid who may be receiving services in community clinics and primary care settings.

The connection between public health, land use and transportation

“The built environment—defined as the human-made features of our communities such as buildings, public resources (libraries, clinics, and schools), land-use patterns and the transportation system—has a direct impact on human health. In many ways, it has improved our quality of life, but it can also contribute to unhealthy, harmful outcomes.”

American Public Health Association

(American Public Health Association, n.d.)

Section 5: Advocacy & Consumer Engagement

Advocacy is a key component of any behavioral health strategy. Actions include raising awareness, educating, training, defending, mediating, and denouncing (World Health Organization, 2003). Successful advocacy can reduce a number of barriers associated with behavioral health, including reducing stigma and patients rights violations and increasing access to mental health services, employment, and housing opportunities for people with behavioral health disorders. Additionally, behavioral health advocacy can increase access to services for special populations including the elderly, youth, and children, and can encourage the integration of behavioral health and physical health services.

Based on the information we received in the Behavioral Health System Coordination Meeting, the main gap in New Orleans is the lack of advocacy organizations and groups with only two current groups- the Mental Health Advocacy Service and the Advocacy Center (State of Louisiana, 2012; Advocacy Center, n.d). Mental Health America- Baton Rouge chapter has been increasing advocacy capacity and is interested in establishing a formal chapter in the Greater New Orleans area.

In areas with such a substantial behavioral health advocacy gap, the World Health Organization recommends addressing the following areas (World Health Organization, 2003).

- 1. Create and maintain a list of behavioral health advocacy groups*
- 2. Invite advocacy representatives to sit on governmental and mental health facility boards*
- 3. Provide training opportunities to strengthen advocacy efforts*
- 4. Educational campaigns on stigma*
- 5. Coalition building*

Create and Maintain a List of Behavioral Health Advocacy Groups.

'A Guide to Behavioral Health Resources in the Greater New Orleans Area' could be expanded to include a section dedicated to behavioral health advocacy organizations.

Invite advocacy group representatives to sit on governmental and mental health facility boards.

An advocacy group representative could bring training and consumer empowerment resources to the New Orleans Behavioral Health Interagency Council.

Provide training opportunities to strengthen advocacy efforts.

Training could address a number of issues identified in the Behavioral Health Meeting to support the establishment of faith based advocacy groups and client based advocacy groups.

- **Faith Based-Mental Health Initiative**, a program through NAMI San Antonio, offers training for clergy and other religious leaders to help them reduce client stigma in their congregations and inform their spiritual counseling. A similar program could be developed in New Orleans (National Alliance on Mental Illness- San Antonio Affiliate, 2006).
- **The Freedom Self-Advocacy Curriculum**, offered by The National Mental Health Consumer's Self-Help Clearinghouse to mental health organizations, trains mental health workers to teach consumers how to advocate for themselves (National Mental Health Consumers' Self-Help Clearinghouse).

Educational Campaigns on Stigma

The New Orleans community can support advocacy with the general population through public events and the distribution of educational materials such as brochures, pamphlets, posters and videos, these type of advocacy activities may require little or no additional funding.

- **Breaking the Silence** is a National Alliance on Mental Illness (NAMI) anti-stigma program that educates upper elementary, middle and high school students about mental illness as a biological and treatable disease (National Alliance on Mental Illness Queens/Nassau). The Breaking the Silence toolkit includes fully scripted lessons and activities as well as posters and a board game. Partnerships between prevention providers, the schools and NAMI New Orleans can be established to explore bringing 'Breaking the Silence' to New Orleans.
- Many cities and states have developed community organizations and educational outreach programs that provide consultations, employer trainings, and workshops (Stamp Out Stigma, 2005; On Our Own of Maryland, Inc., 2012). Similar programs could be developed in New Orleans.

