

# Implementing Trauma-Focused, Evidence-Based Practices in Community Settings: Building Effective Referral Pathways and Sustaining Quality Care

National Dialogues on Behavioral Health

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**Children's  
Bureau**  
*of New Orleans*

# Children's Bureau of New Orleans

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Preparing to meet critical mental health needs in our community among the city's most vulnerable children.



**Children's  
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*of New Orleans*



## MISSION + VISION

### MISSION

To improve the quality of life for children and families in Greater New Orleans through valid and proven programs that enhance and strengthen mental health and wellness.

### VISION

That all children will thrive in happy and healthy families and reach their fullest potential.



# FOCUS ON EVIDENCE BASED GRIEF AND TRAUMA INTERVENTIONS

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**In New Orleans, children and youth experience traumatic events at rates that far surpass youth in the rest of the country.**

- Children's Bureau offers a range (12+) of evidence-based group and individual interventions for grief and trauma
- Embedded services model places services in community-based settings where CBNO partners to integrate into existing programming.
- Direct services are offered through:
  - Master's and doctoral-level clinicians who provide evidence-based mental health treatment
  - Community Mental Health Workers—peers with lived experience and specialized training to serve as supports and navigators and provide low-barrier entry points to service.
  - Crisis team—clinicians and CMHWs trained to provide early intervention in the acute aftermath of a traumatic event.
- Shift to embedded care addressed many of the challenges with engagement observed in office-based care post pandemic.



# The Need in Our Community

Our children are suffering from **Post-Traumatic Stress Disorder (PTSD)** at rates 4 times higher than children around the country.



**3 in 10** report witnessing domestic violence



**5 in 10** have had someone close to them murdered



**4 in 10** have witnessed someone be shot, stabbed, or beaten

In a classroom of 30 children, that is **6 children** witnessing murder and **12** witnessing unspeakable interpersonal violence.



