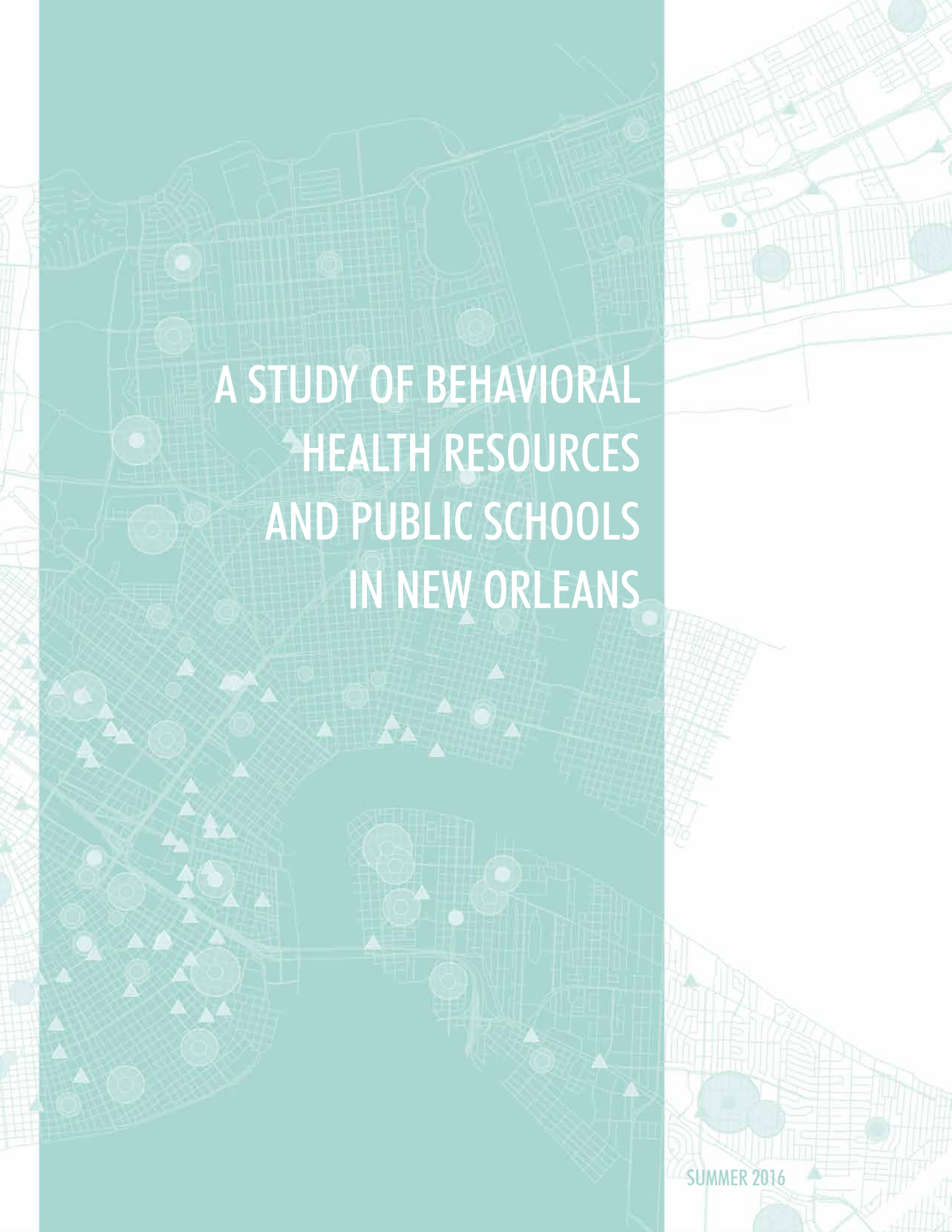

A STUDY OF BEHAVIORAL HEALTH RESOURCES AND PUBLIC SCHOOLS IN NEW ORLEANS

SUMMER 2016

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INTRODUCTION

Overview

The Albert Jr. And Tina Small City Center, working in conjunction with the Recovery School District, conducted an investigation that presents the relationship between behavioral health facilities and schools in New Orleans. The study used geographic information systems (GIS) to examine spatial relationships between the two decentralized systems, and qualitative data in the form of interviews to develop an understanding of the panorama of issues related to connecting behavioral health services with school aged children.

The all-charter school system in New Orleans results in a unique environment where families can choose where to go to school (dependent upon the results of a unified application process). In this system, the distance between home and school adds complexity when connecting students to services that meet their needs.

Initial Assumptions

The study began with the assumption that behavioral health needs were not being met to their full extent in New Orleans schools, and that it could be useful to investigate the spatial and structural relationships between schools and behavioral health resources.

The first part of the investigation mapped these relationships, aggregating data and meeting with school and health administrators to find out what and where the resources were.