Coalition Building

Coalition building offers a number of advantages including allowing organizations to take on larger advocacy issues, establishing credibility, and spreading work and expense across groups. These organizations could serve as an umbrella to those who represent and support individuals with mental illness and/or substance abuse and who are in contact with the justice system. 'A Guide to Behavioral Health Resources in the Greater New Orleans Area' could help coalition building between organizations. Mental Health Association of New York City has developed a guide to establishing a mental health advocacy group which also provides details about how to organize community advocacy efforts (Friedman, 2011).

In addition to developing coalitions and alliances between existing New Orleans organizations, Mental Health America is a national mental health advocacy organization which supports local affiliates with training, technical assistance, and information (Mental Health America , 2012). The Baton Rouge Chapter of MHA is currently working to develop an advocacy network in New Orleans. Supporting this effort and working in partnership with MHA to increase advocacy capacity within consumers and family members that will help inform efforts to strengthen the behavioral health system.

Support the Greater New Orleans Area Drug Demand Reduction Coalition (GNOA-DDRC).

The GNOA-DDRC is a citizen-led coalition that is comprised of leaders in the substance abuse, mental health and criminal justice systems (WWLTV- Eyewitness News, 2012). The coalition is developing a three-tiered strategy to address substance use and abuse through multi-level prevention, effective treatment and enforcement by the criminal justice system. Supporting the coalition's strategy and using their momentum as a way to strengthen the behavioral health system is important to ensuring the success of the coalition's mission and reducing substance use and abuse in New Orleans. The coalition's efforts can be supported in the following ways:

- Continual communication between the City government and the coalition to ensure that strategies are aligned.
- Develop a seat on the Behavioral Health Interagency Council for a coalition representative.
- Continual support for data collection and evaluation of programs that support reduction in substance use and abuse.

Section 6: Professional Development

Professional development is an indispensable component of strengthening the behavioral health system. Healthcare workforce issues have become a subject of increasing concern in the past few years, as recruiting and training competent professionals becomes difficult amidst a changing health care landscape. This becomes especially challenging with behavioral health, given the range of professionals and disciplines that interact with consumers of mental health and substance abuse services. As more professionals are properly informed and trained with effective programs and evidence-based practices, coordination of care will improve and users of behavioral health services will begin to see better health outcomes.

Between the feedback received at the New Orleans Behavioral Health System Coordination Meeting and the information in the relevant literature, coordination of care continues to be an important aspect of building a strong behavioral health system. For coordination to be strong, behavioral health professional development programs can build upon the foundation that was established through REACH NOLA, an effort to build competencies for behavioral health professionals after Hurricane Katrina. REACH NOLA was able to provide continual training and support to the behavioral health community to promote the provision of high quality behavioral health services (Springgate, et al., 2011).

Resources and technical expertise are needed to support workforce development of additional competencies in the following areas:

1. *Substance abuse*
2. *Primary care and behavioral health integration*
3. *Criminal justice*
4. *Trauma informed care*

Substance Abuse Workforce Development

Support the development of a trained workforce that can deliver substance abuse counseling in the community.

Changes in Medicaid services through the Louisiana Behavioral Health Partnership have brought an immense opportunity forward for substance abuse counseling and some detoxification programs to be billed through Medicaid or state-funded programs. The lack of a strong substance abuse counseling educational track within local universities means that the substance abuse field will be ill equipped to meet the demands for trained professionals. Career paths must be developed to train new professionals in the substance abuse field and to link them to jobs within the community. Additionally, there is a need for ongoing training for existing

substance abuse counselors to obtain the level of credentialing required by state and federally funded programs.

Regionally, there are several options that can be explored to build additional capacity to provide substance abuse services.

1. Develop stipend and tuition reimbursement programs at the regional or local level to encourage students to choose substance abuse counseling as a concentration in counseling programs.
2. Work with local universities to ensure that substance abuse counseling is a formal track within social work and counseling programs and that curricula is based upon current research in the field.
3. Develop multiple education outlets, including online education, that will allow professionals to access continuing education credits at a reasonable cost.