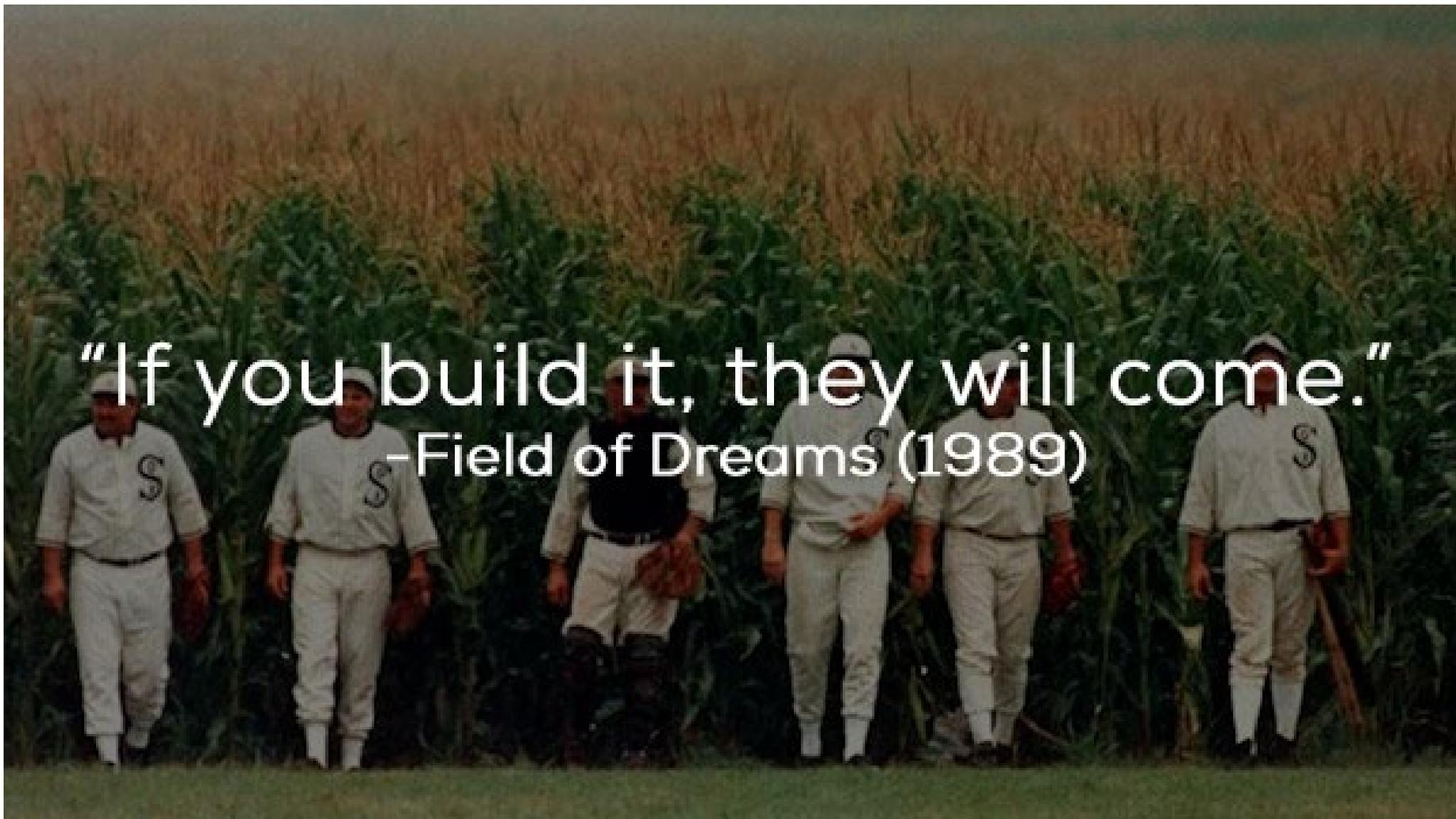


## Trauma Exposure Among NOLA-Area Youth

> **90%** NOLA youth experience community violence.

**Homicide** is the leading cause of death for children aged 1 – 14.

Between January 2021 and June 2022:  
**33** children under age 18 were homicide victims  
**61%** were Black boys.



"If you build it, they will come."  
-Field of Dreams (1989)

But, will they? ...

# If You Build It, They Will Come?

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- **Building Effective Referral Pathways**
  - If you offer evidence-based care, will clients seek out quality over convenience?
  - Will they regularly attend clinic- or office-based sessions to complete interventions?
- **Sustaining Quality Care**
  - If you train staff in evidence-based practices, will they use the new intervention?
  - Will they continue implementing evidence-based practices with fidelity?



# Why embedded care via community partnerships?

- Individuals who have a history of experiencing criminal violence and other forms of trauma exposure often experience complex range of needs. They need both case management support and psychotherapy.
- There are many barriers to care for trauma survivors and the rate of connection to mental health care is frequently low.
- Embedded care addresses many barriers:
  - Students with access to embedded mental health care in schools were 6x more likely to connect to school-based vs. community-based care following a referral.
  - Adult survivors of sexual assault were more than 7x likely to connect to embedded vs. non-embedded care.
  - Reduces stigma by placing services in already established programming.