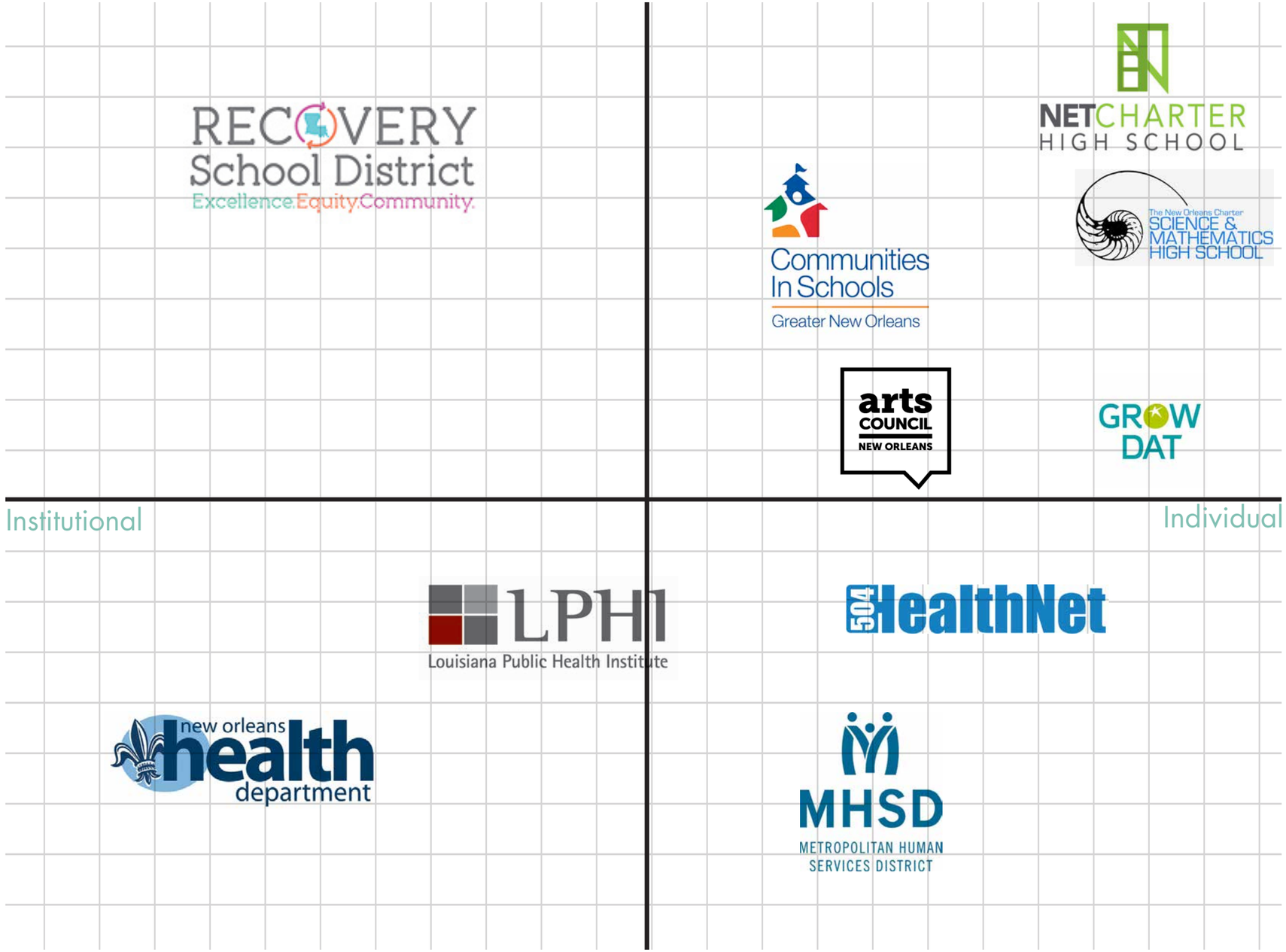
The second part involved a more thorough investigation of the experiences that various participants in the system have had when trying to use health resources, including what works and what is unsuccessful.

Initial Findings

After the initial phase, the team developed a few themes which were used to structure further investigations:

- The supply of some behavioral health resources exists, but may be underutilized.
- There is a lack of communication between behavioral health providers and institutions such as schools.
- The users of these services do not have access to (or do not use the existing) information needed to navigate the system.
- Geographically, there seems to be a concentration of clinics in Uptown, Garden District and Mid-City. This correlates with where the majority of kids go to school with the exception of Algiers. There also seem to be a lack of clinics in New Orleans East, the 9th Ward, and Gentilly, where many children live.

ORGANIZATIONS CONSULTED



Further Investigation:

Through speaking with a variety of people including school administrators, counselors, parents, and youth group leaders, a degree of subtlety was introduced to the way the problem was defined. New issues that emerged were:

- People referring students to behavioral health clinics were skeptical of the quality of care provided by clinics.
- This mistrust results in a handful of trusted clinics being overbooked while others with a less established reputation being underused.
- There is a lack of qualified, degree bearing, clinical practitioners in the city to support youth requiring these services.
- Sometimes this leads to minimal interaction between psychiatrists, psychologists, or clinical social workers and kids. Visits can be as short as fifteen minutes.
- The lack of regulation regarding certifications needed to work in a clinic leads well-intentioned but under-qualified people serving in these roles.

Using this new qualitative data, our focus necessarily broadened from the initial scope, with its geographic priority, to a greater overview of the problems within the system, of which geography became a single issue in a multitude of factors that prevent kids from receiving proper care.

NATIONAL DATA

Overview of Children Mental Health Disorders

Mental Health Disorders are common for children and youth in the U.S.

1 IN 5

young people in the U.S. have had a diagnosable psychiatric disorder

50% of mental health disorders begin before age 14

75% of mental health disorders begin before age 24

The Gap between Need and Care

40% of kids with diagnosable ADHD are not getting treatment; 60% of kids with diagnosable depression are not getting treatment; 80% of kids with diagnosable anxiety disorder are not getting treatment.

The shortage of mental health professionals is one of the leading factors that cause the gap between need and care.

12600 — estimated number of practising child psychiatrists needed

8300 — approximate number of practising child psychiatrists

= 4300 gap between existing and needed child psychiatrists

Source: 2016 Child Mind Institute Children's Mental Health Report.

Median Age of Onsets

Anxiety Disorder, ADHD and Mood Disorders are among the most common mental health disorders for children.