Increasing the number of professionals with substance abuse counseling experience and the appropriate level of training is vital to ensuring that people can access the appropriate level of care in a setting that meets their needs.

Primary Care Behavioral Health Integration

Strengthening the workforce through linking to a formalized training and competency building program for primary care/behavioral health integration.

Having a workforce trained and ready to implement integration strategies is an important factor to successfully integrating behavioral health and primary health care services. Staff competency in integrated care, evidence-based practices, and recovery-oriented approaches will build a strong foundation for making such services available to the community. Building competencies to provide integrated healthcare involves more than one time training or workshops. It requires continued investment in education and effective training that is partnered with ongoing monitoring, supervision, mentoring, and quality improvement measures (Dilonardo, 2011). Additionally, providing training to promote working in teams is essential for integration as many of the healthcare integration models rely on a team of diverse professionals collaborating together to ensure high quality care.

Formal Professional Development Programs

The University of Massachusetts and the University of Washington both offer certificate programs that focus on integrating primary care and behavioral health. These programs can be accessed via distance learning online (University of Massachusetts Medical School, n.d; Univrsity of Washington, 2012). The University of Massachusetts offers the certificate program as a group distance learning program and can be offered in New Orleans. Despite formal training programs being available online, a local training opportunity and learning collaborative should be set up in New Orleans to support the ongoing nature of professional development.

Integrated Behavioral Health Project (IBHP) - Collaborative Toolkit

The IBHP Toolkit contains a set of strategies and tools to further broker co-operation between primary care and behavioral health (California Mental Health Services Authority, 2009). The tool-kit supports a number of web-based trainings and identifies a number of primary-behavioral health integrations, including shared spaces and offices, standardization of systems, charting and evaluations and allowing mental health professionals to offer services screenings at primary care sites.

Ongoing Integration Resources

SAMHSA and the Health Resources and Services Administration (HRSA) have joined efforts to continually provide training and technical assistance materials to guide the field as integrated service delivery continues to develop. Agencies in New Orleans working on setting up integrated care models have access to technical assistance and updated materials at:

<http://www.integration.samhsa.gov/>

Criminal Justice

The incarcerated population and criminal offenders have high rates of mental illness making it likely that Law Enforcement Professionals will interact with individuals living with mental illness and/or substance use disorders on a daily basis (Bureau of Justice Statistics, 2010). Law Enforcement Professionals must be properly trained in order to refer this population to treatment to the behavioral health system if appropriate. Additionally, it is important to build capacity within the behavioral health agencies to serve individuals involved in the criminal justice system and who may possess unique challenges and needs. Currently there is only one Forensic Assertive Community Treatment team in New Orleans, but expansion of similar forensic social work models will help support the existing efforts.

Continue building knowledge about behavioral health in the criminal justice workforce.

Crisis Intervention Teams

Continue to support the New Orleans Police Department (NOPD) in their efforts to develop skills to address the needs of individuals with mental illness and/or substance use disorders through the Crisis Unit and Crisis Intervention Team training. Crisis Intervention Teams are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses (National Alliance on Mental Illness, 2011). The community can support the expansion of this training model so the information is available to all officers, including the officers working in Orleans Parish Prison.

E-learning courses

Use of technology to provide additional training opportunities for the criminal justice workforce and incentivizing continuing education will give professionals the opportunity to receive distance learning about behavioral health. The American Correctional Association offers e-

learning courses on topics related to behavioral health including: co-occurring disorders, mental illness, grief and loss in the corrections setting, and mental and physical health for older inmates (American Correctional Association, n.d). While these courses are tailored for the corrections setting, the materials covered may be applicable to a wider audience of criminal justice professionals including police officers.

