

# Behavioral Health Council 2013 Annual Report

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## A message from the Health Director

It is my pleasure to present the Behavioral Health Council's 2013 Annual Report.

Under Mayor Mitch Landrieu's leadership, the New Orleans Health Department collaborated with numerous community partners and stakeholders to form the Behavioral Health Council in the fall of 2012. This Council recognizes that mental health and substance abuse are significant public health challenges in our city. To reduce the burden of behavioral health issues, the Council is empowered to guide meaningful system-level change.

Our accomplishments in 2013 are a testament to this commitment.

We've had a very busy and successful year. We have focused on leveraging resources to work towards improving data sharing and information exchange, youth mental health services, and collaboration between criminal justice and mental health.

We are also excited to share our goals and priorities as we continue our work in 2014.

With your help, our city is sure to continue along the path to improved health for all where we live, learn, work and play.

Sincerely,

A handwritten signature in blue ink that reads "Charlotte M. Parent RN MHCM". The signature is written in a cursive, flowing style.

Charlotte M. Parent, RN, MHCM

**The work of the Behavioral Health Council would not be possible without the commitment of its members. Their efforts have been instrumental in achieving the accomplishments of the past year.**

Judge Calvin Johnson, Metropolitan Human Services District

Dr. Karen DeSalvo, City of New Orleans

Stacy Horn Koch, City of New Orleans

Debra Morton, Recovery School District

Dr. Jeff Rouse, Orleans Parish Coroner's Office

Dr. Sam Gore, Orleans Parish Prison

John Shalett, Trinity Counseling and Training Center

Lisa Romback, NAMI

Theresa Jacobsen, Children's Hospital

Paulette Carter, Children's Bureau

Major Donna Jones, Greater New Orleans Drug Demand Reduction Coalition

Ed Carlson, Odyssey House

Joyce Bracey, Council on Alcohol and Drug Abuse

Else Pedersen, Bridge House / Grace House

Luciea LeDoux, Baptist Community Ministries

Dr. Eboni Price, Tulane Community Health Centers

Dr. Mark Townsend, LSU

Dr. Rochelle Head-Dunham, Office of Behavioral Health

Nemasa Asetra, Peer Specialist

Joe Giarrusso

Cecile Tebo, Advocate

Martha Smith, ILH

Danny Cazenave, NOPD

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# Executive Summary



In the fall of 2012, the Behavioral Health Council was formed with the objective of guiding meaningful system-wide change. Bringing together providers, advocates, and consumers from across the behavioral health community, the Council is empowered to advocate for policy change, influence funding, and communicate with the larger community.

While challenges remain, the Behavioral Health Council and other partners have made considerable strides toward improved behavioral health for all New Orleanians. This report outlines the work and efforts of the Behavioral Health Council over the last year, emphasizing new improvements and additions to our understanding of the behavioral health capacity in New Orleans. It specifically highlights developments in data sharing and information exchange, youth mental health resources, collaborative projects from criminal justice and behavioral health stakeholders, and new services for mental health.

## **Data Sharing & Information Exchange**

- Tracked trends in utilization and capacity in the Monthly Mental Health Dashboard
- Cataloged all available resources in the Behavioral Health Resource Guides
- Developed a map of the crisis mental health system in New Orleans

## **Youth Mental Health Resources**

- Established indicators for a Children's Mental Health Dashboard
- Advocated for the expansion of the State Coordinated System of Care (CSoC) in Orleans Parish
- Co-sponsored mental health trainings for 248 individuals from 119 different agencies and schools
- Conducted an in-depth assessment of youth mental health resources

## **Collaboration between Criminal Justice & Mental Health**

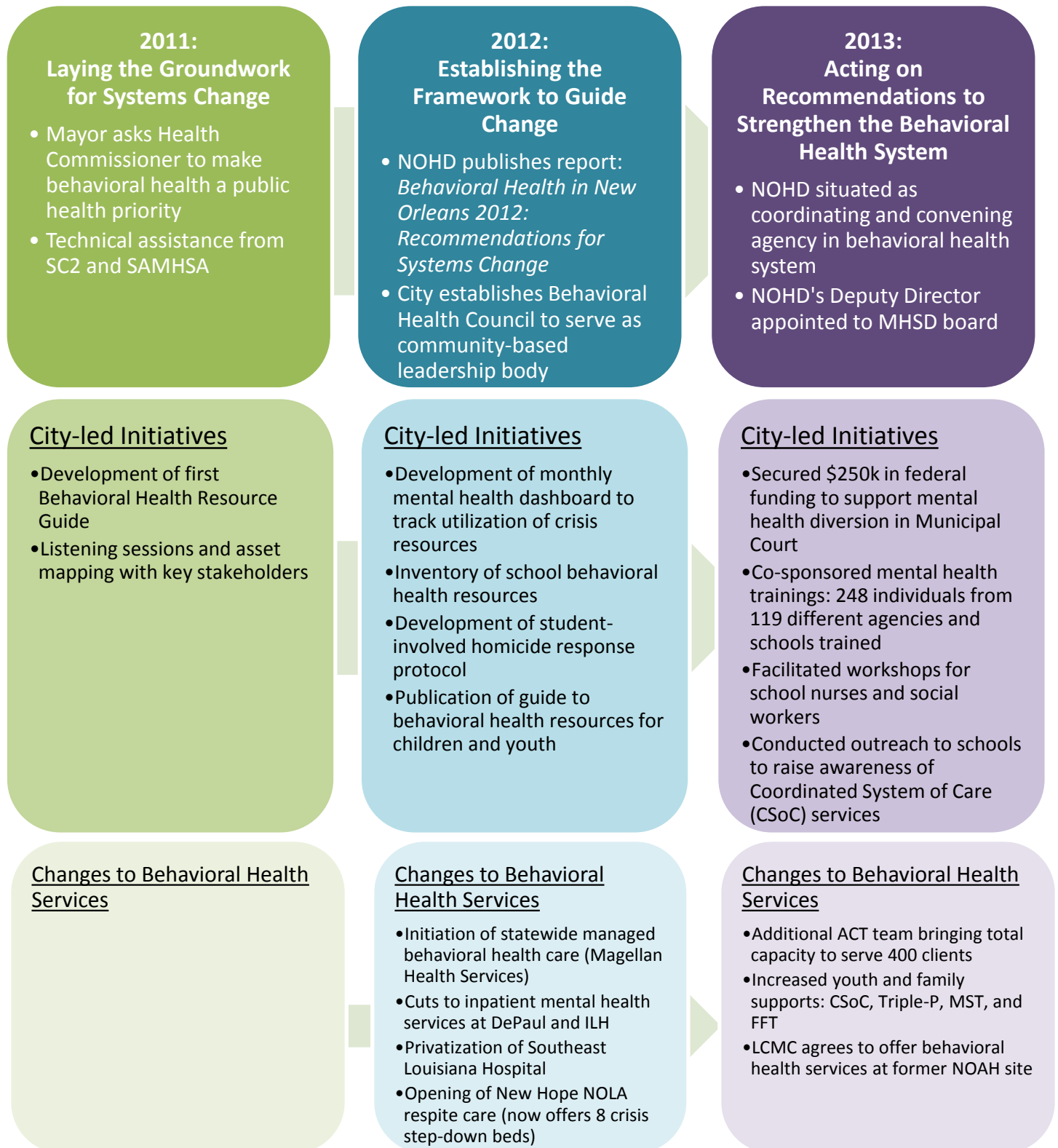
- Developed the Community Alternatives Program (CAP), a mental health diversion program in the Municipal Court
- Provided input on the development of the City's Workforce Reentry Plan

## **New Services for Mental Health**

- 3 respite beds added to New Hope NOLA, bringing to the total to 8
- A new RHD assertive community treatment (ACT) team with the capacity of 100 clients, bringing total community-wide capacity to serve 400 individuals
- Multi-systemic therapy (MST) and functional family therapy (FFT) added to Metropolitan Human Services District (MHSD)
- Positive Parenting Program (Triple-P) added to Children's Bureau
- Adolescent residential living facility at Northlake Behavioral Health System
- School classes added to River Oaks for children 12 and under

This report traces the accomplishments of the Behavioral Health Council over the last year as well as highlights the promising goals and priorities that the Council has set forth for 2014. With collaboration at its center, the Council will continue to work to improve behavioral health services in our community.