Age 6

median age of onset for Anxiety Disorder

Age 11

median age of onset for ADHD and Behavioral Disorders

Age 13

median age of onset for Mood Disorders

ADHD and Gender

Boys are twice as likely to be diagnosed of ADHD as girls between age 4 and 17.

5.5% girls currently diagnosed of ADHD

12.1% boys currently diagnosed of ADHD

3.7% girls currently taking ADHD medication

8.4% boys currently taking ADHD medication

Mental Health at School

Mental Health Disorders are closely associated with lower academic performances, suspensions and expulsions and higher dropout rate at school.

5% Being at risk for mental health problems in first grade leads to a 5% drop in academic performances in 2 years.

Dropout rate due to learning, attention or emotional problems for school age children are as high as 40% among those enrolled in special education program. 40%

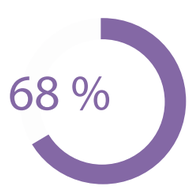
77,000 More than 77,000 children in special education receive suspensions or expulsions for 10 cumulative days in a year.

Young people with access to mental health services in school-based health center are 10 times more likely to seek care for mental health or substance abuse. 10 x

Mental Illness in Youth in the Juvenile Justice System

High-school dropouts are 63 times more likely to be jailed than four-year college graduates.

of youth in the juvenile justice settings meet criteria for a psychiatric diagnosis.



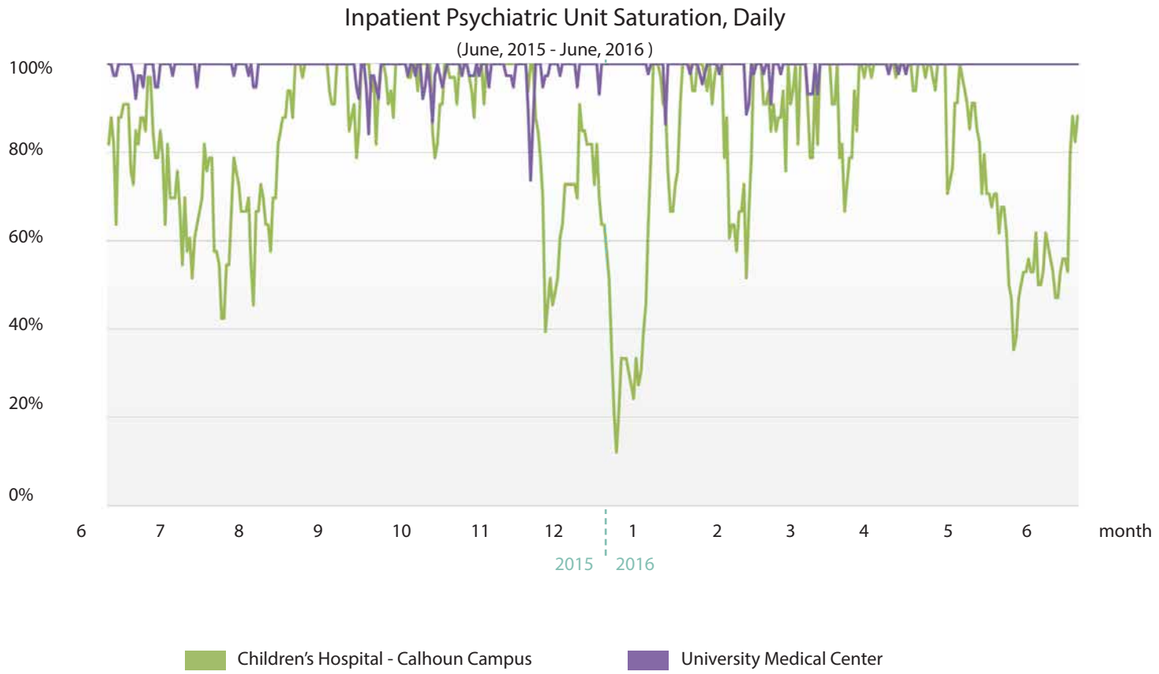
of state prison inmates have not completed high school

Source: 2015 Child Mind Institute Children's Mental Health Report.

NEW ORLEANS DATA

Inpatient Psychiatric Saturation

The chart below shows the percentage of inpatient beds in psychiatric unit at Children's Hospital and University Medical Center. These two hospitals receive the majority of New Orleans children and adults with mental health crises in their respective Emergency Departments.



Children's Hospital averaged 58% saturation of its 33 inpatient psychiatric bed between March, 2015 and March, 2016.

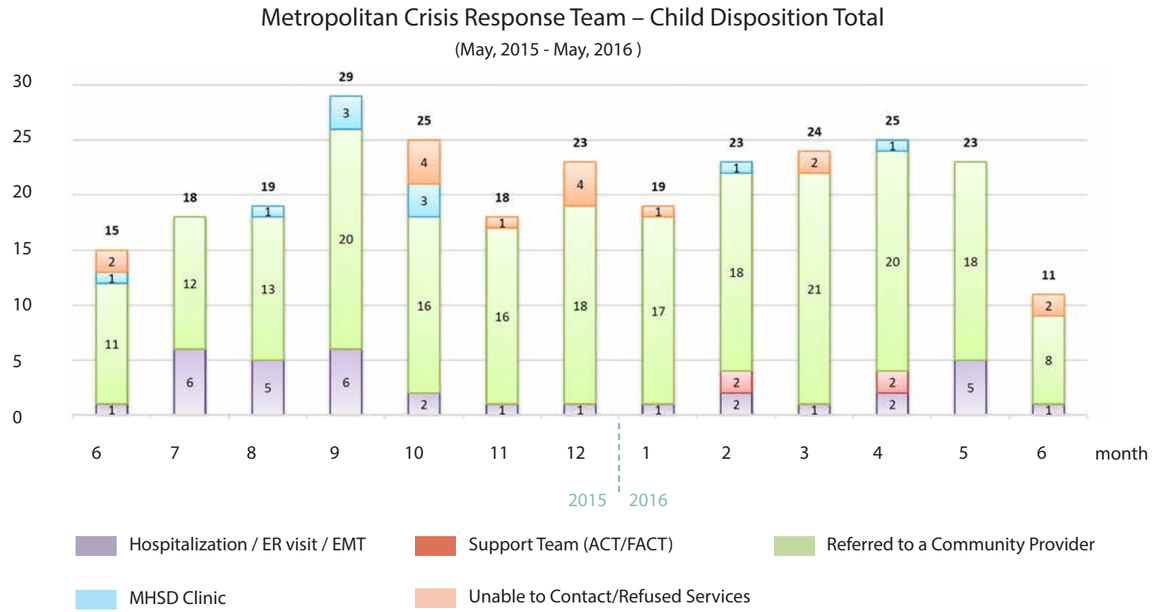
University Medical Center averaged 100% saturation since UMC increased its psychiatric bed count from 38 to 44 beds in December 2015 and to 45 beds in January 2016.