The Consensus Project

Continued learning for both criminal justice and behavioral health professionals can be promoted by sharing the Consensus Project webinars throughout the community (The Council of State Governments Justice Center, n.d.). The Consensus Project seeks to promote effective data-driven practices, particularly where criminal justice intersects with mental health, to promote better public safety outcomes. They host a number of webinars on their websites on a wide range of topics, including “Child Trauma and Juvenile Justice: Prevalence, Impact and Treatment” and “Cognitive Behavioral Therapy in Criminal Justice/Mental Health Programs”.

Increasing capacity within the behavioral health workforce to provide interventions that are evidence-based and meets the needs of justice involved individuals.

Motivational Interviewing and Cognitive Behavioral Approaches

Increasing training opportunities for evidence-based therapeutic models that have demonstrated positive outcomes with the justice involved population will give behavioral health professionals more skills in serving this population. Motivational interviewing and cognitive behavioral treatment approaches have shown effectiveness at promoting behavior change for individuals with mental illness and/or substance use disorders who are involved in the justice system. To promote widespread implementation of these therapeutic approaches development of a local cadre of trainers and offering regular trainings for behavioral health professionals is needed.

Sensitizing Providers to the Effects of Criminal Incarceration on Treatment and Risk Management (SPECTRM) Training

Individuals involved in the criminal justice system may have difficulty engaging in treatment within the community for a variety of reasons. The provider training component of SPECTRM reviews potential behaviors that are considered adaptive in jail and prison and uses a cultural competence approach to address them. Through teaching treatment providers about the incarceration experience and showing them how behaviors adapted therein are traditionally misinterpreted in community treatment settings, staff are better able to understand their clients and engage them in treatment more effectively and efficiently (SAMHSA's National GAINS Center for Criminal Justice and Behavioral Health Transformation, 2007). A cadre of trainers can be developed in New Orleans to continually educate serviced providers about working with incarcerated individuals.

Trauma Informed Care

New Orleans has faced multiple traumatic events, which may cause compound trauma in individuals with behavioral health disorders. The high rate of homelessness, incarceration and community violence can cause re-traumatization of individuals with mental illness and/or substance use disorders. Developing resources within the community to build a trauma informed system of care is an important step towards providing high quality behavioral health services.

Trauma affects multiple systems and can increase the risk for developing PTSD, mental illness, and substance use disorders (Cooper, Masi, & Dababnah, 2007). A trauma-informed system of care is based on the understanding that trauma has a strong impact on an individual's life. The service system should be designed to accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate consumer participation in treatment. In order to build a trauma informed system of care, additional capacity is needed within the behavioral health system and in related systems to ensure that the appropriate trauma screening and trauma informed counseling are available in the community.

Universal Trauma Screening and Assessments

Continually screening for trauma exposure and providing follow-up assessments is important to ensuring that individuals who have been exposed to trauma get the necessary care. Trauma screenings are sometimes done universally in a clinical setting, in schools or through the criminal justice system. Professionals in behavioral health and related systems can be trained to conduct the trauma screening and can develop a referral process to a trauma-informed care provider.

Train School Professionals

The high prevalence of violence in New Orleans puts the school system in a unique position where they must be poised and ready to provide counseling and crisis response services at all times. To ensure that students have access to evidence-based basic crisis counseling interventions, it is necessary to train teachers and school staff to recognize and respond to early signs of trauma. If a traumatic incident occurs at a school, teachers and school staff will be pivotal to creating a safe environment where children, youth and families can return to their normal routines. The school districts and charter schools can adopt trauma informed crisis response plans that include protocols for the immediate response to a crisis situation. The districts and charter schools can also develop a protocol to address the emotional needs of

“In order to improve the quality of trauma-informed care, service providers must have opportunities to become proficient in evidence-based interventions. This involves developing the infrastructure to support translation of new knowledge on the ground.”