# Improvements in Behavioral Health in New Orleans, 2011-2013



--Since April 2012, **18% decrease** in the average number of patients awaiting mental health services in local emergency rooms  
 --**48% increase** in inpatient mental health capacity since 2009 (from 322 beds in 2009 to 477 in 2013; pre-Katrina capacity: 555 beds)

# Background

In 2011, with the support of Strong Cities, Strong Communities (SC2) and guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), the New Orleans Health Department released ***Behavioral Health in New Orleans 2012: Recommendations for Systems Change***. This document, which was the result of extensive conversations with behavioral health stakeholders, made the following recommendations:

- Form a **Behavioral Health Council** to increase coordination and communication
- Commission a **formal assessment and data scan** of the behavioral health system in New Orleans
- Regularly **convene** stakeholders and service providers to give input and advocate for necessary changes
- Develop strong **community-wide data** through data sharing and information exchange

In January 2012, the Health Department hosted its first Behavioral Health System Coordination Meeting in conjunction with representatives from SAMHSA and the Louisiana Office of Behavioral Health. This convening was an opportunity for stakeholders to identify gaps and assets in the behavioral health system. This meeting illuminated the need for key members of the community to engage in continuous dialogue to address gaps as well as enhance assets.

Taking this discourse a step further, Health Commissioner Dr. Karen DeSalvo collaborated with Metropolitan Human Services District Executive Director Judge Calvin Johnson to create and co-chair the Behavioral Health Council. They recognized the necessity of a leadership body in guiding meaningful system-wide change. Bringing together 23 representatives from across the behavioral health community, the Council held their first meeting in November 2012. Through collaboration and meaningful exchange, the Council is empowered to advocate for policy change, influence funding, and communicate with the larger community.

In December 2013, the Health Department hosted the Council's third Behavioral Health Forum. This event brought together 65 community providers and stakeholders to review previous accomplishments of the Council and discuss goals and priorities for 2014. Specifically, the achievements and challenges of the following topic areas were explored:

- Data sharing and information exchange;
- Youth mental health resources;
- Collaborative projects from criminal justice and behavioral health stakeholders; and
- New services for mental health.

# Data Sharing and Information Exchange

With an increase in data sharing and information exchange, there is an overall improvement in system coordination and communication. This has also led to a broader understanding of available resources and trends in how those resources are being utilized. The three main publications and reports that contribute to successful data sharing and information exchange are:

1. Monthly Mental Health Dashboard
2. Behavioral Health Resource Guides
3. Crisis Mental Health Client Flow Map

## Monthly Mental Health Dashboard

In order to effectively understand the successes and needs of behavioral health resources in New Orleans, it is first critical to analyze the current and changing trends in utilization and capacity. The monthly Mental Health Dashboard traces the changes in these trends over time, starting in April 2012 when data collection began. The dashboard represents the successful data sharing across many agencies and organizations to gain a more complete insight into the many aspects of mental health in New Orleans. The dashboard includes the following data points:

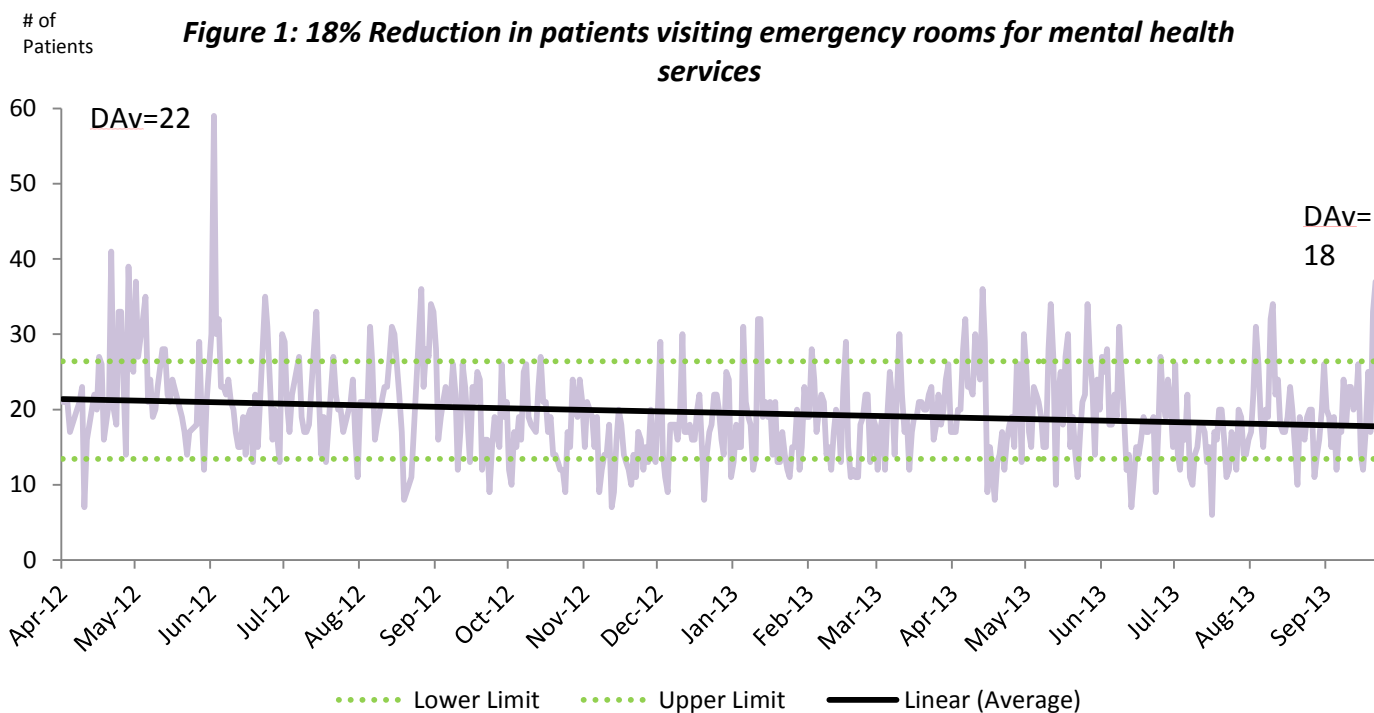
- Daily psychiatric holds in the ED at 11 local hospitals
- New Orleans Police Department calls for service related to mental health
- FACT, ACT and ICM openings
- New Hope NOLA and Odyssey House Detoxification bed counts
- Metropolitan Crisis Response Team disposition
- EMS Wall Time

This collaboration has also allowed for conversations and initiatives combating some of the less than ideal trends found in the city. In particular, this has been effective in determining ways to identify and divert high utilizers of emergency department services into community and outpatient alternatives, such as programs offered through Metropolitan Human Services District (MHSD).