Source: New Orleans Mental Health Dashboard, June, 2016 by New Orleans Health Department. Data current through 3/31/2016

Demand and Crisis Intervention by Month

The chart below shows the number of children served by the Metropolitan Crisis Response Team from February 2015 to February 2016 and how the team served those children :

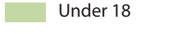
- Hospitalization/ER visit/EMT: the number of children transported to the hospital as a result of their behavioral health crisis.
- Support Team (MHR): the number of children who receive more intensive services or are referred to intensive services such as an MHR.
- Outpatient Connect: the child is connected to an existing outpatient provider.
- Refused/Unable to Contact: the Team is not able to follow up on the original crisis call.
- MHSD Clinic: the child is provided with an appointment at MHSD.



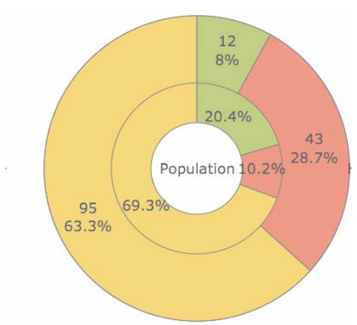
Youth Exposure to Violence

New Orleans' homicide rate is a key concern to the mental health of youth and children. The pie chart shows that young adults are particularly vulnerable to violence.

The inner circle represents the general population while the outer circle represents the proportion of homicide victims.



Share of Homicide Victims Compared to Share of Population
(New Orleans, 2014)



Source: The Youth Index published by Data Center on December 15, 2015.

