



RESILIENCE & RECOVERY IN NEW ORLEANS: THE REACH NOLA MENTAL HEALTH INFRASTRUCTURE & TRAINING PROJECT

THE REACH NOLA MENTAL HEALTH INFRASTRUCTURE & TRAINING PROJECT

FOREWORD

Preparation for and response to the public health challenges following a disaster are potentially daunting responsibilities shared by government, public health entities, the health services sector, private enterprise, non-profits, grassroots community members, philanthropy, and the academic community, among others. In the months and years that followed Hurricanes Katrina and Rita's devastation along the Gulf Coast, the most critical and persistent public health challenges to emerge were those involving widespread and disabling depression and post-traumatic stress disorder (PTSD), which together threatened and afflicted millions of children, adults and families, many of whom were left without needed access to appropriate care.

With support from the American Red Cross and the Robert Wood Johnson Foundation, RAND Health (www.rand.org) and REACH NOLA (www.reachnola.org) worked after Katrina and Rita with dozens of community agencies and academic partners in Louisiana and nationally to develop a new and effective public health strategy

for delivery of evidence-based mental health care in post-disaster New Orleans. This strategy - the REACH NOLA Model - brings together and trains community agencies and providers - doctors, therapists, and community health workers - to collaborate and provide care in novel and effective ways. Drawing on the best available science of collaborative care models^{1,2} developed at RAND, UCLA, and University of Washington, and by fostering substantial community leadership at the local level, the REACH NOLA Model has enabled better access to high quality mental health services for tens of thousands of people. The REACH NOLA Model, described in the pages that follow, will serve to support more effective public health preparation and response to future disasters and their mental health consequences, both in New Orleans and across in the United States.

1. Community Partners in Care: <http://www.hsrcenter.ucla.edu/research/cpic.shtml> UCLA/ RAND NIMH Partnered Research Center for Quality Care.

2. IMPACT Evidence-Based Depression Care: <http://impact-uw.org>. University of Washington, Department of Psychiatry & Behavioral Sciences.