National Center on Children in Poverty

(Cooper, Masi, & Dababnah, 2007)

students after a crisis, which includes coordination of immediate counseling and plans to refer for longer term counseling if necessary. Schools can also provide training to staff about how to work with students and parents after a traumatic event and how to provide emotional supports to families if necessary. Additionally, school staff can be trained to identify compassion fatigue and given skills to mitigate any secondary emotional trauma that the staff might feel as a result of helping the students and families.

Train Criminal Justice Professionals

Through the Strategic Intercept Mapping workshops, the SAMHSA National GAINS Center identified training in trauma-informed care as a priority training area for the criminal justice system (Policy Research Associates, 2011). Specifically, the GAINS Center noted that trauma-informed care for Veterans involved with the criminal justice system is needed. Trauma-informed care in the criminal justice system can help reduce recidivism, reduce traumatic practices such as seclusion and restraint, and reduce relapse and treatment failure (Policy Research Associates, 2012). Training and technical assistance is available through the GAINS Center to increase competencies on the effects of trauma for criminal justice professionals.

Increase the Capacity to Provide Trauma-Informed Care

In order to fully meet the needs of individuals exposed to trauma, a network of providers who have been trained in trauma-informed care is needed. Currently New Orleans has developed some local capacity through the National Child Traumatic Stress Network (NCTSN) to provide evidence-based trauma counseling, primarily focused on children in schools. These local trauma experts can be used as master trainers to help increase the number of clinical staff in agencies throughout the city who can provide trauma informed care for adults and children.

The New York State Office of Mental Health developed its workforce by focusing on training and providing incentives for providers to practice trauma-informed care (Chassman, 2001). Their program included:

- Free training targeted at clinicians and supervisors of licensed mental health clinics;
- Training on evidence-based treatments for children and youth who experience trauma or depression;
- Fiscal incentives with enhanced rates; and
- An evaluation strategy designed to:
 - Assess the impact of the initiative;
 - Track fidelity to the core components of the model; and
 - Support continuous quality improvement.

While training programs are important, sustainable training resources must be developed within the community to promote ongoing learning and support the fidelity of evidence-based programs and services. To create a community focus on continual learning, agencies will need to work together with existing resources to launch efforts focused on cross-training with other helping professions and building competency within the behavioral health workforce.

Section 7: Promoting Evidence-based Practices, Data Collection & Evaluation

Focusing on high quality service provision helps ensure that resources are used properly and that the latest scientific knowledge is incorporated into treatment. Quality improvement helps to identify overuse of ineffective services, as well as underuse of effective services (World Health Organization, 2009). Data driven decision making (or evidence-based policy making) can be used to improve the quality of services and provide decision makers with data that helps inform where efficiencies can be created within the behavioral health system. Data driven decision making systematically collects and analyzes various types of data, including input, process, outcome and satisfaction data, to guide a range of decisions to help improve service provision (Marsh, Pane, & Hamilton, 2006).

As previously identified, New Orleans as a geographic region does not have the ability to collect and track data that can be used for behavioral health system planning. Agencies are collecting service utilization data for funders and there will be an increased capacity to access data through the Louisiana Behavioral Health Partnership. Developing a coordinating body for the behavioral health system is a crucial step towards having an official entity to regularly seek data sources and strive to make system level decisions based upon the data that are available. However, data streams need to be identified and data sharing agreements must be negotiated in order for a behavioral health data exchange to be developed.

Promoting the use of evidence-based interventions and practices

Imperative to developing a better functioning behavioral health system is the widespread availability of evidence-based interventions and the use of evaluation and data collection across the community to inform practice (Bendsen, et al., 2007). Implementing evidence-based interventions assures that key aspects of promising approaches are put into practice as intended and that they meet local needs (The Community Toolbox, 2012). Use of evidence-based practices (EBP) is closely tied to professional development since many of the EBPs require additional training and skill building to implement the models effectively. Continual education is an important part of ensuring that behavioral health services available within the community are using models that have demonstrated effectiveness and are being implemented with high fidelity. The community and policy makers can encourage the use of evidence-based practices by:

- **Building capacity to implement evidence-based programs** by encouraging local universities to teach behavioral health professionals practical implementation strategies for evidence-based programs as part of the curricula. Local universities can teach students the basics about selecting, implementing, evaluating and adapting evidence-based strategies to increase the number of behavioral health professionals who are trained to correctly implement evidence-based programs.