MAP | clinics and schools according to jurisdiction

Legend

School Jurisdiction

- RSD
- OPSB
- BESE

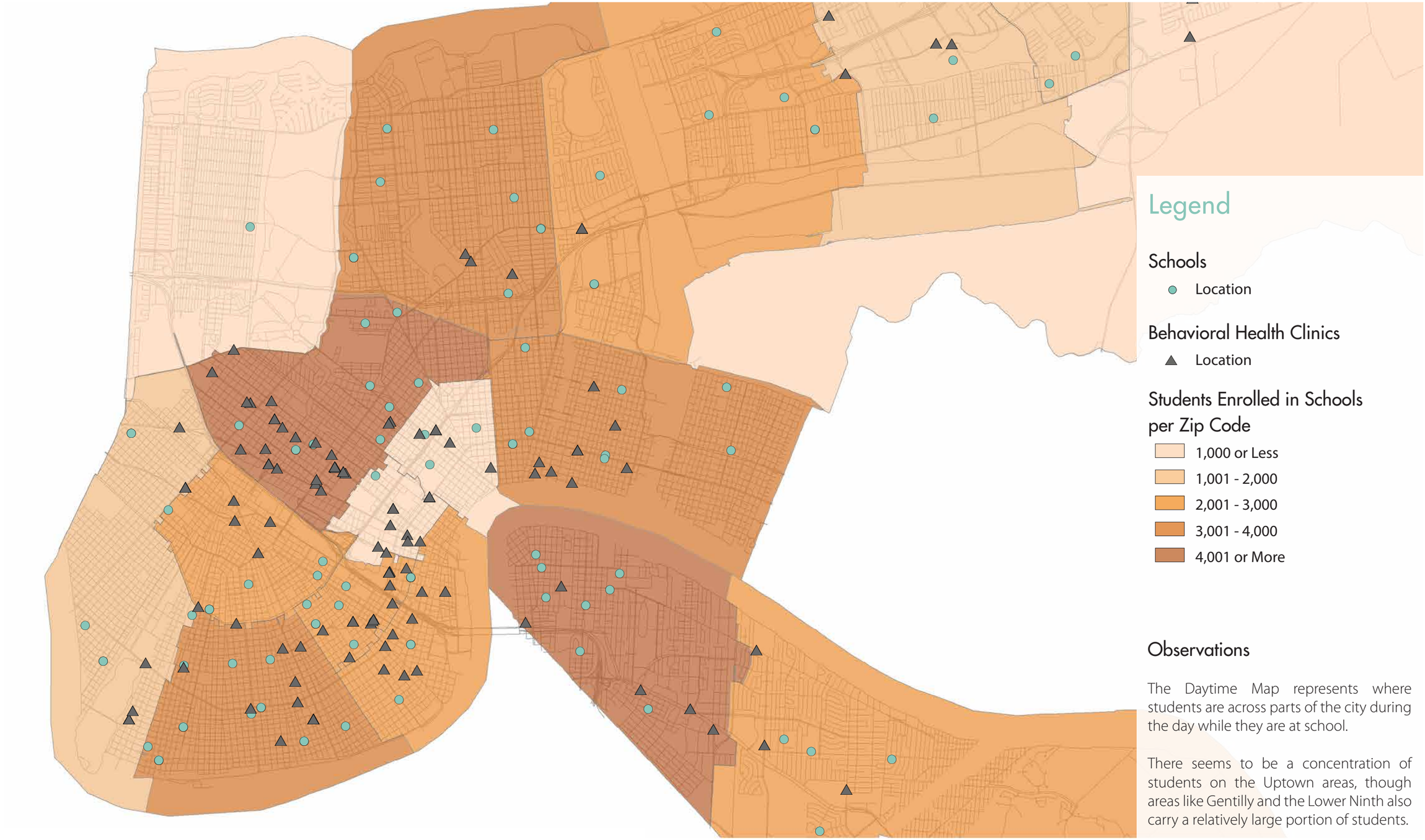
Behavioral Health Clinics

- Location

0 0.5 1 2 4 Miles

Source: School Data from Recovery School District (2014) Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013)

MAP | where students are during the day



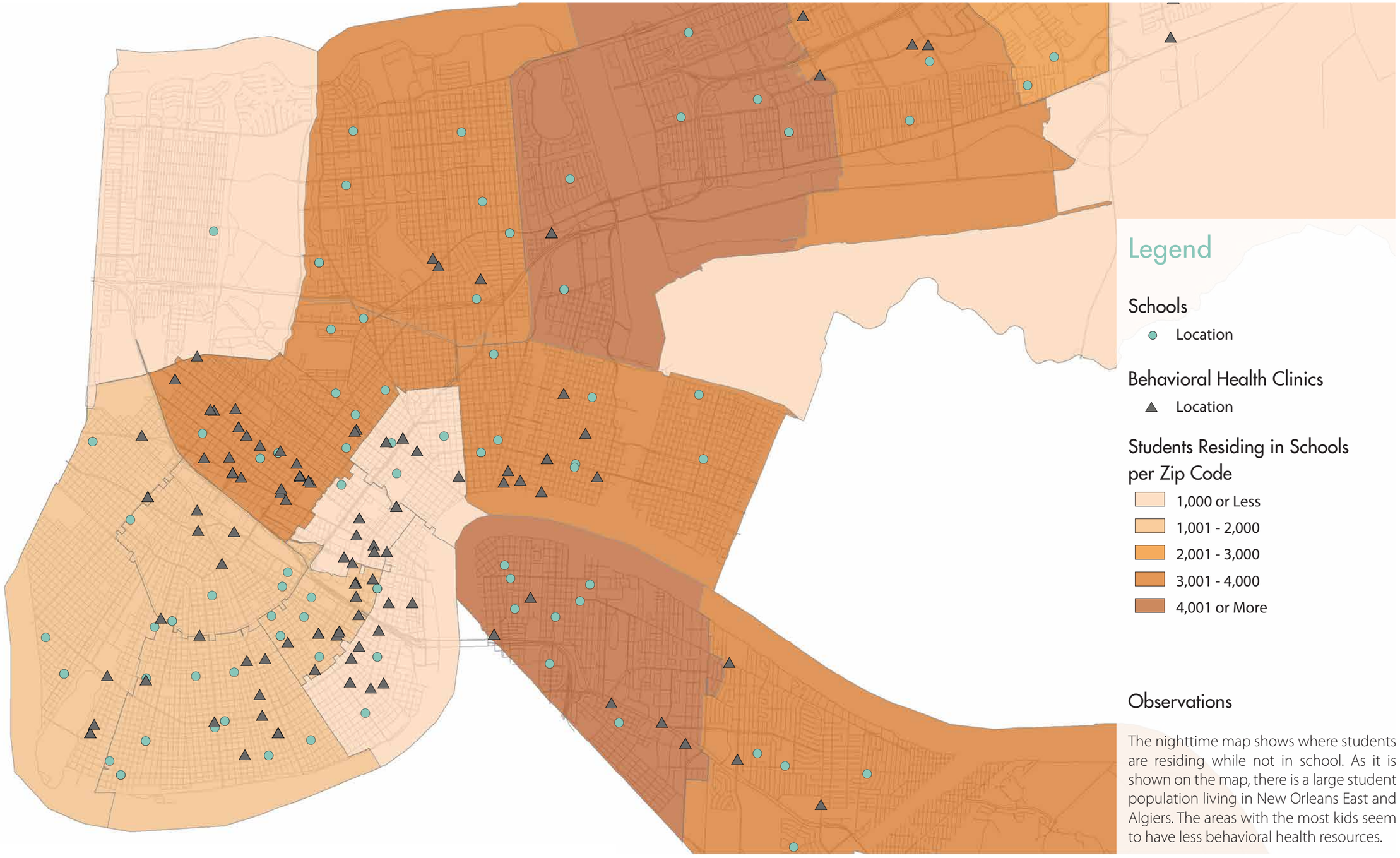
Observations

The Daytime Map represents where students are across parts of the city during the day while they are at school.

There seems to be a concentration of students on the Uptown areas, though areas like Gentilly and the Lower Ninth also carry a relatively large portion of students.

Source: School enrollment data by zip code and school locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013)

MAP | where students are at night & during the weekends



Legend

Schools
- Location

Behavioral Health Clinics
- Location

Students Residing in Schools per Zip Code
- 1,000 or Less
- 1,001 - 2,000
- 2,001 - 3,000
- 3,001 - 4,000
- 4,001 or More

Observations

The nighttime map shows where students are residing while not in school. As it is shown on the map, there is a large student population living in New Orleans East and Algiers. The areas with the most kids seem to have less behavioral health resources.