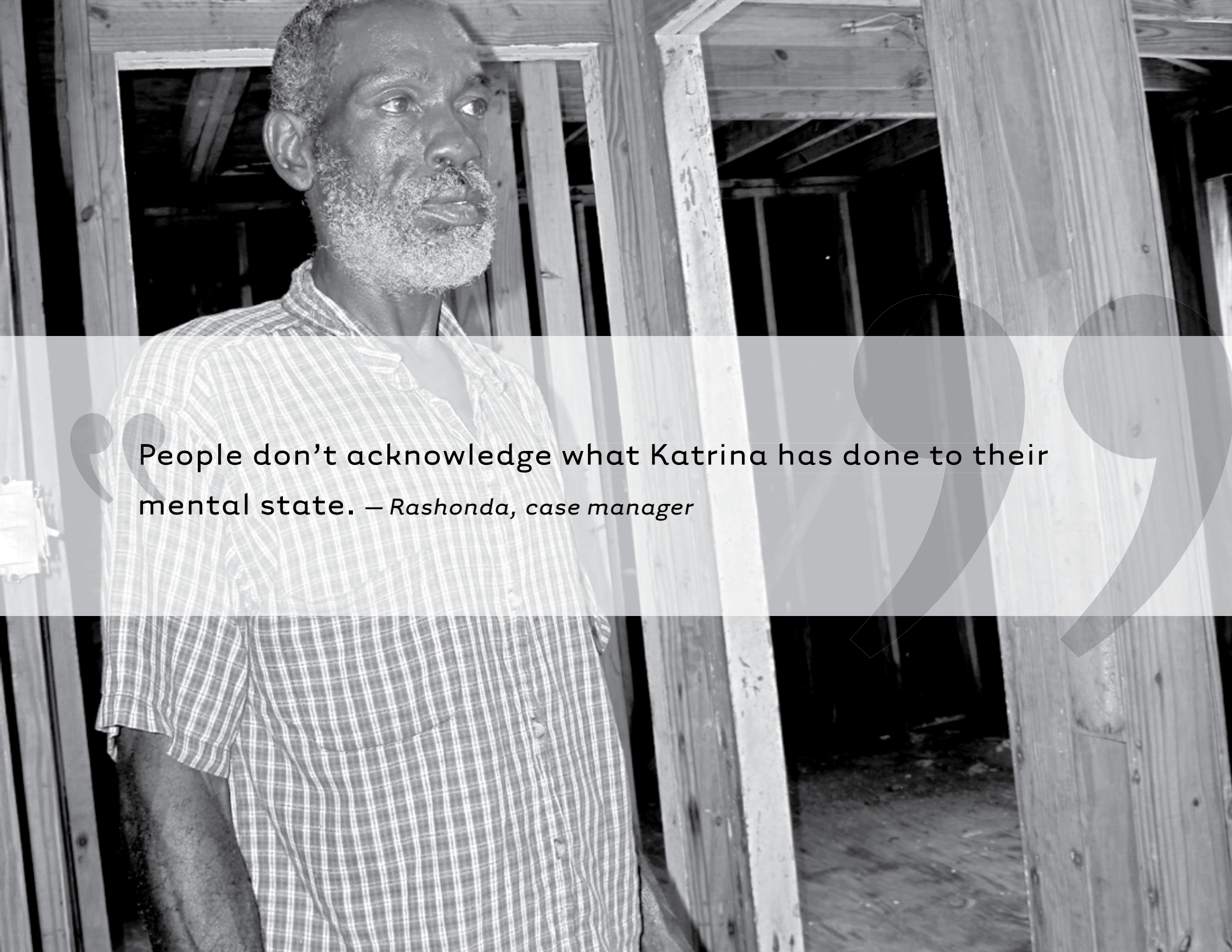


PLANTING
THE SEEDS
OF CHANGE



The story of hurricane Katrina is often told in terms of damage to property and infrastructure, but many of the storm's most enduring and devastating effects—those to families, neighborhoods, and individuals' mental health—are often forgotten. In that sense, this is not another Katrina story. Rather, this is the story of how one community embraced the challenge of recovery by drawing on its resilience and strengths. This is the story of creating partnerships, forging connections, and building capacity. This is the story of the REACH NOLA Mental Health Infrastructure and Training Project.

This is the story of New Orleanians working to heal.



“ People don't acknowledge what Katrina has done to their mental state. — *Rashonda, case manager* ”

“Have you been feeling down, hopeless, or alone?” asks Angie, a community health worker, as she administers a depression screening questionnaire to a fellow resident of the Holy Cross neighborhood in June, 2009. His answer, “yes,” is not surprising considering the circumstances: in the four years since hurricane Katrina struck, he and his brother have lived in a heavily damaged home that was gutted by a volunteer group, but never renovated. A large hole in their roof affords them no protection from the elements. They have neither electricity nor running water.

For many New Orleanians struggling to rebuild their homes and communities, symptoms of depression like frustration, isolation, and worry are common. But in the face of so many pressing recovery issues like housing, mental health needs are

often ignored. “People don’t acknowledge what Katrina has done to their mental state,” says Rashonda, a case manager working at a local social service agency.

Even those who recognize their need for help and have the courage to seek it may not be able access care. As another case manager notes, “mental health care was poor before Katrina, and after Katrina it was even worse. We lost so many health care workers,” leaving fewer qualified counselors and psychiatrists to offer mental health services at the exact time when they became most needed. Ellen, a counselor, points out that the need for mental health care is ongoing because “people don’t snap back quickly from that kind of disaster.”