# Building Effective Referral Pathways



# Children's Bureau's Model of Embedded Care

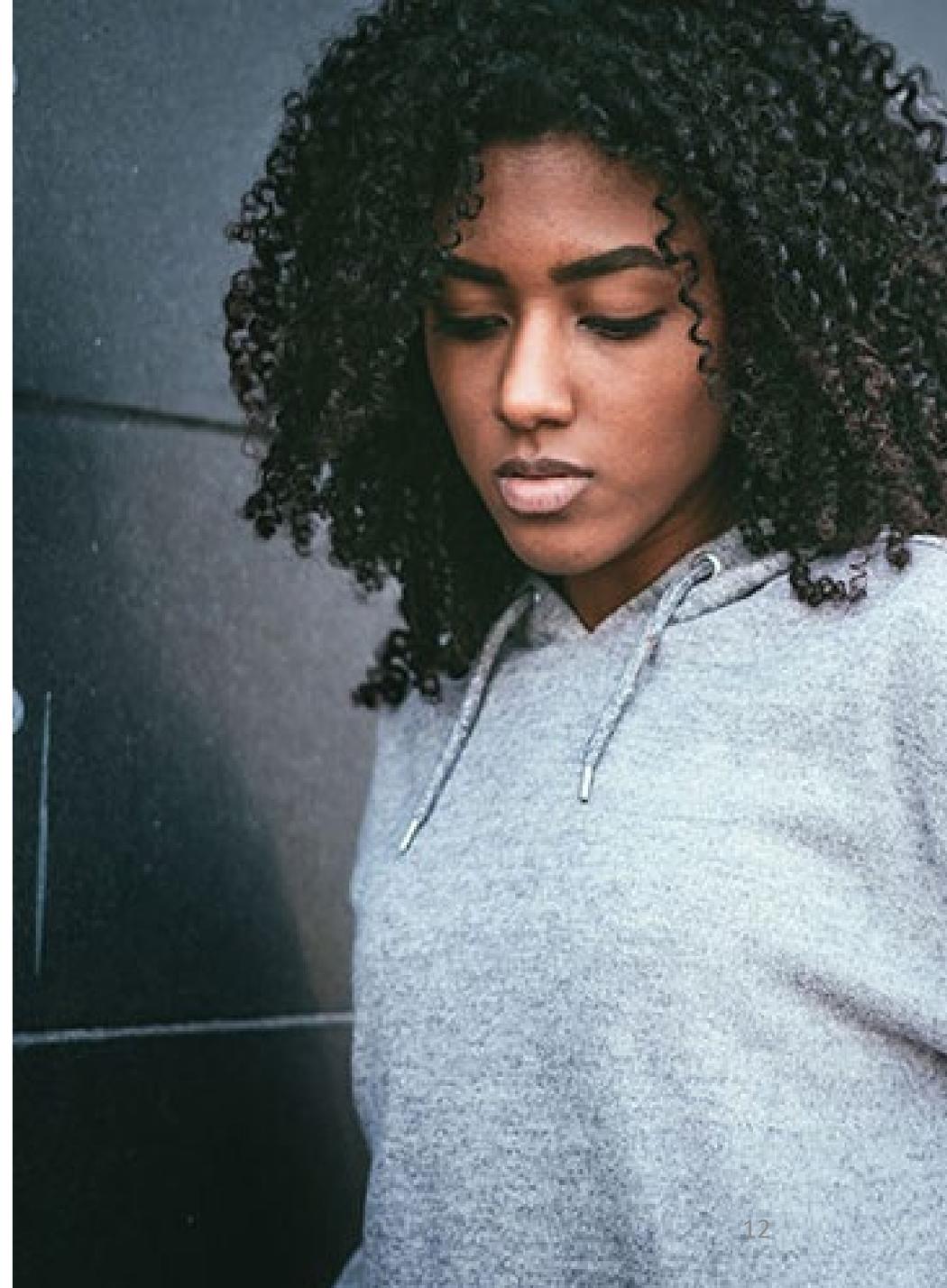
- Partner with organizations who:
  - Share our values
  - Provided consistent and reliable time and space for young people to come together
  - Are committed to developing trusting relationships with young people
  - Have some form of wrap-around support
  - Are committed to helping young people connect to all kinds of support, including mental health
  - **Are willing to dedicate space & time in regular programming for mental health treatment services**
- Children's Bureau of New Orleans (CBNO) places a Master's-level clinician trained in evidence-based grief and trauma counseling or a clinician and a Community Mental Health Worker (CMHW) in partner agencies.



# CBNO Clinical Services

## *Grief & Trauma Treatment*

- Clinicians embed at partner agency approximately 1-2 days per week
- Provide training for partner agency focused on building capacity for identifying and referring.
- Encourage training in evidence-based screening for grief and trauma: [www.traumascreentime.org](http://www.traumascreentime.org)
- Providing treatment on-site at schools, child advocacy centers, shelters, workforce development programs, and group homes. Some in-office care.
- Clinical interventions include:
  - TF-CBT
  - GTI
  - Seeking Safety
  - CPT
  - EMDR
  - CFTSI
  - CPP
  - PCIT
  - TF-CBT for PSB
  - Mom Power





# Community Mental Health Worker (CMHW)

- A CMHW is embedded along a clinician in partner agencies serving opportunity youth.
- Provide individual and group support
- CMHWs are a blend between peer support specialists and community health workers.
- They are young people with lived experience who receive specialty training to support other young people on their journeys of recovery.
- CMHWs provide outreach, education, system navigation, identification and screening of young people in need of care, connection to care, and ongoing support once in care.
- Interventions offered:
  - State-recognized peer support specialist
  - MI
  - TARGET (group intervention)
  - PFA/SFPR
  - Mom Power