0 0.5 1 2 4 Miles

Source: Data for where kids come from provided by Enroll NOLA enrollment System (Extracted October 12, 2015). School locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013)

MAP | clinics and schools according to grades and enrollment

Legend

School Grades

- K-8
- 9-12

Behavioral Health Clinics

- Location

Students Residing in Schools per Zip Code

- 1,000 or Less
- 1,001 - 2,000
- 2,001 - 3,000
- 3,001 - 4,000
- 4,001 or More

Observations

This map shows the typical condition that New Orleans has fewer High Schools than Middle Schools. It also shows the fact that students will typically have to go farther to get to or from their high school to both home and to clinics.

Source: School enrollment data and school locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013)

0 0.5 1 2 4 Miles

MAP | schools and clinics according to languages spoken

Legend

Schools

- Location

Behavioral Health Clinics Language

- English Only
- English and Spanish
- English and Others - Not Spanish
- English, Spanish, and Others

Observations

As is shown here, the distribution of clinics which provide language access is dispersed throughout the city. The most widely available foreign language service is Spanish.

0 0.5 1 2 4 Miles

Source: School locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013)

MAP | neighborhood median household income

Legend

Schools
- Location

Behavioral Health Clinics
- Location

Median Area Income
- $24,000 or Less
- $24,000 - $50,000
- $50,001 - $88,000
- $88,001 - $125,000
- $125,001 or More

Observations

This map shows that there is not necessarily a correlation among median household income and the location of some services. However, there are a number of areas of low median household income with limited access to behavioral health clinics.

0 0.5 1 2 4 Miles

Source : School locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013). Income data provided by the 2010 Census

MAP | schools and clinics according to payment accepted

Legend

Schools

- Location

Behavioral Health Clinics Payment Information

- No Help or Information
- Sliding Fee Only
- Medicaid Only
- Medicaid or Sliding Fee
- Medicaid or Sliding Fee

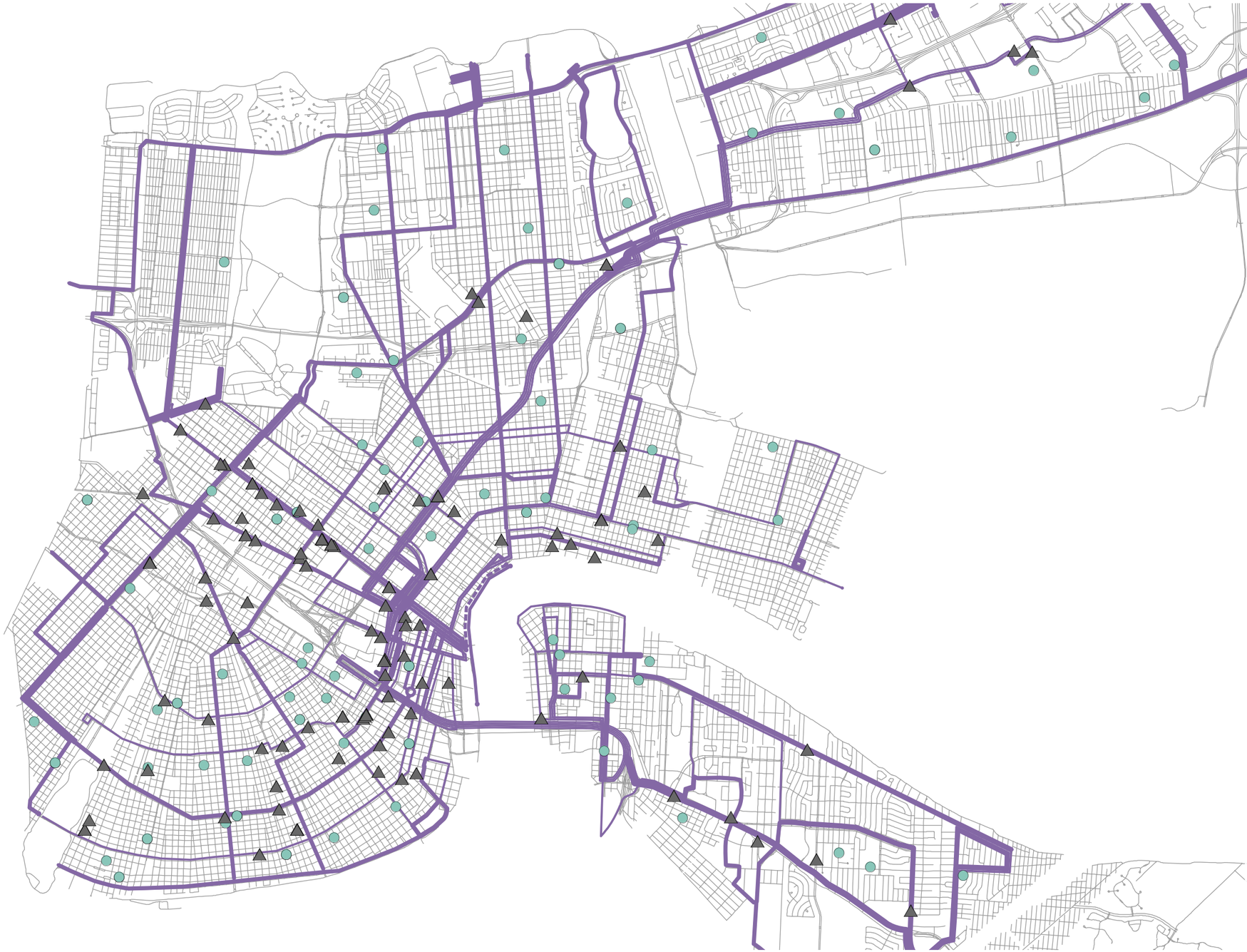
Observations

This map graphically represents the distribution of clinics labeled by method of payment accepted. The majority of the assumed cost prohibitive clinics (no help in payment nor Medicaid acceptance) are located within the business district and around Canal St. near the new Louisiana State University Medical Center.