In April of 2006, a group of local health and social service agencies, along with academic partners at Tulane, RAND, and UCLA, joined forces to assess the health needs in post-disaster New Orleans. Operating under the umbrella name REACH NOLA, the organization, which has since become a 501(c)3 non-profit agency, aims to improve health through community-

academic partnered projects. Through a series of interviews and community discussions, team members learned that depression and post-traumatic stress disorder (PTSD) were among the community's most pressing health concerns.

"Collectively, we knew we had to do something to address mental health issues, and we wanted to create a unique program that would emphasize

community strengths. We believed that evidence-based models of collaborative care¹ could be adapted to build local capacity, deliver services, and promote public health and resilience," says REACH NOLA co-founder and MHIT Project Director, Ben Springgate.



The collaborative, or team-based, approach to treating mental health issues brings together community health workers, case managers, therapists, primary care physicians, and psychiatrists to coordinate care and help clients navigate the health care system. Although the collaborative approach is usually implemented by large health care agencies where all members of the care team work under the same roof, REACH NOLA leveraged the strengths of health and social services providers city-wide by supporting collaboration across agencies.

The REACH NOLA team realized that implementing this collaborative approach to treating depression, stress, and PTSD would require hiring additional providers and developing their capacity to deliver services in a coordinated fashion. Partnering agencies formed a plan to hire counselors, social workers, psychiatrists, and community health workers at six local agencies and to offer them, as well as other hundreds of community providers, expert-led trainings in evidence-based models of treatment. Thanks to generous support from the American Red Cross Hurricane Recovery Program and the Robert Wood Johnson Foundation, REACH NOLA put its plan into action by beginning the Mental Health Infrastructure and Training (MHIT) Project in the summer of 2008.

A close-up, high-angle photograph of a person's face, focusing on their closed eyes and forehead. The person's hand is resting against their forehead, suggesting a state of rest or distress. The lighting is soft and natural, highlighting the texture of the skin and the texture of a patterned fabric or blanket in the foreground.

One third of people affected by Hurricanes Katrina and Rita reported symptoms of depression or PTSD one year later.²

A photograph of a brick building with a sign that reads "PLEASE HELP OUR COMMUNITY". The sign is white with black lettering. The building has a red-tiled roof and a brick facade. There are some steps leading up to the building. The foreground is a mix of dirt and grass.

PLEASE
HELP OUR
COMMUNITY

The REACH NOLA MHIT project has meant, in some respects, setting aside many of the 'rules' about implementing programs for depression and trauma and following the needs, priorities, and culture of the community.

— *Kenneth Wells, Director, UCLA/RAND NIMH Partnered Research Center for Quality Care*

Through the MHIT project, several REACH NOLA partner agencies, including Common Ground Health Clinic, Holy Cross Neighborhood Association, St. Anna's Medical Mission, St. Thomas Community Health and Wellness Center, Trinity Counseling and Training Center, and Tulane Community Health Center received funding to hire providers.

Agencies hired social workers, counselors and psychiatrists who could offer traditional mental health services such as counseling and medication, as well as community health workers like Angie to conduct mental health outreach.

Angie points out that “most people think that having a mental health issue means they’re crazy.” She and other community health workers combated the stigma associated with mental disorders by speaking about depression and PTSD at neighborhood meetings, faith-based events, and health fairs. They even went door to door to offer mental health screenings, and when necessary, referred people for clinical services such as individual and group therapy. Community health workers played a vital role in helping community members realize that depression and PTSD are “not about them being crazy. It’s about having stress and other problems as a result of Katrina.”

In spite of community health workers’ efforts, some clients were not completely comfortable attending traditional counseling sessions, but because promoting community recovery necessitates meeting clients where they are, REACH NOLA offered therapy in non-traditional ways. Several agencies collaborated to staff the Talk It Out Van, a mobile health unit that serves locations around the city, and encourages clients to come aboard and speak informally with a social worker for any amount of time, without an appointment. Another agency offered drum circles led by a local psychiatrist to promote stress relief and foster community resilience.