A copy of the December Mental Health Dashboard 2013 can be found in the appendix. Copies of other monthly dashboards are available by request.

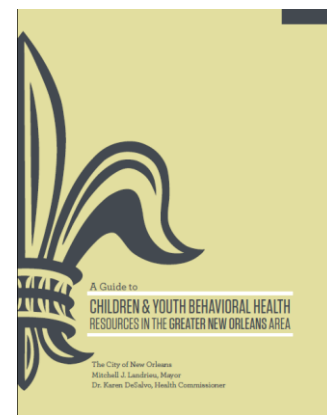
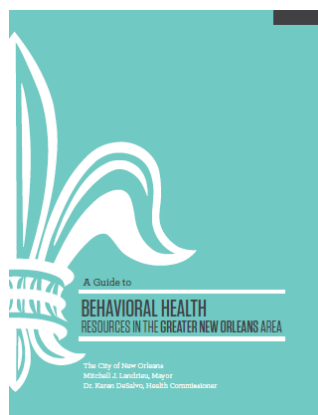
Overall, dashboard findings have shown a decreased number of patients in emergency rooms for mental health crisis, an 18% decrease from April 2012. Concurrently, data has shown an increase in utilization of community-based and outpatient resources.





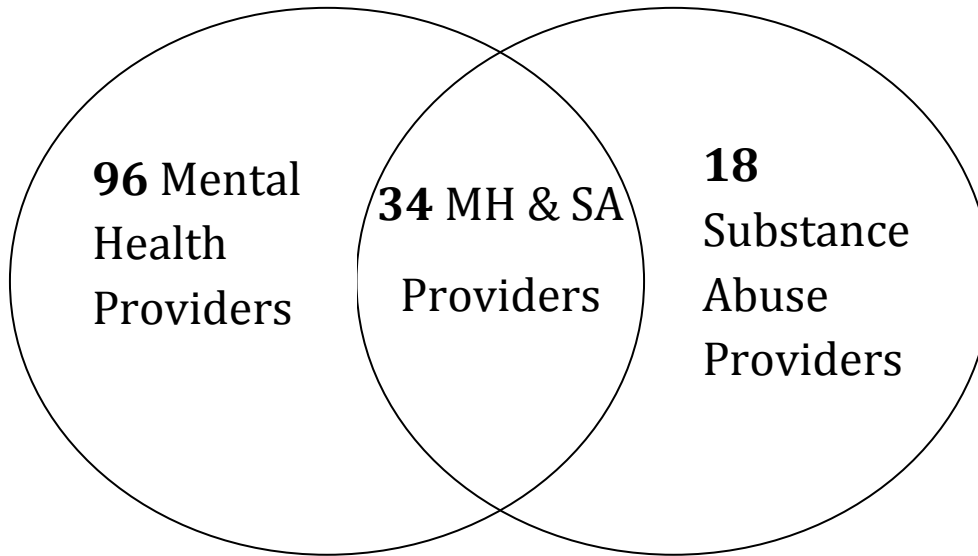
## Behavioral Health Resource Guides

The Behavioral Health Resource Guides catalog all mental health and substance abuse services in the city and have now been published three years in a row. This information is categorized into community-based resources, clinics, hospitals, children & youth, and school-based services and provides details on contact information, services, payment methods, and languages available. These guides document changes in services over time and increase available information and accessibility to behavioral health resources for consumers and providers. The directory information from the guide is also being used in the Health Department's new Realtime Resources app, which displays services available within miles of a consumer's location and will be available in 2014.



The following graphic displays the number of available services in the Greater New Orleans area as documented by the Behavioral Health Resource Guides:

Figure 2: Behavioral Health Resources



\*Providers do not include crisis or school-based services

### Crisis Mental Health Client Flow Map

With the assistance of community partners, a flow map was developed to illustrate the trajectory of a consumer entering into the crisis mental health system. This diagram is crucial in understanding the coordination of services and service providers as well as identifying ways to improve consumer utilization patterns. Two important recommendations that resulted from this project were ways to better utilize available services: Hospital emergency departments should be reserved for individuals who have medical complications in addition to their behavioral health crisis and NOPD service should be directed toward those who may cause or are causing harm.

The Crisis Mental Health System Client Flow Map is included as an appendix to this document.

# Youth Mental Health Resources

Mental health services for children and youth present a unique set of circumstances and challenges. In order to address the specific needs of children and youth, members of the Council worked to identify barriers preventing youth from accessing mental health services.

## Children's Mental Health Dashboard

In order to better understand the landscape of resources for youth, a series of indicators was established with the goal of creating and publishing a monthly Children's Behavioral Health Dashboard. This would serve as a snapshot of the pediatric behavioral health system – illustrating how children move through the system. Data points that were identified as potential indicators included the following:

- Open beds for high risk patients
- Metropolitan Crisis Response Team deployments
- Holds in behavioral health system
- Number of respite care beds; number of inpatient psych beds
- Number of children presenting for services, number taken in and number turned away

While some of this data is already captured in the Monthly Mental Health Dashboard, the Council's goal is to establish an independent Children's Dashboard that would explore the pediatric system in further detail.

## Coordinated System of Care (CSoC)

Louisiana developed a Coordinated System of Care (CSoC) to serve children and youth with significant behavioral health challenges who are in or at imminent risk of out-of-home placement. CSoC Services include the following:

- Wraparound facilitation
- Parent support & training
- Youth support & training
- Short-term respite
- Independent living skills and skill building
- Crisis response & stabilization



In November 2012, CSoC services expanded into Orleans Parish, increasing the number of youth with behavioral health challenges served. As a part of NOLA FOR LIFE, Mayor Landrieu's murder reduction strategy, the Health Department initiated outreach to target middle schools. This outreach was conducted through facilitating a connection between school social workers and CSoC staff, creating a space to explain the available services and answer any questions. These efforts contribute to ensuring that school social workers are aware and comfortable using behavioral health resources at their disposal. The Health Department is also beginning to collect referral and enrollment data to track the progress of CSoC's expansion.

## **Mental Health Trainings**

The Health Department, in collaboration with community partners, has conducted mental health trainings for professionals and community members, the majority of whom work with children and youth. Over 245 individuals from 119 different agencies and schools have been trained in at least one of the following trainings:

- PREPaRE #1 and #2, in partnership with Tulane University
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS), in partnership with Project Fleur de Lis
- Grief and Trauma Intervention (GTI), in partnership with Children's Bureau
- Psychological First Aid (PFA), in partnership with Family Services of Greater New Orleans
- Emotional Wellness for Teachers, in partnership with the Institute for Women and Ethnic Studies (IWES)
- Skills for Psychological Recovery (SPR), in partnership with Project Fleur de Lis

## **Resource Gap Assessment**

Using the ideal continuum of care set forth by the American Academy of Child and Adolescent Psychiatry (AACAP), a resource gap assessment was developed for the pediatric system in New Orleans. A major finding of this work brought awareness to the dearth of the following services: Intensive Case Management, Day Treatment Programs, Partial Hospitalization (Day Hospital), Respite Care Services, Crisis Residence, and Residential Treatment Facilities. Reports like this inform providers, advocates and officials on deficiencies in resources and identify areas of services that will require more dedicated attention.

The Pediatric Behavioral Health Continuum of Care is included in the appendix.