- **Conduct a systematic review of literature related to behavioral health** in partnership with a local research or public health firm to inform where current literature recommends the use of evidence-based practices to address the current needs of the community. This might include an assessment of the types of evidence-based practices that are recommended but are not being implemented in the community. A systematic review is a formal process that identifies all of the relevant scientific studies on a topic, assesses their quality, individually and collectively, and sums up their results (Fielding & Briss, 2006).

Using Health Information Technology to support system coordination

The Administration for Health Research and Quality (AHRQ) describes the uses of health IT to improve the integration of health care as:

1. *Systematic screening and case identification*
2. *Communication between primary care and specialty mental health providers*
3. *Decision support*
4. *Monitoring of clinical status and medication adherence*
5. *Treatment delivery*

(Butler, et al., 2008)

Through the Beacon Communities initiative, New Orleans will focus on using health information technology (HIT) to improve control of cardiovascular disease, diabetes, asthma and smoking cessation and to reduce racial health disparities. The groundwork laid through the Crescent City Beacon Communities Initiative provides an excellent foundation for the addition of behavioral health HIT initiatives.

The community developed a data sharing platform through the Behavioral Health Action Network and held a regular data sharing meeting that continued through Metropolitan Human Services District called the Access and Flow meeting. These pioneers in collecting and organizing data sources in the community have established a precedent within the community for sharing data and for ensuring that data were used for planning purposes. Partnering these efforts in behavioral health with the Crescent City Beacon Communities Initiative provides an

opportunity for the community to once again focus on the development of behavioral health data collection. This type of data could be used by the Behavioral Health Interagency Council for policy, funding and strategic planning purposes.

Focusing on HIT and electronic health record (EHR) implementation for behavioral health is one of SAMHSA's Strategic Initiatives, under which three goals related to health information technology can be adapted for the local setting (Substance Abuse and Mental Health Services Administration, 2011).

1. *Develop the infrastructure for interoperable EHRs, including privacy, confidentiality, and data standards;*
2. *Provide incentives and create tools to help with the adoption of HIT and EHRs with behavioral health functionality in general and specialty healthcare settings; and*
3. *Enhance capacity for the exchange and analysis of EHR data to assess the quality of care and improve patient outcomes.*

Through a partnership focused on the development of behavioral health data and the integration of health information technology, the community can focus on the following four goals adapted from SAMHSA:

- **Increase access to HIT and EHRs for providers-** Identify the city's agencies that will need to establish EHR systems as providers of behavioral health services. This may include non-traditional settings such as the jail or providers who will not be on the common data platform developed by the Louisiana Behavioral Health Partnership. Working with these service providers to identify costs and funding sources that will help them develop capacity to become part of a health information exchange.
- **Work together to develop formal data sharing agreements-** As more data becomes available, it will be important to establish data sharing agreements between large groups of partners and individual agencies to increase efficiency and support decision making. Working with the appropriate legal partners to develop data sharing capabilities that protect privacy and security of health information is vital to fostering trust between the patient and the service provider.
- **Identify system level indicators for behavioral health-** Currently there is no consensus across the community which indicators of behavioral health exist that can show an increase or decrease in mental illness and/or substance use disorders. Developing a set of system level indicators that are readily available for public use and consultation increases transparency within the system and allows for better planning. These measures should be developed with the Louisiana Behavioral Health Partnership since they will be a rich source of data, but the indicators should also include non-publically funded consumers of behavioral health services as well as indicators for special populations.
- **Using program evaluation data for local planning-** The federal and state governments fund many activities within the New Orleans area through grant programs, each of which have reporting requirements that include valuable community indicators. A mechanism can be established as part of the health information exchange to include the program evaluation data from each of these funded programs so they can be made available for community use in partnership with the organizations that are receiving the funds.