While hiring staff at several agencies was a tremendous step toward helping New Orleanians receive treatment for stress, depression, and PTSD, providers still needed to ensure that they were offering high quality care. More importantly, their services had to be sustainable so they could continue to serve the broader community long after the project’s end. REACH NOLA MHIT trained the newly hired providers, as well as others already at work in the community, to give them skills that would be useful for years to come.



The REACH NOLA MHIT project delivered mo



re than 80,000 client services over one year.



Over 300 counselors, social workers, primary managers, and health care administrators re





care doctors, community health workers, case
received REACH NOLA MHIT training.





The REACH NOLA MHIT project offered five large-group, multi-day training seminars that were attended by over 300 counselors, social workers, case managers, primary care providers, and community health workers. Academic partners from RAND, Tulane, UCLA and the University of Washington, with the input of New Orleans community partners, designed a curriculum that included evidence-based practices for delivering mental health care such as cognitive behavioral therapy and collaborative care.³⁻⁶

Lanette, a training participant from a partner agency says, “At first I was leery about the training. I didn’t know what to expect. I didn’t know how it would benefit me, the community and my facility.” Academic partners understood that in spite of the scientific basis for their training curriculum, community participants were actually the experts in how to promote community recovery. They

continuously exchanged expertise and adjusted training content to be more responsive to the needs of the community. Diana, the director of a partner agency says, “Everybody was open to listening and understanding that models and programs may need to be tweaked.”

For example, community participants expressed interest in learning to care for themselves, as disaster-affected people and caregivers, as well as for others. As one counselor points out “we had to recover using mental health providers that experienced the disaster themselves.” “Personally, I didn’t realize my own depression symptoms,” says a case manager. “I wasn’t doing self-care because I was looking out for other people, like clients and family.” The training team added sessions on self-care to the curriculum because these frontline providers had to heal as they continued to serve others in the community.

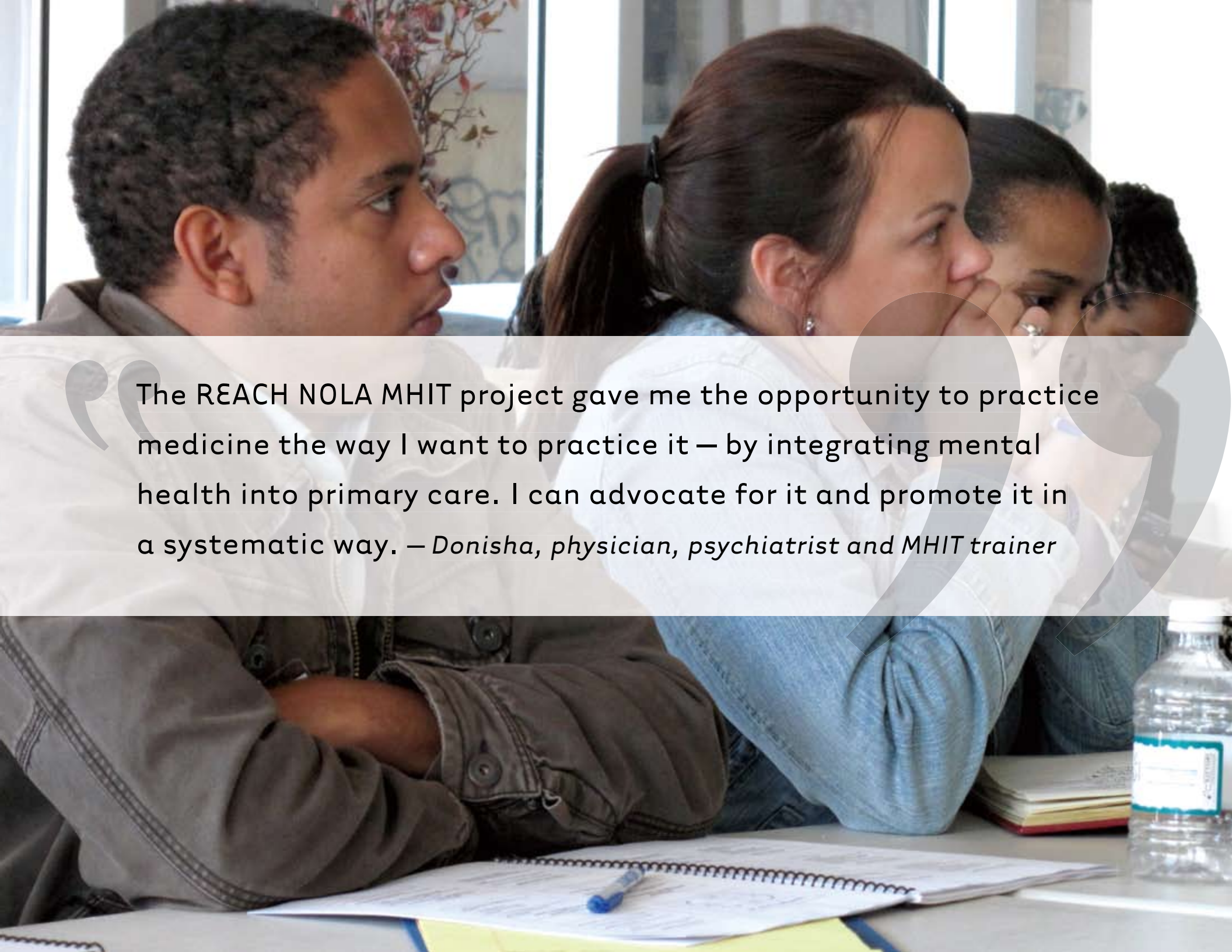
Although some training topics were relevant for people in all types of jobs, participants also received specialized training best suited to their work. Counselors and social workers received training in cognitive behavioral therapy (CBT), an evidence-based form of treating depression that focuses on teaching clients how to recognize and change their thought patterns. Training participants were able to see results in their clients very quickly because “cognitive behavioral therapy is very usable,” says Michele, a counselor and agency director.