# Collaboration between Criminal Justice & Mental Health

While the coordination of services within a system affects the ability of that system to run seamlessly, synchronization between systems can prove just as important. This is especially true of two systems like criminal justice and mental health that often serve an overlapping population. As the percentage of inmates with mental illness remains high, the necessity of an interdisciplinary approach becomes all the more crucial. Two of the main areas this collaborative work has yielded important results have been within creating diversion options as well as working to establish continuity of care upon reentry.

## Community Alternatives Program (CAP)

In an effort to improve coordination between the criminal justice and behavioral health systems, the New Orleans Health Department is collaborating with the Municipal Court, NAMI New Orleans, and numerous other community partners to develop the Community Alternatives Program (CAP), a pilot mental health diversion program. The goals of the program are the following:

- Increase public safety;
- Improve the quality of life for participants; and
- Enhance collaboration among behavioral health and criminal justice stakeholders and practitioners.

With the support of the Behavioral Health Council, the Health Department has received \$250,000 in grant funding from the Bureau of Justice Assistance (BJA) and Mental Health Collaboration Program for a two-year project period beginning in October 2013.

## Reentry

Members of the Council met twice with the City of New Orleans Reentry Manager and identified concrete ways to offer behavioral health services to individuals who are recently released from incarceration. The group will continue to meaningfully inform the City's reentry plan and ensure that it incorporates services and providers that appropriately serve this population.

# New Services for Mental Health

There are several important additions to the spectrum of behavioral health resources available in the city. These new services support the overall improvement of the behavioral health system, including both the expansion of psychiatric inpatient capacity as well as an array of additions to crisis resources and facility services. The role of the Behavioral Health Council is to document changes in the behavioral health landscape, demonstrate the impact of new services, advocate for additional services to fill key gaps in the behavioral health system.

## Psychiatric Inpatient Capacity

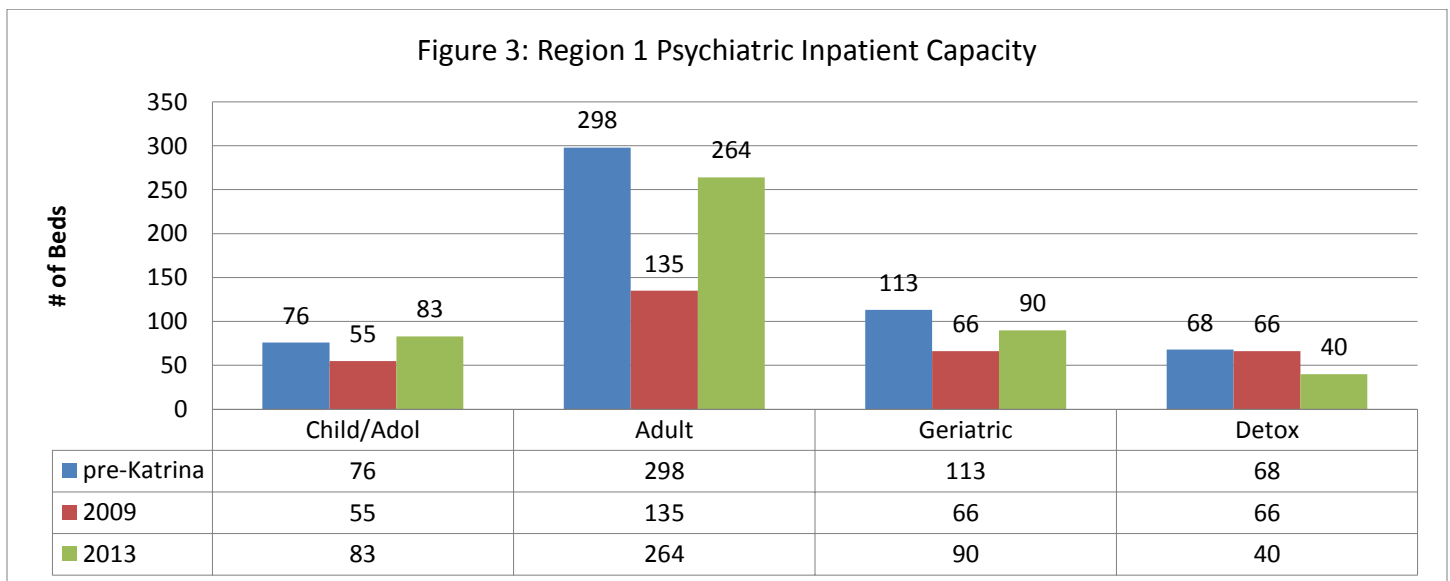
In November 2013, all hospitals and psychiatric facilities in DHH Region 1 were contacted to gather updated psychiatric inpatient bed capacity data. This updated total was analyzed in various domains while also compared to Pre-Katrina (2005) and 2009 respective totals. Figure 3 displays these findings:

The number of inpatient psychiatric beds in 2013 has almost returned to pre-Katrina numbers, with the exception of detoxification beds.

- Child and adolescent beds surpassed pre-Katrina numbers by 7 (9% increase)
- Adult beds are 34 fewer than before Katrina (11% difference)
- Geriatric beds are 23 fewer than before Katrina (20% difference)
- Detoxification beds have decreased by 28 beds (41% decrease)

Although pre-Katrina capacity has not been fully reached in 2013, there has been a significant increase in beds since 2009, again with the exception of detoxification beds.

- Pre-Katrina (2005) Total: 555 beds
- 2009 Total: 322 beds
- 2013 Total: 477 beds



## **Newly Available Services**

The following services have been added to the Greater New Orleans area, contributing to an increasingly stronger behavioral health system:

- 3 respite beds added to New Hope NOLA, bringing to the total to 8
- A new RHD ACT team with the capacity of 100 clients
- Multi-systemic therapy (MST) and functional family therapy (FFT) added to Metropolitan Human Services District (MHSD)
- Positive Parenting Program (Triple P) added to Children's Bureau
- Adolescent residential living facility at Northlake Behavioral Health System
- School classes added to River Oaks for children 12 and under

# 2014 Priorities and Activities

The following table outlines the goals of the Behavioral Health Council set forth for 2014; these goals are subject to the approval of the 2014 Council and may change. The process for determining these goals was a collaborative effort of community members and stakeholders at the Fall 2013 Behavioral Health Forum. In 2014, the Council plans to continue to focus on the priority areas of the past year: fostering data sharing and information exchange, advocating for youth mental health services, and facilitating collaboration between criminal justice and behavioral health stakeholders.

Priority	Description/Strategies
<p><b>1. Data Sharing &amp; Information Exchange</b></p>	
<p><b>1a. Awareness of available data</b></p>	<ul style="list-style-type: none"> <li>The Council will continue to facilitate information exchange to coordinate efforts around high utilizers.</li> </ul>
<p><b>1b. Dissemination of data</b></p>	<ul style="list-style-type: none"> <li>The Council will work to improve the monthly Mental Health Dashboard, ensuring that the most important indicators are included and the information is presented in an accessible way. They will also work to disseminate it to a broader audience.</li> <li>The Council will work to develop the monthly Children’s Mental Health Dashboard.</li> <li>The Council will support the launch of Realtime Resources to promote access to a directory of the city’s resources as well as ensure accountability of those services through the ability of consumers to rate the agencies.</li> </ul>



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## 2. Youth Mental Health Services

### 2a. Gap services for young adults 18-21

- The Council will research prevention programs and best practices to advocate for more available services for youth ages 18-21.