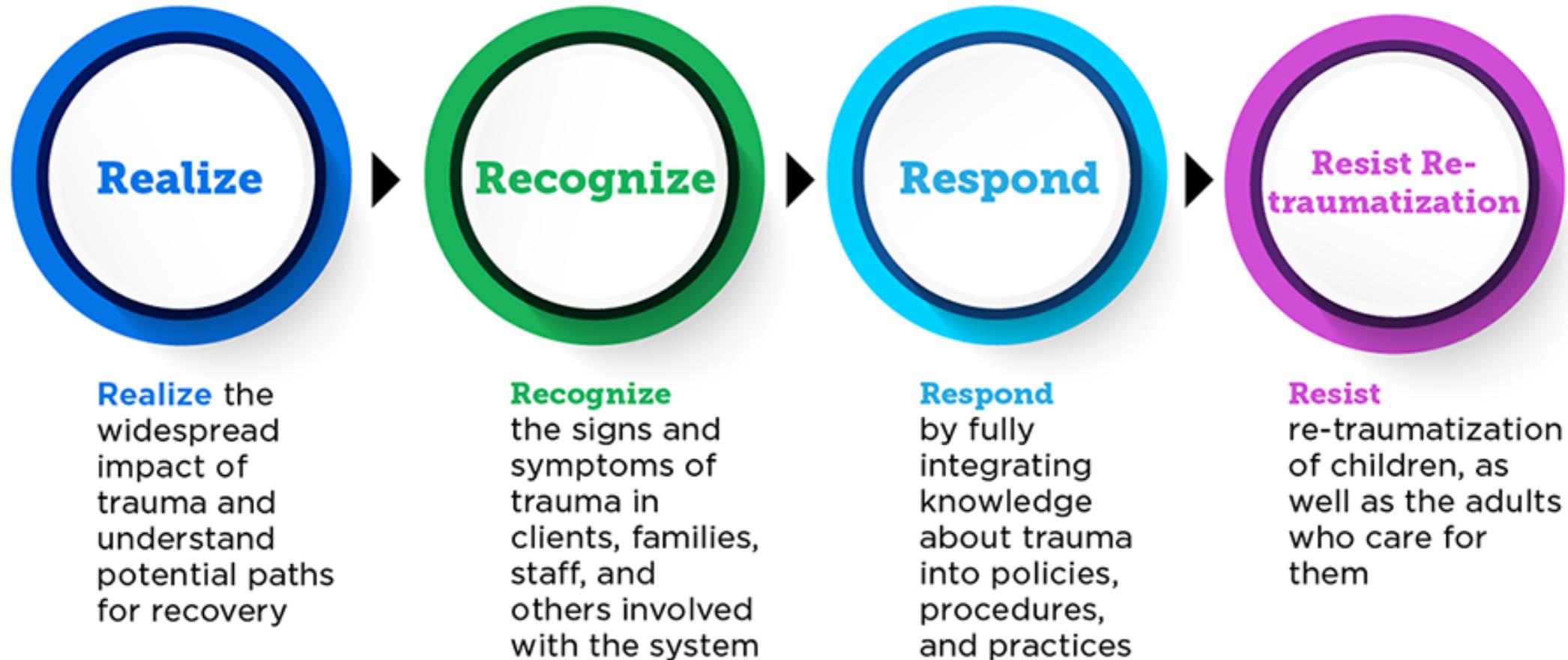
# Crisis Intervention Services

- Provides immediate support in the aftermath of a crisis
- Support provided to individuals and organizations:
  - Organizations receive on-site support to respond to needs of participants
  - Similar services are provided to individuals and families in community-based locations
- The short-term intervention model focuses on stabilization, connection to resources, reinforcing positive coping skills, and assessment for ongoing clinical support.
- Interventions: PFA; SFPR; CBNO's Crisis Response Model

# Sustaining Quality Care: Partner Agency Capacity Building



# The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



# Evidence-Based Strategies To Support Successful Connections to Care

- Intentional
- Informed by relationships
- Anticipate, ask about, plan for barriers
- Trauma-informed
  - Safety
  - Voice and choice
  - Transparency & trustworthiness
  - Peer support
  - Collaboration mutuality
  - Cultural humility
- Warm hand-off increases successful connection
- Regular partner checkins about clients and about partnership



(Wilson, K. 2022)



# Safe-Reflective Space For Preparing Partner Staff to Have Hard Convos

- What is the hardest part of having the conversation with a young person about mental health concerns?
- What would make you more likely to initiate that conversation?
- Have you had a conversation with a young person about their mental health? How did it go?
- What reservations do you have about talking to a young person about their mental health?



# Sustaining Quality Care: Children's Bureau Capacity Building



# CBNO Staff and Agency Capacity Building

- Access to training in evidence-based treatment and ongoing consultation (e.g., Center for Evidence to Practice)
- Strong, in-house, weekly supervisory infrastructure
- Reasonable caseload expectations
- Reflective supervisory strategies
- Focus on secondary traumatic stress identification and response
- Monthly case consultation



# CBNO Staff and Agency Capacity Building

- Support with measurement-based care
- Fidelity monitoring
- Implementation support for complex cases
- Support with system-level challenges like court involvement/subpoenas/ongoing safety risks
- Program lead is available to clinicians and partners for system- and client-level consultation
- Work with clinicians and CMHWs to identify ongoing training needs for staff and partners: e.g, trauma-informed suicide risk assessment
- Blended funding streams



# Successes

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- Youth participating in CBNO services report high levels of satisfactions—qualitatively and quantitatively
- On pre- and post-treatment symptom measures, clients indicate 70-80% reduction in post-traumatic stress and mood-related symptoms.
- Clients attending sessions in school partnerships average 80% of sessions per month vs. 50% of sessions per month for in-office care (similar to national Medicaid attendance rates).
- Positive feedback from partner agencies.