The three CBT trainers, who all hold PhDs in psychology, were even available to offer counselors assistance with implementing the CBT model. Trainers held regular follow-up consultation calls to help counselors work through the challenges associated with providing a new type of therapy. One training participant says, “The quality and availability of the trainers and their supervision gave us tremendous growth. It’s difficult to really integrate what you learn, but because of the length of this project, the participants are able to integrate the knowledge, express roadblocks and barriers and make changes. The entire experience allows flexibility in the delivery of our services.” “My clients have truly benefited from the CBT treatment,’ says another counselor.

Of course, the trainers had to ensure that the New Orleans community would still have access to training on CBT after the project came to a close. Throughout the year-long project, they worked closely with several local leaders using a train the trainer model so that several project participants became qualified to teach other providers how to offer CBT. “I’m now able to help other professionals in providing services,” notes one local counselor, and Ellen points out that “the training materials can be used for clients or shared with other colleagues.”



My clients have truly benefited from the CBT treatment. Future clients will benefit from CBT skills to help them rethink their approach to how they are living in post-Katrina New Orleans. – *counselor*



“The REACH NOLA MHIT project gave me the opportunity to practice medicine the way I want to practice it – by integrating mental health into primary care. I can advocate for it and promote it in a systematic way. – *Donisha, physician, psychiatrist and MHIT trainer*”

The REACH NOLA MHIT project also incorporated topics for primary care physicians into its training seminars because doctors, rather than mental health specialists, are most often the first people to see patients suffering from depression or PTSD.

Primary care physicians learned how to administer depression and PTSD screening tools, expertly manage appropriate medication, and work effectively with other members of a collaborative care team. *“We’ve improved communication between care providers and we continue to seek the best approaches for working as a team,” says Donisha, a Tulane physician, psychiatrist, and MHIT trainer.* The REACH NOLA MHIT team, recognizing that physicians’ hectic schedules often precluded them from attending the multi-day training seminars, took the training to the doctors. Trainers held special small sessions at local clinics and even incorporated information on depression treatment and collaborative care into the curriculum for Internal Medicine residents at Tulane University School of Medicine.