0 0.5 1 2 4 Miles

Source : School locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013).

MAP | public transportation routes & locations of clinics and schools



Legend

Schools

- Location

Behavioral Health Clinics

- Location

Public Transportation

- Routes

Observations

This map shows the location of clinics and their relative accessibility as defined by proximity to public transportation routes. As shown, the majority of these clinics are located in a relatively accessible location when using public transit, though frequency of service must also be considered when determining accessibility.

Source : School locations provided by the Recovery School District. Clinic Data from Behavioral Health Resource Guide 2015 and Realtime Resources New Orleans (2013). Public Transport data from NORTA (2015).

0 0.5 1 2 4 Miles

ANALYSIS

What the Maps Say

The data from these maps represents a snapshot of the current state of access to behavioral health resources. The data is limited, and is a combination of information from a behavioral health resource guide compiled and released by the city of New Orleans and Realtime Resources for kids. As such the maps are limited in scope and aim to set a stage for further investigation of this issue.

Some larger questions that guided this investigation are as follows:

- How does the spatial relationship between where students live and where they go to school affect access to behavioral health resources?

- How does the spatial relationship between the location of schools and behavioral health resources affect students in need of these resources?

The maps seem to confirm an initial hypothesis that the location of households is not explicitly correlated to the location of schools. Students are traveling to different areas of town in order to go to school, but returning home to more underserved areas at night, with regard to the location of behavioral health resources. This pattern suggests that kids from New Orleans East are largely going to school in Uptown and Mid-City. It shows that broadly, there are less clinics close to home for these students, and many close to school.

Similarly, locations of free or Medicaid-accepting clinics are distributed throughout the city. Areas of lower median household income do tend to have a lower density of resources, but the ones that do exist tend to be cost inclusive (Medicaid-accepting or free). However, geographic distribution by itself does not indicate whether all required services are being met; types of services, capacity, and quality are still issues yet to be addressed.

What the Maps Don't Say

As stated in the introduction, there is incomplete information on these maps that could cause confusion if read without context. By plotting all the data points provided by the City of New Orleans (as posted in their Behavioral Health Resource Guide of 2015, and the Real Time Resource Guide), all the representations of clinics seem to be of an equal nature. That is to say, there is no indication of capacity, quality, types of services, qualified professionals, nor mobility. Further, the landscape of behavioral resources is not necessarily descriptive of the processes that care recipients must go through when attempting to engage with the clinics. Overall, the appearance the maps give might be one that over-represents existing behavioral health resources.

Concerns about the quality of clinics are central to the way that our interviewees look at this issue. The inconsistent quality of care provided across the board is problematic for achieving the goal of student access to behavioral health care. Currently, there is no system to track quality outside of the requirements for Medicaid acceptance. Without a common quality measure across behavioral health providers, the perception by people doing the referrals is one of skepticism towards the entire system. This is a problem that points to many systemic impediments to solving the issue; addressing the problem solely geographically will leave these deeper concerns unresolved.

Meeting with the Behavioral Health Task Force

Receiving input from Ron McClain from the Institute of Mental Hygiene

Reviewing mapping & graphics with the advisory team

THE PROCESS OF BEING REFERRED

DIAGNOSIS/TREATMENT

STUDENT

IDENTIFY

SCHOOL

SCHOOL NURSE

COUNSELOR

SOCIAL WORKER

· Some staff lack institutional and inter peer support for mental health related issues.

· There is a shortage of staff to support students with mental health needs

· There is confusion as to which providers offer which services, and if they are qualified to do so.

· Schools might identify behavioral issues as discipline problems

· School staff does not have control of what happens after giving a referral

COMMUNICATE/
SUGGEST REFERRAL

PARENTS/ GUARDIANS

PARENTS/GUARDIANS

· Working parents might not have the time to go to an initial appointment.

· Geographical barriers make it difficult for parents to take their kids to clinics.

· Families may have challenges to keep up with appointments to support the students' needs.

· Stigmatizing beliefs or bias could stop parents from seeking the help.

CONTACT

MENTAL HEALTH PROFESSIONALS

PSYCHIATRIST

PSYCHOLOGIST

OTHER MENTAL HEALTH PROFESSIONALS

· Most well-recognized clinics have waiting periods as long as a month for appointments with mental health professionals to give diagnoses.

· Mental health professionals are scarce in New Orleans. Several clinics might share one psychiatrist, making it difficult to see one.

· The meetings with psychiatrists could be as short as 15 minutes to provide a diagnosis

MENTAL HEALTH SPECIALISTS

MENTORS

THERAPISTS

COUNSELORS

· Mental Health Rehabilitation Clinics will go to locations convenient for the student or parent

· There are concerns that the minimum requirements for clinicians might not be sufficient for the therapy they are giving. There are various levels of practicioners.

· There are concerns about therapeutic practices that are done to minimum standards but have a large return through Medicaid.

Our interviews revealed a series of concerns about the process that students undergo when going through the referral process. This infographic tries to capture the process and limitations that it presents.

Graphic elements from freepik.com

CASE STUDY | Sci High

Name: New Orleans Charter Science and Mathematics High School
Location: 5625 Loyola Ave, New Orleans, LA 70115
Hours: 7:45 a.m. to 3:10 p.m
Student Population: 430
Social Workers on Staff: 1
School Based Health Center: Yes

Challenges

Institutional Support

Currently there is limited institutional support for school counselors and social workers to meet regularly and share information. Some social workers organize informal meetings and gather monthly to share information with each other and get inter-school support.