### 2b. School based services

- The Council will continue to develop and support culturally sensitive training and programming for teachers, officials, and staff working with children with mental illness.
- The Council will work to coordinate between parties to facilitate an improved transition process between the hospital and school for students released from hospitalization.

### 2c. Parenting resources

- The Council will support the development of parenting education classes.
- The Council will work to increase available literature identifying best practices for parents with children suffering from mental health issues.
- The Council will advocate for increased RESPITE/crisis stabilization resources.

### 2d. Trauma informed care

- The Council will serve as a platform for action planning for the implementation of trauma-informed approaches in New Orleans.

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### 3. Criminal Justice & Behavioral Health

#### 3a. Diversion options

- The Council will support the development of and raise awareness about the Community Alternatives Program (CAP).

#### 3b. Care coordination for justice involved individuals

- The Council will work to create an outline of standard procedures of treatment for justice involved individuals and the role of their treatment providers.
- The Council will coordinate communication between different parties, including facilitating educational in-services (such as educating Judges about treatment programs and facilities).

#### 3c. BH services upon reentry

- The Council will continue to provide input to the City's Reentry Program in regards to behavioral health, with an emphasis on comprehensive discharge planning with accurate and updated information.

# Appendix 1: December Mental Health Dashboard



## New Orleans Mental Health Dashboard

The New Orleans Mental Health Dashboard (Dashboard) is a compilation of the data the New Orleans Health Department (NOHD) assembles regarding adult and child mental health patients presenting to outpatient facilities and emergency rooms from eleven (11) area hospitals.

The Dashboard is a direct result of the work of the Behavioral Health Council, a collaboration of community partners who strive to improve behavioral health service coordination. The Council determined the behavioral health indicators which NOHD now assembles for the Dashboard. The Dashboard serves as a community wide tool for assessing how individuals move through and use behavioral health care in New Orleans.

- Enclosed:
  - Monthly Dashboard Summary Report, p. 3
  - Monthly Dashboard: **December 2013**, p. 4
  - Dashboard Dictionary, p. 9

CITY OF NEW ORLEANS *Mental Health Dashboard* 2

## Monthly Dashboard Summary Report

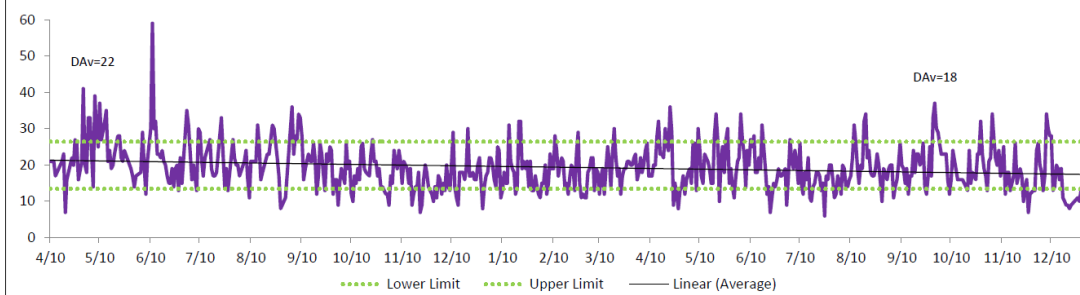
01/05/14

- December reflects a slight decrease in mental health holds (individuals in crisis being treated in the emergency department):
  - Overall average: 18 holds - 18% decline since April 2012 (when dashboard data collection began)
  - Average holds for **December 2012**: 16
  - Average holds for **December 2013**: 17
- There were **five days in the beginning of December** in which the number of ER patients in mental health crisis **met or exceeded the upper limit** of 26 holds.
  - December 2<sup>nd</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup>
  - Compared to two days in December of 2012 where ER patients in mental health crisis exceeded the upper limit
- Weekly averages continue to show that **more people are utilizing outpatient and community-based services.**
- November indicated a slightly below **average number of children were served by Metropolitan Crisis Response Team**, and the majority were connected to outpatient treatment
  - Total of 28 children served in November
  - **Overall monthly average** from March to November 2013 is **30 children served**

## Demand: Daily Patients in Crisis

01/05/14

**Figure 1: Patients in Mental Health Crisis at Local Emergency Rooms, Daily**



**Table 1: Average Daily Mental Health Crisis Patients in ER, by Hospital**

University Hospital	9
East Jefferson General Hospital	0
Ochsner Baptist Medical Center LLC	0
Ochsner Medical Center	2
Ochsner Medical Center Westbank	1
Ochsner Medical Center Kenner LLC	1
St. Bernard Parish Hospital	0
Touro Infirmary	0
Tulane Lakeside Hospital	0
Tulane Medical Center	2
West Jefferson	4

Figure 1 displays the average daily number of patients in mental health crisis who present to local hospital emergency departments and awaiting psychiatric evaluation. These individuals also may be awaiting admission into an inpatient psychiatric unit.

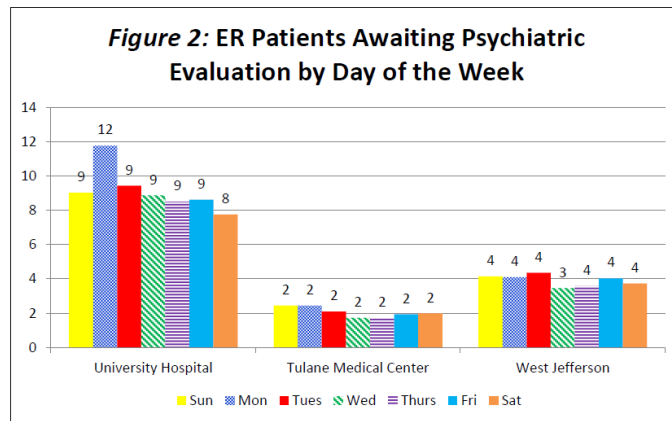
**The current average of ER patients in mental health crisis per day is 18, which is an 18% decline since April 2012.**

Table 1 shows the daily average number of patients in mental health crisis by hospital.

*Current through 12/31/13; Data not collected some weekends and holidays, 8/29, 8/30, 9/3/2012; 10/5-6, 10/12-13, 10/15-16 2013*

## Demand: ER Patients in Crisis

01/05/14

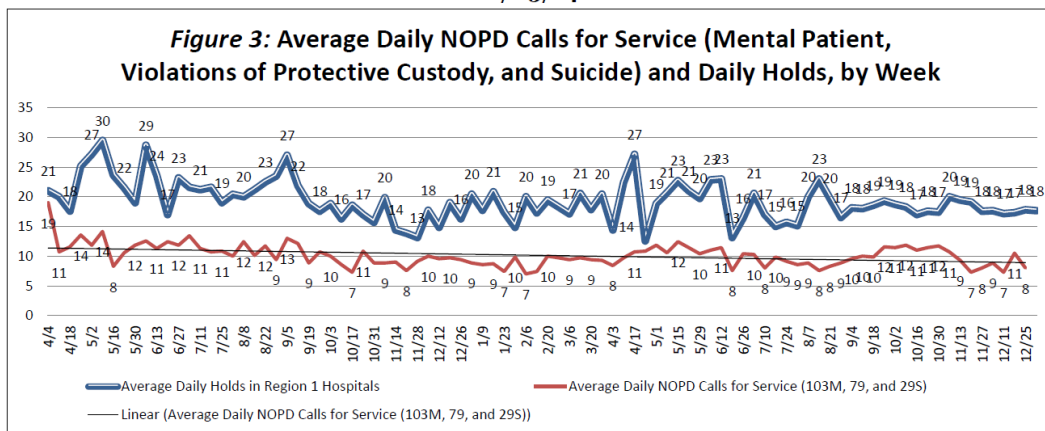


**Figure 2** shows which days of the week show the most emergency department patients awaiting a psychiatric evaluation. When data was first being collected, hospitals showed a larger number of psychiatric patients in the beginning of the week, indicating issues in releasing patients from the hospital on the weekends. Since April 2012, hospital emergency departments, Magellan and other key stakeholders have worked together to **improve procedures in discharging and releasing patients on weekends when medically ready**.