The REACH NOLA training curriculum for community health workers and case managers was innovative and dynamic. Community health workers are trusted members of the neighborhoods they serve who provide education, advice, and referrals for health and social issues. As such, they are widely recognized as a valuable resource to many types of public health programs. The REACH NOLA MHIT team developed an engaging, new curriculum and an array of materials to provide the workers with the knowledge, skills, and support that they needed to conduct mental health outreach. Curriculum development was a year-long collaborative process among trainers and trainees, yielding a training manual that represents the best of science and community know-how.


Community health workers learned critical skills including methods of outreach; how to administer mental health screening tools; and how to make and follow up on clinical referrals. They also learned behavioral activation, a tool to help people make simple but meaningful changes in their lives. “One of our clients was depressed and not leaving the

house except to go to work,” Angie says. “He rode the bus to and from work so I suggested that he get off the bus a couple of stops early so that he could spend more time walking outside. He followed the suggestion and starting running into people and talking to people in the neighborhood.”

Community health workers and case managers had regular ongoing support calls with trainers so that they could ask questions about incorporating these newly developed skills into their jobs. Training participants also learned to rely on each other as resources. “The training allows case managers to troubleshoot and talk about different cases they’re dealing with. It’s very helpful to talk to other case workers to get help with different situations,” says a case manager.

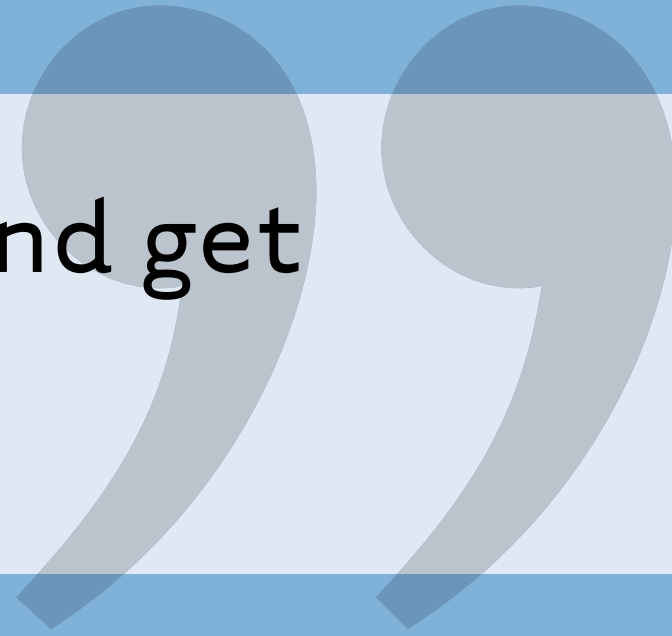
Over the duration of the project, community health workers and case manager trainees gradually assumed greater responsibility for conducting different parts of the training, so that by the end, they were recognized as experts.



A close-up, high-angle photograph of a person's face, focusing on their eyes and smile. The person has dark hair and is smiling broadly, showing their teeth. The lighting is soft and natural, highlighting the texture of their skin and the warmth of their expression. The background is dark and out of focus.