Parental Involvement

Once the parents or guardians are given the referral, neither the social worker nor the school administration have a say as to what happens beyond making suggestions. Social issues may prevent a parent from following up on a referral. Lack of transportation, lack of time, or resources are often prohibitive to continue giving the child care.

Clinic and Mental Health Rehabilitation Centers

There are a lot of concerns about the quality of services. The trusted facilities end up with a long waiting list. Some clinics do not accept Medicaid. Some people in clinics seem unqualified to do counseling work and yet deal with children with traumatic experiences.

Suggestions

Institutional Support

Some institutional support could help the existing group of social workers to engage more schools and become a platform to share information.

Parental Involvement

Ideally there would be a tool that school staff could give away to parents to communicate about the referral process. For example, a packet that can be given to parents or guardians that has everything they need to know about what their options are once a kid is referred to help the process.

Any effort to come up with a solution should involve a community effort. Schools take the necessary steps to connect students to care. Sometimes this might involve going through steps that minimize the variables that guardians face. Including guardians in this process is necessary.

Clinic and Mental Health Rehabilitation Centers

Quality of mental health facilities is very important. More information exchange between the school and health system would help school staff to navigate through the system.

The counselor from Sci High refers students to outside clinics at a rate of about two per month. There are a handful of clinics that they trust from experience, such as Children's Bureau and Milestone (shown in maps). Much more frequently, the social worker refers students to their own school-based health clinic.

Social Worker

CASE STUDY | The NET Charter High School

Name: The NET Charter High School
Location: 1614 Oretha Castle Haley Blvd
Hours: 8:00 a.m. to 6:30 p.m
Student Population: 153
Social Workers on Staff: 1
School Based Health Center: No

Challenges

Parental Involvement

Follow ups are an issue because even if we can work with parents to get their initial appointment, there are many extraneous circumstances that can prevent kids from receiving the continued care that they need.

Clinic and Mental Health Rehabilitation Centers

The quality of clinical care is a large concern for referring kids in our program. Many clinics and MHRs do not provide high quality service.

There are not that many professionals who stay in New Orleans. It seems like it might be a pipeline issue; qualified professionals seem to leave.

Suggestions

Parental Involvement

Many of the prohibitive factors for parents or guardians could be dealt with at the back end, so the parents do not have more barriers once the referrals happen. Removing or facilitating the bureaucratic processes would help.

Clinic and Mental Health Rehabilitation Centers

It would be ideal to train MHR clinics on dealing with schools, while schools could also get trained to deal with MHRs.

There has to be some sort of public accountability for monitoring the quality of clinics.

The NET is an alternative school which uses Restorative Discipline models. There are a two clinics that they trust from experience (shown in map). The NET's Director is skeptical of referring students to a clinic that they do not trust because it could very well be detrimental for the students if they have a bad experience.

Director

CONCLUSIONS

Geography

It is only one among the multitude of factors that affect access and availability of behavioral health resources for kids. Its importance is due to the fact that guardians are in charge of following up with a recommendation for their child. Adding distance or difficulty of travel to an already burdensome process only creates barriers that are more difficult to overcome. Solving the geographic problem, however, cannot be done in isolation.

Quality of Care

Quality was consistently mentioned as an issue that is imperative to address to improve access to behavioral resources for the youth population. The lack of trust perceived by school social workers and counselors creates high demand on a few established and recognized Mental Health Rehabilitation Clinics. This can either be a problem of lack of regulation, allowing bad actors to fill a need, or a few bad experiences skewing the perception of the overall system.

Information Distribution

There is no system for distributing institutional knowledge at the scale required by a complex school system. Quality and capacity are kept track of anecdotally and personally. The resources that do exist are not harnessed to spread the information throughout the decentralized system.

Parents and Guardians

As the crucial step between referral and treatment, parents and guardians are one of the largest factors to consider in implementing a solution to the issue. Removing as many barriers that parents and guardians might have in being present for the initial appointment is necessary. Facilitating the process of informing parents and guardians about the steps required once a child is referred to a behavioral health professional is also an item for consideration.

RECOMMENDATIONS

Support Institutional Networks for School Social Workers and Counselors

A useful tool in the referral process is the institutionalized knowledge associated with professional experience. This is lacking due to the decentralized education system, but is being supplemented by an informal network of school social workers. These social workers have a gathering once a month to discuss behavioral health issues and the problems in treating students, a valuable resource that should be shared among all practitioners and could be supported by the school system.

Perform a Study of the Effects of Medicaid Reimbursement

A study that examines the way that Medicaid reimbursement practices affect indices of diagnosis in New Orleans. Several interviewees concluded that the problem lied with the way that clinics get paid after conducting their services, often following the bare minimum requirements needed to qualify as a billable session.

Create a System of Ratings for Services

The inconsistent service provided by a number of clinics create a perception of inadequacy in the entire system. If there is a way to have an authority develop a system that measures and classifies the capacity and quality of clinics, people would be likely to use new clinics more. Questions have been raised about the viability of a user input system of ratings, and what level of expertise should be allowed to rank a clinic, and need further study.

Develop a Tool for Easing Communication with and Education for Guardians

As mentioned previously, guardians have the ultimate say about what to do once a child is referred to a health care provider. This can be problematic if the family dynamic at home is unstable, and schedules are already full. Creating a packet that in simple terms explains what is required of parents, what options are available, and what to look for when evaluating options would make the process more manageable.

Photo from Sci High Annual Report. Credit: Bryan Tarnowski

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