Current through 12/31/13; Data not collected some weekends and holidays, 8/29, 8/30, 9/3/2012; 10/5-6, 10/12-13, 10/15-16 2013

## Demand: NOPD Calls for Service

01/05/14



**Figure 3** shows the number of New Orleans Police Department calls for service related to mental health, which includes calls for:

- *Mental Health Crisis*: individual in crisis due to mental health complications
- *Violations of Protective Custody*: these include calls related to involuntary commitment to a psychiatric facility
- *Suicide*: the intentional and deliberate act of taking one's own life

These calls are compared to daily mental patients in emergency rooms to show how many individuals may cycle through both NOPD and hospital emergency departments. **There are currently an average of 9 NOPD calls for service each day related to mental health**, compared to a daily average of 18 ER patients in mental health crisis.

Current through 12/31/13; Data not collected some weekends and holidays, 8/29, 8/30, 9/3/2012; 10/5-6, 10/12-13, 10/15-16 2013

## Capacity: Outpatient Resources

01/05/14

Figure 4: Outpatient Resources Available, Weekly

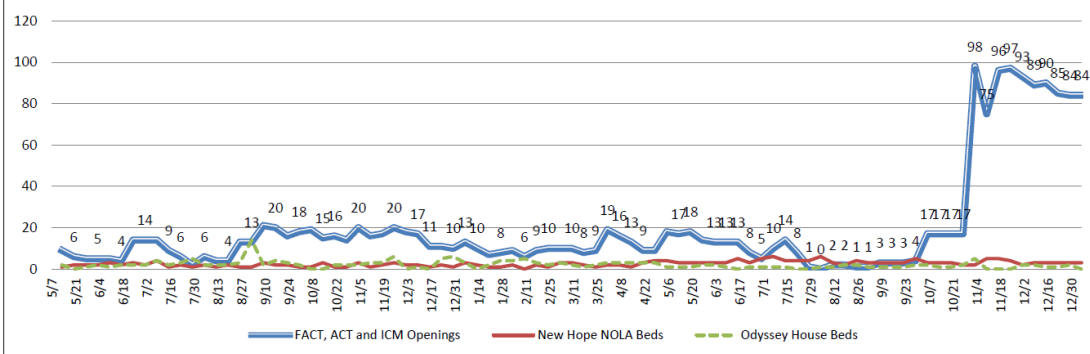


Figure 4 shows how many beds are available by week in four outpatient resources for mental health clients. This graph shows the availability of the following services (full definitions available in Dashboard Dictionary):

- **ACT**: three teams serve 300 clients, provide in-home treatment to clients with mental illness or developmental delays\*
- **FACT**: offers the same services as ACT for 100 clients involved in the criminal justice system
- **ICM**: case management services for up to 150 clients who need help accessing treatment\*
- **New Hope NOLA**: 8 respite beds for individuals in crisis that offer stabilization in a home-like environment
- **Odyssey House**: medical detoxification beds, total capacity of 14 beds represented here

Since April 2012, **utilization of outpatient beds have increased overall**, indicating that more people are seeking treatment outside of emergency departments.

Current through 12/31/13; \*ACT capacity increased by 100 Nov 2013; \*ICM data collection began March 18, 2013

## Children: Demand, Crisis Intervention

01/05/14

Figure 5: Metropolitan Crisis Response Team – Disposition

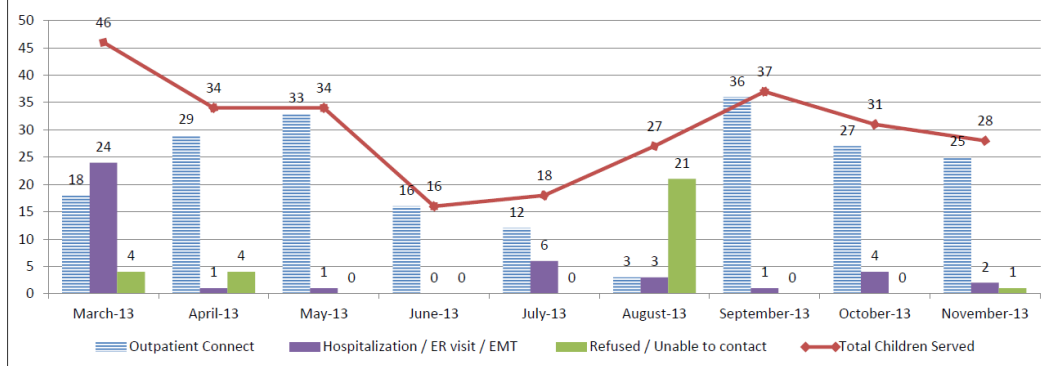


Figure 5 shows the number of children served by the Metropolitan Crisis Response Team from March to August 2013 and how the team served those children (disposition):

- **Hospitalization/ER visit/EMT**: this reflects the number of children transported to the hospital as a result of their behavioral health crisis.
- **Outpatient Connect**: the child is connected to an existing outpatient provider and/or receives an emergency appointment
- **Refused/Unable to Contact**: the Team is not able to follow up on the original crisis call

In November 2013, the Metropolitan Crisis Response Team served **28 children**, and a majority of the children served were connected to outpatient resources.

Current through 11/30/13

## Dashboard Dictionary

- **ACT, Assertive Community Treatment:** Three ACT teams exist in the Greater New Orleans area; one is operated by Northwest Human Services (NHS) and two by the Resources for Human Development (RHD). The three teams have the capacity for a total of three hundred (300) clients. These mobile mental health teams comprised of psychiatrists, nurses, clinicians, peer specialists, daily living counselors, and vocational specialists. They provide in-home treatment to clients with mental illness or developmental delays.<sup>1</sup> ACT teams provide more direct treatment services to clients than Intensive Case Management teams.
- **Census:** total number of patients. Here, census is referring to the total number of psych holds.
- **EMS Wall Time:** the amount of time an EMS paramedic spends caring for a patient at the hospital as the patient awaits a bed. A paramedic remains at the hospital with the patient, while the ambulance is able to respond to another call.<sup>2</sup>
- **Wall Time:** indicates the amount of time an ambulance is tending to a patient awaiting admission to the hospital or discharge.<sup>3</sup> The first twenty (20) minutes a patient spends with the ambulance are not counted toward wall time. Wall time hours begin their count at twenty one (21) minutes.<sup>2</sup>
- **FACT, Forensic Assertive Community Treatment:** The FACT team is operated by NHS and performs the same functions as the ACT team but is intended for those who have been through the criminal justice system. There is one FACT team with space for one hundred (100) clients.<sup>4</sup>
- **ICM, Intensive Case Management:** ensures that a patient is able to maintain his medical appointments. ICM teams also help clients enroll in proper benefits, such as Social Security Income (SSI). These teams offer extra assistance to clients with co-occurring mental health and substance abuse issues who may need further guidance to maintain their health. The ICM teams in New Orleans have space for one hundred and fifty (150) clients.<sup>4</sup>