“Clients have been able to address
back on track. – *Charles, care manager*

their mental health issues and get

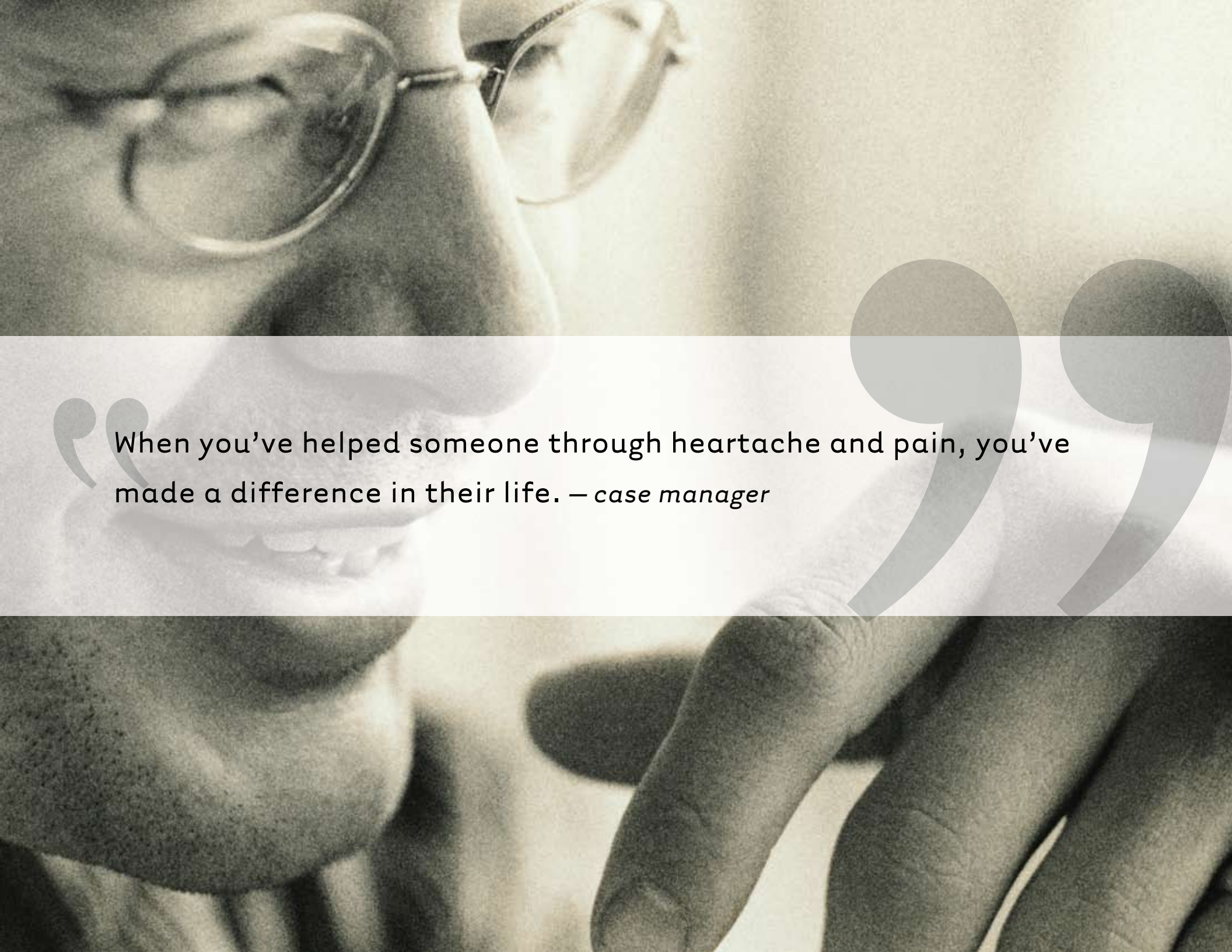


Training sessions were much more than just a chance to build skills and create capacity to train others. They were an opportunity to foster collaboration within and between agencies, which represents an important first step in developing a city-wide coordinated mental health care service delivery system. As Ken points out, “New Orleans has many fine people and providers who are historically disconnected from each other, particularly along neighborhood lines. REACH NOLA MHIT brought together agencies from all over the city, which enabled them to share resources, avoid duplicating services, and facilitate patient entry into care.” Sessions that were devoted to networking “let us know who’s out there to work with, so that we can provide what’s needed in the community,” says Diana. The resulting collaborations “helped to facilitate referrals and helped within our own agency,” says a training participant.