Section 8: Policy & Funding

Stakeholders at the Behavioral Health System Integration Meeting recognized the need to improve consistency in policy making, communicate consistently about community needs and seek additional resources to support coordination of behavioral health services. Establishing a Behavioral Health Interagency Council can create consistency in messaging to policymakers about what is needed to support the behavioral health infrastructure in New Orleans and can create opportunities for agencies to partner and explore blended funding (Bendsen, et al., 2007).

Developing a strategic approach to policy making

As a preliminary step towards policy level coordination, this strategy paper has been developed to inform the community about numerous future coordination efforts that can be undertaken. This strategy document can be used to inform the development of a community strategic plan that will prioritize major project areas, benchmarks, and timelines and define a measurement system to determine if change has been made and sustained. This type of long term planning is needed to support the development of the behavioral health infrastructure and to prioritize future projects and funding that might become available.

Local considerations for developing sustainable behavioral health funding

Other parishes within Louisiana have a millage that supports behavioral health services. Jefferson Parish uses their millage to Health and Human Services, Parish Health Units, Animal Control and Shelter, Juvenile Services, Southeast Louisiana (SELA) Urban Flood Control Projects, and Fire Protection (Jefferson Parish, 2011). Specifically related to behavioral health, the millage supports 24-hour mobile crisis services including psychiatric care, treatment for the seriously mentally ill, treatment for individuals with substance abuse and gambling addictions and person and family-centered support services for the developmentally disabled. Ascension Parish uses a millage to support mental health and substance abuse treatment through the local service provider, the Ascension Counseling Center. Exploring sustainable funding options is an important part of continued maintenance of behavioral health resources and infrastructure.

Informing state policy through the managed care programs- Louisiana Behavioral Health Partnership and Bayou Health

Continuing to partner with the Louisiana Department of Health and Hospitals to advocate for policies that promote health and support coordination efforts is vital to improving the behavioral health system. Building a local partnership that acts as the formal spokesperson for the community's needs and priorities for Medicaid and publically funded clients will provide local leadership feedback as these programs are implemented across the state. This work could include promoting policies that support primary care and behavioral health integration across both the Bayou Health and LBHP managed care programs.

Recommendations & Closing

Recommendations for Transforming the Behavioral Health System

Community representatives and stakeholders at the Behavioral Health System Integration Meeting outlined a bold vision for the future behavioral health system in New Orleans that is only possible through collaboration and partnership. Despite the many cuts and financial constraints on the behavioral health system, there are new initiatives rising in the community that are demonstrating promising practices in the field and will help make high quality behavioral health services available to those in need.

The following recommendations are designed to facilitate the changes outlined in this strategy paper to improve behavioral health services in New Orleans.

1. Form a Behavioral Health Interagency Council to increase coordination, communication and provide community based leadership
2. Commission a formal assessment and data scan of the behavioral health system in New Orleans
3. Regularly convene stakeholders, service providers and consumers to give input and advocate for necessary changes
4. Develop strong community-wide data through data-sharing agreements and development of information exchanges

Continually working to improve behavioral health services in New Orleans will take a strong commitment by local leaders, consumers, and advocates. Together the community can achieve its goals and vision to have a high functioning behavioral health system that works collaboratively to meet the needs of vulnerable populations across the life span. The strategies and systems changes described in this paper can inform the community's work going forward and can serve as a blueprint for long-term planning efforts.

The vision for high quality care and wellness described by stakeholders is built upon a foundation of resilience and spirit that New Orleans is known for. This vision can be achieved through a strong local partnership and in collaboration with the state and federal government.

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A special thank you to all of the community members, stakeholders, and partners who attended the Behavioral Health System Strengthening meeting and helped develop the content of this report.