## Dashboard Dictionary, *continued*

- **Limited Diversion:** indicates the hospital is near or at its capacity for psychiatric patients. While criteria differ between facilities, a hospital on limited diversion may be looking to other hospitals to accept patients. This prevents the hospital's emergency room from exceeding its capacity.<sup>5</sup>
- **MCRT, Metropolitan Crisis Response Team:** a 24/7 service operated by Resources for Human Development that allows crisis response and prevention of hospitalization. The MCRT triages, assesses, and intervenes for individuals experiencing a mental health or substance abuse crisis. The main goal is to prevent a client from being admitted to a hospital and instead access community resources that may be more suitable to his or her needs.<sup>6</sup>
- **Mental Health Hold:** A person who is occupying a bed at the hospital and is considered a psychiatric patient. The patient may be awaiting or undergoing a psychiatric evaluation, or awaiting a determination for a destination at discharge.<sup>5</sup>
- **MHERE, Mental Health Emergency Room Extension:** unit located in University Hospital intended to allow physicians and psychiatrists to evaluate an individual with behavioral or mental health needs. The MHERE is equipped with a medical team as well as psychiatric triage services. Staff in MHERE is able to complete an evaluation and determine the proper community resource suitable to the patient's needs.<sup>7</sup>
- **Odyssey House Medically Supported Detoxification:** a behavioral health care facility that offers treatment for addiction. Odyssey House provides medically supported detoxification. Patients occupy detox beds for five (5) to seven (7) days. While other Odyssey House beds exist in the city, the capacity for the figures presented here is fourteen (14) beds. Odyssey House also offers other programs such as life-skills training, vocational training, and case management through its long-term inpatient residential program.<sup>4</sup>
- **Respite Beds at New Hope NOLA** (referred on the graph as New Hope NOLA, also known as Crisis Step-Down Beds): These beds are used for individuals who are experiencing a behavioral health crisis and do not feel comfortable in their usual surroundings. The intent is to stabilize the person and prevent a potentially harmful incident. The patient is evaluated by a psychiatrist and is able to work with social workers or case managers during his or her stay. Patients can occupy a crisis step-down bed for up to five (5) days and there are a total of eight (8) beds.<sup>4</sup>

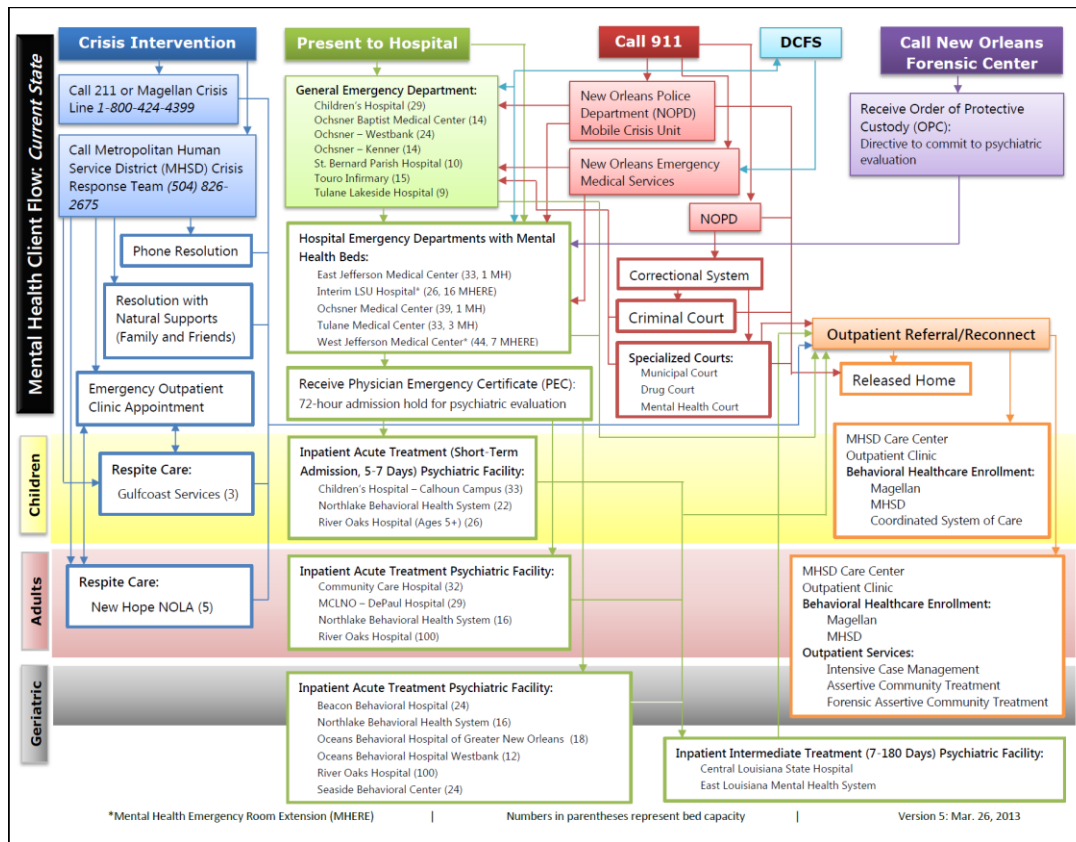
## Dashboard Dictionary, *Sources*

### ▪ **Sources**

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5. Vicki Hirsch, RN Manager of the Nursing Section, LSUHSC University Hospital. Interview with S. Schirmer, August 24, 2012.
6. RHD. (2011). Metropolitan crisis response team (MCRT). Retrieved from <http://www.rhd.org/Program.aspx?pid=16>
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# Appendix 2: Mental Health Client Flow Map



## Mental Health Client Flow: Recommendations



### Current State

To date, a person in behavioral health crisis most frequently enters the system by **presenting to a hospital emergency department or 911**. Individuals who frequent the emergency room often walk in when in need of services rather than use emergency medical transportation services. The New Orleans Police Department most frequently serves those who enter the system via a 911 call. Children in crisis usually present to Children's Hospital or to Tulane Medical Center and are later transferred to the Behavioral Health Unit of Children's Hospital. In terms of crisis intervention services, individuals use Metropolitan Crisis Response Team (MCRT) most often and MCRT only engages New Orleans Emergency Medical services when a client has medical complications. A great majority of MCRT calls are resolved over the phone and do not require face-to-face triage. Family members and concerned citizens may call the New Orleans Forensic Center to commit an individual in crisis to a hospital for a psychiatric evaluation.