The connections that project participants made at REACH NOLA MHIT training sessions sometimes had truly novel results. When Angie found her neighbor in the Holy Cross area living in a gutted home with no basic services, she remembered someone at the training with “access to grant monies to help residents complete their houses.” Within just a few weeks, James, a case manager at a local faith-based agency, was helping Angie’s neighbor to renovate the damaged home. Meanwhile, Angie made sure he received the mental health care he needed so that he would no longer feel so alone.







“When you’ve helped someone through heartache and pain, you’ve made a difference in their life. — *case manager*”

This is one of countless stories of the REACH NOLA MHIT Project. It is the story of reaching out to community members who feel they have been forgotten. It is the story of diverse partners uniting around the goal of healing a community. It is the story of strength, courage, and resilience in the face of adversity. It is the story of New Orleanians' recovery.

MHIT Project Partners

Common Ground Health Clinic
Episcopal Community Services
Episcopal Diocese of Louisiana Office of
Disaster Response
Holy Cross Neighborhood Association
RAND Gulf States Policy Institute and
RAND Health

St. Anna's Medical Mission
St. Thomas Community Health and
Wellness Center
Trinity Counseling and Training Center
Tulane University Community Health Center
Tulane University School of Medicine Office of
Community Affairs and Health Policy

UCLA/RAND NIMH Partnered Research
Center for Quality Care
University of Washington IMPACT
Implementation Center

MHIT Training Participants

Catholic Charities of New Orleans
Celebration Hope Center
Central City Behavioral Health Center
Chartres-Pontchartrain Mental Health Center
Children's Bureau
Common Ground Health Clinic
Daughters of Charity Services of New Orleans
East Baton Rouge Parish Schools
East New Orleans Homeowners Association
Early Childhood Supports and Services-
New Orleans
Enhanced Destiny Services
Episcopal Community Services
Episcopal Diocese of Louisiana Office of
Disaster Response
EXCELth
Family Services of Greater New Orleans
Franklin Avenue Baptist Church
The Historic New Orleans Collection
Holy Cross Neighborhood Association

Jefferson Parish Human Services Authority
Kingsley House
Knowledge Is Power Program McDonogh 15
Louisiana Southeast Disaster Recovery Ministry
Louisiana Organ Procurement Agency
Louisiana Public Health Institute
Louisiana Spirit
Louisiana State University Behavioral
Science Center
Louisiana State University Medical Center of
Louisiana at New Orleans
Louisiana State University Public Hospital
Psychiatric Unit
Loyola Law Clinic
Metropolitan Human Services District
The McFarland Institute
New Orleans Adolescent Hospital
New Orleans Masjid Al-Islam
New Orleans Musicians' Clinic
Odyssey House Louisiana

Ozanam Inn
Raintree Children and Family Services
Recovery School District
Resources for Human Development-
Jefferson Parish Outreach
Resurrection After Exoneration
River Oaks Hospital
Sixth Baptist Church
St. Anna's Medical Mission
St. Thomas Community Health and
Wellness Center
Trinity Counseling and Training Center
Tulane University Community Health Center
Tulane University Department of Family
and Community Medicine
Tulane University Department of
Internal Medicine
Tulane University Housing & Residence Life
Tulane University School of Medicine
Tulane University School of Social Work

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Cover photo by Clayton Cubitt; Additional photos by Danny Kessler and Christopher Porche West.

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ants
Herrington



New Orleans



Peace



Wesley Washington
Benjamin Banneker Elementary



Holy Cross Project

Rebirth of New Orleans

Murray Henderson Elementary



REACH NOLA
MENTAL HEALTH INFRASTRUCTURE & TRAINING PROJECT

1300 ½ ESPLANADE AVE.
NEW ORLEANS, LA 70116
504-342-2940
WWW.REACHNOLA.ORG
REACHNOLA@GMAIL.COM

Benjamin Springgate MD, MPH, Project Director