### Key Issues

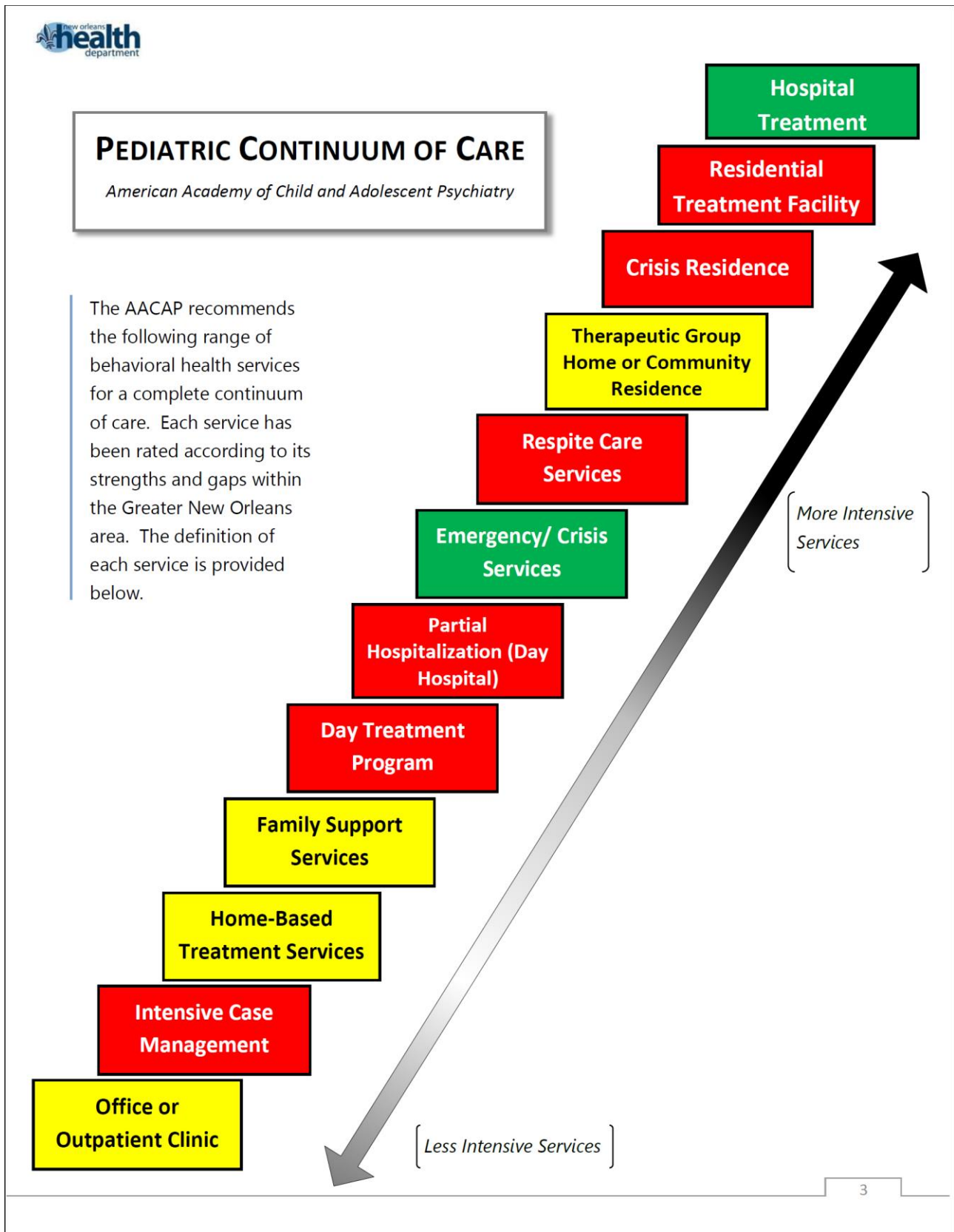
- An important stacking in the system occurs when **patients are awaiting inpatient admission**. The average length of stay for an individual who has a physician emergency certificate (PEC) in an emergency room is between 24 and 48 hours at certain facilities.
- The MCRT team includes a psychiatrist who may issue a PEC after a psychiatric evaluation. An individual who receives a PEC is transported to an emergency room to await inpatient admission. **The emergency room often conducts another evaluation and if the person is no longer in crisis, the original PEC may be dismissed and the person is sent home**. This issue contributes to frequent hospital readmission.
- **Unused capacity**: the Northlake Behavioral Health System (formerly Southeast Louisiana Hospital) has up to nine acute inpatient beds a day (mostly adolescent) that are vacant while other facilities operate at capacity.

### Recommendations

Hospitalizations are a costly and sometimes inappropriate way to treat individuals in behavioral health crisis. The Greater New Orleans region is equipped with **crisis intervention services** that can significantly reduce hospital admissions. The community should be fully aware of the MCRT, 211, and Magellan crisis services so that individuals receive appropriate care and reduce the burden on emergency services. Hospital emergency departments should be reserved for individuals who have medical complications in addition to their behavioral health crisis; and NOPD service should be directed toward those who may cause or are causing harm. These distinctions should be clearly expressed to community members so that services are used productively. Should a person need hospital services, an **emergency room social worker or services coordinator** (currently available at some facilities) can assist with placing that individual into appropriate care, whether that be warm outpatient referrals, respite care, or inpatient admission as directed by a PEC. Inpatient facilities can work together using programs such as the **Department of Health and Hospitals ESF8 Portal** to communicate vacancies. Better coordination would allow for an improved use of the available capacity.

For feedback on the Mental Health Client Flow Map, please contact Natasha Dowell at [nmdowell@nola.gov](mailto:nmdowell@nola.gov) or (504) 658-2779.

# Appendix 3: Peds BH Continuum of Care



**APPENDIX**

Service	AACAP Definition	Status in New Orleans	New Orleans Rating
Office or outpatient clinic	Visits are usually 30-60 minutes. The number of visits per month depends on the youngster's needs.	There are several clinics in New Orleans that serve children; however, there are not enough psychiatrists to evaluate and enroll children in a timely manner.	Yellow
Intensive case management	Specially trained individuals coordinate or provide psychiatric, financial, legal, and medical services to help the child or adolescent live successfully at home and in the community.	Many agencies in New Orleans offer case management services but there are formal coordinated efforts that mirror the ICM available for adults.	Red
Home-based treatment services	A team of specially trained staff go into a home and develop a treatment program to help the child and family.	CSoC offers extensive home-based treatment and Medicaid covers a many of these services. Providers are limited by billing procedures and time constraints.	Yellow
Family support services	Services to help families care for their child such as parent training, parent support group, etc.	Medicaid and CSoC offer a wide array of family support services; however, parents rarely seek services and many programs are available to parents of children under age 5.	Yellow
Day treatment program	This intensive treatment program provides psychiatric treatment with special education. The child usually attends five days per week.	Orleans Parish does not offer a day treatment program; education is offered to children in an inpatient unit.	Red
Partial hospitalization (day hospital)	This provides all the treatment services of a psychiatric hospital, but the patients go home each evening.	There are no partial hospitalization services in Greater New Orleans for children.	Red
Emergency/crisis services	24-hour-per-day services for emergencies (for example, hospital emergency room, mobile crisis team).	Two hospital emergency rooms are responsible for the majority of children in behavioral health crisis.	Green
Respite care services	A patient stays briefly away from home with specially trained individuals.	The respite services currently available require a waiting time and are limited in number.	Red
Therapeutic group home or community residence	This therapeutic program usually includes 6 to 10 children or adolescents per home, and may be linked with a day treatment program or specialized educational program.	Few group homes exist in Orleans Parish and they are mostly nonmedical facilities. Many children must seek group home care outside the city.	Yellow
Crisis residence	This setting provides short-term (usually fewer than 15 days) crisis intervention and treatment. Patients receive 24-hour-per-day supervision.	There is no central crisis step-down residence for children as there is for adults in Orleans Parish. There are therapeutic foster homes available.	Red
Residential treatment facility	Seriously disturbed patients receive intensive and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.	Currently there is only one residential treatment facility for psychiatry and one for substance abuse treatment.	Red
Hospital treatment	Patients receive comprehensive psychiatric treatment in a hospital. Treatment programs should be specifically designed for either children or adolescents. Length of treatment depends on different variables.	There are sufficient inpatient acute psychiatric beds for children in New Orleans. Transportation and discharge issues are being addressed to reduce stacking in the system.	Green

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